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**Healing in Community: Exploring Experiences of Support Groups  
for Survivors of Sexual Violence**

A thesis  
submitted in partial fulfilment  
of the requirements for the degree

of  
**Master of Applied Psychology (Community)**

at  
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by  
**Margot Burton**



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## **Abstract**

This thesis examines the role of community-based support groups in fostering healing among survivors of sexual violence, with a particular focus on understanding the benefits and challenges of participation in such groups. Sexual violence is a pervasive social issue with long-lasting impacts on survivors. While individual therapeutic interventions are often prioritised, community-based support groups offer a unique pathway for healing through shared experiences, validation, and social support. The importance of support groups is highlighted in the literature on support services in Aotearoa New Zealand and globally, however survivors often face significant barriers in accessing support due to stigma and other systemic factors. This study seeks to address these gaps by exploring how support groups contribute to healing in the context of Aotearoa New Zealand.

Using a qualitative research design, individual interviews and online qualitative questionnaires were conducted with survivors who had attended support groups. Reflexive thematic analysis revealed three overarching themes: Safety, Healing, and Navigating Systems. Safety emerged as a critical factor, encompassing the role of facilitators, group guidelines, and the overall group culture. Healing was facilitated through validation, connection, trust, and empowerment within the group setting. The theme of Navigating Systems highlighted the complexities of accessing services, engaging with support systems, and recognising healing as a continuous lifelong journey. The findings emphasise the need for trauma-informed, community-based interventions and advocate for policy and practices that enhance the accessibility and effectiveness of support groups.

The findings of this study underscore the importance of safe, well-facilitated support group spaces and the need for greater accessibility to support groups for survivors of sexual violence. It also emphasises the role of policy in sustaining survivor-centred services that can foster healing and resilience tailored to meet the needs of different communities and cultures.

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## Glossary

### Te reo Māori

**Aotearoa** – One of the Māori words for New Zealand. It means ‘land of the long white cloud’.

**Aroha** – Love, compassion, sympathy, or empathy. Often used in the context of understanding others' struggles.

**Hapu** – A sub-tribe or clan made up of extended families, which is a key social unit in Māori society

**Hauora** – A holistic concept of health, encompassing physical, mental, emotional, and spiritual well-being.

**Iwi** – A tribe or large social group in Māori society, made up of multiple hapū, often linked to a specific area

**Kōrero** – To speak or a speech

**Mahi** – Work

**Mana** – A Māori concept often translated as authority, prestige, or spiritual power. It is something that is earned or lost, and is closely tied to one's identity and relationships within the community.

**Mana enhancing** – Actions or behaviours that contribute positively to someone's mana or standing in the community.

**Māoritanga** – The Māori way of life; the culture, language, and traditions of the Māori people.

**Mauri tau** – peaceful life force, a state of harmony, balanced or settled

**Pākehā** – Māori word for non-Māori and/or European-descended New Zealanders.

**Pūrākau** – Myth, ancient legend, story

**Tikanga** – The customary practices, traditions, and values of the Māori people. It refers to the correct or proper way of doing things within Māori culture.

**Whanau** – Family/extended family

**Whanaungatanga** – The process of creating and establishing relationships

## **Vocabulary**

**ACC** – Accident Compensation Corporation. A government entity in New Zealand that provides no-fault personal injury insurance, which includes support for survivors of sexual violence.

**C-PTSD** – Complex post-traumatic stress disorder. A diagnosis that describes the effects of prolonged or repetitive trauma, often involving interpersonal violence such as abuse or captivity.

**EMDR** – Eye Movement Desensitization and Reprocessing. A psychotherapy technique designed to help individuals process and recover from traumatic memories by using bilateral stimulation, such as guided eye movements.

**DBT** – Dialectical Behaviour Therapy. A type of cognitive-behavioural therapy designed to help individuals manage emotions, cope with stress, and improve interpersonal relationships. It is often used for those struggling with emotional regulation issues.

**PTSD** – Post-traumatic stress disorder. A mental health condition that can develop after an individual experiences or witnesses a traumatic event, characterised by symptoms like flashbacks, nightmares, and severe anxiety.

**Sensitive Claim** – A claim made to the Accident Compensation Corporation (ACC) in New Zealand for injuries related to sexual violence or other sensitive issues, allowing survivors to access support and services for recovery.

**Support Group** – A gathering of individuals who share common experiences or challenges, such as surviving sexual violence, and who come together for mutual support, healing, and empowerment.

**Peer Support Group** – A type of support group where individuals with shared experiences, such as survivors of sexual violence, provide emotional and social support to one another, often fostering empathy and solidarity through shared understanding.

**Trauma-informed care** – An approach to healthcare and support services that recognises the widespread impact of trauma on individuals and aims to provide services that are sensitive and responsive to those experiences.

## Chapter One: Introduction

Sexual violence remains a pervasive issue in Aotearoa (New Zealand), with devastating and long-lasting impacts on survivors, both emotionally and psychologically. Support services, including crisis intervention and individual therapy, play an important role in the healing journey of many survivors (New Zealand Government, 2021). However, support groups for survivors of sexual violence are far less common in Aotearoa. These groups, often community-based, offer a space for survivors to connect with others who share similar experiences, fostering collective healing and rejecting the secrecy, shame, and stigma that is frequently associated with sexual violence (Konya et al., 2020). Despite the interest and positive evidence for support groups (De La Rosa & Riva, 2021; Hébert, & Bergeron, 2007; Heard & Walsh, 2023; Murn & Schultz, 2023; Konya et al., 2020), there is limited research on how survivors experience them and how well these spaces meet their needs, both in Aotearoa and internationally. This research aims to address this gap by centring survivors' voices, exploring their experiences in support groups, and examining how support groups contribute to their healing. Rather than assessing the efficacy of support groups through external measures, this research prioritises survivors' perspectives on what has been useful, what challenges they have encountered, and how well these services align with their needs.

Survivor-centred research is crucial in the field of sexual violence, as it ensures that interventions and policies are informed by those directly impacted, those who are the experts of their own experiences (Riemer et al., 2020). This study amplifies survivors' voices, providing insights into the ways support groups contribute to safety, connection, and empowerment. While individual therapy remains the primary mode of support for survivors in Aotearoa, group settings offer a unique source of validation, shared understanding, and a sense of connection that is difficult to achieve through one-on-one treatment alone (Konya et

al., 2020). By listening to survivors' experiences, this study aims to contribute to a more nuanced understanding of what makes support groups effective, offering valuable insights for practitioners, policymakers, and service providers seeking to improve support services and inform trauma-informed care practices.

Sexual violence remains an under-researched area, as highlighted in the Ministry of Women's Affairs report *Restoring Soul: Effective Interventions for Adult Victim/Survivors of Sexual Violence* (2009), which identified critical gaps in research. My initial search for existing studies in Aotearoa related to healing from sexual violence revealed very little, and I found no research specifically examining support groups for survivors of sexual violence in Aotearoa. Given the limited scope of a one-year Master's thesis, this study does not claim to be comprehensive. However, it aims to provide an important starting point for further research into support groups and their role in healing from sexual violence. By establishing an initial understanding of how survivors experience these spaces, this research lays the groundwork for future studies that can expand on these findings and further develop survivor-centred support services in Aotearoa.

The significance of this research extends beyond academic inquiry. Support groups play a crucial role in many survivors' healing journeys, yet there is a lack of empirical evidence on their effectiveness and accessibility in Aotearoa. By centring survivor voices, this study provides a deeper understanding of how these groups function, what survivors find valuable, and what challenges remain in accessing and engaging with them. These insights can contribute to more responsive, survivor-centred approaches to support and intervention, offering practical implications for service providers, mental health practitioners, and policymakers aiming to improve the accessibility and effectiveness of sexual violence support services. Additionally, this study aims to inform the development of survivor-led peer support initiatives, and highlight the importance of funding for such initiatives.

This study recognises the ethical considerations involved in conducting research with survivors of sexual violence. Ensuring participants' safety, confidentiality, and agency is paramount, and ethical guidelines for trauma-informed research have been followed throughout the study. This includes using informed and ongoing consent procedures, and prioritising the well-being of participants at all stages of the research process.

### **Research Aim and Objectives**

This research aims to explore the experiences of survivors of sexual violence who have participated in support groups in Aotearoa. The key objectives guiding this research are:

- To examine the impact of support groups on the healing journey of survivors of sexual violence.
- To gather information about the motivations and expectations of survivors of sexual violence in seeking support through participation in support groups.
- To identify the benefits and challenges associated with participation in support groups among survivors of sexual violence.

### **Research Questions**

There are two broad research questions underpinning this thesis:

1. What are the experiences of survivors of sexual violence who have attended a support group as part of their healing journey?
2. How do support groups build connection and community, and how does this impact the healing journey of survivors?

## **Structure of the Thesis**

Chapter Two presents the literature review, providing a global and theoretical perspective on sexual violence, followed by an examination of the context of sexual violence in Aotearoa. It then explores the role of support groups in healing, discussing how they function as a community-based intervention. Additionally, this chapter outlines the systemic barriers survivors face in accessing support, concluding with a summary of key findings from the literature.

Chapter Three outlines the study's methodological approach. It begins by positioning the researcher within the study, acknowledging the importance of reflexivity in survivor-centred research. It then discusses the ecological and feminist perspectives that inform the research design, before detailing ethical considerations, participant recruitment, data collection, and analysis methods. It also discusses the strengths and limitations of the methodological approach.

Chapter Four is the first of three analysis chapters and focuses on the theme of establishing safety within support groups. It examines the role of the facilitator, the importance of guidelines and rules, and how group culture and logistical aspects contribute to a sense of security for survivors.

Chapter Five explores aspects of healing within support groups. It highlights how validation, connection, trust, and personal growth contribute to survivors' recovery, emphasising the role of peer support in fostering empowerment.

Chapter Six addresses the challenges and complexities of navigating support systems and services. It discusses barriers to accessing support groups, survivors' perspectives on formal services and systems, and the understanding that healing is a lifelong journey requiring sustained access to supportive spaces.

Chapter Seven provides a discussion of the findings, situating them within the existing literature and theoretical frameworks. This chapter critically analyses the implications of the results, drawing connections between survivor experiences and broader systemic issues in sexual violence support. It summarises key insights and discusses the practical and policy implications of the findings. It also suggests areas for future research to further improve survivor-centred support approaches. The thesis is then concluded with some final thoughts.

## Chapter Two: Literature Review

### Introduction to Sexual Violence: A Global Perspective

Sexual violence is a pervasive global issue that affects individuals across all demographics, with disproportionate impacts on marginalised communities. Defined in legal, social, and psychological terms, sexual violence encompasses a broad range of behaviours, including sexual harassment, assault, coercion, and rape (WHO, 2021). It is widely recognised as both a human rights violation and a public health crisis, yet systemic barriers continue to limit access to justice and support for survivors (Reid et al., 2018). Understanding sexual violence requires an intersectional and systemic approach that considers the social, cultural, and structural factors that sustain its prevalence (Robertson & Oulton, 2008).

Sexual violence is defined differently across legal, social, and psychological contexts. Legally, definitions vary by jurisdiction, but sexual violence is generally characterised by non-consensual sexual acts, often involving coercion, force, or the inability to provide consent (Ministry of Justice, 2023; Robertson & Oulton, 2008). Socially, sexual violence is shaped by cultural norms, power dynamics, and systemic inequalities, with certain myths and misconceptions reinforcing victim-blaming attitudes and perpetrator impunity (Buchwald et al., 2005; Robertson & Oulton, 2008). From a psychological perspective, sexual violence has significant and lasting effects on survivors, including post-traumatic stress disorder (PTSD), depression, anxiety, and disrupted social, relational and emotional wellbeing (Bryant-Davis et al., 2009; Gavey & Schmidt, 2011; Herman, 1994).

Sexual violence is a widespread issue, with the World Health Organization (2021) estimating that in their lifetime, one in three women worldwide has experienced sexual violence and/or physical violence primarily perpetrated by an intimate partner. Despite these staggering figures, sexual violence remains significantly underreported, with survivors facing

numerous barriers to disclosure, including fear of disbelief, retribution, and legal system failures (Horvath & Brown, 2023). In Aotearoa, estimates suggest that only 7-10% of sexual violence cases are reported to police, and conviction rates remain low (Ministry of Justice, 2023).

Sexual violence does not affect all groups equally. Women, children, Indigenous peoples, LGBTQIA+ individuals, people with disabilities, and those experiencing socio-economic disadvantage are at heightened risk due to intersecting systems of oppression (Crenshaw et al., 2011; Fanslow et al., 2021). Studies indicate that individuals with adverse childhood experiences or previous victimisation are also more vulnerable to revictimisation (Fanslow et al., 2021). These disparities highlight the need for structural interventions that address the broader social determinants of sexual violence (Robertson & Oulton, 2008).

Feminist perspectives on sexual violence highlight the role of patriarchal power structures in sustaining gender-based violence. Feminist scholars argue that sexual violence is not an isolated act but a broader mechanism of control that upholds gender inequalities (Buchwald et al., 2005; Fileborn & Loney-Howes, 2019). Rape culture—defined as a society in which sexual violence is normalised and excused—operates through victim-blaming, the trivialisation of sexual harm, and the reluctance to hold perpetrators accountable (Ross et al., 2019).

From a community psychology perspective, sexual violence must be understood within the relationships between individuals and their broader social, cultural, and political environments (Riemer et al., 2020). The ecological model conceptualises sexual violence as a systemic issue rather than an individual problem, recognising that social structures, policies, and cultural norms shape both the occurrence of sexual violence and responses to it (Riemer et al., 2020). In Aotearoa, these structures include colonial legacies, economic disparities, and

discriminatory legal and social systems that disproportionately disadvantage Māori and other marginalised groups (Robertson & Oulton, 2008).

The #MeToo movement, which gained global traction in 2017, brought unprecedented visibility to the issue of sexual violence and sparked widespread conversations about consent, power, and accountability (Fileborn & Loney-Howes, 2019). While the movement has increased awareness and led to policy discussions in some sectors, significant structural change remains limited, and many survivors still struggle to access justice and support services (Horvath & Brown, 2023). Media representations of sexual violence continue to shape public perceptions, often reinforcing harmful stereotypes and undermining survivor credibility.

Addressing sexual violence requires a commitment to social justice, ensuring that all survivors have the right to healing without stigma, systemic barriers, or economic burden. Culturally responsive, community-driven approaches are essential in providing effective support and prevention strategies (Ministry of Women's Affairs, 2009). In Aotearoa, kaupapa Māori services offer models of collective healing that integrate cultural knowledge and community-based support, providing an alternative to Western individualised approaches (Wood & Dickson, 2022). Recognising the broader societal structures that sustain sexual violence is critical to developing meaningful, long-term solutions that prioritise survivor-centred justice and systemic transformation (Robertson & Oulton, 2008).

### **Sexual Violence in Aotearoa**

Sexual violence in Aotearoa is a significant public health issue that continues to impact individuals, families, and communities (New Zealand Government, 2021; Robertson & Oulton, 2008). Its effects span generations, with deep cultural, historical, and social implications (Robertson & Oulton, 2008). Addressing sexual violence requires not only

understanding the personal trauma experienced by survivors but also recognising the structural factors and systemic barriers that perpetuate it. This section explores the historical, cultural, and societal context of sexual violence in Aotearoa, the prevalence and patterns observed, and the responses from both societal institutions and the media.

### ***Historical and Structural Context***

In Aotearoa, discussions surrounding sexual violence must begin with an acknowledgment of the colonial history that has shaped the country's social and cultural landscape. The arrival of European settlers in the 19th century marked a significant shift in Māori society, fundamentally altering traditional power dynamics and social structures. Colonisation brought with it the introduction of European values, such as Christianity, patriarchy, and individualism, which significantly impacted Māori ways of life (Fisher et al., 2008). This disruption of Māori social systems, including a collectivist and communal approach to wellbeing, exacerbated the trauma caused by sexual violence.

Colonisation led to the imposition of Eurocentric laws and cultural norms, while also establishing a system that marginalised Māori, resulting in lasting socio-economic inequities that persist today (Pihama et al., 2016). The ongoing effects of colonisation are evident in the continued underrepresentation of Māori in positions of power and the disproportionate impact of sexual violence on Māori communities (Mutu, 2019). For Māori, sexual violence is not only an individual trauma but also a collective one, as it affects whānau and the wider community, disrupting whakapapa (genealogy) and the continuity of future generations (Le Grice et al., 2022). The whare tangata, the home of humanity, holds a sacred role in Māori culture; thus, violence against women is seen as an attack on the preservation and future of whakapapa (Pihama et al., 2016).

In addition to colonisation, systemic issues such as patriarchy, racism, and the perpetuation of gender-based violence continue to shape the societal response to sexual

violence in Aotearoa. Patriarchy reinforces the subordination of women and non-binary people, while racism exacerbates the vulnerabilities of Māori, Pasifika, and other marginalised communities. The intersection of these systemic inequalities creates an environment where sexual violence is not only normalised but often invisible, particularly for those who belong to multiple marginalised groups (New Zealand Government, 2021).

The principles of Te Tiriti o Waitangi provide a framework for addressing sexual violence in Aotearoa, with a focus on *tinō rangatiratanga* (self-determination), active protection, and equitable health outcomes for Māori (Waitangi Tribunal, 2021). Effective prevention and intervention strategies require a transformative approach, grounded in Māori models of care and developed through respectful partnerships. These efforts must be guided by Māori communities and uphold the dignity, autonomy, and cultural safety of Māori survivors of sexual violence (Pihama et al., 2017).

### ***Prevalence and Patterns of Sexual Violence in Aotearoa***

Sexual violence in Aotearoa is a pervasive issue, with national data highlighting its widespread nature and the disproportionate impact on marginalised communities. Research on victimisation rates indicates that sexual violence affects a significant proportion of the population, though stigma and underreporting contribute to difficulties in accurately capturing the full extent of the issue (Te Wiata & Smith, 2016). Many survivors do not disclose their experiences due to concerns about shame, social repercussions, or lack of confidence in institutional responses. This silence is reinforced by broader societal attitudes that normalise sexual violence or place responsibility on survivors, further complicating efforts to address the issue (Robertson & Oulton, 2008).

The New Zealand Crime and Victims Survey (Ministry of Justice, 2023) reports that 27% of adults have experienced at least one act of sexual assault in their lifetime. Women are disproportionately affected, with 36% reporting experiences of sexual assault, and 46%

experiencing either sexual assault or intimate partner violence. In contrast, 13% of men report experiencing sexual assault. For trans and non-binary people overall, 42% reported someone forcing them or trying to force them to have sexual intercourse without their consent, in their lifetime (Jones et al., 2025).

The prevalence of sexual violence is disproportionately high among Māori, Pasifika, disabled, and LGBTQIA+ communities (New Zealand Government, 2021). Māori are overrepresented in sexual violence statistics, reflecting broader patterns of inequity and marginalisation in Aotearoa's social and health systems. The trauma of colonisation, combined with ongoing racism and discrimination, places Māori communities at heightened risk for experiencing sexual violence, while simultaneously limiting access to culturally appropriate support services (Pihama et al., 2017). LGBTQIA+ individuals, particularly trans and non-binary people, also experience sexual violence at disproportionate rates. The intersectionality of identity – encompassing gender, sexuality, ethnicity, and disability – plays a crucial role in shaping the experiences of survivors. The social stigma faced by these groups, coupled with limited understanding of their unique needs within mainstream services, exacerbates the challenges they face in seeking support and justice (Ministry of Women's Affairs, 2009).

Furthermore, sexual violence is frequently perpetrated by someone known to the survivor, with 63% of incidents involving a known individual and 26% involving a family member (NZ Govt: HELP Auckland, 2023). In addition to its direct impact on individuals, the social and cultural attitudes that enable sexual violence to persist must be considered. 'Rape culture' in Aotearoa, which normalises violence and often excuses perpetrators, creates a climate of impunity. Gendered violence, rooted in patriarchal values, continues to shape societal attitudes, leading to a widespread lack of accountability for offenders. At the same time, the dominance of Eurocentric health systems has resulted in a lack of culturally safe

services for Māori and other marginalised groups, hindering the healing process for survivors (Riemer et al., 2020).

### ***Social and Institutional Responses to Sexual Violence***

The response of social and institutional systems to sexual violence in Aotearoa has been slow to evolve, with much of the focus still placed on individual recovery rather than systemic change. The media, in particular, plays a significant role in shaping public perceptions of sexual violence, often perpetuating victim-blaming narratives and focusing on sensationalised accounts of individual cases. This framing not only undermines the credibility of survivors but also reinforces harmful stereotypes about who can be a victim or perpetrator of sexual violence (Le Grice et al., 2022).

Spaces where sexual violence is normalised, such as workplaces, schools, and sports environments, further contribute to a culture of silence. Research has shown that sexual harassment in these settings is common but often ignored or excused, which normalises such behaviour and prevents survivors from coming forward (Robertson & Oulton, 2008). The failure of institutions to provide adequate support and accountability allows these environments to remain breeding grounds for sexual violence. In some cases, institutions prioritise the protection of their reputation over the safety and wellbeing of survivors, which perpetuates a cycle of violence and impunity (Dudgeon et al., 2020).

Another important consideration in addressing sexual violence is the divide between the private and public spheres. Family violence, including intimate partner violence and child sexual abuse, is often underreported and overlooked due to its occurrence in private spaces. This reflects broader societal attitudes that see sexual violence as a ‘private matter,’ not one for public intervention or scrutiny (Murray et al., 2004). The stigma attached to sexual violence, particularly within families and close-knit communities, creates barriers to disclosure and justice.

Aotearoa's response to sexual violence must recognise the complexities of healing for survivors. Each survivor's journey is unique, and the process of healing is not linear. For Māori survivors, this means incorporating traditional healing practices and whānau involvement into treatment. Approaches like pūrākau can help survivors make sense of their trauma by linking it to their whakapapa, spiritual beliefs, and cultural identity, fostering a sense of connection and collective healing (Cavino, 2016). Such practices hold significant value in promoting culturally safe healing pathways that align with the survivor's worldview and restore balance to their sense of self.

Sexual violence in Aotearoa is a multifaceted issue that requires a comprehensive and culturally sensitive response. Acknowledging the historical context of colonisation and its ongoing effects on Māori and other marginalised communities is essential in understanding the roots of sexual violence. Prevalence data highlights the disproportionate impact of sexual violence on these communities, emphasising the need for tailored interventions. Finally, the response from social and institutional systems must evolve to address both individual healing and broader societal change. Cultural safety, active protection, and community-based approaches are critical in providing survivors with the support they need and ensuring that future generations are not burdened by the legacy of violence (Cavino, 2016; Pihama et al., 2017).

### **Healing from Sexual Violence: Individual vs. Collective Approaches**

Sexual violence recovery services in Aotearoa are primarily focused on supporting survivors to regain their wellbeing and *hauora* (health). These services aim to address the physical, emotional, and psychological effects of sexual violence, with survivors often receiving help through a combination of government agencies, non-profit organisations, and healthcare providers. The government, through ACC (Accident Compensation Corporation),

offers survivors access to free psychological support and medical treatment, which is generally individualised and focused on recovery. This individualised, medicalised approach to healing reflects a broader global trend in how sexual violence is addressed, particularly through the lens of Western, Eurocentric therapeutic models that focus on the survivor as an individual entity rather than within a wider social or community context (Fanslow & Robinson, 2004; Burmester, 2019).

### ***Dominant Models of Healing***

In Aotearoa, the dominant healing model for survivors of sexual violence is primarily individualistic, focusing on the treatment of mental health symptoms such as depression, PTSD, and anxiety through therapeutic methods (Fanslow et al., 2021). For example, ACC's sensitive claims programme offers survivors access to free therapy sessions, which are funded if a survivor is diagnosed with a mental injury, based on the criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM) (ACC, 2008). This medicalised approach assumes that the healing process is an individual journey, one that requires survivors to seek professional help to manage symptoms and work through trauma on a personal level (Mossman et al., 2009).

Such approaches, often informed by Freudian psychoanalysis, are generally framed within a cognitive-behavioural framework, which includes methods like Cognitive Behavioural Therapy (CBT), Acceptance and Commitment Therapy (ACT), and Eye Movement Desensitisation and Reprocessing (EMDR). These therapeutic practices centre the individual and assume that mental health challenges are personal, internal struggles that need to be fixed (Visser, 2012). Although these therapies may help reduce symptoms and assist survivors in rebuilding their lives, they remain focused on individual trauma rather than addressing the broader, systemic factors that contribute to sexual violence, such as gender inequality and toxic masculinity.

Moreover, the treatment and diagnostic process often pathologise survivors, requiring them to fit into a medicalised framework that conceptualises their experiences as disorders. The need for a diagnosis of a ‘mental injury’ to access support from ACC forces many survivors to adopt a label of victimhood, which can sometimes be disempowering and reinforcing of negative self-concepts (Mossman et al., 2009; Gavey & Farley, 2020). This system places the responsibility of healing solely on the survivor, requiring them to navigate complex bureaucratic systems that may not be culturally responsive or sensitive to their needs. For example, many survivors from non-European backgrounds may feel disconnected from services that predominantly cater to a Eurocentric worldview (Robertson & Oulton, 2008).

Furthermore, survivors in rural areas often face logistical barriers to accessing these services, as there may be limited availability of psychologists or counsellors, and long waiting lists for treatment (Mossman et al., 2009). This highlights a significant flaw in the individualised model of healing – while it may work for some survivors, it does not account for the social, cultural, and logistical barriers that others face. Thus, many survivors either do not seek help or find that the services they receive do not align with their healing needs (Robertson & Oulton, 2008).

### ***Indigenous and Collective Healing Models***

In contrast to individualised therapeutic models, Indigenous and community-based healing approaches emphasise the relational nature of healing. Māori healing traditions, for example, focus on the collective well-being of whānau and communities, reflecting a more holistic understanding of healing that is deeply embedded in relational practices and cultural values (Durie, 1998). Indigenous models of healing recognise that trauma, particularly sexual violence, does not only affect the individual but also impacts the collective well-being of the

wider community. This view aligns with kaupapa Māori, which prioritises collective well-being, cultural identity, and community strength in the healing process (Mikaere, 2017).

Kaupapa Māori approaches to healing are fundamentally different from the individualised, Eurocentric models of therapy commonly used in Aotearoa. They incorporate the importance of whānau, hapū, and iwi in the recovery process, aiming to restore balance and harmony not just within the survivor but also within their broader community. These approaches often involve shared, collective experiences of healing, where survivors are supported by a network of loved ones and community members. This sense of community solidarity and support has been shown to be crucial in helping survivors regain a sense of identity and belonging, which is vital for long-term recovery (Durie, 2004).

Support groups, particularly those for survivors of sexual violence, have been increasingly recognised as spaces that embody this collective healing approach. These groups offer survivors the opportunity to share their stories in a safe, supportive environment, promoting a sense of solidarity, connection, and mutual understanding. Participants often find that connecting with others who have had similar experiences fosters a sense of validation and empowers them to take control of their healing journey (Jordan, 2013). Support groups can also help challenge the dominant individualistic narratives of healing by showing that recovery is not a solitary endeavour but a collective one, where survivors are able to draw strength from each other and from the community around them.

The therapeutic benefits of collective healing have been noted in Indigenous communities globally, where healing practices focus on restoring communal relationships and cultural practices (Bennett & Zubrick, 2015). In Aotearoa, many kaupapa Māori-based support services operate on the principle that healing is a community responsibility, and that survivors should be supported within a collective, rather than isolated, context. This approach helps to reduce the stigma often associated with sexual violence by encouraging open

dialogue and shared experiences. Furthermore, it allows for a more culturally appropriate response to healing, where the survivor's identity and values are recognised and respected (Te Rito, 2008).

### **Support Groups as an Approach to Healing Sexual Violence**

The aftermath of sexual violence is often marked by profound feelings of isolation, disempowerment, and confusion, making recovery a challenging and deeply personal journey. Despite growing societal awareness of sexual violence, including movements like #MeToo, survivors often face a hostile or dismissive environment where their experiences are questioned or trivialised, leading to further trauma. One crucial yet underutilised approach to addressing these challenges is support groups, which offer survivors a space to connect, share experiences, and heal in a collective environment. These groups can serve as vital spaces for validation, empowerment, and resilience, playing a central role in the healing process by counteracting isolation and facilitating connection with others who understand the trauma. In Aotearoa, however, the availability of support groups for survivors of sexual violence remains limited, presenting a gap in services that could contribute significantly to holistic recovery and social justice (Heard & Walsh, 2023; Murn & Schultz, 2023).

#### ***Types of Support Groups for Survivors***

Support groups for survivors of sexual violence take various forms, each designed to meet different needs within diverse populations. These include peer support groups, therapy groups, skills-based groups, kaupapa Māori groups, and others that cater to specific demographic groups, such as men's groups and LGBTQ+ groups (VanDeusen & Carr, 2003; Heard & Walsh, 2023). Peer support groups are often led by survivors themselves, offering a unique sense of shared experience that professional therapy groups may lack. Such groups allow survivors to connect with others who have endured similar trauma, fostering empathy

and a sense of community (Burmester, 2019). Therapy groups, on the other hand, are typically facilitated by trained professionals and may focus on specific therapeutic techniques or interventions to help survivors process their trauma (Heard & Walsh, 2023). Skills-based groups are focused on developing practical tools and coping mechanisms to manage the effects of trauma, such as mindfulness, emotional regulation, and communication strategies (Ministry of Women's Affairs, 2009).

Kaupapa Māori support groups, specifically designed for Māori survivors, are an essential model in Aotearoa. These groups blend traditional Māori values and practices with contemporary therapeutic approaches, ensuring cultural relevance and respect for the unique spiritual and communal needs of Māori survivors (Pihama et al., 2017). This cultural grounding can significantly enhance the sense of belonging and empowerment for Māori survivors, offering a restorative framework that aligns with their worldview and experiences of trauma. Men's groups and LGBTQ+ groups are other examples of tailored support groups, each recognising the specific challenges faced by survivors within these communities. These groups create safe spaces where individuals can explore their trauma in a context that acknowledges their gender or sexual identity, which is often overlooked in mainstream support services (New Zealand Government, 2021).

An important distinction between these group types is whether they are peer-led or professionally facilitated. Peer-led groups have the potential to empower survivors by offering them leadership roles, thus facilitating a process of mutual support and shared learning. They can help reduce power imbalances that often exist in professionally facilitated settings, allowing survivors to feel more equal and in control of their healing process. Conversely, professionally facilitated groups offer expert guidance and a structured approach to healing, which may be beneficial for survivors who require additional support to navigate the complexities of trauma recovery (Riemer et al., 2020).

### ***Psychological and Social Benefits of Support Groups***

Support groups for survivors of sexual violence offer significant psychological and social benefits, which are key to the healing process. One of the most crucial aspects of these groups is the sense of connection and shared experience they provide. Survivors often feel isolated in the aftermath of trauma, particularly when societal attitudes towards sexual violence, such as victim-blaming and rape culture, discourage open discussion (Burmester, 2019). Support groups help reduce feelings of isolation by connecting survivors with others who have shared similar experiences, allowing them to realise that they are not alone and that their reactions to trauma are valid (Murn & Schultz, 2023).

Survivors often internalise societal messages that suggest they are responsible for the violence they endured, which can significantly hinder recovery (New Zealand Government, 2021). By interacting with others who share their experiences, survivors in support groups are able to challenge these harmful beliefs and replace them with a sense of solidarity and mutual understanding. This process of normalisation, where survivors learn that their reactions to trauma are not abnormal but rather common and shared, is vital for healing (Heard & Walsh, 2023).

Building trust and vulnerability is another critical psychological benefit of support groups. The group setting allows survivors to gradually open up in a safe and supportive environment, which can lead to personal growth and empowerment. This trust-building process is often crucial for survivors to feel comfortable addressing the deep emotional and psychological scars left by sexual violence. In these groups, survivors can also share coping strategies and techniques that have helped them manage their trauma, further enhancing the group's collective healing effect (Riemer et al., 2020).

The process of empowerment and post-traumatic growth is also central to the benefits of support groups (Tedeschi & Calhoun, 2004). Through group connection, survivors can

regain a sense of agency, something that is often stripped away during experiences of sexual violence. Empowerment in this context means survivors reclaiming control over their lives, their healing process, and their narrative. Post-traumatic growth, which refers to positive changes that occur as a result of struggling with adversity, can also be nurtured in support groups, where survivors are encouraged to focus not only on their pain but also on their resilience and strength (Burmester, 2019; Murn & Schultz, 2023).

### ***Support Groups as a Safe Space***

One of the most critical functions of support groups is the creation of safety. Facilitators help to maintain a safe space and are responsible for welcoming new survivors into the group, creating an environment where they can relax and feel part of the group. It's important to create trust among group members and ensuring that survivors feel comfortable sharing their experiences without fear of retaliation or someone becoming activated (Riemer et al., 2020).

Group culture is another important element in maintaining safety. A group's culture, which is shaped by its members' interactions and the collective approach to healing, must prioritise respect, understanding, and empathy. This culture helps to reduce the power dynamics that can sometimes arise in support groups, particularly when there are differences in gender, age, or professional status (Campbell & Murray, 2004). A culture of mutual respect can enhance feelings of safety, encouraging survivors to participate and engage in the healing process.

Structural and logistical factors also play a significant role in creating safety. For example, the size of a group can impact how comfortable members feel. Smaller groups may allow for more intimate connections, while larger groups may feel less personal but provide greater diversity of experiences. The physical setting, whether in-person or online, also influences safety. An accessible location, or the ability to participate from the comfort of

one's home, can make it easier for survivors to attend and engage with the group (Ministry of Women's Affairs, 2009). These factors must be considered when designing support groups to ensure that they are welcoming and accessible to all survivors, regardless of their circumstances.

### **Access Pathways and the System of Support Services**

Support groups for survivors of sexual violence in Aotearoa are offered through a variety of service providers, including governmental, non-governmental, and community-based organisations. These services are often designed to support individuals who have experienced sexual violence, with a particular focus on those from diverse groups such as men, Māori, Pasifika, and LGBTQIA+ communities (New Zealand Governmentm 2021). The system of support services available to survivors operates within a complex network, and survivors access these services through various pathways. These pathways are shaped by a range of systemic factors, including the structure of the services themselves, funding models, and the extent to which services are integrated with each other (Robertson & Oulton, 2008).

One common access pathway for survivors is through referrals from healthcare professionals such as general practitioners (GPs), mental health professionals, or sexual assault services. Referrals can play an important role in guiding survivors to appropriate support groups. However, these pathways can be limited by professionals' knowledge of local services and their ability to effectively navigate the complex landscape of support options (Murn & Schultz, 2023). Additionally, survivors may also find support groups through word of mouth, especially in smaller communities where personal recommendations often guide the search for services. While this can be an effective way for survivors to find support, it may also limit access if survivors are not connected to networks of others who have experience with these services (Heard & Walsh, 2023).

The structural limitations of support services are another key consideration. Many support services rely on government or charitable funding, which can be inconsistent and insufficient to meet the demand for services. As a result, these services are often restricted in their ability to expand to meet the needs of survivors, particularly in rural and isolated regions of Aotearoa. Geographic limitations are a significant barrier, as support groups are less likely to be available in these areas, leaving survivors with fewer options for accessing services. This geographic disparity highlights the challenges of ensuring equitable access to support for all survivors, regardless of where they live (New Zealand Government, 2021).

Furthermore, many survivors access services through eligibility criteria that may include gender, age, or the type of trauma experienced. While these criteria can help ensure that support groups are tailored to specific needs, they may also exclude certain survivors who could benefit from participation. For example, restrictions based on gender or age can limit access to groups for those who do not fit these criteria, such as male survivors or younger survivors who may be excluded from groups that cater primarily to adults (Pihama et al., 2017). The rigid application of such criteria may inadvertently reinforce feelings of isolation, preventing survivors from finding appropriate groups and support.

The lack of cultural responsiveness within many support services is another structural barrier. Aotearoa's diverse population includes diverse communities, including Māori and Pasifika survivors, who may find that support groups do not reflect or respect their cultural values and practices. Māori survivors, for example, may find it difficult to access services that are grounded in Māori perspectives of healing. Te ao Māori healing practices, such as those incorporating tikanga Māori and mātauranga Māori, are not always integrated into mainstream support services, which can result in a lack of cultural safety for Māori survivors (Te Puna Kōkiri, 2010). In order to address these concerns, there is a need for services that better reflect the cultural needs of all survivor groups.

### ***Barriers to Access and Systemic Challenges***

Despite the various pathways that exist for accessing support groups, there are several barriers that hinder survivors from engaging with these services. Stigma and shame are key barriers that many survivors face, often preventing them from seeking help or disclosing their experiences. Research suggests that the stigma associated with sexual violence remains pervasive in Aotearoa, contributing to feelings of shame and isolation among survivors. This is particularly evident in rural or more conservative communities, where societal silence around sexual violence may be more pronounced. Such stigma often leads survivors to fear judgment or disbelief, which can discourage them from engaging with support services or participating in group therapy (Ministry of Women's Affairs, 2009).

Additionally, survivors may face significant financial barriers when attempting to access support groups. Most services in Aotearoa are funded by government agencies or charitable organisations, and limited financial resources can constrain the ability of these groups to operate at a large scale. This financial limitation often results in waitlists and restricted access to services, which can delay or prevent survivors from receiving timely support. In rural or remote areas, survivors may experience additional challenges due to the scarcity of available services or the financial cost of traveling long distances to access support groups (New Zealand Government, 2021). These limitations highlight the need for more sustainable and equitable funding models that can ensure services are available to survivors in all regions of Aotearoa.

Systemic challenges related to the delivery of support services also play a significant role in limiting access. For example, the Accident Compensation Corporation (ACC) plays an important role in funding therapeutic services for survivors of sexual violence, but its funding models for group therapy are often limited. The process of seeking approval for group therapy can be cumbersome, creating delays that prevent survivors from accessing the

support they need in a timely manner. These funding limitations can restrict the availability of support groups and contribute to the fragmentation of services. In turn, this makes it more difficult for survivors to navigate a cohesive system of care, as they may need to engage with multiple, disconnected services to meet their needs (Robertson & Oulton, 2008).

Moreover, long waitlists and a lack of trauma-informed care can compound these systemic challenges. Research indicates that survivors often experience frustration and re-traumatisation as they navigate the healthcare, social services, and justice systems. Survivors may be required to share their traumatic experiences multiple times, which can hinder their healing process and create feelings of discouragement. A fragmented service system that lacks coordination between healthcare, legal, and social services can lead to further delays and inefficiencies in providing care. The lack of integration between support services underscores the need for a more coordinated, holistic approach to survivor care that can better meet the needs of individuals (New Zealand Government, 2021).

### ***The Need for an Inclusive and Coordinated Support Network***

While support groups for survivors of sexual violence are available in Aotearoa, the system of services remains inconsistent, with significant gaps in coverage and a lack of diversity in the support offered. There is a clear need for a more inclusive and comprehensive network of support services that can meet the diverse needs of survivors across the country. This network would not only provide access to essential support groups but also ensure that the services offered are culturally safe and accessible to survivors from all backgrounds, including Māori, Pasifika, LGBTQIA+, and other underrepresented communities.

The current system tends to provide more options for female survivors, but support for male survivors remains limited. *Tautoko Tāne Male Survivors Aotearoa* is one of the few organisations offering support for male survivors, but its reach is limited, and many male survivors in rural or isolated areas may still struggle to access appropriate support. Creating a

more comprehensive and accessible network of services for male survivors is critical to ensuring that they receive the support they need to heal. Furthermore, support for Māori survivors remains underdeveloped, and more services are needed that incorporate Māori healing practices, such as pūrākau and tikanga Māori, to create culturally affirming environments for Māori survivors (Pihama et al., 2017).

LGBTQIA+ survivors, particularly takatāpui individuals, may also benefit from the creation of specialised support groups that cater specifically to their needs, providing safe spaces to share their experiences and receive support within their community. Support groups tailored to the unique experiences of LGBTQIA+ survivors would not only create a sense of belonging but also provide a culturally safe environment where individuals can express themselves without fear of discrimination.

The development of a more inclusive and coordinated network of support groups is essential for ensuring that all survivors of sexual violence can access the services they need. Such a network should be built on principles of cultural responsiveness, trauma-informed care, and community-driven approaches that recognise the diverse needs of different survivor populations. By incorporating these principles, Aotearoa can create a system of support that is not only more inclusive but also more effective in helping survivors heal and recover from their experiences.

## **Summary**

In conclusion, the literature on support groups for survivors of sexual violence in Aotearoa is scarce, with very few local studies available. As a result, much of the existing literature draws from international research, which often does not fully capture the specific cultural and social context of Aotearoa. Support groups in Aotearoa are difficult to find, and the stigma surrounding sexual violence remains pervasive, often discouraging survivors from seeking support. However, it is important to note that services in Aotearoa are improving, and

there is growing recognition of the need for more accessible and culturally responsive support for survivors of sexual violence.

The existing literature, particularly international research, highlights the benefits of support groups but predominantly focuses on individualised, medicalised models of recovery. These models often overlook the collective, relational aspects of healing that are crucial in many cultural contexts, particularly for Māori and other Indigenous survivors, who derive strength from whānau and community connections (Durie, 1998; Bennett & Zubrick, 2015). The lack of local research in Aotearoa creates a significant gap, particularly in understanding how support groups can be adapted to meet the unique needs of survivors in Aotearoa's cultural and social landscape. This gap is further compounded by the underexplored role of community-based healing practices, which remain largely absent in mainstream research on sexual violence recovery.

The literature review has highlighted key gaps in the current research, including the limited focus on survivor-defined experiences of safety and healing within support groups, the need for research on the role of community and cultural connections in recovery, and the absence of studies on how support groups function as collective healing spaces. Although collective healing is increasingly recognised as important, there is still insufficient understanding of how support groups can facilitate this process, particularly in the context of Aotearoa (Pihama et al., 2017; Mossman et al., 2009).

This study aims to address these gaps by exploring how support groups for survivors of sexual violence in Aotearoa contribute to healing and recovery. By focusing on the lived experiences of survivors, this research will examine how support groups can be designed to meet the diverse needs of survivor populations, and how they can be more culturally responsive and community-centred. The findings of this research will contribute to the

development of more accessible, inclusive, and effective support systems for survivors of sexual violence in Aotearoa.

## **Chapter Three: Methodology**

### **Chapter Overview**

This chapter describes the theoretical and epistemological underpinnings of this research, incorporating a social constructivist ontology, interpretivist epistemology, and intersectional feminist and social justice-oriented axiology. It outlines the research methods and procedures used and discusses the suitability of qualitative research for this project. The chapter also explains how an ecological model has been employed alongside a community psychology lens and highlights the researcher's role and positionality. Ethical considerations, participant recruitment, data collection, and reflexive thematic analysis are also covered.

### ***Research Aims and Objectives***

This research aims are:

- 1) to examine the impact of support groups on the healing journey of survivors of sexual violence
- 2) to gather information about the motivations and expectations of survivors of sexual violence in seeking support through participation in support groups, and
- 3) to identify the benefits and challenges associated with participation in support groups among survivors of sexual violence.

Two overarching research questions guide the realisation of these aims.

- 1) What are the experiences of survivors of sexual violence who have attended a support group as part of their healing journey?
- 2) How do support groups build connection and community, and how does this impact the healing journey of survivors?

## **Research Approach**

### ***Philosophical Underpinnings***

This research is grounded in a social constructivist ontology, which recognises that our reality is shaped by our social, cultural, and historical contexts (Braun & Clarke, 2013). This means that when understanding and analysing survivors' experiences, a social constructivist position sees these experiences of sexual violence as not isolated from but influenced by systemic structures, including the dominant social norms and institutional and systemic responses (Fulu & Miedema, 2015; Henry & Foley, 2018). This aligns with community psychology's focus on context, power, and social change (Riemer et al., 2020).

An interpretivist epistemology informs this research, emphasising that knowledge is co-created through engagement and conversation with participants rather than discovered as objective truth that can be measured (Braun & Clarke, 2013). By centring survivors' voices, opinions and lived experiences, this research aims to capture the nuance and complexity of healing from sexual violence, and the role of support groups in the healing journey. A qualitative approach using thematic analysis allows for the voices and perspectives of survivors to be the central focus of this research, guiding the exploration of themes and analysis, and creating a collective and empowering way for survivors to be heard (Braun & Clarke, 2013).

This research is guided by an intersectional feminist and social justice-oriented axiology, recognising that all research is shaped by the values and beliefs of the researcher (Henry & Foley, 2018). In the context of studying sexual violence, this axiology ensures that the research is conducted ethically, prioritising the dignity and rights of survivors (Dahlberg

& McCaig, 2010; Creswell, 2003). These values align with the core principles of community psychology, which emphasise social justice, empowerment, and collaboration, reflecting the researcher's academic background and commitment to survivor-centred research.

### ***Qualitative research design***

Qualitative research is well suited to exploring experiences of sexual violence support groups because it can capture the depth and complexity of the personal, emotional, and contextual experiences of survivors (Meyrick & Anning, 2023). Qualitative methods, such as interviews or online qualitative questionnaires or surveys, allow for a nuanced exploration of how survivors engage with support groups, providing a rich understanding of their healing journeys (Braun & Clarke, 2013). These methods are sensitive to the emotional nature of the topic and offer survivors the space to express their experiences in their own words, which is critical for trauma-informed research that prioritises participant agency and voice (Braun & Clarke, 2013).

Additionally, qualitative research is flexible and adaptable, making it well-suited for addressing sensitive topics like sexual violence (Braun, & Clarke, 2013; Campbell et al., 2010). Researchers can use open-ended questions and responsive interviewing techniques that allow survivors to control the depth of their disclosures, creating a safer, more supportive environment (Campbell et al., 2010). This approach also allows for the exploration of group dynamics and collective healing processes within support groups, helping to identify key elements that contribute to survivors' recovery. In this way, qualitative research not only centres survivors' voices but also provides valuable insights into how support groups can be more effectively designed and delivered to meet their needs (Braun, & Clarke, 2013; Liamputtong, 2007).

### *Community psychology lens*

As an applied discipline, community psychology works to understand and address social issues and inequalities by examining individuals within their broader social, cultural, and political contexts (Riemer et al., 2020). It emphasises values such as social justice, community building, and empowerment, recognising that well-being and flourishing is shaped by systemic factors, including social norms, policies, and access to resources (Burton & Kagan, 2015). The community psychology approach prioritises participatory methods that centre and amplify the voices of those most affected, fostering collective action and sustainable change (Burton & Kagan, 2015; Campbell & Cornish, 2014, Riemer et al., 2020). In Aotearoa, a community psychology perspective has been applied to family and sexual violence work, where it has contributed to a more nuanced understanding, and inclusive, community-driven interventions that prioritise the lived experiences of those impacted by violence (Robertson & Oulton, 2008). This approach is particularly relevant in sexual violence work, as it supports survivor empowerment and addresses the social and structural factors that perpetuate harm (Riemer et al., 2020).

The conceptualisation of this research and the research project itself was conducted through a community psychology lens and grounded in an ecological perspective to explore the experiences of survivors of sexual violence in Aotearoa. Community psychology emphasises understanding the current landscape of how sexual violence occurs, and sexual violence support services, promoting change at multiple levels—individual, community, and systemic (Campbell & Cornish, 2014). The focus is on both ameliorative and transformative interventions and solutions, using strategies that prioritise prevention, health promotion, and healing methods that are collaboratively developed with the involvement of the impacted communities (Campbell & Cornish, 2014; Riemer et al., 2020).

The ecological model, which was initially developed by Urie Bronfenbrenner, provides an understanding of human behaviour in the context of individual to societal interconnected systems that we exist within (1979). Instead of viewing issues in isolation or solely at an individual level, this model highlights how relationships, communities, institutions, and broader societal structures shape personal experiences (Bronfenbrenner, 1979; Kelly, 2006). The ecological model is well suited to examining complex social issues like sexual violence, as it allows for an analysis of how factors at different levels—such as personal histories, social norms, policy frameworks, and cultural attitudes—interact to prevent, perpetuate or respond to harm (Heise, 1998; Riemer et al., 2020). The ecological framework facilitates a nuanced understanding of sexual violence as a dynamic, complex issue, whereby the interconnected elements shape the wider socio-cultural context, which in turn impacts both the prevalence of sexual violence in communities and societies, as well as the support services available (Heise, 1998).

The community psychology approach and the ecological model are aligned, as they both emphasise the significance of how context shapes individual and collective experiences (Riemer et al., 2020). Community psychology's commitment to social justice, empowerment, equity and systems change aligns with the ecological model's recognition of the multiple levels of influence that impact well-being (Riemer et al., 2020; Trickett, 2009). By combining these perspectives, this research acknowledges that sexual violence is not only an individual experience but one embedded within broader social, cultural, and political realities. This approach allows for a more holistic understanding of both the factors that contribute to rape culture in societies where sexual violence is so common, and the mechanisms that support healing.

Employing an ecological perspective prevents a narrow focus on the individual-level aspects of sexual violence, such as solely attributing blame to the perpetrator or viewing the

survivor in isolation. Instead, it highlights the social, cultural, and systemic dimensions that continue to condone and normalise sexual violence (Kelly, 2006; Trickett, 2009). A key component of this community psychology approach is recognising how social determinants—such as inequality, poverty, and marginalisation—create environments in which sexual violence disproportionately affects vulnerable groups (Riemer et al., 2020; Robertson & Oulton, 2008). These same groups often face significant barriers to accessing empowering, mana-enhancing support services, underscoring the need for culturally and contextually relevant interventions and support services in Aotearoa (Ministry of Women’s Affairs, 2009; Robertson & Oulton, 2008).

The literature review examines how societal norms and historical legacies in Aotearoa, such as those rooted in Christian values promoting sexual purity and forgiveness, contribute to a culture of silence and victim-blaming (Ross et al., 2019). Survivors are often discouraged from speaking out or seeking justice, further entrenching the stigma (and trauma) surrounding sexual violence. This is compounded by inadequate education about consent and healthy relationships, leaving many individuals unaware of what constitutes sexual harm (New Zealand Government, 2021). Broader systems, including those shaped by socioeconomic disparities, racism, homophobia, and other forms of discrimination, exacerbate the barriers faced by marginalised communities in addressing sexual violence (Ministry of Women’s Affairs, 2009). By using this ecological and community-based approach, the research is designed to capture the complexities of sexual violence holistically, acknowledging the need for systemic change alongside individual and community-level interventions.

### ***Role of the researcher and reflexivity statement***

As the lead researcher, it is important to acknowledge that my positionality has shaped this study, influencing how I conceptualised, designed, and conducted the qualitative research (Braun & Clarke, 2013). Community psychology also emphasises reflexivity and acknowledges that researchers are not neutral observers but active participants whose perspectives and experiences influence the research process (Riemer et al., 2020).

Recognising this is essential for transparency, openness, and as part of the “quality control” of the research, ensuring that my approach remains critically aware and grounded in the values of community engagement and social change (Braun & Clarke, 2013, p. 37).

Therefore, it is important to acknowledge how my own positionality shapes this study. My name is Margot, and I grew up in Tāmaki Makaurau Auckland. I am a cisgender woman, queer, able-bodied, and a Pākehā of British and European descent. These intersecting identities grant me considerable privilege, including access to higher education and social systems that are not always equally available to others. In the context of this research, acknowledging privilege is essential because it influences the way I approach survivor experiences, the questions I ask, and how I interpret findings. Privilege shapes access to resources and support, meaning my perspective differs from those who have faced additional barriers due to systemic inequities (Smith, 2015). By being reflexive about this, I aim to ensure that this research remains accountable to survivors and prioritises their voices and the realities of their experiences.

As I am a survivor myself, with my own healing journey - which has included using support services and interacting with complex systems - I am passionate about supporting survivors of sexual violence. I know firsthand how these systems can be challenging to navigate, and even more so when doing this while experiencing the effects of trauma. My own experiences of support groups has greatly inspired me and influenced me to choose this

research topic, and to centre the voices of survivors. My hope is that this research will contribute to improving support services for survivors, and better meet their needs.

As mentioned previously, this research is grounded in a community psychology perspective, emphasising survivor-led knowledge, collective healing, and systemic change. I acknowledge that my positionality influences how I approach this work, and I remain committed to reflexivity, ethical research, and amplifying the voices of those with lived experience.

## **Research Methods**

### ***Sampling and Recruitment***

Initially, I conducted an environmental scan of support services for survivors of sexual violence in Aotearoa to identify what support groups existed. Support groups are often not widely advertised or easily accessible, making it necessary to actively seek them out. Conducting this scan was essential for understanding the landscape of available services, as there is no database, and groups often operate informally or on a limited basis. This process involved contacting regional support service organisations, including family and sexual violence providers and rape crisis centres, to determine whether they currently offered or had previously run support groups for survivors. Additionally, the scan helped identify barriers to access, such as eligibility criteria or capacity limits, and facilitated connections with service providers who could offer insights or support recruitment efforts.

Recruitment of participants occurred through a combination of indirect recruitment and snowballing, primarily through regional Rape Crisis Centres, Sexual Assault Support Services, and Women's Centres around Aotearoa. Indirect recruitment through support organisations allowed survivors to engage voluntarily and privately, and snowball sampling helped reach participants through trusted connections, which is important given the stigma

surrounding sexual violence. An extensive list of organisations were contacted by email to enquire if they offered support groups for survivors of sexual violence or if they knew of any support groups. These organisations were asked if they could share the research invitation flyer with their support groups (if they had them) and with databases of people who had accessed their services. Additionally, recruitment also took place through contacts already working in the sexual violence sector, who were able to facilitate connections to relevant organisations and networks. Social media (Instagram and Facebook) of these organisations was used to reach survivors who may have attended support groups in the past, and/or who are no longer connected to or currently using these organisations and services.

Additionally, to raise engagement and introduce myself as lead researcher to prospective participants, I made a short recruitment video on YouTube. This video contained information from the Participant Information Sheet (Appendix A), and introduced myself and the research, and answered some frequently asked questions. The research invitation flyer, (Appendix B) and social media posts contained basic information about the research, contact details, a QR code with a link to the sign up form and the YouTube video. This decision to create an introduction video was made because sexual violence is a sensitive topic, and survivors need to feel comfortable with the researcher. The video assisted in this by providing survivors with insight into who the researcher is, what they look like, how they speak, and shares about their journey and motivations for conducting this research. This was done to help build trust, which is crucial for survivors who are being asked to discuss a sensitive issue that can make them feel vulnerable.

The recruitment of participants and the data collection for this project extended beyond the initially anticipated timeline and required considerable time and effort to ensure that interactions with organisations and individual participants were conducted sensitively and respectfully, especially due to the nature of the research topic. The extended duration

reflects a commitment to ethical engagement, and prioritising the well-being and comfort of all involved parties.

Through ongoing communication with various support services, I had 10 individuals sign up to participate. The ten participants are individuals who have accessed support groups for survivors of sexual violence in Aotearoa. The participants had the choice of participating through an individual interview with the lead researcher or an online questionnaire through Qualtrics. The questionnaire and the interview schedule were very similar in the questions that were asked. Eight participants completed an individual semi-structured interview, and two participants completed an online questionnaire.

### *Participants*

The following table provides an overview of the participant demographics and the data collection method used, detailing key characteristics of the research sample.

**Table 1**

*Participant demographic information and data collection method*

| Pseudonym | Age | Gender | Cultural Identity    | Data Collection Method |
|-----------|-----|--------|----------------------|------------------------|
| Bella     | 65  | F      | New Zealand European | Zoom Interview         |
| Beth      | 41  | F      |                      | Questionnaire          |
| Carmen    | 38  | F      | New Zealand European | Questionnaire          |
| Freya     | 59  | F      | New Zealand European | Zoom Interview         |
| Goodie    | 69  | M      | New Zealand European | In Person              |
| Imogen    | 32  | F      | Pākehā               | Zoom Interview         |
| Sara      | 42  | F      | New Zealand European | In person              |
| Steve     | 60  | M      | New Zealand European | Questionnaire          |
| Tehautū   | 56  | M      | Māori                | In Person              |
| Zoe       |     | F      |                      | Zoom Interview         |

Note. Categorisations for gender and cultural identity were copied from participants' written or oral descriptions. The pseudonyms have been chosen by the participant, or where they declined, by the researcher.

The participants were survivors of sexual violence from around Aotearoa who have accessed support groups in their various formats. There were seven females, and three males, with ages ranging from 32 - 69. Seven participants identify as New Zealand European or Pākehā, and one participant identifies as Māori, while 2 participants chose not to disclose their ethnicity. Three female participants attended a Dialectical Behaviour Therapy (DBT) skills group in the upper South Island, funded by ACC, and run by a local counsellor who saw a need for the group. DBT is a type of therapy that used cognitive-behavioural techniques as well as mindfulness to help people manage distress and build emotional and relationship skills (Görg et al., 2019). This group also has an associated social group which meets for coffee, walking and other activities. Two female participants attended a support group run by a women's centre in the lower north island, with a counsellor as a facilitator. This group is free to participants and funded by the women's centre. One female participant originally attended a group run by their local church and has since attended group workshops using psychodrama, facilitated by counsellors and funded by ACC. Two male participants attended peer support groups in the mid North Island, run by a network of support services for male survivors. Another male participant attended various peer support groups in the South Island and continues to meet on a regular basis with other survivors informally. One female participant attended a support group in the South Island, run by an organisation supporting people to live lives free from violence.

### ***Interview process***

The interviews were scheduled through communication directly between the lead researcher and the individual participants. Participants could choose to do an individual interview or an online questionnaire, and where logistically possible (Upper North Island),

interviews were conducted in person. Where that was not possible, Zoom interviews were offered (Lower North Island and South Island). The interviews were scheduled for 2 hours, and this included time for whanaungatanga/relationship building, research information, ethics and consent process (Appendix C), questions, the interview, a short break if needed, and post interview debrief.

The interview schedule (Appendix D) was developed with regard to the research questions and questions so that the data gathered would address the study's aims. The questions were designed to produce insights into the experiences of survivors participating in support groups, while respecting the sensitive nature of the topic. Questions were organised across themes, which included: introduction, support group experience, the impact of the support group, suggestions for improvements, group dynamics, and logistics and administration. The researcher consulted trauma-informed research guidelines for the phrasing and sequencing of questions to minimise the risk of harm to the participants (Campbell et al., 2010). Additionally, the design process followed recommendations for interviewing vulnerable populations, ensuring that the questions remained sensitive to the emotional needs of participants (Liamputtong, 2007).

Particular care was taken to ensure that the interview questions were flexible enough to allow participants to guide the conversation based on their comfort levels while still gathering relevant data for thematic analysis. The final two questions in the interview schedule gave participants the opportunity to share any additional insights that the structured questions may not have covered and to centre survivor voices. By providing participants with the space to bring up any additional topics or reflections they consider important, these questions emphasise the value of their unique perspectives and experiences in the research process. This approach ensures that participants feel empowered to direct the conversation

and highlight what is most meaningful to them, which aligns with the research's focus on amplifying the voices of survivors of sexual violence.

### ***Data recording and transcription***

The interviews were recorded and manually transcribed using the intelligent verbatim transcription method, which retains the essential meaning and content of participants' responses while removing filler words or phrases (McMullin, 2023). This approach maintains the integrity of what the participants have shared but focuses on themes relevant to the research objectives. Participants were then given the opportunity to review the transcripts so they could approve, clarify, or amend their responses if required. This process was important so that participants had control over how their experiences were represented in the transcripts, and so the data accurately reflected these experiences. Five participants chose to review their transcripts, and two returned minor changes to their transcripts, with the remaining three participants returning no changes. These participants were sent step by step instructions on how to amend their transcripts, and given four weeks to review and return them.

### ***Reflexive Thematic Analysis***

Reflexive thematic analysis was used to analyse the data, following the six-step approach outlined by Braun and Clarke (2006; 2013; 2019). Thematic analysis is a qualitative method which is widely used for identifying, analysing, and interpreting patterns of meaning within qualitative data (Byrne, 2022). A reflexive approach acknowledges the researcher's active role in the analytic process and acknowledges subjectivity as an essential component of knowledge production (Braun & Clarke, 2019). This aligns well with community psychology and its values, and the philosophical underpinnings describe above (Riemer et al., 2020). This method was chosen for its rich and detailed analysis which centres the

participants' experiences and ensures that their voices remain central to the research (Braun & Clarke, 2013).

The first phase involved familiarisation with the data. The interviews were transcribed, and the online questionnaires were downloaded and formatted, and this data was read multiple times. During this stage, I made notes and observations about potential patterns, key ideas, and questions that arose. Through repeated engagement with the data, I noticed additional nuance in participants' language and meaning, and this enhanced my understanding of their experiences (Braun & Clarke, 2006).

Next, I started generating initial codes by systematically working through the data and identifying patterns and features that were relevant to the research questions and aims (Braun & Clarke, 2006). Coding was conducted inductively, meaning that the codes were developed directly from the data rather than being based on a pre-existing framework. This approach allowed for themes to be extracted and constructed from the data, ensuring that the analysis remained grounded in participants' perspectives and experiences. Coding was conducted manually with attention to both semantic and latent meanings within the data (Braun & Clarke, 2013).

In the third phase, in searching for themes, I examined the coded data for broader patterns and connections. Similar codes were grouped together into preliminary themes that captured significant aspects of participants' experiences. At this stage, I developed maps and visual representations of the codes to show relationships between codes and themes, facilitating a structured yet flexible approach to theme development.

The fourth phase, reviewing themes, involved refining the preliminary themes to ensure they accurately represented the data. This process included checking themes against the entire dataset to confirm coherence and consistency. Some themes were combined, split, or regrouped where necessary, and where the coding and theme development required. This

iterative process was guided by reflexivity, acknowledging my interpretative role in shaping the analysis (Braun & Clarke, 2019; Byrne, 2022).

In the fifth phase, defining and naming themes, I developed detailed descriptions for each theme, clarifying their meaning and significance to the research questions. Theme names were refined to ensure they accurately captured key aspects of participants' experiences while remaining true to their voices. This phase also involved reviewing the thematic structure to confirm that it provided a strong and clear account of the data (Braun & Clarke, 2006).

Finally, the sixth phase involved writing the analysis and discussion chapters, where themes were woven into a cohesive narrative. Participant quotes were incorporated to illustrate key findings, ensuring that their voices remained central to the analysis. Throughout this process, reflexivity remained crucial, recognising that the themes produced were not inherent within the data but were constructed through the analytic process by the researcher (Braun & Clarke, 2019). This approach aligns with a critical and interpretivist perspective, as mentioned previously, acknowledging that knowledge is socially, culturally and historically situated and shaped by the researcher's positionality (Braun & Clarke, 2013).

### **Ethical Considerations**

This research project was initially granted ethical approval from the University of Waikato Division of Arts, Law, Psychology & Social Sciences Human Research Ethics on 27 March 2024, with an amendment regarding further recruitment through social media granted on 23 May 2024, and 30 May 2024. To uphold ethical practice, the research followed the guidelines outlined by the Psychological Society of New Zealand in the Code of Ethics for Psychologists Working in Aotearoa (New Zealand Psychological Society, 2002). Additionally, it adhered to the Student Research Regulations (University of Waikato, 2008a)

and the Ethical conduct in human research and related activities regulations (University of Waikato, 2008b)

To the extent possible, participants were protected from harm by careful consideration and mindfulness regarding the interview questions, responses, and research environment (Campbell et al., 2010). It is important to note that this research did not ask participants about their experience of sexual violence; it asked about their experience of being in a support group and how this has impacted their healing journey. This was explicitly stated on the information sheet, and again to the participants prior to their interview. At the conclusion of the interview, participants were reminded that they can access counselling and further support if required, from their local sexual assault support centre or from the list of additional support services provided on the information sheet.

Consent forms and information sheets were distributed by the lead researcher at the beginning of the interview, and were available on the start page of the online questionnaire. In the interviews, the researcher explained informed consent, the research project and aims, anonymity, and extra time for questions or concerns to be addressed. For the online questionnaire, the information sheet was provided to participants prior to answering any questions, and consent was required in order to proceed. Participants were given up to four weeks after data collection (interview or online questionnaire) to withdraw from the project if they did not want to review a copy of their transcript. For those who opted to review a copy of their transcript, they had option to withdraw up to one week after receipt of the transcript.. Participants could opt to withdraw by contacting the lead researcher.

In this research, all the participants remain anonymous, and multiple steps have been taken to protect their identity. Confidentiality has been preserved by restricting access to raw data to only the lead researcher. To protect the confidentiality of the participants, all identifiable factors of each participant, their location, community groups or any other

identifiable information have been anonymised. The raw data is stored on a secure, password-protected computer to maximise security, and will be kept for a minimum of five years (but may be kept indefinitely to help protect against claims of data fraud), in accordance with University of Waikato research policies. Additionally, it is important to note that this research was conducted with respect to Te Tiriti o Waitangi principles, including self-determination and self-governance, striving for equity for all participants.

### **Methodological Strengths and Limitations**

The use of reflexive thematic analysis allowed for rich, in-depth data that truly reflected the voices of survivors. This approach aligns with community psychology values, prioritising the voices and experiences of those often marginalised or silenced in research, and not considered experts. The qualitative methodology was well-suited for capturing the complexity of survivors' experiences in support groups. However, there are limitations to note. The sample was predominantly Pākehā, which limited the cultural range of experiences captured. While meaningful attempts were made to include more diverse experiences, particularly those from Māori and other marginalised communities, the high trust required from participants and the limited timeframe of the project made it difficult to achieve a broader cultural diversity. Additionally, the study's reliance on self-reported data may have introduced biases, as it is acknowledged that people who did not have a positive experience in a support group were unlikely to sign up for the research, thus potentially over-representing positive experiences.

## Chapter Four: Establishing Safety

This chapter explores the idea of creating and maintaining safety in support groups, as the first major theme identified in this research. Establishing safety is a foundational and integral part of the support group experience for survivors of sexual violence. It is central to a group's ability to foster healing, connection, and resilience, and it fundamentally determines whether a group will successfully support survivors on their healing journeys. Participants consistently emphasised that a sense of safety was essential to their engagement with a support group. When survivors felt safe, they could open up, be vulnerable and authentic, and build trust with both the facilitator and other group members. This sense of trust created opportunities for survivors to connect in meaningful ways, countering the isolation, shame, and stigma that many described as common elements of their experiences. However, creating and maintaining safety in a support group is a complex and multifaceted process. Participants highlighted a range of factors that contributed to safety in the group, with these elements combining to create an environment where survivors felt supported and secure, even in moments of vulnerability.

Through the thematic analysis, four subthemes emerged as key contributors to safety: the facilitator role, the establishment of group guidelines, the development of group culture, and the logistical and administrative aspects. The facilitator's role is foundational, as they are responsible for creating and maintaining safety within the group. Their trauma-informed approach, ability to manage dynamics, and capacity to model respectful communication are integral to the success of the other subthemes, shaping the overall environment. Clear rules and guidelines provide the foundation for shared understanding and expectations around behaviour, helping participants feel secure in their interactions and reducing anxiety about potential disruptions. Group culture, encompassing the social, emotional, and relational dynamics of the group, is co-created by the facilitator and participants. This culture shapes

how members connect and support one another, offering a sense of belonging and emotional safety. Finally, the logistical and administrative aspects, such as structured schedules, accessible locations, and consistent practices, provide essential predictability and stability, reducing barriers to engagement and enhancing participants' sense of care and security. Together, these subthemes highlight how safety is cultivated and sustained within support groups, demonstrating how they foster healing, connection, and empowerment for survivors of sexual violence.

### **The Role of the Facilitator**

The facilitator is central to creating and maintaining a safe environment within support groups for survivors of sexual violence, serving as the foundation for the group's emotional and relational stability (Gregory et al., 2022). Their ability to model trauma-informed care, establish clear boundaries, and foster an inclusive and supportive atmosphere sets the tone for the wider group experience (Cave et al., 2016). Facilitators play a pivotal role in ensuring the group remains a consistent and reliable space where survivors feel secure enough to share their experiences and engage in the healing process. Participants repeatedly highlighted the importance of facilitators as skilled, knowledgeable, and responsive individuals who ensure the group functions effectively (Gregory et al., 2022). Their presence fosters an atmosphere of trust, allowing survivors to engage openly and authentically while navigating difficult emotions and conversations. The role of the facilitator encompasses enforcing rules, managing group dynamics, offering emotional support, and adapting to the evolving needs of group members (Cave et al., 2016; De La Rosa & Riva, 2021; Gregory et al., 2022).

Beth described facilitators as “very skilled, knowledgeable, [and] genuine,” underscoring the significance of these qualities in establishing safety. This authenticity reassures participants that their experiences will be respected and that the group is a secure

space. Sara highlighted the contrast between survivor-led groups and those with facilitators, saying:

The lack of [facilitators] in the survivor-led ones is why they don't stay. I think facilitators are quite important. It seems to be the key of the groups that I've been part of [...] It ensures the safety of the group but also the success of the group.

Her perspective illustrates how facilitators help provide the structure and leadership necessary for group cohesion, especially when survivors who are untrained or inexperienced at facilitating might struggle with balancing the leadership of the group with their own healing (Konya et al., 2020).

Facilitators were noted for their role in maintaining group boundaries, which participants felt was critical for safety. Beth stated, "Yes, group rules, facilitators upheld this and spoke of its importance," highlighting how facilitators ensure that guidelines are respected and consistently reinforced. Freya also reflected on this aspect, saying, "She would remind people to remember that what we say here, stays here [...] It was always safety first in the group." These reminders of confidentiality and respect helped participants to build trust, and feel secure in sharing their experiences.

Facilitators were also crucial in managing conflicts and fostering respect within the group. Bella explained, "Depending on where people are at, we've had some doozy arguments. That's where you need the facilitator to help them to agree to disagree. Often, even though we're all women, we come from different backgrounds." This demonstrates how facilitators navigate differences among members to maintain a sense of safety and inclusivity. A diverse skillset is necessary to manage the varying needs and perspectives of survivors in a group setting, as the survivors navigate different life experiences, beliefs about healing, and coping strategies (Rowe & Schneider, 2023). A good facilitator needs to have the ability to

remain neutral, encourage open communication, address conflict with fairness and compassion, and create an inclusive environment.

Facilitators are also able to remain calm and neutral and are there to step in when needed, as participants' emotions can become heightened. Carmen described facilitators as “the spine, the ones with clarity and ones able to step in at any time,” which emphasises their central role in maintaining stability and emotional regulation within the group. The metaphor of the spine highlights the facilitator's importance in holding the space, guiding participants back to a place of balance which is essential for survivors dealing with trauma (Rowe & Schneider, 2023). This ability to restore emotional equilibrium is invaluable, as it helps participants feel grounded and supported, allowing for greater development of tolerance, and a more effective healing process (De La Rosa & Riva, 2021).

Participants appreciated the facilitators' ability to provide emotional support and adapt to the group's needs and feedback. Freya shared a powerful example: “She was really fantastic [...] She said, straight up, ‘I apologise for last week. I didn't realise it was going to be such a hard topic for everyone to take on.’” Freya described how the facilitator revisited a difficult topic after members were triggered, demonstrating both accountability and responsiveness, as well as genuine care and concern for how the group members had been affected. Imogen echoed this sentiment, highlighting the emotional safety provided by facilitators if someone gets overwhelmed: “It gives you that sense of safety that you can talk about hard stuff [...] You can leave anytime you like, but you're really strongly encouraged to just go and sit in the library and [...] afterwards, she'll come in, check in with you.” This trust in the support and follow-up from the facilitator ensured participants felt cared for even when triggered or upset.

Ultimately, facilitators were seen as pivotal to the group's overall success. Sara emphasised, “I think facilitators, if you've actually got facilitators or therapists, they're the

most successful people to actually run any group.” This sentiment reflects facilitators' multifaceted role in fostering safety and creating an effective healing environment. Through these perspectives, participants highlighted how facilitators' skills, responsiveness, and ability to adapt were foundational to creating an environment where survivors could feel safe, supported, and empowered.

The findings highlight the facilitator's essential role in creating and maintaining a safe space for survivors within support groups. Facilitators are more than neutral moderators; they are active participants who provide structure, emotional support, and leadership to foster a healing environment. Their ability to enforce rules, manage dynamics, and adapt to the needs of participants creates a foundation of trust, allowing group members to feel safe enough to be vulnerable and authentic (Marmarosh, 2021). Facilitators embody several key characteristics that contribute to their effectiveness. Being skilled, knowledgeable, and genuine reassures participants that the group is guided by someone capable of handling complex emotional and interpersonal challenges.

These traits are essential for creating a therapeutic environment where survivors can address the stigma and shame often associated with their experiences (Herman, 1994). The enforcement of rules and guidelines, such as confidentiality, ensures psychological safety for participants. This aligns with the literature on trauma-informed care, which emphasises the importance of consistent boundaries and predictable environments in promoting a sense of security for trauma survivors (Elliott et al., 2005). The ability to uphold these rules without creating an authoritarian atmosphere demonstrates the facilitator's nuanced understanding of group needs. Facilitators also serve as mediators of group dynamics. Managing conflicts, fostering inclusivity, and navigating differences between members are integral to maintaining a cohesive and respectful group culture. This aligns with findings in group therapy research,

which suggest that skilled facilitation can mitigate interpersonal challenges and enhance group cohesion (Yalom & Leszcz, 2020).

Emotional support is another critical aspect of the facilitator's role. By addressing participants' immediate needs—such as checking in with those who are overwhelmed or revisiting difficult topics with sensitivity—facilitators demonstrate a commitment to ensuring emotional safety. This responsiveness is consistent with survivor-centered approaches, which prioritise listening, validation, and adaptability to survivor feedback (Herman, 1994). Moreover, facilitators play a significant role in the overall success of support groups. Their ability to maintain structure and direction, particularly in survivor-led groups, was repeatedly emphasised by participants. This suggests that facilitators are instrumental in balancing the dual goals of emotional safety and meaningful engagement, a finding supported by research into the dynamics of self-help and professionally led groups.

Trust is an essential component of safety in support groups, and facilitators play a central role in building this trust among participants. Many survivors of sexual violence enter support groups feeling wary and guarded, often due to previous experiences of not being listened to, being met with disbelief, or facing the pervasive social stigma that blames victims (Campbell & Raja, 1999). These challenges are compounded by the cultural normalisation of sexual violence, which can leave survivors feeling isolated and unsupported.

Against this backdrop, facilitators are uniquely positioned to create an environment where survivors feel safe enough to begin trusting again. Facilitators foster trust by consistently upholding the principles of confidentiality, respect, and empathy. Participants repeatedly emphasised the importance of facilitators' skills in maintaining a predictable and secure environment. Freya's comment that the facilitator "ran the group in a very safe way" and consistently reminded members about confidentiality underscores the importance of these actions in building trust. When survivors sense that the facilitator is attuned to their

needs and committed to their safety, they are more likely to engage and be open. Establishing trust is particularly important for survivors who have internalised feelings of shame or who have experienced dismissive or judgmental reactions in the past. For many participants, the facilitator's ability to handle sensitive topics and mediate conflicts reassured them that their experiences would be met with care and understanding. For instance, Bella reflected on the role of the facilitator in navigating disagreements, ensuring that everyone was accepted and respected despite differences. This inclusivity and validation are critical for fostering trust within a diverse group setting (De La Rosa & Riva, 2021).

Facilitators also build trust through their emotional intelligence and accountability. As shown above, Freya shared how her facilitator acknowledged and apologised for mishandling a triggering topic, demonstrating vulnerability and a willingness to address feedback. This act of accountability not only reinforced trust in the facilitator but also modeled constructive communication, encouraging participants to trust the group process. The facilitator's role in promoting mutual trust among group members is equally significant. By encouraging peer support and guiding interactions, facilitators create opportunities for participants to connect with one another in meaningful ways. Imogen noted that the facilitator "encourages us to respond to each other and advise and share," fostering a sense of community and shared responsibility for the group's success. This mutual trust enables participants to feel seen and supported, reducing feelings of isolation and stigma. Survivors often arrive at support groups carrying deep mistrust rooted in their experiences of harm and societal invalidation. Through their skill, compassion, and commitment to safety, facilitators help dismantle these barriers, creating a foundation of trust that is essential for healing. By doing so, they not only enable individual recovery but also strengthen the collective resilience of the group, transforming it into a space where survivors feel safe to be vulnerable and open up, and through this, can find connection, understanding, and empowerment (Yalom & Leszcz, 2020).

Facilitators also play a crucial role in fostering solidarity among group members, creating a space where survivors can challenge the dominant societal narratives around sexual violence and healing (Marmarosh, 2021). By encouraging open dialogue and validating diverse experiences, facilitators help participants recognise shared struggles and strengths, empowering them to disrupt the silence and stigma that often surrounds their experiences. This collective act of resistance not only strengthens individual healing but also fosters a sense of solidarity, where survivors can support each other in reclaiming their voices and rewriting their own stories.

### **Guidelines and Rules**

Rules and guidelines are a fundamental aspect of creating a sense of safety within support groups for survivors of sexual violence. These structures provide a shared understanding of expectations and behaviour, enabling participants to navigate group interactions with more confidence, relaxation and trust. Clear boundaries, such as confidentiality and privacy, respectful communication, and not discussing contentious or triggering topics, help create a predictable and secure environment. While both facilitators and support group members often help establish these rules, everyone contributes actively to their implementation and reinforcement, fostering a shared responsibility for the group's safety and wellbeing. This subtheme is closely linked to the broader role of the facilitator, as the enforcement and co-creation of rules are both individual and collective processes.

Participants emphasised the value of clearly defined rules and their impact on fostering a safe space. They universally emphasised the importance of confidentiality as the foundational rule of their support groups, linking it directly to feelings of safety and trust. Freya articulated this clearly, stating, “What we say here, stays here. [...] It was always safety first in the group, and that’s what everybody needed. We all needed to know, first of all, that we were safe.” Similarly, Carmen affirmed, “Confidentiality and privacy always,” and

Tehautū reiterated, “The big thing is the confidentiality.” These reflections underscore that confidentiality was the most significant rule for ensuring participants could share their experiences without fear of a breach of privacy. By embedding confidentiality as a central tenet, groups cultivated an environment of mutual respect and trust, which was essential for participants’ emotional and psychological safety. This collective commitment allowed members to feel secure in expressing vulnerability and fostered a sense of belonging within the group.

Participants noted that the rules were not solely upheld by facilitators but were also reinforced by the group collectively. Tehautū described how members encouraged one another to adhere to group norms: “So, they’re reiterated often. The guidelines of the group. [...] We’ll run through them once a month, and if something happens, we’ll be like pointing or tapping on the wall [where the rules are displayed], ‘up here mate’.” This co-responsibility created a dynamic in which participants felt empowered to speak up and remind others, and maintain the group’s supportive culture.

Rules also played a key role in managing interpersonal dynamics and mitigating potential conflict. Bella recounted instances of disagreements within the group, noting that established guidelines allowed members to “agree to disagree,” ensuring that respect and acceptance were maintained despite differing perspectives. This illustrates how rules serve as a buffer against the challenges that arise in diverse group settings, fostering an environment where participants feel secure in expressing their experiences. The process of co-creating and reinforcing rules was another critical factor in promoting a sense of collective ownership. Bella spoke to the importance of group discussions around rules, emphasising that “as a group we discussed what we thought the rules needed to be, so when people that haven’t been part of the group before joined, we had a piece of paper with the rules on them.” By shaping the guidelines collaboratively, participants felt invested in the group’s structure, which in turn

strengthened their commitment to the support group they attended, and their investment in a safe space for their own healing journey.

Imogen's reflections further underscore the importance of flexibility and participant agency in their support group in regards to rules: "It just means that we can just show up and we can just chat with each other and we can know that the conversation is gonna be kind of managed, but also if we get overwhelmed [...] you're really, really strongly encouraged to just go and sit in the library and grab a book or play games on your phone or whatever." This illustrates how rules can include flexibility for individual needs, ensuring that participants have options to safeguard their emotional well-being while remaining connected to the group. Another participant, Goodie, explains: "The ones that we try and stick to is, not allowed to talk about religion, the government, and race. They're the ones that are sort of a no-no subject. But in saying that, sometimes that's part of the story, so we're not ruling it out. 'You can't do it'. We're just not sitting there saying, 'National governments, is a pain in the back' because that's not what we're about. There's a list of about 12 rules." This shows how the rules are flexible to adapt to individual experiences and needs, and that they exist to support healing and keep group members focused on their healing journey, without getting sidetracked by other topics.

Rules and guidelines provide the foundation for safety within support groups, as they create a shared framework that defines acceptable behaviour and sets clear boundaries for group interactions. This predictability and structure are crucial for survivors of sexual violence, who often experience heightened vigilance and mistrust as a result of past trauma (Herman, 1994). Consistent rules reassure participants that their boundaries will be respected, allowing them to engage more fully in the group process. Co-creation of rules not only enhances engagement but also contributes to a sense of empowerment among participants. Research has shown that involving group members in decision-making processes fosters

ownership and accountability, which are critical for sustaining a positive group culture (Yalom & Leszcz, 2020). Participants who feel they have a voice in shaping the group's structure are more likely to respect and uphold the rules, thereby contributing to the collective safety of the group. Confidentiality emerged as a particularly significant rule, with participants consistently highlighting its role in creating trust. This aligns with trauma-informed care principles, which emphasise the need for survivors to feel secure in their privacy and autonomy (Elliott et al., 2005). The shared commitment to confidentiality reduces the fear of judgment or exposure, enabling participants to share their experiences openly.

The role of rules in managing conflict is equally important. In any group setting, interpersonal dynamics can become challenging, particularly when individuals bring diverse backgrounds and perspectives. Established guidelines provide a framework for navigating these challenges, ensuring that differences are addressed respectfully and constructively. As Bella noted, the ability to “agree to disagree” allowed her group to maintain a cohesive and supportive atmosphere despite occasional conflicts. Rules also create flexibility for participants to prioritise their emotional well-being without disrupting the group. Imogen's account of being encouraged to take breaks and return to the group when ready demonstrates how rules can accommodate individual needs while maintaining the group's overall structure. This adaptability is consistent with the principles of survivor-centred approaches, which prioritise responsiveness to individual experiences and needs (Herman, 1994).

In the context of support groups, rules and guidelines are more than a set of restrictions; they are tools for empowerment and collective care. By fostering a sense of shared responsibility, they enable participants to contribute actively to the group's success. This shared ownership not only enhances safety but also builds resilience within the group, creating a space where survivors can connect, heal, and support one another. While the role of

facilitators in upholding rules is significant, it is the collective commitment of all members that ultimately sustains the group's safe and supportive culture. This shared responsibility reflects the power of community-driven approaches to healing, where every participant plays a role in creating and maintaining a space that feels secure and inclusive. By doing so, support groups can transform into environments where survivors feel empowered to reclaim agency and rebuild trust, both within the group and beyond.

### **Group Culture**

Group culture is an essential component in fostering safety within support groups. Group culture includes the social, emotional, and relational dynamics of the group and how it is experienced by the participants. This culture is co-created by the facilitator and participants, embedding values of respect, inclusivity, and care.

A supportive group culture is marked by an understanding and acceptance for the unique and diverse personal experiences, histories, and emotions which have brought participants to the support group (Murn & Schultz, 2023). It encourages a nonjudgmental atmosphere where each participant feels safe to express their emotions and share their experiences without fear of criticism, and which allows participants to authentically contribute from a feeling of trust and safety. Participants described the importance of an informal, approachable environment where they could connect not just through shared experiences, but also through shared humanity, by being able to bring lightness into the space.

Participants offered rich descriptions of group culture and its significance for safety. Bella described the group as a place of deep understanding, saying:

You can be yourself, no one's gonna judge you. [...] It's a group where failure is inevitable, but we've all failed, so we understand each other. There's no condemnation, no put downs.

This illustrates how the group's nonjudgmental culture provided a sanctuary where participants could navigate their healing journeys free from societal stigmas or self-criticism. Similarly, Freya emphasised the trust and mutual safety developed within the group, "We feel normal. We feel safe, and we have trust. [...] We've found an authentic place where we can be ourselves 100%." This sentiment reinforces the emotional safety that arises when participants are met with empathy, rather than judgment, and can express themselves freely.

For Goodie, the experience of feeling so welcomed into the group, even from his second meeting, meant a lot, "When I walked in, the guys were all up and giving me a big cuddle and shook hands, 'Really neat to see you back.'" This warmth and acceptance helped overcome initial nerves and anxiety, establishing a foundation of trust that encouraged continued participation. This kind of welcome signals a strong group culture where individuals are valued and supported from the beginning.

Tehautū spoke to the ongoing changing dynamics within the group, highlighting the effort he needed to make, to maintain safety and trust when new members joined, "It was about building trust with them. [...] Suddenly, you've got someone else that you've got to build trust with before you start sharing." This observation acknowledges that group culture is not static; it requires consistent awareness and attention by both facilitators and participants to accommodate changes in group membership and related interpersonal dynamics.

Imogen shared a similar perspective, focusing on the informal and supportive atmosphere, "The vibe is [...] really informal and really approachable. You don't feel like you're going into this formal medicalised environment. [...] It's familiar." This informality is significant, as it allows participants to feel at ease, free from the pressures of formal therapeutic settings, and able to contribute to a mutual exchange of ideas and support.

The analysis of participants' experiences underscores the important role of group culture in fostering a sense of safety and belonging. The participants spoke of mutual respect,

inclusivity, non-judgment, emotional authenticity, and shared values, which align closely with findings in the literature. For example, Murn, & Schultz describe how the feeling of safety in a group is linked to connectedness, which enhances positive group dynamics (2023). These ideas align with participants' descriptions of their groups as places where they could feel accepted, normal and authentically themselves. The emphasis on inclusivity and shared understanding in participants' narratives also reflects the principles of trauma-informed care, which prioritise emotional safety and validation. The ability to share personal experiences and learn from others' coping strategies, as described by participants Bella and Goodie, mirrors findings from Konya et al., which note that peer-led interventions thrive on sharing and support (2020).

Physical and informal aspects of group culture, such as the relaxed and welcoming environment described by Imogen, are also significant. These elements reduce barriers to participation and foster a sense of familiarity and comfort. Informal and human-centered approaches in group settings enhance cohesion and emotional safety, contrasting with the potential alienation of overly formal or clinical environments. In addition to this, the participants spoke to the dynamic nature of group culture, as Tehautū and Goodie noted shifts in group dynamics with the arrival of new members or a change in the facilitator.

In conclusion, group culture is a cornerstone of safety in support groups, offering a foundation for trust, emotional expression, and mutual support. By fostering an inclusive, non-judgmental, and empathetic environment, support groups enable participants to navigate their healing journeys in a collective way.

## Support Group Logistics

The organisational and logistical aspects of support groups help to create a sense of safety for participants through structure, predictability, and care. The logistical aspects include the processes that determine how a participant joins a support group, how the ongoing group structure is created and maintained, and ensuring that the group is effectively meeting the needs of the participants. Additionally, joining a support group can be a big step in the healing journey for survivors, and may feel scary or overwhelming. Therefore, part of the logistical considerations is to give the participant as much information as possible, so they know what to expect and can make informed choices and decisions to meet their needs and get support.

Practical considerations, such as the duration and frequency of meetings, refreshments, and the specific skills or teachings offered in the group, further enhance participants' sense of stability and predictability through routine and structure. Establishing clear expectations around group processes also mitigates uncertainty and fosters trust, allowing participants to engage fully in the healing process without worrying about small details or being anxious about the unknown. By addressing these organisational and logistical factors, support groups can create a foundation for emotional safety and encourage genuine and vulnerable participation. This subtheme explores how these practical elements contribute to the overall sense of safety and support experienced by participants.

Participants Steve and Imogen emphasise the role of pre-screening and initial conversations with facilitators in creating safety. Steve noted that "There is an induction screening process to check suitability for a group situation for safety purposes. Generally, the first meetings are on a one-to-one basis," which ensures that individuals are adequately prepared before joining the group dynamic. Similarly, Imogen's facilitator clarified expectations about the group's purpose and the need for other supports (family, friends,

counsellor) outside the group. Bella added that initial, introduction chats with facilitators prevent disruption from individuals who may not be ready for group participation and support because of where they are in their healing journey. These processes safeguard both individual and group well-being by establishing boundaries and expectations in advance.

The role of facilitators in reducing anxiety and creating trust is also evident in Goodie and Imogen's accounts. Goodie described pre-group meetings with a facilitator, who showed him around the room in advance of his first support group meeting, to prepare him and make sure he was familiar with the space beforehand, which provided reassurance and made the first session less daunting. Imogen similarly highlighted the value of facilitators introducing the group's format and intentions. These practices ensure participants feel supported and well-informed before attending their first session.

Bella described the importance of maintaining a group structure and schedule that is clear to participants, such as consistent timings, breaks, and rituals. Imogen noted that the group door is locked, "15 minutes in," and starting with grounding exercises sets the tone for the session. She continued, "We have a break at the halfway point, just bathroom and second cups of tea. And often there'll be cake or slice or chips or whatever." A scheduled break and something to eat helps participants take a break, reset and maintain comfort throughout the group. Freya added that sessions included take-home resources, allowing participants to revisit topics in their own time and space, and integrate skills outside of the group.

Bella and Imogen highlight the importance of neutral and accessible physical spaces. Bella describes the Women's Centre as providing a necessary separation between, "daily life" and "abused life," while Imogen praises its accessibility, noting its proximity and connection to public transport. Bella contrasts this with holding meetings in private homes, which felt restrictive and unsafe due to family presence and a lack of privacy. Similarly, Imogen mentions the library as a space that the participants are encouraged to make use of if

overwhelmed in the group, fostering a non-coercive and flexible environment. This shows that the location and space of where a support group meets is important to the group members, and can help to create a feeling of safety, security and comfort.

These findings align with trauma-informed principles, which emphasise safety, predictability, and trustworthiness as foundational for supporting survivors (Elliott et al., 2005; Cave et al. 2016). Pre-screening processes, as described by Steve, Bella, and Imogen, reflect best practices for ensuring group readiness and safeguarding participants' emotional well-being (Yalom & Leszcz, 2020). Clear boundaries and facilitator-led introductions and orientations help participants feel informed and prepared, reducing initial anxieties (Cave et al., 2016). The structured nature of group sessions, including defined start times, breaks, and rituals, aligns with Herman's (1994) recognition that predictability is essential for survivors' sense of safety. Similarly, providing refreshments and take-home resources, as noted by Freya, Beth, and Imogen, reflects Yalom and Leszcz's (2020) findings that tangible support enhances participant comfort and engagement. The importance of physical space in fostering safety cannot be overstated. As Bella and Imogen's experiences illustrate, accessible and neutral venues—such as the women's centre—create an environment where participants can focus on healing without external disruptions or anxieties. Trauma-informed care emphasises that the physical environment must be welcoming, non-threatening, and accessible to all participants (Elliott et al., 2005).

Finally, small yet meaningful logistical gestures, such as WhatsApp groups for sharing resources or designated spaces to step away, highlight the importance of flexibility and respect for participants' autonomy and needs. These practices reflect trauma-informed values of empowerment and choice, ensuring that participants feel supported while retaining control over their engagement. Together, these findings reinforce that effective logistics and administration are vital for fostering safe, supportive, and empowering group environments

for survivors of sexual violence (Kottler & Englar-Carlson, 2015). By reducing the mental load on participants and by prioritising structure, accessibility, facilitator support, organisations can better align their services with trauma-informed principles, ultimately enhancing survivors' healing journeys.

In conclusion, safety within support groups for survivors of sexual violence is paramount, and it is through the initial establishment of safety that survivors can continue their healing journey as part of a community. As the data analysis has shown us, safety is constructed through a combination of key elements, each playing a vital role. Facilitators contribute by fostering trust, managing emotions, and guiding group dynamics. The establishment of clear group guidelines creates a foundation for respectful and secure interactions, while the development of a supportive group culture ensures participants feel heard and valued. Logistical and administrative aspects further reinforce safety by providing structure and consistency. Together, these elements create an integrated framework where survivors can progress on their healing journey within a secure, supportive environment.

## Chapter Five: Aspects of Healing

This chapter explores the second theme, ‘Healing’ which discusses the transformative impacts and outcomes participants described when speaking about attending support groups for survivors of sexual violence. Support groups provide a unique environment for healing by offering a space where survivors can share their experiences, their challenges, and their emotions and where they can rebuild trust and develop coping strategies and skills in the presence of others who are on a similar healing journey. Healing and growth are deeply tied to the existence of safety within the support group, as discussed in the previous chapter and establishing emotional, psychological and psychological safety is fundamental. By allowing survivors to feel safe and secure enough to engage in the vulnerable work of self-discovery and healing, they are able to connect with others, share openly, and experience the profound benefits of mutual support, acceptance and validation.

Healing in this context is not solely about recovering from trauma; it is also about regaining a sense of agency, hope, and connection to oneself and others. Growth often emerges alongside healing as survivors cultivate new skills, challenge limiting beliefs, and develop greater self-confidence. Participants emphasised that their experiences in support groups not only addressed the challenging aspects of navigating their healing journey, but also contributed to long-term personal development, empowerment and growth.

This chapter draws on the experiences of participants to examine how support groups foster healing and growth through four interconnected subthemes. Firstly, *validation* is a critical element of healing, with participants describing how the acknowledgment of their feelings and experiences by others helped to challenge self-doubt, reduce shame, and affirm their worth. *Connection* highlights the importance of shared experiences and relationships in breaking the isolation and stigma often associated with sexual violence. *Trust and vulnerability* focuses on the confidence survivors build in themselves, the facilitator, and

other group members, which enables deeper engagement and emotional vulnerability. Finally, *growth and empowerment* reflects how survivors rediscovered their inner strength, developed new skills, and began to reclaim their lives.

By weaving these subthemes together, this chapter examines how support groups foster healing through connection, trust, validation, and empowerment. Together, these elements enable survivors not only to process their trauma but also to reclaim their sense of self and move toward a future which includes resilience and hope.

### **Validation**

Validation is an important part of healing within support groups for survivors of sexual violence. It involves acknowledging, affirming, and normalising participants' feelings, experiences, and challenges. In the context of a support group, validation creates a profound sense of being heard, seen, and understood, which is an antidote to the silencing and stigma that often accompany experiences of sexual violence. When participants feel that their emotions and perspectives are recognised as legitimate and valued, they are empowered to confront and process their trauma in a supportive environment.

For many survivors, the shared environment of a support group plays a crucial role in normalising their experiences. Hearing others share similar struggles, feelings, and challenges helps counter the isolation and self-blame that survivors often carry. As participants connect with others who have faced similar journeys, they begin to see their emotions as a natural response to trauma rather than a personal failing. This collective validation contributes to healing by reducing the shame that often inhibits self-expression and emotional processing (Murn & Schultz, 2023).

A recurring idea that participants mentioned was the normalisation of feelings, behaviours, and how they were navigating their healing journeys. Bella described the power of hearing others' stories, stating:

Just hearing other women talk about a little bit of their journey, and how they were, and the weird idiosyncrasies that they do to survive. It was good to hear you weren't quite mentally incapacitated if you were thinking that way as well.

This reflects how validation through shared experiences helps survivors reframe their reactions as understandable responses to trauma, reducing self-blame and shame (Herman, 1994). Sara echoed this sentiment, explaining how validation helped her understand her PTSD, “It was helpful to feel like I wasn't the only one going through this. Normalising a lot of the PTSD I was feeling and experiencing. Seeing other people were struggling with the same things I was struggling with.” By hearing others’ accounts of their similar experiences, Sara was able to contextualise her struggles, which aligns with trauma recovery literature emphasising the importance of shared understanding (van der Kolk, 2014).

In addition to normalising experiences, validation within support groups provides a foundation of emotional safety and support. Participants described the supportive dynamic of their groups as a space where they could share vulnerabilities without fear of judgment. This supportive environment encourages members to explore difficult emotions, test new coping strategies, and share stories they may have previously kept hidden. The knowledge that others in the group truly understand and empathise with their journey fosters a sense of belonging and solidarity that is deeply healing.

Validation also played a critical role in creating a supportive and non-judgmental environment where survivors felt safe to share. As Zoe explained, “Having people to talk to that could validate my feelings and understand... I felt safe to do that and not judged.” For many participants, the lack of judgment in their support group was foundational to feeling accepted and supported, enabling deeper engagement and authenticity within the group. Freya articulated this dynamic, saying, “What we really found valuable is we can be 100% authentic, 100% real, 100% ourselves... you’ve got three other people sitting there

supporting you, helping you along, making you feel okay, or just listening.” This mirrors research on peer support, which highlights that emotional safety and acceptance are essential for trauma processing (Brown, 2018). Carmen also emphasised the importance of validation for everyday life experiences, sharing, “It’s validation and support with everyday life dealing with trauma and mental illness... being able to talk about anything without feeling judged.” These environments not only offer immediate relief but also build long-term resilience by fostering self-worth and trust with others (Neff, 2011).

Beyond emotional support, validation in groups empowered participants through mutual learning through sharing and listening to others’ experiences. Bella described this dynamic, “Having a support group, you’re all on the same sort of level... you hear someone else share what they do, and then because some have been longer on the journey, you learn from them.” For Bella, validation wasn’t just about being understood but also about gaining insights and tips from others further along in their healing journeys. Freya extended this idea, noting, “You’re meeting people who get you. You may have got there in a different way, but you’re all healing, you’re all learning, you’re all growing.” This shared learning process highlights how validation fosters collective empowerment, helping individuals feel less isolated and more optimistic about their own healing journey, and their future (Tedeschi & Calhoun, 2004).

Furthermore, validation helps survivors recognise and celebrate their progress on the healing journey. When facilitators and group members acknowledge their resilience, growth, or courage, it reinforces survivors’ sense of agency and self-worth. This recognition not only affirms their individual efforts but also strengthens the group’s collective commitment to healing and empowerment. By normalising experiences, fostering a supportive atmosphere, and celebrating individual and collective progress, validation acts as a cornerstone of the healing process, helping survivors to rebuild their confidence, self-esteem, and hope for the

future. Within the support group, it served as a bridge to self-acceptance and self-compassion. Zoe shared how group validation allowed her to develop internal validation over time:

It helped a lot when I wasn't in a position to be able to validate myself. I had people around me that gave me that validation that I couldn't give myself. I'm now in a position where I can do that as well.

This shift from external to internal validation underscores the transformative potential of peer support groups as survivors begin to rebuild their sense of self (Neff, 2011). Beth reflected on how validation helped her reevaluate her trauma, “Validation was a huge part of it. I really had minimised my experiences, and this course helped me make sense of my trauma.” By reframing her experiences through the lens of validation, Beth was able to move beyond minimisation and toward more self-compassion for her healing journey and what she went through.

Validation was identified as a cornerstone of the healing process in support groups, providing participants with acknowledgment, understanding, and connection. By normalising experiences, fostering nonjudgmental support, and empowering individuals through shared learning, validation created an environment where survivors could rebuild their sense of self, and navigate their healing journey with greater resilience. This aligns with trauma recovery frameworks, which highlight the importance of relational healing and shared experiences in mitigating isolation and shame (Herman, 1994; van der Kolk, 2014). Furthermore, the participants’ narratives underscore the unique value of support groups, where survivors can find validation that is both authentic and deeply resonant.

### **Connection**

Connection is an integral part of the recovery process for survivors of sexual violence, playing a pivotal role in countering the isolation and alienation that is often experienced.

Many survivors experience a profound sense of disconnection from themselves, friends and

family, and others in their communities, stemming from the stigma and shame surrounding sexual violence (Gavey & Schmidt, 2011). Support groups offer a unique space where these feelings of disconnection can be replaced with a sense of belonging, connection, and mutual understanding. These connections create a foundation for healing by fostering trust and emotional safety, key components often compromised by being a survivor of sexual violence (Herman, 1994; van der Kolk, 2014). In the context of support groups, connection goes beyond interaction only; it involves creating meaningful bonds grounded in shared experiences, empathy, and mutual support. This process facilitates emotional regulation, the rebuilding of self-worth, and the development of coping mechanisms. Survivors find strength in collective narratives, as sharing and hearing others' stories can normalise their feelings and validate their experiences (Konya et al., 2020). Such environments help cultivate resilience by encouraging survivors to form new relationships and trust others, crucial steps in overcoming the social and emotional barriers to healing. This section explores participants' reflections on the transformative power of connection, shedding light on its role in fostering emotional and relational healing.

Support groups provide a unique space where survivors can shed the isolation often experienced due to stigma, shame, or the inability to find others who understand their experiences. Zoe explained, "I don't feel so alone. It's helped a lot, having people that I can talk to, I can express myself and feel safe to do that." For many survivors, the group becomes a critical lifeline, offering validation and shared understanding that dispels feelings of alienation. Goodie described the unique dynamic within the group, "there was an instant friendship bond and instant brotherhood bond with the rest of the guys. You were all in the same category, so when you walk in the door, you go around and you give each other a hug, 'I love you bro'." Such spaces enable survivors to explore their emotions and challenges without fear, strengthening the connections they form in their support group community.

Bella similarly highlighted how support groups normalise the experiences of survivors, “I think for me, it’s been that sense that you’re not alone. That you’re not the only one who has gone through this... it does normalise you in that sense.” These shared connections counteract the isolating effects of trauma, allowing survivors to reframe their self-perceptions and view themselves as part of a community rather than as separate. Imogen emphasised, “Creating an environment where people can feel like they’ve connected with other people who share those experiences is where some of the biggest value comes from.” Tehautū spoke to the reason for joining a support group and the impact of connecting with others, especially in the context of being a male survivor, “It was to form a connection with other survivors. Yeah, it’s not something that’s talked about. As men, we don’t open up and talk about the stuff that’s happened to us.” Breaking this silence is transformative, not only reducing isolation but fostering a sense of solidarity.

For many participants, support groups were the foundation of enduring friendships that extended beyond the group itself. Carmen, who attended a DBT skills group, shared, “With DBT I was surprised to make the connections I made. I have made some lifelong friends and also had ups and downs with others. I went in not wanting to make friends but came out finding my people.” The deep bonds formed in these groups often stem from shared vulnerability and mutual understanding. Freya explained how these connections were invaluable, “This course has given me people that I didn’t know I needed. And they are so valuable... You’ve got a friend, you know. You’ve got multiple friends if you want them.” Such relationships offer emotional sustenance and continuity, creating a support system that survivors can rely on during their healing journey. Sara described how smaller, more intimate connections can emerge, “From a larger group of maybe 10 people, there was about three or four of us who really gelled, and we got to keep sharing and helping and supporting each

other outside of the group.” These friendships not only support ongoing healing but also reflect the group’s transformative power in fostering lasting relationships.

Hope and inspiration are powerful outcomes of connection within support groups. Survivors draw strength from witnessing others’ resilience and progress in their healing journeys. Bella shared, “I have always felt emotionally and spiritually uplifted by the strength and power of the women who share their sacred stories, pain, tears and all.” Steve reflected on how connecting with others inspired him and his healing journey, “There is always a level of vulnerability with meeting new people... but always ends with a sense of deeper connection and inspiration.” Support groups serve as a testament to the possibility of healing, helping members envision a future beyond their trauma. Freya expressed how these connections brought immense value to her life, “Not only are you learning something, but you’re meeting people who get you. You’re actually connecting with people who understand your journey... It’s like I’m living my best life.” This sense of shared growth and encouragement underscores the role of connection in fostering optimism for the future.

The subtheme of connection in support groups demonstrates the profound relational dimension of healing from sexual violence. Survivors often grapple with feelings of isolation, shame, and mistrust (Herman, 1994), which can impede recovery. Support groups counteract these effects by providing an affirming space where participants can form meaningful relationships, share experiences, and rebuild a sense of community. Such relationships are critical for re-establishing social bonds and creating a foundation for healing, as reflected in the participants' experiences.

One essential aspect of connection is its role in mitigating the isolation that many survivors feel. As Freya articulated, the connections formed in the group were “invaluable” and gave her “people that I didn’t know I needed.” This sense of belonging is vital, as research underscores the importance of social support in promoting resilience among trauma

survivors (Gavey & Schmidt, 2011). Connection offers validation and solidarity, counteracting the effects of stigma and self-blame, which are common in the aftermath of sexual violence (Ahrens, 2006). Moreover, the creation of lasting friendships within support groups enhances survivors' healing by providing continuity in emotional support. Carmen's description of finding "lifelong friends" exemplifies how these bonds extend beyond the group setting, creating a sustained support network. Such friendships can serve as a buffer against re-traumatisation and enhance psychological well-being, based on findings from studies on the role of peer support in trauma recovery (Bryant-Davis et al., 2009).

Connection also fosters hope and inspiration, as survivors draw strength from the resilience and growth of their peers. Bella's reflections on being "emotionally and spiritually uplifted" by the experiences shared within the group highlight this dynamic. This aligns with research suggesting that witnessing others' healing journeys can enhance self-efficacy and optimism in trauma survivors (Tedeschi & Calhoun, 2004). Through shared narratives, survivors learn coping strategies and develop a sense of agency, which are crucial for long-term recovery.

In conclusion, connection within support groups is integral to the healing process for survivors of sexual violence. By addressing isolation, fostering lasting relationships, and inspiring hope, these groups provide a relational framework for recovery. The participants' experiences affirm the transformative potential of connection, underscoring the importance of community-based approaches to trauma healing.

### **Trust and Vulnerability**

Trust and vulnerability are essential and interwoven components of healing within support groups for survivors of sexual violence. These two elements enable participants to share their stories, navigate their emotions, and foster meaningful connections in a supportive and empathetic environment. For survivors, the ability to trust others and embrace

vulnerability can be challenging, often due to the deep emotional and relational scars left by their traumatic experiences. Support groups provide a unique and nurturing space where trust and vulnerability can be safely cultivated.

Through attending a support group that has been consciously set up as an emotionally, physically and psychologically safe place, trust grows as participants observe consistent respect, confidentiality, and validation of their experiences. It acts as the bedrock that allows individuals to lower their emotional defences and engage in open, authentic dialogue. Vulnerability, on the other hand, represents the courage to share deeply personal feelings, emotions and experiences. Even though it may feel risky or scary, being vulnerable enables participants to take steps toward healing, as this openness fosters a deeper understanding of themselves, their healing journeys and how vulnerability in a safe space can provide connection and healing.

The dynamic interplay between trust and vulnerability enables group members to feel emotionally safe—a prerequisite for exploring the complexities of their trauma. Facilitators and peers play a pivotal role by modelling respectful behaviour, offering validation, and creating an atmosphere of acceptance and openness. This process helps participants to rebuild their confidence in relationships, find solace in shared experiences, and recognise their own strengths. Together, trust and vulnerability can create a foundation that empowers survivors to heal, grow, and reclaim their sense of agency and self-worth.

Trust is often described by participants as both a precondition and an outcome of their group experiences. Freya, for instance, underscores the "massive" significance of trust within her group, stating, "I'm amazed I can trust people". Freya explained how her support group fostered lifelong relationships and created a secure foundation for sharing personal struggles. She reflects on the profound mutual understanding among group members, noting how the shared awareness of pain and sensitivity enhances relational depth and trust. Her recognition

that others in the group also carry "deep hurt" builds a mutual pact of safety, where participants can be their "100% selves" without fear of judgment or rejection. Similarly, Steve emphasises the transformative power of trust in overcoming his initial resistance to vulnerability. Though meeting new people and sharing his story initially triggered a range of emotions, the consistent experience of being met with empathy and validation deepened his connections. This journey of trust aligns with research indicating that trauma survivors often require safe, predictable environments to rebuild their capacity to trust others, a process that is essential for relational and emotional healing (Herman, 1994).

Vulnerability, as participants describe, is closely tied to emotional safety and validation. Steve highlights the intrinsic link between vulnerability and connection, observing how opening up to others in the group led to a deeper sense of inspiration and belonging. His statement reflects the idea that vulnerability, when met with understanding, becomes a gateway to empowerment and resilience; a concept supported by Brown (2010), who identifies vulnerability as central to courage and authentic relationships. Tehautū's experience further illustrates the interplay between vulnerability and healing, particularly in challenging societal norms. He recalls the liberating impact of expressing emotions in a group context:

No one said don't cry. I was telling myself, 'Don't you cry, boys, don't cry, come on, you know this'. It's kōrero that we hear from the day we're born. Society teaches our men that we don't cry, we don't shed tears, we don't show emotion, we're big and tough. What a joke, we're just as vulnerable as any other human being.

The group's openness allowed him to shed societal expectations and embrace his emotional humanity, reinforcing the role of vulnerability in redefining self-concept and fostering healing. Tehautū's reflection highlights how gendered norms around masculinity can hinder emotional expression, particularly for men, whose vulnerability is often suppressed by societal expectations of toughness and stoicism (hooks, 2004). For Tehautū, this experience is

further complicated by his Māori identity, where traditional notions of masculinity have been shaped and constrained by the legacies of colonisation (Hokowhitu, 2004). By embracing vulnerability, Tehautū reclaims his emotional authenticity and is able to build deeper connections with himself and others.

Emotional safety, which arises from the interplay of trust and vulnerability, is another recurring theme in participant narratives. Zoe discusses the significance of feeling "safe, not feeling judged," which enabled her to express emotions and experience validation. This safe environment, supported by mindfulness and non-judgmental attitudes within the group, provided a fertile ground for self-expression and healing. Bella echoes this sentiment, emphasising the importance of spaces where individuals can "be themselves" without fear of judgment. The ability to be authentic within the group not only alleviated her sense of isolation but also improved her confidence in her emotional and relational capacities. Such accounts underscore findings from trauma-informed care frameworks, which highlight the critical role of emotional safety in enabling survivors to engage in therapeutic processes (Substance Abuse and Mental Health Services Administration, 2014).

Trust and vulnerability are interdependent elements that create a foundation for emotional safety, connection, and growth within support groups. These experiences align with broader themes in trauma recovery, which emphasise the need for survivors to rebuild trust in themselves, others, and the world as part of their healing journey (van der Kolk, 2014). By fostering environments where trust and vulnerability are nurtured, support groups not only provide immediate relief from isolation but also equip survivors with the relational tools needed for long-term resilience. Moreover, the normalisation of vulnerability within these groups challenges societal stigmas surrounding emotional expression, particularly for marginalised identities such as men (Tehautū's experience). This redefinition of vulnerability

as strength contributes to a broader cultural shift toward empathy and understanding in addressing trauma.

In conclusion, trust and vulnerability are pivotal in creating the conditions necessary for healing. Participant experiences illustrate how these qualities foster emotional safety, authenticity, and connection, laying the groundwork for recovery and empowerment. The cultivation of these dynamics within support groups not only transforms individual lives but also holds the potential to reshape societal attitudes toward trauma and resilience.

### **Growth and Empowerment**

This subtheme captures how participation in support groups fosters personal development, self-discovery, and a sense of agency for survivors of sexual violence. These transformative processes are integral to the broader theme of healing, providing survivors with tools to rebuild their lives, confront trauma, and reclaim their sense of self. The participants shared experiences that illustrate various dimensions of growth and empowerment, including overcoming challenges, developing emotional resilience, and fostering a sense of contentment and hope for their ongoing healing journey.

Participants highlight the process of confronting fears and stepping outside their comfort zones as a key aspect of their healing journeys. All of the participants spoke about how they were nervous, anxious or scared before first attending their support group, as this is quite a different experience compared to individual counselling. Zoe, for example, reflects on how attending the group initially triggered her anxiety, but with persistence, she transitioned to feeling safe and less anxious. Carmen similarly describes her initial apprehension about joining a Dialectical Behaviour Therapy (DBT) group, noting that while it was "scary" at first, taking proactive steps toward recovery became a source of empowerment. These experiences underscore the importance of structured support in enabling survivors to confront fears and take control of their healing journeys, aligning with research that identifies

behavioural activation and exposure as key mechanisms for trauma recovery (Foa et al., 2007).

Several participants emphasised how the support group experience facilitated emotional resilience and self-awareness. Freya describes learning to "quiet her mind" and realising that she has "power over [her] mind," which helped her feel safe and in control. This sense of empowerment is echoed by Steve, who speaks of discovering his "internal strengths and voice" through connecting with other men who shared similar experiences. Similarly, Goodie highlights how the group allowed her to engage in "self-learning" and foster a sense of "contentment and relaxation." These accounts reflect a common thread of empowerment through self-discovery and emotional regulation, which are often facilitated by trauma-focused interventions that emphasise self-efficacy and mindfulness (Herman, 1994; van der Kolk, 2014). They also illustrate how relational healing fosters a renewed sense of agency, enabling survivors to navigate their emotions with greater confidence.

Participants frequently discuss how sharing experiences and learning from others contributes to a sense of empowerment. Bella highlights the value of recognising progress on her healing journey, even acknowledging the challenges of navigating a "lifetime journey" of recovery. She notes how group interactions helped her "understand [herself] better" and normalise her experiences. Similarly, Sara discusses the role of group work in addressing "shame and blame," which are common barriers to healing for survivors of sexual violence.

Steve provides a powerful account of how connecting with others transformed his perspective from isolation to belonging. He emphasises the collective nature of healing, observing that "while it is a personal journey, it has to be a collective movement." This aligns with trauma-informed care principles that emphasise the importance of community and shared experiences in mitigating the isolating effects of trauma (Murn & Schultz, 2023). Also encompassed in this theme are the ideas of hope and the ability to envision a fulfilling future.

Carmen's assertion that "there is life after trauma" encapsulates this sentiment. Participants like Imogen and Goodie express how their participation in the group enabled them to feel less overwhelmed, experience joy, and embrace their authentic selves. This reimagining of the future as one filled with possibility and contentment is a significant marker of healing and resilience. Freya's observation that "the world is not as scary as my internal mind was telling me" further illustrates how empowerment enables survivors to reframe their worldview, moving from fear and distrust to safety and openness. Such reframing is crucial in trauma recovery, as it allows individuals to shift from a state of hypervigilance and fear to one of safety and engagement (Rothschild, 2000).

This theme encapsulates the transformative potential of support groups in survivors' healing journeys. By fostering environments of safety, trust, and connection, these groups provide the conditions necessary for survivors to confront challenges, develop resilience, and rediscover their strengths. The process of growth is deeply intertwined with the broader theme of healing, as it enables survivors to not only recover from trauma but also reclaim agency over their lives and futures. This theme also highlights the role of collective empowerment in challenging societal narratives of shame and stigma. By creating spaces for shared learning and mutual support, support groups serve as microcosms of a larger movement toward trauma-informed, community-driven care. The emphasis on growth and empowerment thus reflects not only individual transformation but also the potential for systemic change in how society understands and addresses trauma.

## Chapter Six: Navigating Support Systems and Services

The journey of healing from sexual violence and the trauma that comes with it can be heavily influenced by the systems and structures survivors must navigate to access support. This theme explores how survivors engage with support groups within a broader landscape of services, examining the barriers they face, the pathways that lead them to support, and the ongoing nature of healing. The first subtheme, *Accessing Support – Pathways and Barriers*, examines the difficulties survivors encounter when seeking support, including stigma, financial constraints, and a lack of available groups, as well as the factors that facilitate access, such as professional referrals and awareness through word of mouth. The second subtheme, *Navigating Services and Systems*, explores survivors' experiences within support groups and the wider system of support, including the complexities of funding, mental health services, and institutional policies that impact their ability to remain engaged in a support group. The third subtheme, *Healing as a Lifelong Journey*, reflects on the enduring nature of healing from the trauma of sexual violence and how support groups provide survivors with lasting connections and tools that strengthen their ongoing healing journey. Together, these subthemes highlight both the transformative potential of support groups and the systemic barriers that can hinder access and continuity of care. The analysis will be discussed in relation to existing literature, situating participants' experiences within broader research on accessing and navigating support groups, and the systems they exist within.

### **Accessing Support – Pathways and Barriers**

#### ***Pathways***

Accessing support groups was shaped by various pathways, with participants finding groups through professional referrals, personal research, or community connections. These pathways illustrate the diverse ways survivors encounter support groups, often navigating

long and complex systems on their healing journeys to find services that align with their needs.

Most commonly, professional referrals played a crucial role in connecting survivors with support groups. Therapists or counsellors frequently introduced and recommended survivors to an available support group nearby. Imogen shared about her experience, saying, “My counsellor suggested that I check out a different workshop or the support group at the local women's centre. I had a look on the website, and I saw that they also had this group, so I signed up.” Similarly, Tehautū described the pivotal role of his counsellor’s support and encouragement to attend a support group:

When you find the right counsellor, you know it. I spent four years with the right counsellor. It was just absolutely amazing, and the encouragement to pop along to group, ‘Just go and have a look.’ That’s all he said.

These experiences highlight how trusted professionals can provide survivors with guidance, easing the uncertainty of joining a support, which is likely a new experience for most survivors. Many survivors have had negative experiences with disclosing their experience of sexual violence in the past, leading to fear of judgment, denial or rejection. Positive social reactions, including professional support, are crucial in helping them feel safe and empowered to engage in group healing (Ahrens, 2006).

Other participants actively searched for support options themselves, using the internet to help find what they were looking for. Steve’s journey into peer support was driven by his own research:

I first found out about peer support through the internet when I was first searching to find other men who had been sexually abused. This led me to finding Male Survivors, or more particularly Ken Clearwater [male survivor advocate] at the time.

Similarly, Zoe shared her experience of self-directed discovery:

I was just googling different therapeutic options. I've tried normal counselling and tried a thousand different types of medication and just running out of things to come up with that would help, and found DBT. Then I looked to see if there was something local and there was.

These accounts illustrate how survivors often turn to online resources to locate support networks, particularly when they feel that traditional therapeutic approaches have been insufficient or have not aligned with their individual needs. Additionally, Bella described how a rape crisis centre connected her to a women's centre where a support group was held:

From that [rape crisis] centre there, they had mentioned about this women's centre, and that they have different courses running there and had heard that there was this sexual abuse group that met.

Goodie, on the other hand, learned about a group through a personal connection but hesitated before joining, "I knew about the support group when I was about 63 through another contact, who was telling me about it, and it took me till I retired before I decided to join." These examples emphasise how informal networks play a role in guiding survivors toward peer support, though individual readiness and other external circumstances influence the decision to participate.

Some survivors not only sought out support but actively contributed to the formation of peer groups. Carmen, for example, who was attending a DBT skills group, started her own social coffee support group after seeing that there was an unmet need that the DBT group didn't address. Similarly, Sara attended different groups at various points in her healing journey, many of which were grassroots initiatives:

I've searched out and looked for support groups if there is anything available at different points in time. I've attended different types, from ones that have actually

been survivors starting them up themselves to other ones I've seen that are more organised.

These examples show both the longing for some survivors to connect with others, and also the agency and drive they have creating peer support spaces themselves when formal options are lacking.

Accessing a group often required overcoming initial hesitations and internal barriers. Freya described her experience of initially resisting but ultimately pushing herself to join a DBT group:

My counsellor asked me if I'd like to do DBT and every part of me was like, 'Hell, no, but yes, yes, I will go to that.' I was not into being around people or with people. I had no trust in people. But through the counselling, I realised that I really needed to push past what I'd always done, it wasn't working for me, and I needed to stretch myself.

Her account highlights the emotional challenge of entering a group setting but also the resilience and motivation that drove her participation. The pathways participants took to find support groups reflect a broader narrative of resilience, self-advocacy, and the critical role of social and professional networks. Survivors relied on multiple avenues—therapists, self-directed searches, community organisations, and peer recommendations—to locate groups, demonstrating the importance of diverse entry points to support.

Professional referrals were often a key factor in survivors accessing peer support, reinforcing the significance of individual therapy or counselling in guiding individuals toward collective healing. However, as noted in Steve and Zoe's accounts, many survivors relied on their own initiative, particularly when more formal pathways were inaccessible or inadequate. This aligns with research suggesting that while professional guidance is valuable, many survivors must navigate fragmented and under-resourced systems to find the right support, especially those survivors who live rurally or may have additional or specialised

needs (Herman, 1994; Easton, 2012). The presence of grassroots and survivor-led initiatives further highlights the gaps in formal service provision. Sara and Carmen's experiences show that when structured support is unavailable, survivors take the initiative to create spaces that meet their needs. This speaks to the significance of peer-led healing models, which research has shown to be particularly effective in fostering empowerment and solidarity (Kaufman et al., 2016).

The broader political context, including Te Aorerekura as a national strategy for addressing family violence, highlights the need for systemic change in supporting survivors (New Zealand Government, 2021). However, the neoliberal social investment agenda often constrains the resourcing of services, prioritising cost-effectiveness over the actual needs of survivors, particularly those in rural areas or with specialised needs (Campbell & Cornish, 2014). A survivor-centred approach to resourcing would involve ensuring that services are adequately funded and accessible, with a focus on quality, cultural safety, and meeting the diverse needs of those affected by violence.

### ***Barriers***

Participants described a range of challenges in accessing support groups, including difficulties in finding information, challenging or off-putting criteria to join, and personal barriers such as fear and self-doubt. These experiences highlight the systemic and individual obstacles that can hinder survivors from engaging support groups.

Several participants emphasised the difficulty of locating support groups due to a lack of clear information and public visibility. Sara reflected on her experience searching for a group:

I remember googling 'support group for survivors' years and years ago, and there was just nothing. And then just stumbling across different groups that form here and there, but it's just been that, it's been a stumble.

Goodie similarly articulated frustration with the absence of clear outreach:

The reality is, it's really hard to get help. Unless you connect with the right person, it's not going to happen for you. There's no big signs out saying, 'Come over here. We will help you'.

This lack of clear pathways can contribute to survivors feeling isolated and uncertain about where to seek support. As Zoe noted, even when groups do exist, restrictive membership criteria and the necessity of professional referrals can prevent potential participants from finding or joining them, "Yeah, it wasn't advertised or anything, just because you have to have a therapist to be able to join. So that limits a lot of people."

Participants also discussed the ways in which access criteria could feel exclusionary or intimidating. Imogen described feeling apprehensive about the enrolment process and how initial wording around participation requirements created anxiety:

When I joined, the way it was phrased was along the lines of, 'we just want to check that it's the right group for you,' which has certain undertones if you're feeling anxious about it, of, we might decide that this group isn't right for you, and you can't come.

While such criteria are often intended to ensure a safe and appropriate environment for participants, they may unintentionally create barriers for those already struggling with self-doubt and fear of rejection.

The perceived affiliation of support groups with institutions such as government agencies, churches, or large organisations also influenced participants' willingness to engage. Imogen described hesitancy about attending a group due to it meeting at a church, "I had to really psyche myself up to go along to that, because you had all these ideas of how it might be." She also noted concerns about groups being associated with government-funded entities such as ACC while also acknowledging that a connection to a service like ACC may have made it easier to access, "If it had been ACC run, I think a lot of people would have been

more sceptical. That being said, I probably would have found it sooner.” These reflections indicate that while institutional backing can provide legitimacy and wider access, it may also create apprehension among survivors who have had negative experiences with those institutions.

Beyond systemic challenges, some participants highlighted internal struggles that impacted their ability to join a group. Tehautū described the emotional and psychological difficulty of attending a peer support group:

I didn't want to talk about it. Not with people that I didn't know. I was still having a little bit of trouble building trust, as well. So it took me a little bit to get motivated and to find the courage.

Bella also noted the emotional toll of seeking help, particularly when past experiences with professionals had been invalidating, “I don't know whether she believed I had been or not. I got that impression, that unless I told her exactly what had happened, she just didn't seem to want to believe me.” These personal barriers can be hard to overcome and can leave survivors isolated and without the support that they need to continue making progress in their healing journey.

Logistical barriers also posed challenges for participants. Freya noted the financial barrier to participation, “There's no way I could have done the course if I'd had to pay for it.” Zoe highlighted the geographical challenges faced by those in rural areas, “Travel can be an issue with people being more of a rural community. It's quite widespread; we have people travelling a long way, up to an hour, sometimes further.” These factors demonstrate how financial constraints and travel distances can limit access to support services, particularly for those in underserved areas.

The barriers identified by participants align with broader literature on accessibility in survivor support services. Research has consistently highlighted the “lack of clear

information and outreach” as a major impediment to service utilisation (Campbell, 2020).

Survivors often rely on word-of-mouth or incidental discovery, as Sara’s experience of "stumbling" upon groups illustrates. This supports findings from Herman (1994), who noted that fragmented service provision can leave survivors feeling unsupported and alone.

The issue of ‘challenging or off-putting criteria to join’ reflects how strict enrolment conditions in support groups can reinforce survivors' feelings of exclusion. While eligibility criteria often exist to maintain the integrity and safety of support spaces, they may inadvertently deter individuals who would benefit from participation, particularly when they are framed in ways that suggest participants must meet certain external standards of ‘readiness’.

Institutional affiliations can also shape perceptions of safety and trust within support groups. As Imogen’s experience shows, connections to government-funded services or religious institutions may discourage some survivors from engaging due to past negative experiences or assumptions about the group’s culture.

Additionally, personal barriers such as fear, self-doubt, and trust issues can further complicate access to support. Survivors who have experienced invalidation from professionals, as Bella described, may hesitate to enter new support environments. This aligns with findings by Liang et al. (2005), who emphasise the role of previous experiences in shaping survivors’ help-seeking behaviours. Building trauma-informed, welcoming spaces that acknowledge these fears can be crucial in facilitating access (Knight, 2015).

Overall, these findings suggest that improving access to survivor support groups requires a multi-faceted approach that addresses both systemic and personal barriers. This includes increasing visibility through clear outreach, reconsidering access criteria to reduce gatekeeping, and ensuring that groups are perceived as safe and independent spaces.

Recognising the complex interplay of these factors can inform the development of more inclusive, accessible support networks for survivors of sexual violence.

### **Perspectives on Services and Systems**

When speaking about the system and navigating different support services, survivors described support that can be difficult to move between, fragmented, and often not designed with their needs in mind. Support services for survivors of sexual violence in Aotearoa New Zealand mainly focus on individual therapy, and survivors spoke about how this leaves significant gaps in other forms of healing, such as peer support and group-based recovery. The need for more accessible and funded support groups was a recurring theme, with survivors expressing frustration that existing structures did not prioritise collective or alternative forms of healing. As Sara noted, “There's an area that ACC doesn't necessarily fund. It'd be amazing if there was something.” Largely, ACC is centred around individual recovery plans, which leaves survivors without many options for group and community-based support.

The lack of coordination between service providers also posed significant barriers. Survivors reported that while many organisations offer support services, there was little integration or clear pathways to connect survivors with support groups. This lack of cohesion made it difficult to find the right services, leaving some survivors feeling isolated or confused, and unaware of available options. Sara, who has been navigating various support services for more than 20 years and who has attended various different support groups during that time, adds:

There's all these organisations out there like Help [Auckland], and other organisations for different areas of the country, but they're not all linked up. I don't think any of these organisations necessarily run a specific survivor's support group. But I think that's where a gap is.

This shows that for some, navigating the networks of services or support systems is a complex and overwhelming process, often requiring knowledge that is not readily available.

On the other hand, once in a support group, survivors were often able to learn from others in their group, and gain insights into other services, their entitlements and learn how to advocate for themselves within the system. Hearing about others' experiences helped them manage their expectations and access the resources they needed. Imogen shares her experience:

Because I'm in the middle of ACC [funded treatment], it's really benefited me being able to ask them questions about their ACC experiences, and what I can expect from certain assessments and what entitlements they've claimed.

Bella also explained that she was paying privately for counselling sessions, not realising that ACC offers free sessions for survivors of sexual violence. She found out about the ACC Sensitive Claims process through her support group, "I now belong to ACC which I knew nothing about and so financially it was getting... a bit much." Goodie had a similar experience, where he attended a peer support group for male survivors, and found out through that service that he was entitled to individual counselling through the ACC sensitive claims process, "The first couple of times I came, I didn't even realise that I could have put a claim in for a counsellor through here... Here I am, three years later, doing that... takes a while." These experiences highlight the significant gap in accessible information about entitlements and available services for survivors of sexual violence. It illustrates a broader issue of structural barriers in the system and underscores the reliance on peer networks to bridge informational gaps, suggesting that formal service providers may not always effectively communicate entitlements or navigate survivors through the process. It shows that survivors often carry unnecessary emotional and cognitive load, which can feel

overwhelming. This reinforces the importance of peer support in making these systems more easy to navigate and survivor-centred.

With formal services often falling short, survivors sought alternative spaces for support, particularly in peer-led initiatives. Some survivors described how highly structured programs were not always conducive to healing, as they left little room for meaningful connection or discussion. Inflexible formats prevented survivors from engaging in open dialogue, making the experience less supportive. Sara explains about one group she attended “It was a very small group, and it didn't really last. It had a workbook thing, but it was so structured and you weren't able to share. So, I found that completely not helpful.” Similarly, some survivors who were attending a more structured support group that taught DBT skills decided themselves to address the problem, as the group structure didn't provide the opportunity to connect on a more social and supportive level. Zoe shares, “Our group made our own little coffee group that we meet up. I think that is more the support group than the actual DBT skills group, because we don't have much time to break out into the groups and talk about our skills we've used.” Carmen adds of this same group, “I created a coffee group so the connections made in the DBT group were not lost. It's validation and support with everyday life dealing with trauma and mental illness.” This freedom to connect and validate one another's experiences was seen as a vital aspect of recovery.

Steve shares his experience of how crucial group support can be, “Having dealt with the medical and psychiatric side initially where I felt patronised and a level of disbelief, I found peer support acknowledged me and my experience completely, for the first time.” Steve's experience highlights the importance of services that not only meet survivors' practical needs but also provide emotional validation and respect (New Zealand Government, 2021). His feeling of being "patronised" and experiencing "a level of disbelief" in medical and psychiatric settings shows how traditional systems can dismiss survivors' experiences. In

contrast, peer support offered the recognition he had not received before, emphasising the value of services where individuals are treated with empathy and understanding. This underscores the importance of respectful, survivor-centred care in building trust and safety, which is essential for healing.

Despite the importance and value of support groups, survivors noted that these groups often struggled to secure the resources they needed. Some expressed the need for formal recognition and funding to ensure their sustainability and accessibility. Without adequate support, these groups relied heavily on the voluntary efforts of survivors themselves. Sara, who has been navigating services for more than 20 years, shares her suggestions:

What we need to address is organisations like ACC, to recognise that survivors need and want support groups and whether funding could come through that avenue... That would be great if it could all be a bit more connected.

As Sara noted, other survivors suggested that a more coordinated, nationwide approach could improve accessibility and ensure that survivors across different regions could find the support they needed. A unified system could provide better connections between non-ACC groups and service providers, reducing the isolation that many survivors experienced.

Overall, these findings highlight the ongoing challenges survivors face in accessing formal services, the crucial role of peer support in filling service gaps, and the need for more survivor-centred, coordinated, and well-resourced approaches to healing. Fragmented services can exacerbate trauma (Herman, 1994), and research has shown that holistic, survivor-centred approaches lead to better outcomes (Campbell et al., 2009). The 'Te Aorerekura: national strategy to end family and sexual violence' (New Zealand Government, 2021) calls for better integration of services, yet survivors continue to experience disconnected systems. A community psychology approach emphasises collective healing, empowerment, and systemic change (Riemer et al., 2020), highlighting the need for policy

shifts that prioritise survivor-led initiatives and greater interagency collaboration. Addressing these barriers requires a commitment to resourcing peer-led spaces, improving access to diverse healing modalities, and fostering an integrated, survivor-informed approach to service delivery.

From a community psychology perspective, these findings underscore the importance of systemic change in addressing the social, structural, and organisational barriers that hinder survivors' access to holistic healing. The traditional reliance on individual therapeutic interventions, while valuable, overlooks the collective social dimensions of recovery. Survivor-led support groups can provide a much-needed counterbalance to institutionalised services, emphasising mutual support, shared experiences, and collective empowerment. By fostering spaces that prioritise community-based healing, survivors can regain a sense of agency, social connectedness, and belonging. Community psychology stresses the need for collaboration between service providers, survivors, and community members to create more inclusive, accessible, and sustainable healing environments. The voices of survivors in these discussions should be central in designing policies and practices that reflect the lived experiences of those who have navigated systems of healing. This approach not only enhances individual well-being but also contributes to broader social change, helping to dismantle systems of oppression and support the development of healthier, more resilient communities.

### **Healing as a Lifelong Journey**

For many survivors long term, navigating support services and systems is a reality of their healing journey. Healing from the trauma of sexual violence is not a linear or quick-fix process but rather an ongoing journey that evolves across different stages of life. Participants described the complexities of navigating their healing, acknowledging both progress and setbacks and how support groups have been part of their longer journey. As Bella reflected:

I expect [that] ACC, they are an insurance company, that healing for them is a bit like, 'you've got your fingers, you put a band-aid on it and it heals up,' and the realisation that this could be a lifetime journey, rather than 'let's get the band-aid on so we can rip it off and heal,' has been an interesting learning.

Bella's experience highlights the tension between institutional models of recovery, which often frame healing as a time-limited process, and the lived reality of survivors, who recognise healing as an ongoing, evolving experience. Similarly, Steve adds, "Healing is neither staged or linear so I don't believe that our conventional support structures are able to facilitate an organic process of unfolding." This speaks to the long-term nature of navigating trauma, pushing back against the assumption that therapeutic interventions can offer a quick or permanent resolution. Tehautū emphasised this when sharing about his own experience:

It's a lifelong journey. Counselling and groups are not the quick fix that agencies out there would like to think that they are or tell you that they are. It's not like that at all... the journey of navigating your way through the trauma is a lifelong journey. It's going to be happening for life.

This shows how survivors feel they understand the healing journey in a different way to the services they have encountered, especially the long term nature of it.

Many participants also reflected on how their experiences of healing had changed over time, with periods of progress followed by moments of struggle. Sara described how her mental health had fluctuated over the past two decades, and how being part of a support group had provided a sense of stability, "My journey over the last twenty years has been crazy, and there have been times when my mental health has been very, very bad, and other times when I'm more well." This quote by Sara, underscore how healing journeys can be long, and have there ups and downs, and navigating them requires a lot of support, helping to explain why she has sought out various support groups in her area over the last 2 decades.

This sentiment was echoed by Freya, who described how being part of a group had profoundly impacted her ability to find meaning and purpose in her life:

I have fought every day to stay alive. Going to that group gave me a reason to live. It let me see that there were other people like me, and we were all struggling, but together, we can be better. We've built a life worth living.

Freya's experience illustrates the transformative role that survivor support groups can play in fostering hope and connection, particularly for those who have struggled with long-term impacts of trauma. Similarly, Steve emphasised the importance of sustained peer support over time:

Peer support has been pretty consistent for me over the past 10 years so I would say in the vicinity of 500 sessions. While I was facilitating some of the groups over that time, the nature of peer support meant that the benefit is reciprocal.

For Steve, long-term engagement in peer support has provided both personal healing and the opportunity to contribute to others' journeys, reinforcing the reciprocal nature of survivor-led spaces.

These findings reinforce the understanding that healing from sexual violence is not a process with a fixed endpoint but an ongoing negotiation of trauma, resilience, and connection. The notion that healing is lifelong aligns with trauma recovery models that emphasise the enduring impact of sexual violence and the need for sustained support (Herman, 1994). Survivors often experience non-linear trajectories of healing, where periods of relative stability may be disrupted by new challenges or triggers (Campbell et al., 2009). This unpredictability underscores the importance of having flexible and ongoing support structures rather than rigid, time-bound interventions.

One of the major challenges identified by participants is the misalignment between survivor experiences and institutional approaches to healing. As Bella and Tehautū described,

many service providers operate under a medicalised model of trauma recovery, which often assumes that healing can be achieved through short-term interventions. This approach fails to recognise the complexities of long-term healing journeys, leaving survivors without adequate ongoing support. Research into trauma-informed care indicates that when survivors feel pressured to ‘move on’ within predetermined timeframes, it can create additional distress and a sense of failure (Berring et al., 2024). A more effective model would integrate survivor-centered approaches that acknowledge healing as a lifelong process and offer services that are informed by survivors’ experiences and input (Cavino, 2016).

The role of peer support emerges as a crucial factor in sustaining long-term healing. This was evident when talking to the three male survivors, as they had all accessed peer support groups during their healing journeys. Often, peer support groups are less formal than other support groups, with participation more ad-hoc. Steve, Goodie and Tehautū’s experiences demonstrate how survivor-led groups provide not only emotional validation but also a sense of belonging and meaning, which is important for male survivors (Weare et al., 2024). This aligns with existing literature on peer support, which highlights its effectiveness in reducing feelings of isolation and fostering empowerment (Konya et al., 2020). Survivor-led initiatives allow for more organic and adaptable forms of support, free from the constraints of institutional structures that may impose rigid timelines or narrow definitions of recovery.

Additionally, Freya’s account speaks to the existential dimensions of healing—how long-term peer support can offer survivors not only coping strategies but also a renewed sense of purpose and identity. The concept of “post-traumatic growth” (Calhoun & Tedeschi, 2006) suggests that survivors may find meaning in their experiences through community, advocacy, and collective healing. This resonates with the findings, as many participants

described support groups as a space for both personal healing and contributing to the well-being of others.

The findings suggest that healing is deeply relational and best supported through collective, survivor-centered approaches (Nelson & Prilleltensky, 2010). The dominant individualistic models of therapy and trauma recovery fail to address the broader social and structural factors that shape healing journeys. As Steve pointed out, healing cannot take place within systems that replicate the harm survivors have experienced. This calls for a shift in how trauma recovery is conceptualised and resourced.

The experiences shared by participants emphasise that healing is not a singular event but a lifelong journey of navigating trauma, connection, and growth. Institutional approaches that impose time-limited recovery models fail to align with survivor realities, often leaving individuals without the long-term support they need. Peer support groups play a vital role in sustaining survivors' healing journeys, offering a sense of belonging, validation, and purpose. Moving forward, a more effective and just approach to survivor support would integrate long-term, survivor-centered frameworks that honor the ongoing nature of healing.

## Chapter Seven: Discussion

This study aimed to explore the experiences of survivors of sexual violence who have attended support groups as part of their healing journey. By focusing on how these groups contribute to healing, this research sought to provide a deeper understanding of the impact these spaces can have for survivors. Through the voices of those who participated in support groups, the study highlights not only the emotional and psychological benefits of validation, connection, and safety but also the challenges faced when navigating systems that can often feel isolating and difficult to trust. By amplifying these experiences, and the voices of survivors, this research contributes to a broader understanding of the role support groups play in building resilience and healing in the face of trauma, offering insights into how these spaces can be better supported and more accessible for all survivors.

The findings of this study revealed three central themes: Establishing Safety, Aspects of Healing, and Navigating Support Systems and Services. Establishing safety emerged as the most crucial element for effective support groups, which contributed to the healing journey. Participants highlighted the importance of a safe environment, which was created through clear group guidelines, the role of a skilled facilitator, and the overall group culture. These factors ensured that participants could engage in healing without fear of judgment or harm, promoting courage and vulnerability.

Aspects of healing were overwhelmingly positive, with participants describing their experiences of connection, validation, and trust within the group setting. These emotional aspects were vital for their growth and empowerment. The opportunity to be vulnerable in a supportive environment allowed survivors to experience emotional healing, regain a sense of agency, and build strength.

Navigating support systems and services revealed the complexity of accessing services, as participants encountered both barriers and pathways on their journeys. Some participants expressed frustration with the lack of clarity in service availability and the difficulties of navigating bureaucratic systems. Many noted that healing from sexual violence is a lifelong journey and the need for this to be recognised by support services, requiring ongoing support and adjustment to evolving needs.

### **Answering the Research Questions**

When reflecting on research question one, which explores the experiences of survivors attending support groups, it is evident that safety was crucial to their healing process. This safety went beyond just protection from harm; it was about creating an environment where survivors felt their experiences were validated, and their voices were respected. The ability to be vulnerable in a group without fear of judgment allowed participants to confront and move past shame and stigma they often experienced outside the group. Validation within the group played an essential role, helping survivors recognise both the challenges they faced and the progress they made in their healing journey. The environment created in these groups affirmed that healing is not a linear process, but rather one marked by fluctuating emotions that the group accepted and supported. Overall, participants shared that their experiences in their support group was at times challenging; however, all agreed and greatly emphasised that these challenges were necessary for their growth and indisputably worth it.

In relation to research question two, which examines how support groups build connection and community, the findings show that shared experiences were central to fostering this sense of community. Survivors were able to understand that their trauma was not something they had to carry alone, but something they shared with others in the group. This connection allowed them to reconnect with their humanity, seeing their own strength

reflected in the stories of others. The shared nature of healing in the group setting helped participants feel empowered, and witnessing the growth of others reinforced the idea that healing is not only an individual process but also one that is enriched by collective support and mutual understanding. Additionally, many of the survivors formed lasting and genuine friendships with others who they felt truly understood them, fostering a strong sense of belonging and connection within a supportive community (Dang, 2018). These friendships often extended beyond the group, with survivors engaging in social meetups outside of the group, further strengthening their bonds.

### **Summary of the Analysis**

The three themes, Establishing Safety, Aspects of Healing, and Navigating Support Systems and Services, interconnect to form a comprehensive understanding of the support group experience for survivors of sexual violence. While there is currently no research that takes the same approach or addresses the same questions, this research contributes new insights to the existing area of research on support groups for survivors, from a community psychology perspective while acknowledging the lived experiences of survivors within a patriarchal, rape culture, and colonial system. This research underscores the importance of considering both individual and systemic factors when examining the healing process, highlighting the need for support systems that account for the broader social and cultural contexts of survivors' lives (Robertson & Oulton, 2008).

The theme of *Establishing Safety* underscores the importance of creating an environment where survivors feel protected, heard, and validated. This sense of safety allows survivors to engage in the healing process without the fear of judgment or re-traumatization. Here, trauma-informed care when moving through systems and services and clear group guidelines are necessary to maintain safety in support groups. The *Aspects of Healing* theme further amplifies this, as participants spoke about the emotional and psychological benefits of

validation, connection, and trust within the group setting, however, this is only possible when safety has been established. The positive experiences in support groups were able to counter some of the negative effects of being a survivor, such as shame, stigma, and the damaging messages perpetuated by rape culture and patriarchal, colonial narratives (Robertson & Oulton, 2008). The opportunity to speak openly about their experiences in a safe, supportive environment was seen as vital to healing, as silence and isolation often serve to compound trauma (Murn & Schultz, 2023).

Furthermore, the *Navigating Support Systems and Services* theme sheds light on the practical barriers survivors face when seeking support, showing that even when they find safe spaces, the process of accessing them can be fraught with challenges. Furthermore, the findings highlight the continued barriers that survivors face in accessing support services, even when such services are available. The complexity of service systems, lack of information, and stigma point to the persistent structural challenges that limit access to care for many survivors. These barriers are consistent with existing research on the obstacles to support faced by sexual violence survivors, including navigating support services and systems that are often poorly equipped to address their needs (New Zealand Government, 2021). The findings underscore the ongoing influence of these access issues on the survivor experience. Despite these challenges, the study affirms that the support groups themselves, through the provision of safety, validation, and community, remain a powerful tool for healing. Despite these systemic obstacles, the overall sentiment from participants was clear: collective, community-based healing is crucial. The ability to share pain and experience validation from others who truly understand the complexities of trauma plays a central role in the healing journey. Healing in community is particularly powerful because it counters the often isolating nature of the survivor experience, offering not only connection and emotional

support but also an acknowledgment of the survivor's challenging and painful journey, and their humanity in the face of it.

The significance of community in the healing process, aligns with theories that stress the interconnectedness of individuals and their social environments (Murn & Schultz, 2023; Robertson & Oulton, 2008). The sense of connection and collective healing that emerged from participants' experiences underscores the idea that healing occurs not only through individual efforts but also through social relationships and community support (Konya et al., 2020). This is in line with the ecological model, which recognises the multiple layers of influence on an individual's well-being, from immediate social networks to broader societal structures (Bronfenbrenner, 1979; Robertson & Oulton, 2008; Trickett, 2009). The importance of shared experience and mutual support highlights the values of equity and social justice, where access to support is not just about one person, but about fostering a collective sense of empowerment, belonging, and solidarity (Riemer et al., 2020). By acknowledging the role of community and social networks in the healing process, the findings underscore the need for support systems that are inclusive, accessible, and responsive to the diverse needs of survivors (Robertson & Oulton, 2008; Trickett, 2009).

Finally, the non-linear nature of healing is highlighted in the analyses, which aligns with existing theories on trauma recovery. Survivors reported fluctuating emotions and setbacks throughout their healing journey, which is consistent with the understanding that recovery from trauma is not a linear or straightforward process. The concept of post-traumatic growth (Tedeschi & Calhoun, 2004) supports the idea that while trauma can lead to significant distress, it can also catalyse personal growth and empowerment. The findings also reinforce the understanding that healing is a lifelong journey, one that involves ongoing adjustment to both individual and collective experiences. This study, therefore, contributes to the body of knowledge on trauma recovery by emphasising the importance of recognising

that healing is multifaceted, ongoing, and influenced by a range of personal, social, and cultural factors.

In conclusion, the findings highlight the critical role of safety, validation, and community in the healing journey of survivors of sexual violence. Support groups provide a space where survivors can experience collective healing, counteract stigma, and build connection. However, barriers to accessing these services remain, emphasising the need for ongoing attention to the structural challenges that affect survivors' access to care (Robertson & Oulton, 2008). The study underscores the non-linear nature of healing, reinforcing the importance of understanding trauma recovery as a multifaceted and ongoing process.

## **Recommendations**

The following recommendations emerge from the findings of this study:

### *1. Easier pathways for navigating services*

There is a need for clearer, more accessible pathways for survivors to navigate support groups should they choose to access them. This includes improving the clarity of information and simplifying the process for accessing resources. Survivors should have access to dedicated support people in each region who can guide them through available services. A nationwide map of support groups should be developed, identifying gaps in services and ensuring existing networks fill these voids. Specialised groups for marginalised communities, such as Māori and LGBTQIA+ individuals, and people with disabilities should also be created.

A key aspect of improving service navigation is the collaboration between the ACC Sensitive Claims service and other support services, both regional and national. ACC not only provides financial support but also assists survivors in accessing therapy and other necessary financial support and resources (ACC, 2008). The Sensitive Claims service should be better

integrated with community services, ensuring a holistic approach to supporting survivors in a way that is easy to navigate, especially when moving between different organisations and agencies. A more coordinated response from agencies offering legal, psychological, and community support would make it easier for survivors to access all the services they need (New Zealand Government, 2021).

The Social Security Act 2018 could provide a framework for the delivery of social assistance across Aotearoa, which can be leveraged to support survivors (Ministry of Social Development, 2018). Legislation could ensure that ACC's Sensitive Claims service is more closely linked to other social services. Additionally, Te Aorerekura, the national strategy for responding to family and sexual violence, should be used to align support services across government agencies (New Zealand Government, 2021).

These actions would ensure that survivors can seamlessly access all necessary services, from financial support to community-driven healing, in a coordinated, trauma-informed and culturally appropriate manner.

## *2. Emphasis on trauma-informed care and emotional safety*

Support services must prioritise trauma-informed care, ensuring that the emotional safety of survivors is central to their services. A comprehensive trauma-informed care framework and policy should be created, and then integrated across all support services, including mandatory training for all client-facing staff (including admin, security, and non-healthcare staff) to ensure that every part of a service is sensitive to the needs of survivors (Berring et al., 2024). Moreover, Māori survivors have distinct experiences of trauma, and their care must acknowledge the historical and ongoing impacts of colonisation, and therefore, systemic discrimination and racism (Pihama et al., 2017).

Policy changes could mandate trauma-informed care practices as part of workplace health and safety regulations. Legislation could require that all organisations receiving public funding for support services implement comprehensive training in trauma-informed care, as outlined in the Victims' Rights Act 2002, which provides a foundation for victim support in Aotearoa (Ministry of Justice, 2022). Expanding this to cover all levels of interaction in service settings will ensure that survivors' emotional needs are fully met throughout their engagement with support services.

### *3. Increased funding and resources for support services*

There is a need for increased funding and resources to ensure that support services are adequately resourced and accessible to all survivors. This includes not only financial support but also investment in the training and development of facilitators, as well as ensuring that support services are well-equipped with proper infrastructure. The spaces where survivors meet or attend appointments should be warm, welcoming, and private, creating a safe environment. Additionally, funding should be directed towards improving and extending services for hard-to-reach communities, including rural areas, Māori, people with disabilities, older people, and those experiencing homelessness.

Sexual violence is an epidemic, and we must find ways to reach those suffering in silence, particularly those who are most vulnerable or unable to access existing support services.

Policy reforms should focus on integrating survivor services into healthcare frameworks to ensure equitable and adequate funding. For example, national healthcare funding models could incorporate survivor-specific support services, guaranteeing consistent allocation for survivor services across diverse communities. Specific grants or earmarks for rural and marginalised communities would help address gaps in service provision, ensuring that no one is left without access to necessary healthcare and support services.

#### *4. Development of national support group programmes*

There is potential to develop and implement a nationwide support group framework that can be used in communities around Aotearoa, especially in areas where no existing support group is available or where facilitators are setting up new support groups. This framework should be specifically designed to be adaptable across cultures, to meet the diverse needs of survivors, and it should provide a flexible, evidence-based model aligned with best practices that can be easily implemented.

ACC, the healthcare system, and sexual violence support services could jointly work together to ensure that this support group framework is integrated into the broader support network. Government funding could be allocated to pilot programmes, with public-private partnerships encouraged to encourage innovation and adaptability in support group models. Legislation could establish a national body to ensure quality and consistency in the delivery of support group services across the country, while being adaptable to meet the specific needs of different cultural and community contexts.

#### **Implications for the Sexual Violence Sector**

There is a critical need for trauma-informed care by facilitators of support groups, and any support service staff who interact with survivors (Knight, 2015). A trauma-informed approach is not simply a set of protocols, but a fundamental perspective that shapes every aspect of interaction with survivors (Elliot et al., 2005). The trauma-informed care framework (Substance Abuse and Mental Health Services Administration, 2014) is an example of a model that could be adapted for use in the context of Aotearoa, providing a structure for practitioners to create environments where survivors feel respected, empowered, and supported. Practitioners must be equipped to recognise the widespread impact of trauma,

understanding its effects on survivors' behaviour, emotional responses, and engagement with services (Knight, 2015). Trauma-informed care acknowledges that each survivor, including Māori survivors, may experience and respond to trauma differently, incorporating cultural and individual factors into the support provided (Pihama et al., 2017). Trauma informed care training is essential for practitioners to be able to build trust and provide effective support, particularly in spaces like support groups. For practitioners, continuous self-reflection, ongoing training, and a deep understanding of trauma's impact are necessary to ensure that services are both effective and sensitive to the unique needs of each survivor (Elliot et al., 2005; Pihama et al., 2017).

### **Directions for Future Research**

- Focus on understanding how the systemic barriers survivors face—such as stigma, limited service availability, and underfunding—affect their ability to engage with support services.
- Examine how these structural challenges impact the survivor experience. Research or evaluations could address the gap between policy intentions and the realities survivors encounter, which would provide valuable insights for improving service delivery and accessibility.
- Longitudinal research is needed to understand how survivors' needs evolve over time, particularly as they continue their healing journey and engage with support services long term.
- Research into peer support models, or different therapeutic approaches in support groups (for example, EMDR, DBT, ACT).
- Support groups for marginalised communities, such as Māori or queer communities and how they meet the needs of their participants, or if there is more of a need for support group targeting specific communities.

## **Final Thoughts**

From the research, it is evident that support groups and collective healing approaches are not mainstream in Aotearoa, however, they offer a valuable alternative to traditional individual-focused healing methods, providing survivors with a sense of belonging and community while navigating their healing journey. It is my hope that this research contributes to a broader understanding of support groups and the lifelong journey of healing from sexual violence. As our world is changing, support services must evolve to meet the changing needs of survivors, offering pathways to healing and flourishing that are inclusive, trauma-informed, and rooted in community.

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## Appendix A

### **PARTICIPANT INFORMATION SHEET**

#### ***Healing in Community: Exploring Experiences of Support Groups for Survivors of Sexual Violence***

##### **What is the research about?**

This research explores the experiences of survivors of sexual assault who have attended a support group. The aim of the research is to listen to the experiences and opinions of sexual assault survivors who have participated in support groups, and learn about how support groups have impacted survivors' healing journeys.

##### **Who is the researcher?**

Kia ora, hello, I am Margot Burton (she/her), the lead researcher. I am a Community Psychology postgraduate student at the University of Waikato.

##### **Why am I being invited to participate in an individual interview or online survey?**

As someone who has chosen to participate in a group program as part of your healing journey, you are in an excellent position to share your experiences, and speak to the parts of the group you found beneficial, the accessibility of the group, areas for improvement, and how the group impacted your healing journey, all from your unique perspective. Your opinions and experiences matter and are incredibly valuable.

You have the option to participate in an individual interview, or an online survey, depending which you prefer or which is more convenient to you. The interview is expected to last 60-90 minutes, and the survey is expected to take between 30-60 minutes, depending on how much you wish to share.

##### **What will you ask about in the interview/survey?**

You will be asked about your experiences in the support group you were part of, and your genuine thoughts and feelings are important, so you are encouraged to share these.

The types of questions will be:

- How did you find out about the support group?
- Have you found the support group to be useful? Why or why not?
- How has the support group impacted your healing journey?
- What are some ways to improve the support group?
- How would your ideal support group look?
- Would you recommend support groups to other survivors?

Please note that this research will not be asking about your experience of sexual violence; it will be asking about your experience of being in a support group and how this has impacted your healing journey.

##### **What will happen to my information and responses?**

Your responses will be collected and analysed, along with the other responses we receive, to find common themes and ideas which will then be included in the final research report (a thesis). All responses will be anonymised so that you will not be identifiable, and your privacy will be protected throughout the research process.

The researchers and participants will co-own the final report. As this research is being conducted as part of a university assessment, it will also be submitted for grading. The final thesis will be uploaded to the University of Waikato Research Commons, where it will be publicly accessible, and it will also be made available to participants who indicate that they would like to receive a copy.

##### **Will others know who I am if I participate?**

No. While the thesis will be published, steps will be taken throughout the research to anonymise the data. Any personal information, such as your name or location, will be removed or disguised to protect your privacy.

### **What if I agree to participate and then change my mind?**

You are able to withdraw from the research at any time up to 4 weeks after you complete the interview or survey. If you choose to view a transcript of your interview, you will be able to withdraw one week after you have received your transcript. You can email Margot, the lead researcher, and tell her you wish to withdraw so that your information can be removed.

After this cut-off point, the data analysis may have begun, meaning it might not be possible to easily remove or separate your information from other participants. However, where it is possible, any desired changes in participation will be accommodated.

### **How can I find out about the results of the research?**

The results of the research will be available to participants in two forms, including a digital or hard copy of the final thesis and a digital or hard copy of a summary sheet. These can be emailed to you once the project has been completed. If you would like to receive a hard copy of the digital report or summary sheet, you can indicate this on the consent form, and this will be mailed to you upon completion.

### **Who can I speak with about my participation in the project?**

If you have further questions or concerns, you are more than welcome to contact the lead researcher, Margot Burton. You can also contact the supervisor, Dr Logan Hamley; or the ALPSS Ethics Committee at the University of Waikato. Contact details are given below.

### **Will I be asked to sign anything?**

Yes, you will be asked to fill out and sign an ethical consent form. The consent form will be provided at the start of the interview and at the beginning of the online survey, and includes options to review the transcription of the interview, and to be sent a digital or hard copy of the final report and summary sheet once the research project is completed.

This research project has been approved by the Human Research Ethics Committee of the Faculty of Arts and Social Sciences. Any questions about the ethical conduct of this research may be sent to the Secretary of the Committee, email [alpss-ethics@waikato.ac.nz](mailto:alpss-ethics@waikato.ac.nz), postal address, Division of Arts, Law, Psychology and Social Sciences, University of Waikato, Te Whare Wananga o Waikato, Private Bag 3105, Hamilton 3240

### **What do I need to do now?**

If you would like to participate in the research or have further questions, please get in contact with the lead researcher, Margot.

### **Contact details:**

Margot Burton (Lead Researcher)  
Logan Hamley (Supervisor)

[mb600@students.waikato.ac.nz](mailto:mb600@students.waikato.ac.nz)  
[lhamley@waikato.ac.nz](mailto:lhamley@waikato.ac.nz)

### **Where to find support:**

- Contact your local centre/organisation where you first accessed your support group.
- Safe To Talk text 4334, phone 0800 044 334, or email [support@safetotalk.nz](mailto:support@safetotalk.nz).
- Rape Crisis 0800 88 33 00
- Victim Support 0800 842 846
- Male Survivors Aotearoa (regional contact details online).
- If you or someone else is in immediate danger, call 111.

## Appendix B



# WHAT IS YOUR EXPERIENCE ATTENDING A SUPPORT GROUP?

RESEARCH INVITATION

This research project aims to learn from survivors about their experience attending a support group, and how this has impacted their healing journey.

Your participation will help provide valuable insights and learnings on how to better support victim/survivors of sexual violence.

Participation is voluntary, and your consent will be obtained before any involvement in the research study.

Participants will be given a \$30 Prezzy card as a koha.

*When: May-July 2024*

*Where: In person or Online*

*How: Individual interview or online questionnaire.*

Lead Researcher: Margot Burton  
mb600@students.waikato.ac.nz

PLEASE SCAN  
QR CODE  
TO WATCH  
INFORMATION VIDEO



## Appendix C

UNIVERSITY OF WAIKATO  
FACULTY OF ARTS & SOCIAL SCIENCES

### HEALING IN COMMUNITY: EXPLORING EXPERIENCES OF SUPPORT GROUPS FOR SURVIVORS OF SEXUAL VIOLENCE. PARTICIPANT CONSENT FORM

Name of person interviewed: \_\_\_\_\_

I have received a copy of the Information Sheet describing the research project. Any questions that I have, relating to the research, have been answered to my satisfaction. I understand that I can ask further questions about the research at any time during my participation.

During the interview, I understand that I do not have to answer questions unless I am happy to talk about the topic. I can stop the interview at any time, and I can ask to have the recording device turned off at any time.

When I sign this consent form, I will retain ownership of my interview, but I give consent for the researcher to use the interview for the purposes of the research outlined in the Information Sheet. I understand that my identity will remain confidential in the presentation of the research findings.

I understand that I am able to withdraw from the research at any time up to 4 weeks after I complete the interview. If I choose to review my transcript, I will be able to withdraw one week after I have received my transcript by emailing Margot, the lead researcher, and telling her I wish to withdraw.

| Please complete the following checklist. Tick [✓] the appropriate box for each point. | YES | NO |
|---|-----|----|
| <i>I wish to view the transcript of the interview.</i>                                |     |    |
| <i>I wish to receive a digital copy of the findings.</i>                              |     |    |
| <i>I wish to receive a hard copy of the findings (please indicate address below).</i> |     |    |

Participant : \_\_\_\_\_  
Signature : \_\_\_\_\_  
Date : \_\_\_\_\_  
Contact Details : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Researcher : \_\_\_\_\_  
Signature : \_\_\_\_\_  
Date : \_\_\_\_\_  
Contact Details : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Appendix D

### *Individual Interview Schedule*

#### **Oral Consent Script**

- *Introduction:* Hello, my name is Margot. I'm currently a Masters student researcher at the University of Waikato in the Community Psychology program.
  - *Project details and aims:* In this study, I am investigating the experiences of support groups for survivors of sexual violence. I'm interested in how support groups impact the healing journey. If you choose to be a part of this project, here is what will happen:
  - *Interview description:* We will do an interview where I will ask a range of questions about your experiences and opinions about support groups you have attended, and how they have impacted you and your healing journey. I will not be asking about your experience of sexual violence.
  - *Data sharing/ access/ confidentiality:* The answers you give will be analysed along with responses from other participants and form the basis of my masters thesis. On a practical level, once the interviews have been transcribed, all names and identifying information will be removed. Only myself and my supervisor will have access to the original research data.
  - *How identifiable you will be:* You will not be able to be identifiable, as your name and any other identifiable details will not be included in the research or any publication, including your location, your place of work, family details, or any other identifying characteristics which you share.
  - *Audio recording/notes:* With your permission, I would like to make an audio recording of the interview to make sure I'm getting an accurate record of the interview. I may also take notes.
  - *Rights:* You don't have to take part; you can ask me any questions you want before or throughout; you can also withdraw at any stage of the [interview/ other activity] without giving a reason. After the [interview/ other activity] you can withdraw your information/ data until [(dd/mm/yy) (i.e. before it is anonymised; before publication)].
  - *Questions/ concerns:* Do you have any questions?
  - Do you give your permission for me to interview you, and audio record you?
  - Are you happy to take part? Sign
- Ok, thank you, let's start.

## **Individual Interview Schedule**

### *Background Information*

- Can you tell me a little about yourself and share about the duration and location of the support group you attended?
- Are you currently attending a support group or having individual counselling?
- Have you received individual support from a professional? If yes, for how long (years/approx sessions)? If no, why not?
- How did you first learn about the support group?
- What motivated you to join the support group?

### *Support Group Experience*

- Can you describe your first experience with the support group? What were your first impressions?
- How did you feel about attending the group the first time? At the end/now?
- How often do you attend the support group meetings?
- What do you find most helpful about the support group?
- Are there any aspects of the support group that you find challenging or unhelpful?
- Were there aspects of being in a group that surprised you, or were unexpected? Both good or bad.

### *Impact of the Support Group*

- What were your expectations in joining a support group? Did these change? Were they met?
- In what ways has participating in the support group impacted your healing process?
- Have you noticed any changes in your mental health since joining the support group? If so, can you describe them?
- Can you share any specific moments or interactions within the group that were particularly meaningful to you?
- Do you think there would be a more or less beneficial time to join a support group, as a survivor of sexual assault?

### *Personal Growth and Empowerment*

- Have you developed any new coping strategies or skills from participating in the group?
- Do you feel more empowered or confident in your daily life as a result of being part of the group?
- How has your perspective on your experience of sexual violence changed since joining the support group?

### *Suggestions for Improvement*

- What suggestions do you have for improving the support group?
- Are there any additional resources or support you think the group should provide?
- How do you think the support group could better meet the needs of its members?

### *Group Dynamics/Organisation*

- How did you find the admin and logistics of joining a group? Were there any barriers or challenges?
- Were there group rules or guidelines made clear to you?

- Did you feel comfortable and safe in the group? If not, is there something that could have helped?
- How would you describe the atmosphere within the support group?
- What role do the facilitators play in the group, and how do they contribute to your experience?
- How do you feel about the level of confidentiality and trust within the group?
- Did you feel this group was inclusive of your identity and culture? In what ways? Why/Why not?
- Do you think the group is inclusive of people with a range of identities and cultures?

*Activity Questions:*

- Please take some time to think about your ideal support group for survivors of sexual assault. You can think about things like: Frequency, duration, public or private location, number of people, facilitator(s), activities/talk only, meditation, refreshments etc. Please describe your ideal support group.

*Overall Reflection*

- Would you recommend the support group to other survivors of sexual violence? Why or why not?
- Of all the things we discussed, what to you is the most important?
- Is there anything else you would like to share about your experience with the support group that we haven't covered?

*Closing*

- Thank the participant for their time and contribution. Let them know that if they have any further questions, they are welcome to contact you.
- Explain the next steps, consent form, Prezzy card and email.