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Preventing Violence in the Disability Margins: A Culture-Centered Study in Aotearoa

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Abstract

Disabled people are overrepresented as victims of sexual violence and family violence, but are often excluded from research and the development of communication campaigns, laws, and interventions. Grounded in the culture-centered approach, we undertook 77 qualitative interviews with predominantly Māori (Indigenous) and low-income disabled individuals to identify primary prevention needs for reducing family and sexual violence. Participants articulated disability as being structural, intersectional, and layered with erasure, contributing to conditions that perpetuate violence. Erasure and the resulting loss of agency were pervasive across diverse disabilities and participant groups, with Māori bearing a disproportionate burden. Emergent in the participants' narratives were strategies around addressing communication inequalities and grounding prevention resources within local community contexts, set against structural determinants of violence perpetuated by the settler colonial State. This study challenges the hegemonic approach to addressing sexual violence and family violence, revealing a relationship between communicative and material forms of violence.

Keywords: violence prevention, communication inequality, culture-centered approach, disability communication

The overrepresentation of people with disabilities[1] as victims of sexual violence and family violence remains an uncomfortable truth in Aotearoa [New Zealand] (see Fanslow et al., 2021; Malihi et al., 2021). People with disabilities are significantly more likely to experience sexual violence and family violence compared to adults without a disability (Ministry of Justice, 2021). Māori (Indigenous peoples) and low-income groups are further overrepresented in these statistics (Ministry of Justice, 2021). The intersections of disability with race, class, and education contribute to the struggles with precarious and unsafe housing that shape the lived experiences of many disabled people (Statistics New Zealand, 2020). Despite these intersectional inequalities, disabled people often remain unrecognized as a population in public health (Krahn et al., 2015), neglected in the communication of health (Goggin & Ellis, 2021; Scully, 2020), and excluded from decision-making in the development of laws and interventions (Tamariki, 2022; World Health Organization, 2011).

According to Goggin et al (2024), "disability research, especially led by researchers with disability, has been slow to materialize in the field, institutions, and circuits of communication studies (as well, communication research has been slow to unfold in disability studies)" (p. 177). The conceptual opportunities for theorizing the complexities and intersectionality of communication based on a disability framework (Braithwaite & Thompson, 2009a) are further strengthened by the raced, classed, and gendered contexts of disability (Goggin et al., 2024). Goggin et al. (2024) point to the potential of disability research for "the rethinking of communication in light of internationalizing, decolonizing, and global south movements" (p. 177). Puar (2017) observes, "what counts as a disability is already overdetermined by 'white fragility' on one side and the racialization of bodies that are expected to endure pain, suffering, and injury on the other" (p. xiv). For Hickey-Moody and Garg (2024, p. 14), "decolonising disability studies is a project that requires acknowledging the colonial histories of the medical knowledges that popularly define disabilities." The Eurocentric focus of disability research underrepresents disabled people of color at diverse intersections, largely ignoring broader structures of marginalization and legitimizing colonial-capitalist forms of knowledge production that sustain whiteness[2] as a disciplinary norm (Hickey-Moody & Garg, 2024). The "liberal commitments and frameworks to regulate the communicative body" (St Pierre, 2022, p. 78) frame disability as a site of intervention, packaged in the rationality of market economics, where "voiced words are simply inputs," in a neoliberal structure organized to serve "the specific needs of capital" (p. 86). The representation of disabled people as subjects of the discourse of others mobilizes modes of surveillance, control, and profiteering (Puar, 2017; St Pierre, 2022). Erased from the registers of empowerment under market capitalism are opportunities for participation of disabled people in articulating their imaginations for transformation. Observes Ward (2025), "the lack of Indigenous voices related to disability knowledge has been a contentious topic due to the impact of colonialism" (p. 1).

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The present study, carried out by a research team that included researchers with disability and identifying as Māori (Indigenous), is part of a broader project co-creating a policy framework for community-led prevention of sexual and family violence at the intersectional margins in Aotearoa. Grounded in Dutta's (2008, 2018) culture-centered approach (CCA), we sought to co-create voice infrastructure—systems, structures, norms, resources, and processes through which marginalized underrepresented groups can express their voices and be heard—building advisory groups, co-developing the research design, undertaking 77 qualitative interviews to identify primary prevention needs among predominantly Māori (Indigenous) and low-income disabled people, and co-analyzing the data. The CCA explores the intersections among communicative inequalities, inequalities in the distribution and ownership of communication resources, material inequalities, and health inequalities, converging with communication infrastructure theory in exploring the role of community storytelling networks in addressing health inequalities (Wilkin, 2013), and building voice infrastructures through which communities at the margins create health solutions (Dutta, 2018). Listening to hitherto unheard voices disrupts the organizing logics of hegemonic structures (Dutta, 2014). Participants articulated disability as structural, intersectional, and layered with erasure, contributing to the conditions that foster violence. Erasure and resulting loss of agency were pervasive across diverse disabilities and participant groups, with Māori experiencing a disproportionate burden. Emergent in the participants' narratives were strategies addressing erasures and communication disparities, as well as grounding prevention resources within the needs of local communities. Participants depicted how this is set against structural determinants of violence perpetuated by the settler colonial state, challenging the hegemonic approach to addressing violence prevention for disabled people.

Literature review

Constructions and experiences of disability among Māori

> It's a disability to have your land taken off you, it's a disability to have your family dissolved and shifted to an urban environment, where you've never been before. It's a disability to be told that you can no longer grow your own food so you have to get a job in a system that has been set up by white people for white people to try to survive. We're a group of people who are brown living in a white system set up by white people, that is a disadvantage… people who are struggling and it's not their fault. (as cited by Kingi & Bray, 2000, p. 8)

The above excerpt frames various forms of colonialism as disabilities: land dispossession, urbanization, and economic marginalization, set against a backdrop of whiteness. In doing so, it rejects a medical construction of disability, which serves as an example of how the language of categorization can be part of the colonial project. For some Indigenous peoples, the term "disability" is a symbol of colonialism (Jaffee & John, 2018; Jones et al., 2024) "with its ableist implication that disability is inherently undesirable" (Jaffee & John, 2018, p. 1425). The medical (or charity) model has been challenged by a social model of disability, attending to the structures that constitute disability and exposing institutional barriers that harm many disabled people (Oliver, 1983). Critical disability studies theorize the interplays of structure and agency, turning toward embodied experiences of impairments that interplay with race, gender, and sexuality (Ellis et al., 2024) foregrounding Indigenous constructions and lived experiences in how disability is theorized (Gilroy, 2009; Hickey, 2006; Hickey & Wilson, 2017; Imada, 2017).

In pre-colonial Māori society, illness was viewed not merely as an individual affliction but as having social, spiritual, and environmental significance for the community (Durie, 1998). Archival literature and oral histories reveal differences in Māori constructions of disability compared to Western worldviews (Ratima & Ratima, 2007), such as Māori who were kāpō (blind) being considered a tohu (sign) of greatness (Tikao et al., 2009). Colonization inflicted profound losses on Māori communities (King, 2019), whereby Māori systems of health and healing were disrupted by the introduction of new belief systems (Kaiwai & Allport, 2019). The signing of Te Tiriti o Waitangi [the Treaty of Waitangi] in 1840 between the British Crown and Māori chiefs was based on principles of partnership, protection, and participation, but there have been multiple breaches by the Crown (King, 2019). Between the 1840s and 1990s, Crown approaches included removing Māori disabled people from their whānau, assimilating Māori through the suppression of cultural practices, and attempting to systematically eliminate "undesirables" based on policies underpinned by eugenics (King, 2019). Today, systemic and structural barriers persistently impact the health outcomes of Māori disabled people (Ingham et al., 2022; Kaiwai & Allport, 2019; King, 2019). Despite experiencing higher prevalence of disability across all age groups, Māori disabled people encounter higher proportions of unmet healthcare needs compared to non-Māori (King, 2019).

Research on Māori perspectives of disability highlights how Western concepts fail to encompass Te Ao Māori [Māori worldview] holistic frameworks of health and wellbeing (Jones et al., 2024). Yet, meanings of disability also play out within broader structures of whiteness, whereby disability experiences among many Māori intersect with colonization, racism, and societal discourses of dysfunction (Hickey & Wilson, 2017), highlighting the interconnectedness with broader forms of oppression. This is not to frame all Māori within a discourse of oppression, as Māori are highly heterogeneous, both economically and in cultural practices (Durie, 1995; Poata-Smith, 2013). Indeed, the emergence of "kaupapa Māori" in the 1970s fostered initiatives such as kura kaupapa Māori (schools centered on Māori philosophy and language) (Smith, G., 2012), and there has been growth in Kaupapa Māori theory and methodologies (Pihama, 2012), undertaken by Māori, for Māori, with Māori (for a detailed explanation, see Smith L., 1999). Simultaneously, it is important to recognize the experiences of many disabled Māori, who are disproportionately underserved in the health system (Kaiwai & Allport, 2019; King, 2019) and experience higher rates of family and sexual violence (Ministry of Justice, 2021), rooted in historical and ongoing impacts of colonization.

Within a Kaupapa Māori framework, there has been the emergence of terms to encapsulate Te Ao Māori understandings of disability, such as tāngata whaikaha (King, 2019) and whānau hauā (Hickey & Wilson, 2017). While we acknowledge the significance of these terms and their potential for empowerment in redefining categorizations, in this article, we deliberately chose to use the term "disabled people" due to its prevalence as a common and inclusive descriptor in Aotearoa. The adoption and understanding of these Māori terms vary among different audiences, including within and outside Māori communities, given that only twenty percent of Māori currently speak Te reo Māori (Māori language) (Statistics New Zealand, 2020). While acknowledging the contention around terms like disability, our usage of "*disabled people*" is grounded in self-identification, encompassing individuals with a lived experience of impairment or those who identify as disabled. This term is also used by the Office for Disability Issues (2016) in consultation with the New Zealand Disability Strategy Revision Reference Group.

Disability in communication scholarship

Noting that "impairment and disability are fundamental to human life in its diversity—and to how we understand, do, and study communication" (p. 1), Goggin et al. (2024) suggest that disability offers a transformative framework that can shift how we study communication. The authors call for the centering of diverse contexts, attending to the nuanced communication experiences that are intertwined with various forms of disability (Goggin & Ellis, 2021). Although some research has explored experiences among people with specific disabilities (Braithwaite, 1991; Braithwaite & Eckstein, 2003; Hart & Williams, 1995), disability has been "a specialized, minority pursuit in communication and media studies" (Alper et al., 2015, p. 1999) suggesting that communication as a field needs to engage with disability. Moreover, disabled people at diverse intersections remain largely unrepresented in the communication scholarship on disability, reinforcing the dominance of certain voices (Goggin et al., 2024). Some scholarship has started documenting how experiences of disability intersect with other social identities (e.g., McQueeney, 2016; Ruiz-Mesa, 2021). For example, Bitman and John (2019) explored smartphone use among deaf and hard-of-hearing people, revealing how race and other identities influenced the ways participants conceal or reveal their hearing impairment. Scholars note the relevance of building Indigenous and Global South[3] frameworks of disability, exploring the sociocultural and historical contexts that constitute disability (Chappell, 2018). They suggest situating studies of disability among the organizing relationships of power, culture, and community (Grech, 2011, 2015). Arguing from Indigenous frameworks, scholars (see Hickey, 2004) observe that the contexts of settler colonialism and racial capitalism remain disproportionately unexplored, resulting in a "grand erasure" of the voices of disabled people at diverse intersections (Meekosha, 2011, p. 671).

The focus of disability-related communication scholarship on media representations (e.g., Bonnstetter, 1986; Goggin & Ellis, 2021; Jackson et al., 2014; Larsen & Haller, 2002) and interpersonal communication challenges (Braithwaite, 1991; Braithwaite & Eckstein, 2003; Hart & Williams, 1995) can be further strengthened by attending to the organizational contexts of disabilities and the structures that shape the distribution of disability-related resources in society. For instance, the interplays of digital technologies and voice (Alper, 2017, p. 2), with a focus on social inclusion and self-representation (e.g., Bitman, 2022; Cole et al., 2011), frequently presents digital inclusion as a vital opportunity that is hampered by systemic constraints (Ågren et al., 2020). Tsatsou (2020) foregrounds agency in considering the diverse decisions and choices made by disabled people regarding technology adoption and usage, de-centering the ableist ideology that constructs technologies. Scholars attending to the structural context of disabilities points to the centrality of critique in challenging the "ongoing consolidation of heterosexual, able bodied hegemony" (McRuer, 2006, p. 19).

Ultimately, it is through a scholarly focus on the impact of intersectional dynamics among disabled people that the discipline can strive toward understanding and addressing systemic challenges. A critical issue arising from research approaches that fail to recognize the intersectionality of identity and the nuances of community life is in unseeing the lived realities of many disabled people who are erased from dominant discursive spaces. In this sense, erasure can be perpetuated within methodologies. Despite the establishment of guidelines that promote ethical, accessible, and inclusive disability research practices (e.g., National Ethics Advisory Committee, 2019), scholars continue to observe a disconnection between disability researchers and communities where studies are largely based around the researchers' desires and agendas (Nishida et al., 2015) with researchers calling for action-based participatory research strategies with disabled people (e.g., Farmer & Macleod, 2011). Against this backdrop, our study draws from interviews undertaken as part of an ongoing culture-centered project that has been co-designed with diverse communities at intersectional margins (disability, gender, sexual orientation, migration, and aging) to build a national level framework for prevention of family violence and sexual violence impacting them (Dutta, 2008). The culture-centered approach offers a theoretical and methodological register for foregrounding the voices of communities at the margins, seeking to co-create openings for listening in partnership with communities (Dutta, 2018). It puts forth the concept "margins of the margins" as the basis for conceptualizing the ongoing and iterative processes of erasure of voice, working through analyses of erasure to build spaces for community participation, decision-making, and voice (Dutta, 2018). We ask:

> *RQ: How do disabled people at the margins of the margins construct their primary prevention needs to reduce family violence and sexual violence?*

Given the overarching design of our project to guide national level violence prevention strategy, we draw on the definition of "*family violence*" from the Ministry of Justice (2024) guidelines: "when a person harms or controls a family member or someone they are in a close and personal relationship with … [This] can be physical, emotional, psychological, financial or dowry-related, sexual, or a combination of these" (para. 1).[4] "*Sexual violence*" denotes any sexual activity where consent is not freely given. The phrase "*family violence and sexual violence*" separates two distinct forms of violence, which do not always occur together.

Methodology and methods

The topic of family violence and sexual violence against disabled people is surrounded by social, cultural, and religious taboos, among others, around violence within families and communities, disability and sexuality, hierarchies and power inequities, and gender roles. For some, this topic is painful. In undertaking our research, we were aware of the risk that in seeking out violence prevention needs, we may inadvertently frame disability within a research discourse of oppression that reduces agency—sexually, mentally, and emotionally. Yet, the sensitive nature of our research focus should not overshadow the harm that violence causes against disabled people, which reduces agency, and how conversations with community members are needed to explore imaginaries in its prevention and harness community agency in working toward transformation. Our research topic is sensitive, but we actively engaged with community members to ensure that the study processes were ethical and culturally safe, reducing the likelihood of harm.

Our underpinning theoretical framework, Dutta's (2008, 2018) culture-centered approach, positions agency as a source of social change, situated in interrelationship with structure (the distribution of resources mediated through power) and culture. Rather than defining culture in terms of national citizenship and as being relatively stable—a construction that has featured prominently in dominant intercultural communication literature (Moon, 2023)—culture encompasses the everyday construction of shared meanings, negotiated with structure and imbued with power. The practice of doing culture-centered work necessitates a community-based approach where researchers are actively engaged on-site, deriving theories from within the communities rather than Western frameworks. This approach is outlined in further detail by Dutta (2018), entailing immersing oneself in the community, conducting extensive interviews to understand local challenges and resources, before a community advisory group is formed to oversee research decision-making. Culture-centered research is grounded in the methodological principle of researcher reflexivity, where researchers critically examine their own roles and predispositions that influence knowledge production (for an outline of this process, see Elers et al., 2021). It emphasizes building participation in communities, forming partnerships with stakeholders, and developing communication infrastructures (see Dutta, 2018). The theoretical framework of the culture-centered approach is described in greater detail in the following section.

The culture-centered approach

As a meta-theoretical framework that interrogates the politics of knowledge production, Dutta's (2008, 2018) culture-centered approach critiques the hegemonic whiteness that shapes settler colonial, imperial, and racial capitalist constructions of health and wellbeing. In the context of disabilities, culture-centered interrogation of the symbolic and material interventions focused on prevention foregrounds the underlying whiteness—the hegemonic values of white culture upheld as universal—of settler colonialism that constructs disabilities in an individualizing deficit frame. In this deficit framework, the agency of communities at the "margins of the margins," negotiating intersectional identities (such as Indigenous communities negotiating disabilities), is largely erased. Drawing on the theoretical framework of Subaltern Studies (Guha & Spivak, 1988), erasure is conceptualized in the culture-centered approach as the systemic exclusion of voices within discursive registers, resulting in material forms of marginalization. Colonial erasure plays out in the violent suppression of the voices of the colonized, shaping the processes through which knowledge claims from the Indigenous margins are erased from discursive and material structures, which in turn shape the experiences of violence among Indigenous communities (Hickey, 2004).

The erasure of Indigenous agency by settler colonial constructions of disability is reproduced in the ongoing reproduction of prevention frameworks that construct disability as a deficit and promote individualized interpersonal communication solutions. The dominant approaches to the prevention of family and sexual violence universalize the logic of whiteness, treating violence as an individual-level problem to be addressed through knowledge, attitude, and behavior change. The voices of Indigenous communities are systematically erased from hegemonic discursive spaces around disability and prevention of sexual and family violence, with the underlying whiteness of settler colonialism shaping the frames that are imposed on disabilities, the policy solutions that are put forth, and the interventions that are designed to prevent family violence and sexual violence among communities negotiating disabilities at the intersectional margins. The concept of erasure here attends to the cognitive epistemicide that constitutes settler colonialism, with the systemic undermining of Indigenous knowledge claims. In the context of preventing sexual violence and family violence among communities negotiating disability, the overarching ideology of whiteness actively legitimizes the erasure of Indigenous voices. Culture-centered critique therefore notes the epistemic and structural violence that is perpetuated through very frameworks of violence prevention.

Voice infrastructures

Dutta's (2008, 2018) culture-centered approach offers a framework for communities to partner, co-create voice infrastructures, and engage in dialogue that surfaces the impact and violence of colonialism and racial capitalism on lived experience. Voice infrastructures build the opportunity for communities to generate knowledge, engage in dialog, and resist erasure. They may include various communication channels, such as community forums, storytelling initiatives, participatory research methods, media platforms, and advocacy campaigns, all aimed at empowering communities to articulate their own realities and advocate for social change. The culture-centered approach theorizes the interplay between communicative and material inequalities, arguing that the systematic absences of voice infrastructures produce marginalization, perpetuating material dispossession and targeting of communities by violence. To challenge marginalization, therefore, these infrastructures are established through collaborative efforts between researchers and community members to ensure that the perspectives, experiences, and narratives of marginalized groups are acknowledged, valued, and heard within the broader discourse. Voice infrastructures invert colonial power inequality by democratizing and building communicative resources at the margins, empowering communities through a co-learning program based on the tenets of the culture-centered approach, drawing on community-based, contextually situated cultural values to drive community-led solutions, and have been shown consistently to yield change. Community knowledge is foundational: it anchors the research design, the emergent conceptual framework, and the solutions mobilized by communities.

We note the convergence between the CCA and Communication Infrastructure Theory (i.e., Ball-Rokeach et al., 2001) in the emphasis on how communication networks influence health outcomes within a community, situating community storytelling amidst cultural, social, and economic contexts. The CCA seeks to co-create community-led stories as critiques of the hegemonic values that shape knowledge production and health interventions, advocating for voice infrastructures through which communities at the margins challenge the social determinants driving health disparities. The definition and ownership of voice infrastructures are placed in the hands of communities (Dutta, 2008). Additionally, the approach emphasizes collaborative strategies to reduce health disparities, a point Wilkin (2013) suggested as a valuable expansion for Communication Infrastructure Theory.

Methods

All study protocols were reviewed and approved by Massey University's ethics committee. This article reports on the findings from 77 initial qualitative interviews undertaken in three community sites in 2021 with predominantly Māori disabled people in Auckland, the Manawatū, and Wellington in Aotearoa, which were part of a larger and ongoing violence prevention project among high-risk groups, organized to inform a national-level community-led violence prevention framework. In keeping with the culture-centered approach that is responsive to Māori in accordance with Te Ara Tika research guidelines (i.e., Hudson et al., 2010), working with community members throughout the research processes was crucial. The development of study procedures was informed by dialogic engagements with research team members, community members, and sector stakeholders. Māori were part of the research team from the outset, and the findings were peer-reviewed by a Māori Expert Advisory Group with specialized knowledge in the prevention of family violence and sexual violence.

Community members were involved as community researchers in recruiting and interviewing participants, as well as in serving as members of community-level advisory groups leading the development of the research questions, research design, interview protocol, and data analysis. The participants self-identified as having a disability and were recruited through purposive and snowball sampling by community researchers who resided in the areas and were engaged in their communities. In commencing the research, we already had an established relationship with community researchers in two areas where the research was undertaken through previous culture-centered projects, but we sought out additional cultural facilitators through community networks. Reflecting our recruitment, there was a higher proportion of Māori and low-income participants than the national population (see Statistics New Zealand, 2018). Other demographic information is outlined in Table 1.

The individual recorded interviews were at least 40 minutes long. The gender and ethnicity of the interviewer usually matched the interview participant, but most interviews were undertaken by non-disabled researchers (even though two disabled community researchers conducted interviews). The open-ended interview questions were focused on prevention needs rather than personal experiences of violence, but in instances when discomfort, distress, or disclosures occurred, our approach was to listen and, if deemed necessary, refer the participant to the appropriate support services, which were also listed in the participant information sheets. Participants were offered to review their transcripts and were invited to an advisory board meeting to discuss the research findings.

Table 1. Participant demographics.

	n*	%
Disability		
Mobility	25	32.5
Hearing	15	19.5
Visual	22	28.6
Learning	11	14.3
Speech	3	3.9
Sensory	6	7.8
Respiratory disorder	1	1.3
Mental health	11	14.3
Congenital disorder	3	3.9
Ongoing illness that restricts participation	16	20.8
Other disability	2	2.6
Not specified	7	9.1
Age, years		
18–34	23	30.0
35–54	27	35.1
55+	27	35.1
Gender		
Cis woman	41	53.2
Cis man	24	31.2
Other	11	14.3
Did not state	1	1.3
Income (weekly)		
$0–$250	30	39.0
$250–$500	26	33.8
$501+	15	19.5
Did not state	6	7.8
Ethnicity		
Māori	43	55.8
Tongan	2	2.6
Samoan	5	6.5
Fijian	1	1.3
Tahitian	2	2.6
Rarotongan	3	3.9
Filipino	1	1.3
Afghani	1	1.3
Rohingya	2	2.6
Chinese	1	1.3
Bhutanese	1	1.3
Vietnamese	1	1.3
Cambodian	1	1.3
Pākehā/NZ European/Other European	34	44.1

Note. Participants could identify as having more than one disability and/or ethnicity, so figures exceed the total number of participants in these categories.

The interviews were transcribed and analyzed using grounded theory (Charmaz, 2006), with an iterative and inductive approach while being materially engaged with the conceptual anchors of the culture–structure–agency triad, considering convergencies and solidarities across the communities. The initial open coding involves breaking down the data into discrete concepts and categories, often using line-by-line analysis. Axial coding refers to the process of identifying relationships between categories and subcategories, leading to the development of a central category or core phenomenon that integrates the emerging theory. Finally, selective coding involves the researchers refining and integrating the central category with other categories. The use of demographic information in the results was something that we deliberated about; on the one hand, including a participant's race, age, gender, and disability could provide important contextual information, but on the other hand, this information can reveal participant identities in small communities and could stereotype social groups and conditions. We determined that this would be included only if relevant, while taking care to keep anonymity with participants being assigned pseudonyms. In some places, we used “they,” “their,” and “them” to assist in concealing the identity of participants, which was not a reflection of the participants’ identified gender pronouns.

Findings

> The impact that it [family violence] does to, you know, a person’s body … to our wellbeing … There is never going to be a complete 100% healing … I often blame that, you know, on the family violence, the impact of being beltered around … I started developing this other wairua [spirit/soul] side of me where it was an angry side of me … I used to think, ‘oh, why can’t I make friends?’ [Kaia]

> With sexual violence there comes a lot of mental health issues … It’s happened to my children … My son … has been diagnosed with depression and PTSD [post-traumatic stress disorder]. He has sort of shut himself off from the world … He was sexually abused by his father and his father was later charged. [Thea]

> My ugh father would umm beat me and my mother and my sisters up, but he also umm, also touched them … It wasn’t until I was about twelve, when my youngest sister … She had told me that he had molested her as well … Four years ago, I was having umm flashbacks in my dreams about him coming into my room. [Sophie]

We have chosen to open our results with the above excerpts, while unconventional, to draw attention to the criticality of the topic, with the lived experiences of survivors Kaia, Thea, and Sophie, among others, revealing the devastation of violence continuing long after it takes place. What clearly emerged from our conversations with marginalized disabled people was the myriad of structural challenges fashioned by society and the settler colonial context that contribute to creating conditions in which this violence is more likely to occur. Underlying the four emergent themes is the communicative nature of many structural challenges, depicted as layers of erasure—often colonial in nature—that shape disability experiences and contribute to a landscape where marginalized disabled people are more susceptible to violence.

In the first overarching theme, *silence*, we explore the interplays among the familial, community-based, cultural, and structural context of silence, inhibiting dialogues about violence. The overarching context of silence shaped how disabled people expressed their agency, often struggling with few feasible avenues to seek out resources. Yet while silence was a common thread expressed across many participant narratives, it was not a uniform concept; taking different forms and being experienced disproportionately at the “margins of the margins,” with a greater burden Bornean the Indigenous margins. As we show in the second theme, structural contexts not only perpetuated erasure and thus violence but could also serve as direct causes of violence within the colonial landscape. The third theme constructs violence prevention services as a “gap,” with many participants being unaware of services or emphasizing the need for services to meet the cultural and physical needs of disabled people. The final theme describes community-led voice infrastructures as imaginaries in preventing violence going forward—dismantling unspoken barriers and promoting community ownership, voicing the concept of *tino rangatiratanga* [absolute sovereignty] anchored in Te Tiriti.

Theme 1: Silence

Familial and societal norms

Although violence was a critical issue for many participants, it was one that was largely unspoken within communities. The silence around family violence and sexual violence percolated across familial, community, cultural, and social spaces. Alice (Māori European) described violence as a local cultural “taboo,” whereby “everybody knows who’s doing what … but it’s just not talked about … Families do the cover up … It’s just soul destroying”. This was expressed across different communities and ethnic groups. Participants stated: “For the PI [Pacific Island] families … I know sexual violence is … It’s like a taboo thing to talk about” (John—Pacific male), “when you’re Asian, especially growing up, I didn’t know what we were going through was abuse … It’s [family violence is] quite prevalent. We don’t talk about it” (Layla—Asian female) and “things are hidden. A lot of people still don’t open up to what’s happening behind their own closed doors. When people with disabilities can’t speak out for themselves … there’s nothing they can do about it really, you know, violence” (Atarangi—Māori female). Negotiating a disability further exacerbated the normative impact of violence.

Social and cultural norms could restrict disabled people experiencing violence in reporting it, especially when the violence is carried out by those they “love” [Rebecca] or depend on for support. While a small number of participants described instances where the physicality of certain disabilities hindered their communication, such as Kaia stating, “As a child with learning disabilities, not being able to express how I’m really feeling, not even to my family, was the hardest,” communication barriers regarding voicing concerns about violence were not primarily attributed to physical disabilities. Participants cited dependence on the abuser(s) for various reasons, power inequalities including gender inequalities, not knowing where to access support, and poverty, intersecting with disability to exacerbate the silences. For instance, Sarah, a survivor of intimate partner violence, noted that disabled people need “most definitely confidence, cause when you’ve been in an accident, you know you, you lose all your, your self-respect and everything.” She drew on her experience of having a physical spinal injury from a car accident, which left a profound emotional toll on her self-esteem and confidence and felt that this could extend power inequalities associated with family violence.

Social disconnection

Erasure was not only discussed as a concept pertaining to unspoken articulations about violence, but also regarding some disabled people being “segregated” or “secluded” (Manaia), experiencing social disconnection within and from communities. This was demonstrated by Jill, who, after surviving a vehicular assault by her former partner just a week before her interview, expressed how the domestic violence she endured led her to not “want to be seen in public, so I stayed out of sight”. Erasure of voice and invisibility interweaved with broader structural challenges, particularly poverty and service gaps, further restrict people from reporting abuse and deepening power imbalances, whereby "it could be with their parents or their partners, whatever, they are the ones having a hold over them" (Emma). Gendered experiences of isolation were particularly pronounced for women, who often face compounded barriers due to both structural poverty and societal expectations. Social isolation, combined with a dependence on family members or carers, contributed to erasures that created an environment where abuse was more likely to occur.

Participant narratives pointed to a broader environment of economic hardship that further reinforced the silences they experienced. The noted the interplays among poverty, unemployment, and poor housing, that can contribute to being "stuck in a system" [Kaia] of abuse with some participants attributing violence to: "…financial stress, you know, like not having enough to cover this. Just feeling really stressed out and frustrated and sad… That's when the violence happens" (John), which "…stems from poverty… No money for kai [food], uh, I can't afford to look after my kids… I have no job… low self-esteem … worthlessness" (Meryl). The structural context of inadequate or "unstable" (Kay) housing was also referenced in creating the conditions for violence, whereby when "we don't have a house then we're like really at risk of violence" (Lucy). Kay revealed how the government's financial assistance system can force disabled people into dependency on others: "if you're on a disability income, it's not enough to live on. If you are… in a couple and you have a disability you can't get independent financial support… you have to rely on your partner. That's fucked up". These insights highlight how the organizing logic of the racial capitalist structure of settler colonial Aotearoa cons/trains agency among marginalized disabled people by limiting their economic opportunities and perpetuating cycles of poverty, which in turn increase the risk of abuse and violence.

Loss of agency

Erasure and inadequate voice infrastructures that interwork with structural challenges could result in a diminished sense of agency. Participants expressed how many disabled people have reduced choices and opportunities for decision-making available to them: "What's frustrating that non-disabled… People don't understand what limited choices we've got" (Rose), "Choice is really something that's lacking… within our community." [Susan] and "If the choice is between staying there [in an abusive environment] or leaving and being homeless and having no money, and, also, no support networks. Then… they don't have much of a choice" [Ashley]. Robin explained:

> The biggest thing is not actually getting that voice. Like you said before we aren't often the first to be pulled up to the table, even people with physical disabilities are sometimes misunderstood. If they've got a physical disability, it must, it must affect their brain… even those with intellectual disabilities, doesn't mean that they can't be of help as well.

In the above excerpt, Robin reflects on how inadequate voice infrastructures among disabled people are grounded in dominant biases that contribute to further exclusion.

Geoff's story

In Geoff's [Māori] case, he discussed how a family member might be stealing his pain relief medication, but he felt unable to confront or report them because they are doing their best to provide for the family and assist him with transportation and care. Geoff's circumstances highlight the multifaceted nature of his challenges: he is unable to work with his disability, so he survives on a sickness benefit; he chooses to live rurally on Māori land, but the housing is overcrowded with inadequate facilities; his family members try to support him with transport to medical appointments in the city,[5] yet this impedes his independence, and they only have one vehicle; he needs physiotherapy at the hospital as a result of his leg amputation but feels the healthcare sector is racist against Māori; he is empathetic to his family member who may be abusing him. Geoff's case (like many others) reveals the impact of intersecting factors—economic hardship and familial obligations—that can prevent survivors of abuse from seeking formal support, with disability adding an additional layer of complexity to these challenges.

Theme 2: Indigenous erasure

Colonial structures

The challenges articulated by Geoff, which restricted his ability to voice concerns about possible abuse, resonate with the broader context of colonization. The emphasis on socio-structural factors was particularly pronounced among Māori participants, who emphasized the necessity for jobs, affordable and suitable housing, and overall well-being for their communities. However, colonization was not only referenced by Māori participants as contributing to poverty or economic deprivation, but it was also positioned as a direct source of trauma and violence. Taylor [Māori] explained:

> People that are just so hurting from colonization they, have, are really fucked up… A lot of people of color, there, the violence that is in those communities… comes from racism… from the pressures of racism and the pressures of colonization… If you take a people's land … If you take that away they have nothing and so when you have been, like for centuries having to find your way into a rhythm of another culture, that's pressure, and also the other culture is telling you that you're not worthy and that you're never going to be good enough.

Taylor's description portrays violence as an outcome of systemic oppression inflicted by the enduring impact of colonization, including deficit messaging, which can manifest as a form of internalized racial oppression. This serves as an example of an unseen (but profound) psychological effect of historical and ongoing colonial practices on Māori (see L. Smith for further discussion on the impact of deficit messaging on Māori). Kaia (Māori) expressed corresponding views, stating:

> There seems to be this division in society that puts more pressure and more stress on families and people. That's the oppression of 'We're not suppose to succeed. We are not suppose to see ourselves do well'. That system wasn't designed for us. So Māori have to come up with a design or… policies that will work for us. Obviously the Pākehā [New Zealand European] policies… are not going to change for us.

Kaia describes societal division stemming from colonization that exerts pressure and stress on individuals and families. She emphasizes the need for Māori to develop their own policies and solutions that align with their unique needs in consistence with a Kaupapa Māori approach (see L. Smith, 1999), as the established policies are unlikely to benefit Māori.

Settler colonial violence

Settler colonial structures, including institutions of the state designed for disabled people, perpetrated physical and sexual violence. The settler colonial context of Aotearoa exacerbated the structural silences experienced by the participants, which further exacerbated existing inequalities in access to preventive and service resources. Māori participants generally experienced a greater burden of erasure and inadequate access to voice infrastructures, set against a historical and contemporary context of colonization. As Tui stated: "We [Māori] need a voice… We don't have a voice. You know everything's all European". The structure of the state, organized in the form of state care, was noted as a key site of violence, with this violence disproportionately directed at Māori. For instance, in the Abuse in Care Royal Commission of Inquiry (2022) report, Mr EY, a Māori participant documented the violence experienced by his disabled brother Jimmy in state care before he passed away, "It was abuse. It was direct abuse of his condition. He was abused in such a way and it costed him his life because of what had happened, and the struggles that he had gone through covers all these departments. Abuse in care, that's what it is" (p. 310). Institutions funded by the state as spaces for care for disabled young people have perpetrated various forms of physical and sexual violence, often having lifted children and young people from their familial and community spaces of care. Connecting the violence perpetrated by the institutions of the state to the absence of voice infrastructures, shared Mr EY, "It should not be this way for whānau trying to find out what happened to their family member. My brother died in care. Jimmy didn't have a voice to express his pain and suffering, so I must carry his voice from beyond the grave to ensure justice" (p. 309). The power and control enacted by the settler colonial state produced and magnified the silences around violence.

Some participants emphasized the erasure of traditional Māori infrastructures for addressing social issues within communities. Tui further explained how Māori courts are being reestablished:

> You know, our Māori have their own law too… Māori had their own courts. And I see when they had the Covid, they… and a lot of them, what they've gone and done is taken it- the court back to the marae… They talk about the court here on the European side, but they reckon the worst one is your own Māori court. Because you're sitting amongst all your old kuia [older women] and koroua [elderly men]

In the above expert, Tui emphasizes how these traditional systems hold significant cultural and community authority compared to contemporary Pākehā processes.

Manaia's and Rangimārie's stories

The difficulties expressed by Manaia (Māori) interplay with erasure and broader power and communication inequalities, both in receiving information and voicing concerns about violence taking place:

> It's harder for them [disabled people] to speak out and they don't know if, if what's happening to them is wrong… It's kind of hard when… You gotta rely on those people, the disabled person has to rely on the people that are, what do you call it? Predators. [Manaia—Māori Woman]

In the interview, Manaia weaved in and out of reflecting on personal experiences of being abused while growing up in state care, albeit sometimes in the third person, perhaps reflecting emotional distancing in recounting traumatic experiences. Atawhai [Māori] had similar accounts of abuse while growing up in state care—both expressed experiences of poverty, feelings of cultural disenfranchisement, and difficulties in being believed about the abuse that took place. Their stories resonate with Aotearoa's "two intertwined and violent realities" (Te Aho, 2022, p. 32): Māori children are disproportionately taken into state "care" and then are also overrepresented as victims of abuse in state "care"—where Manaia and Rangimārie struggled to report abuse taking place within the structure of the state. Today, Atawhai is a methamphetamine user and lives in overcrowded housing, sometimes with their partner's children, where they have been physically abused and excluded for their hearing loss. Manaia is homeless, which they described as: "My way of me protecting me… The only way to do that was not to be stuck within four walls. So, I put myself so that it [the abuse] would never, ever happen again."

Theme 3: Service gaps

Absence of preventive resources

For most participants, the violence prevention sector was characterized as a form of absence. In many cases, participants were unaware of where to seek help or whom to contact about abuse. Participants stated: "we need to know where they are and, you know, what specifically they do" [Alice], "Where do I get help? You know? Like who do I call?" [Harriet] and "There is just not enough help out there for us." [Kane]. Charlie, who has learning and mobility disabilities, emphasized that effective violence prevention hinges on two factors: "knowing who to contact and the people you do contact having enough respect for you to listen and value your opinion", highlighting the need for both accessible and responsive support systems. Poor transport infrastructures were also identified by participants, such as Susan [who is blind] explaining: "That restricts me, so we live in a society that is disabling because it's not, you know, made for people to get round as easily…. It favors motor vehicles", as well as health facilities being challenging to access for disabled people with mobility difficulties.

Other participants identified structural barriers anchored in ableist ideologies for disabled people in negotiating preventative services with Rose stating that services could be improved, "for starters, actually not judge somebody just because they are disabled… " and other participants stating: "I think more access for disability people… Especially if you're in a wheelchair" [Sarah, who has a spinal injury], "A lot of the places in which you reach out [to] aren't entirely like disability friendly" [Riley, who has a learning disability] and "more places need to get on board with hiring disability advisors… especially in places like Women's Refuge" [Emma]. Another barrier identified was inaccessible communication, with Kinley [who is Bhutanese and is blind] stating, "documents are not accessible by the person who cannot read or write English." These challenges reveal how the rights protected in the United Nations (2006) convention are not always materialized.

Cultural disconnection

Some participants spoke of services with a sense of disregard, such as stating, "I always thought they [referring to services] were *koretake* [useless]." [Noah]. Mary attributed deficiencies in the quality of services to service providers "bringing their personal beliefs and understandings [referring to whiteness] into mahi [work] creates that environment." A common sentiment across participant narratives was the desire for services to connect culturally with participants. Thea explained: "A lot of our old people are disabled. They have had strokes, they have feeling and movement on one side of their body, or they're having accidents or something and they get whakamā [Māori concept to be ashamed/shy/embarrassed] about asking for help." Others, such as Christine, emphasized the importance of collectivist Māori cultural values in working with Māori—values that conflict with the many Pāekhā approaches to service delivery:

> Don't expect people to open up if you just bowl in with a pen and paper, it doesn't work that way you know… It's a safety zone that we know in ourselves that house is a safe zone, no matter what I say in that house, do in that house, I've got everybody sitting in that house next to me supporting me, cos that's how we work as Māori.

Christine's statement emphasizes the importance of trust and comfort in sharing personal experiences for Māori, contrasting the perceived ineffectiveness of formal approaches like using pen and paper with the intimacy and security provided by the home environment. Moreover, note here the ways in which prevention solutions are placed amidst relationships, collective linkages of care, and community.

Moreover, Māori participants revealed distrust in formal services, including elements of the criminal justice system, health system, Tamariki [a department responsible for the well-being of children], and other government institutions. For instance, against the backdrop of Māori being overrepresented at every stage in the criminal justice system (Te Uepū Hāpai i te Ora, 2019), Avery explained: "I've always had the attitude that… the Police have always been racist towards Māori… That's always made me… have a disregard for the Police." For some community members, there was also the genuine risk of being removed from their families that acted as a restrictor to accessing services, as: "They could see what happens if they do, and they don't want to see their parents like leave them" (Salote) and "If sexual abuse happens, they're probably not gonna speak up. They'll be scared… They might even get taken from their family and that's just gonna make it feel like they're more abused… feeling disconnected with their family." (Corey)

Sam's Story

The structural absence regarding violence prevention services could have significant ramifications. For example, Sam's [who has autism and is between 18 and 25 years old] mother sought support for their violent outbursts against the family in Sam's earlier teens, but with inadequate support provided, she resorted to responding with violence and locking Sam in a garage. In this depiction, violence is constructed as a consequence of inadequate formal support structures. This highlights the importance of accessible support systems for people with disabilities and their families, mitigating situations where violence is a distressing outcome of unmet support needs. While there were other contributors at hand, including financial struggles and complex family dynamics, Sam's story highlights the personal impact of carers not being able to receive support in times of desperation.

Theme 4: Establishing voice infrastructures

Dismantling the unspoken

Despite participants describing local "taboos" around speaking about family violence and sexual violence, the community was simultaneously viewed as a solution going forward. With communication gaps around violence being identified as perpetuating its continuation, whereby "you grow up thinking that, that abuse is normal" [Layla], community conversations were viewed as a strategy for its prevention. This is ultimately directed at addressing communication inequalities, with participants describing the need to dismantle deep-seated silences around violence within communities. Founded on the notion that erasure perpetuates the continuation of violence, participants voiced prevention imaginaries based on connecting community members and increasing community discussions about violence.

As Riley stated, "It [violence] like it should be talked about… It shouldn't be as normalized in the community as it is today." As we highlighted in this section, the normalization of violence within a cultural consciousness is constituted against complex power inequities and structural hardship but note Riley's positioning of these conversations as a way of challenging cultural norms of harm. Other participants similarly stated: "It [violence] needs to be spoken more about" [Sarah] and "As a community, we need to talk a lot more to each other about these sorts of things… and you know talk to whoever it's happening to. Encourage them to, you know, for the Police" [Andy], and "Aroha [love] and more Awhi [to care for] and more listening" [Aria—Māori].

Community ownership

A common view expressed by participants was how community members are inadequately assisted in service provision, and corresponding strategies were based on an underlying premise that violence could be prevented through service delivery that is responsive to community needs. An imaginary expressed in addressing this need was in local services working with or including members of local communities within organizations, with Corey expressing that the solution should be led "by us because us-us disabled people in the community… know what's needed." This interrelates with race and cultural understandings, with Layla [Asian] stating: "You literally need almost like a cultural adviser because when you go into a room and it's just a white person in a uniform. It doesn't matter what kind of uniform, you cannot engage". These insights highlight the importance of culturally competent and community-led approaches in addressing the unique challenges faced by marginalized groups in accessing and benefiting from essential services.

Tino rangatiratanga

In keeping with the concept of *tino rangatiratanga* [absolute sovereignty], a common articulation among many Māori participants foregrounded community-owned solutions which exercise self-determination and self-governance for Māori. For instance, several Māori participants advocated for services to be provided by Māori for Māori, explaining that "I would go to a Māori resource myself if I had a problem, first that's where I would go" [Avery] and "for me personally I would prefer a Māori… just to have that sense of understanding with like tikanga [referring to protocols] and all of that stuff." (Mary) Participants, such as Emerson, cited how formal systems need to work with Māori in co-developing services:

> It's meant to be a partnership between indigenous people of Aotearoa and everyone else … but the way our legal system works the way our government works, none of it is a partnership, at best it's a consultation… Partners don't consult, they develop things together.

The concept of partnership forms the core of Te Tiriti, the foundational document of Aotearoa New Zealand, the contract signed between Māori and the Crown. Note here the voicing of the erasure perpetuated by the legal structure of settler colonial Aotearoa, that continually disenfranchises Māori and excludes Māori participation. In this backdrop, the voicing of tino rangatiratanga serves as the basis for conceptualizing partnerships in the theorizing, design, development, delivery, and evaluation of prevention solutions. Another notable vision centered around the co-development of solutions within communities distinct from formal services. For example, Amara (Māori) stated: "We need to everybody get, try and get in as a collective, and I-I may be selfish but look after our own, and make sure we are secure." Intertwined with the conceptualizing of sovereignty are the concepts of relationships and collective care, putting forth a Kaupapa Māori epistemology of prevention of family violence and sexual violence.

Discussion

Our research explored prevention needs of disabled people at the "margins of the margins" to reduce family violence and sexual violence in Aotearoa. Our interview protocol focused on imaginaries going forward, with the research being part of a larger, ongoing project co-creating a policy framework for the prevention of sexual violence and family violence experienced by diverse marginalized communities. However, a number of participants chose to relay stories of violence that underpinned these imaginaries and thus, our recommendations. Disabled adults in Aotearoa are at significantly higher risk of experiencing family violence and sexual violence compared to adults without a disability (see Fanslow et al., 2021; Malihi et al., 2021), and Māori and low-income groups are further overrepresented in these statistics (Ministry of Justice, 2021). Aotearoa is not alone in these uncomfortable statistics; the United States National Intimate Partner and Sexual Violence Survey, for example, showed that women with a disability were significantly more likely to report experiencing all forms of interpersonal violence compared to women without a disability, including rape, physical violence, and psychological aggression (Breiding & Armour, 2015).

By foregrounding perspectives and experiences of diverse marginalized communities in Aotearoa, our study contributes to understanding disability through a culture-centered lens, turning to voice and listening as the anchors for building community-led solutions to violence. Building upon existing research that critiques Western concepts of disability for their failure to encompass Te Ao Māori holistic views (e.g., Hickey, 2006; Hickey & Wilson, 2017; Jones et al., 2024), participants articulated structural challenges such as poverty, inadequate housing, and service gaps, which can be exacerbated by the physicality of certain disabilities—such as the lack of accessible services for those with visual impairments or mobility issues. This perspective aligns with the social model of disability, which views disability as a product of societal exclusions rather than inherent pathology (see Oliver, 1983). Our findings highlight the importance of understanding and addressing the intricate web of structural challenges contributing to violence against disabled people for effective prevention strategies.

Undertheorized in the social model are the roles of colonization, racial capitalism, and the state as direct contributors to these structural challenges, creating conditions that produce and facilitate violence (Hickey, 2004). This ranges from the welfare system, which often forces disabled people into a reliance on their partners, to the various inequities experienced specifically by disabled Māori, produced by the ongoing expulsion of Māori from land and the systemic exploitation of Māori by the racial capitalist structure. As highlighted in a recent report commissioned by the Waitangi Tribunal, "systemic barriers have been created, maintained, and reinforced by the strategies of the Crown… In other words, the significant inequities impacting Māori with lived experience of disability have not occurred by happenstance" (King, 2019, p. 351). The voices of Māori disabled participants highlight the role of the institutions of the state designed to address the needs of disabled communities as the perpetrators of physical and sexual violence. The conceptualization of the settler colonial apparatus as a perpetrator of violence expands the individualistic and relationship-based focus of violence prevention frameworks. We note here the observation by Puar (2017) in *The Right to Maim* about the role of the settler colonial state as a perpetrator of violence:

> The work machine and the war machine both need bodies that are preordained for injury and maiming, often targeted maiming. Capitalism, war, forced migration, settler colonial occupation… U.S. capitalist imperialism are the generators of much of the world's disability, yet contribute unruly source material for rights discourses that propagate visibility, empowerment, identification, and pride. Much of this debilitation is caused by the exploitative capital and imperial structures of the global north (p. 65)

The violence written into the settler colonial state actively debilitates, making and marking disability, removing disabled children and youth from their community environments, carrying out physical and sexual violence through the institutions of the state.

Central to our study is the articulation of disability as layers of erasure and the resulting loss of agency, a theme that cut across diverse disabilities and participant groups, but was particularly pronounced for women, who face compounded barriers due to both structural poverty and societal expectations. Communicative violence is intertwined with sexual and family violence, which in turn is intertwined with structural violence. This is a significant finding for approaching disability communication research, cutting across diverse disabilities and participant groups, albeit manifesting in varied forms, with a disproportionate burden falling on those at the Indigenous margins. The first overarching theme in our research, silence, reveals the hidden and unspoken nature of violence within communities, the suppression of disabled voices, and the absence of communication infrastructures for expression. The second theme revealed the colonial nature of erasure for many Māori participants. These findings are set against a longstanding history of the erasure of disabled people in discourses and policies (see Goggin & Ellis, 2021; Oranga Tamariki, 2022; World Health Organization, 2011), including in academic research (Farmer & Macleod, 2011), as evidenced by the lack of research developing strategies to prevent violence against disabled people, despite their overrepresentation as victims (Fanslow et al., 2021; Malihi et al., 2021).

Our findings are consistent with the Abuse in Care Royal Commission of Inquiry (2024) report published in July 2024 that documents the institutionalization of sexual violence and family violence in the structures of the state, with the violence being disproportionately directed at Māori. Culture-centered theorizing of erasure situates it at the intersections of culture and structure (Dutta, 2008). Hegemonic cultural values of whiteness, ingrained in settler colonial structures, contribute to the erasure of Māori knowledge and cultural approaches to addressing family and sexual violence. Disability is a product of colonial processes of violence (Hickey & Wilson, 2017; King et al., 2014). Simultaneously, whiteness strategically renders invisible its own cultural values that shape the conceptual frameworks used to approach these issues by making claims to the universal.

This culture-centered exploration of family violence and sexual violence experienced by communities negotiating disability adds to the current body of scholarship on the CCA by delineating the intertwined relationship between communicative and material violence. Silence and erasure constitute the negotiations of violence and in turn, are shaped by the structures of settler colonialism, racial capitalism, ableism, and patriarchy. Everyday experiences of family violence and sexual violence among disabled Indigenous communities are driven by structural violence that is rooted in settler colonialism and are multiplied manifold by the systemic erasure of Māori knowledge. The narrative accounts situate family violence and sexual violence at the "margins of the margins" (intersections of Indigeneity, social class, and disability) amidst erasure as epistemic violence. The erasure of Māori knowledge in the settler colonial framework of violence prevention in Aotearoa directly shapes the experiences of family violence and sexual violence at the "margins of the margins." Māori participants cite colonization as forming the core of violence perpetrated by colonial institutions (including physical and sexual abuse within these institutions), as a driver of poverty and economic hardship, and as a direct source of trauma, in turn driving family violence and sexual violence.

The narratives document the ways in which epistemic violence shapes the structural violence driving family violence and sexual violence at the raced margins of Aotearoa New Zealand. The undermining and exclusion of Māori agency catalyzes the violence perpetrated by the solutions around family violence and sexual violence, and this paradoxically results in the exponential magnification of violence through hegemonic institutions that are built to address family violence and sexual violence, with the settler colonial state acting as a perpetrator of violence (Abuse in Care Royal Commission of Inquiry, 2024; Hickey & Wilson, 2017). The non-governmental organizations that are funded by the state to address family violence and sexual violence reproduce the ideology of whiteness, importing white models of prevention such as the Minnesota power and control wheel, stigmatizing communities at the "margins of the margins" while perpetuating managerial–professional solutions that directly profit from the erasure of community agency. The CCA critically interrogates the hegemonic approaches to family violence and sexual violence by foregrounding the whiteness in the settler colonial framework, rendering visible the prevalent assumptions of the dominant white culture that shapes prevention and services around family violence and sexual violence in Aotearoa New Zealand. Erasure thus works through the ongoing devaluing of Indigenous knowledge and the removal of the capacities of Indigenous communities at the margins to create solutions addressing family violence and sexual violence. Instead, disabled people, particularly those at the margins negotiating disability, are turned into passive recipients of hegemonic solutions. Participant narratives, for instance, note the deficit-based approach that frames disability as lacking, actively undermining Māori cultural constructions of diverse strengths and gifts (Hickey, 2004; Hickey & Wilson, 2017; King et al., 2014).

Māori conceptualization of sexual violence and family violence foregrounds the state as violent, as evidenced in the Abuse in Care (2004) report. This violence in turn is a consequence of the erasure of Indigenous agency, knowledge, and voice. This manuscript documents the role of voice infrastructures co-created at the intersectional margins in building spaces for listening to voices at the "margins of the margins" negotiating violence. Sovereignty over knowledge and decision making, as reflected in community ownership and tino rangatiratanga, anchored in the upholding of Te Tiriti, forms the basis of how violence prevention is imagined and actualized, disrupting the silences around violence in the community. So far, to our knowledge, this is one of the first studies of the CCA documenting the transformative role of communication sovereignty, materialized through voice infrastructures, in disrupting and dismantling the being intricately intertwined with family violence and sexual violence experienced by Indigenous communities negotiating disability. Co-creating voice infrastructures at the 'margins of the margins' acknowledges Indigenous knowledge and agency as pivotal in driving prevention solutions. Knowledge articulated through these voice infrastructures challenges hegemonic assumptions and opens transformative possibilities for violence prevention. Critical here is the work of co-creating knowledge claims that center connection and solidarity, which resist the deficit-based universals perpetuated by whiteness.

Notably, significant progress has been made through the disability rights movement, which has resisted systemic barriers and derogatory attitudes that harm many disabled people. This movement has challenged the erasure and disempowerment of many disabled people, symbolized by the slogan: "Nothing about us without us." However, the participants in our research did not reference or acknowledge this movement, and it did not seem to have led to substantial material changes in their experiences or strategies concerning the prevention of family violence and sexual violence. These findings forefront a pressing question: *to what extent will progress reach those who are most marginalized, most vulnerable to family violence and sexual violence, and currently underserved by existing prevention services?* We call for prevention services to be designed with those most at risk of violence and for further research to be undertaken with disabled people situated in the "margins of the margins" in the pursuit of health equity through community self-determination, placing those at the "margins of the margins" in spaces of participation, decision-making, and ownership.

Boundaries and future avenues in disability research

In keeping with the qualitative and localized nature of our research, our findings may not be transferable to other contexts and settings. Due to the pragmatics of our research team expertise and the restrictions of the ethics approval, we could not include community members with severe learning disabilities or who were unable to give informed consent. While this is common in university research, it is a significant limitation, given our methodological grounding. In keeping with the CCA, we included community members based in geographical areas, which did not comprise representation in other regions, such as within the South Island of Aotearoa. Further research would be valuable in exploring how these findings apply in different contexts

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Data availability

The data underlying this article cannot be shared publicly due to the privacy of individuals who participated in the study and because data sharing was not approved as part of the study's ethics application.

Notes

1. For the rest of the manuscript, we use "*disabled people*" as an umbrella term denote people with a lived experience of an impairment or who identified as disabled as discussed further in the literature review. The term is chosen by people with disabilities in Aotearoa to represent themselves, to turn to a strengths-based articulation of identity that simultaneously points to the social structures that constitute disability, aligned with the social model of disability.
2. Structures that uphold privileged positions, norms, and knowledges against which non-white are assessed or compared.
3. We refer to the Global South as both a hemispheric space, pointing to sites where colonialism and imperialism are continually at work, as well as a space of dispossession (Dutta & Pal, 2020). In this sense, Global South also represents the margins of the North/West, produced through ongoing land grab, extraction, and exploitation of labour and resources.
4. Although we draw on the Crown's definition of family violence, sexual violence, and physical violence, the culture-centered constructions of violence continually disrupt this definition, pushing the conceptual framework to place the Crown's role in producing and perpetrating violence at the center of definitions. This tension is further discussed throughout the rest of the manuscript.
5. There is a free health shuttle in the area, but Geoff has experienced long waiting times for it to arrive, sometimes for hours in the cold hospital waiting room.

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