



Working with Māori survivors of sexual violence

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Together Joy and Russell have a combined 28 years experience within the sexual violence sector. They have been involved in several significant research projects, particularly for Māori, within the sector.

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Literature Review

This section examines the literature pertaining to sexual violence in Aotearoa. More specifically it provides an exploration of sexual violence within an indigenous Māori context and identifies prevalence rates, impact, and a background of services and interventions including kaupapa Māori, as well as service limitations.

Sexual violence in Aotearoa has a significant impact on many thousands of people, sometimes spanning from generation to generation. Some of these effects range from loss of potential to achieve, to loss of life. Amidst these are issues of mental and physical health, alcohol abuse and both medical and illegal drug use. Research on sexual violence suggests that in Aotearoa, up to one in three girls will be subject to an unwanted sexual experience by the age of 16 years. The majority of those incidents would be considered serious, with over 70% involving genital contact (Fanslow, Robinson & Crengle, 2007) and up to one in five women will experience sexual assault as an adult (Fanslow & Robinson, 2004).

Of grave concern are the high rates of Māori as victims/survivors of sexual abuse and assault, with Māori females (both kōtiro and wāhine) almost twice as likely to suffer sexual assault in comparison to the general population (Mayhew & Reilly, 2007). This overrepresentation of Māori was also found by Fanslow and colleagues (Fanslow, Robinson & Crengle, 2007).

Also important to the following discussion is the acknowledgement of sexual abuse of boys and other males. The statistics for the abuse of boys and other males vary significantly and to quote them here may be to do a disservice to the numbers of males who have experienced sexual assault in their lifetime. Suffice to say, all sexual abuse is believed to be underreported and it is likely that the reporting of sexual abuse for males is exacerbated by societal constructs that can adversely impact on males: e.g. “boys are socialized not to be victims... Guys are expected still, to tough things out and not ask for help”, and in a largely, “homophobic society, the issue of sexual identity comes into play” (paras 1-3, Mc Bride, 2011).

Whilst the research for New Zealand statistics focuses specifically on the abuse of Māori females in comparison to other non-Māori groups collectively, and to a lesser degree males, it is important to state that the guideline recommendations we are considering are intended to positively embrace all Māori who experience sexual violence including: wāhine, tāne, tamariki, rangatahi, kaumātua, kuia and koroua, takatāpui tāne, takatāpui wāhine, whakawahine and tangata ira tāne, etc. The preceding list is not exhaustive and is intended to demonstrate the inclusion of all current and future articulations of gender and sexual orientation, of people who identify as Māori. Also this paper wishes to acknowledge those who continue to struggle with the articulation of gender identity and/or sexual orientation.

Reporting of sexual assaults and abuse in Aotearoa is extremely minimal, with only 9% of incidents ever reported to Police (Ministry of Women's Affairs, 2012). This may be related to the low conviction rates in this country, with only 13% of cases recorded by the Police resulting in conviction (Triggs et al, 2009).

Survivors with a history of victimisation are particularly vulnerable to repeated sexual violence resulting in an increase in complexity of their health and psychological needs. Repeat sexual violence, referred to as 'revictimisation', is a serious issue with at least 50% of girls and women who have been abused likely to be sexually revictimised. Women experiencing childhood sexual abuse are at higher risk of revictimisation in adulthood co-occurring with other forms of violence (Ministry of Women's Affairs, 2012).

Multiple social, political, cultural and economic factors cause substantial inequalities and disadvantages for indigenous people (Jansen, Bacal & Crengle, 2009; Leitner & Holzner, 2008), and in the local context, for Māori. Given the high rates of Māori victims/survivors (as above, Matthew & Reilly, 2007; Fanslow, et al., 2007) and the impacts of revictimisation on vulnerable groups (Ministry of Women's Affairs, 2012), it is reasonable to determine that Māori whānau and communities are likely to be at greater risk of experiencing long-term negative outcomes than the general population.

Impacts of sexual violence

Research shows that sexual violence is one of the leading causes of trauma amongst kōtiro and wāhine Māori (Te Puni Kōkiri, 2008). Drawing on studies by the Ministry of Women's Affairs, TOAH-NNEST (n.d) states the impacts of sexual violence can result in a range of issues including disruptions to sleep, changes in personal and social wellbeing, diminished mental and emotional health, difficulties with intimacy and relationships and impacts on a multitude of areas of life functioning. According to the Ministry of Women's Affairs study, the impacts of sexual violence may include higher levels of unemployment/lower socio-economic status and 'significantly poorer long-term psychological and health outcomes', (2012, p.11). Additionally, support people of those who have experienced sexual violence, may experience emotional, physical and psychological distress that creates disruptions to their lives and families (TOAH-NNEST, n.d). Therefore, it is reasonable to conclude that Māori victim/survivors, their whānau and communities are likely to experience a range of these impacts.

Viewing sexual violence from a Māori worldview highlights other significant impacts for Māori. From a Māori perspective all forms of violence are considered a violation of mana and tapu (Peri, Tate, Puku, 1997). Te Puni Kōkiri (2009) also states that an impact of sexual violence is that it 'negatively affects the sense of 'mana' experienced by individuals and their whānau. Violations of mana and tapu are not congruent with Māori values such as *wairuatanga*, *whānaungatanga*, *manaakitanga*, and

kaitiakitanga (TOAH-NNEST, n.d). Over time the violation of values can result in the development of cultural distortions (Smith & Te Wiata, 2009). They offer an example of this where a perpetrator of harm may continue to be referred to as ‘Kaumātua’ which denotes a role of mana, as opposed to simply being called a ‘koroua’, meaning an older male. They continue, that referring to a perpetrator as a **Kaumātua** erroneously links the principles and values inherent in the **Kaumātua** role to abusive behaviour. Smith & Te Wiata state that cultural distortions are also reinforced by dominant discourses that have traditionally endorsed Western values, social sites and practices as safe, and tikanga **Māori** values and practices, for example marae and communal sleeping practices, as unsafe. The corollary of negative articulations of tikanga **Māori** is that some **Māori** internalise diminished articulations of identity and become further disconnected from te Ao **Māori**. Experiences of sexual violence, especially where the perpetrator of the violence is whānau or a member of standing within their communities, can serve to further consolidate these views of identity and disconnection (Smith & Te Wiata, 2009).

The importance of secure identity and connection to te Ao **Māori** for **Māori** well-being, and conversely the absence of these, due to the experience of sexual violence on **Māori** are asserted in *Te Puāwaitanga o Te Kākano – A Background Paper Report*, which was commissioned by **Te Puni Kōkiri** (2009a), to explore understandings of sexual violence for **Māori** (p. 176). One of the key conclusions of the report is that:

“the over-representation of sexual violence experienced by **Māori** can be contextualised as a result of the suppression of tikanga and mātauranga **Māori** through a range of influences. ...these influences include the distortion and misrepresentation of tikanga due to a variety of factors such as Christianity, colonisation, urbanisation, alienation to whenua, and the denial of mātauranga **Māori**. Each of these influences has contributed to the marginalisation of te reo and tikanga **Māori** for many people and, as such, has contributed significantly to the breakdown of intergenerational transmission of whakapapa and knowledge of what it means to be **Māori**.”
(p. 176)

Referring to the work of Denise Wilson (n.d), **Te Puni Kōkiri** (2009a) also describes sexual violation as a violation of ‘te whare tangata’ which:

“has the potential to create distress amongst **Māori** women. This distress is not only physical or psychological in origin, but also spiritual and has multiple dimensions to it. Not only is this a violation of the woman herself, but also a violation of her tipuna and her future generations. Spiritual distress is often a dimension that is neither recognised nor acknowledged, but one that impedes recovery and healing.” (p.14)

This demonstrates and is consistent with the views of all the contributors to the project which conclude that critical to the discussion of sexual violence is understanding that sexual violence has “been perpetrated upon whakapapa” (p. 15).

Sexual Violence Services and Interventions for Māori

Mainstream/Bicultural Services and Interventions

For the purpose of this review we are considering Mainstream and Bi-cultural services together as claims to being ‘mainstream’ or ‘bi-cultural’ may be contested due to varying understandings and articulations of what distinguishes a ‘bi-cultural’ service from a ‘mainstream’ service. Therefore, for clarity, we are discussing in this section services/organisations providing services, interventions or programmes for Māori, with some greater or lesser Kaupapa Māori content, and which sit within larger non-Māori services or organisations.

For many years mainstream/bi-cultural services and interventions have dominated the social services landscape (Ministry of Justice, 2009). Kaupapa Māori services and interventions are scarce in comparison to mainstream/bi-cultural services. For example, all statutory services such as Corrections, Health (including District Health Boards), Child Youth and Family and Education are mainstream/bicultural establishments. The non-government organisation (NGO) sector is also dominated by mainstream/bi-cultural services such as Salvation Army, Rape Crisis, Barnardos and Youth Horizons Trust which are a few amongst a plethora of national mainstream/bi-cultural entities. In general, mainstream/bi-cultural services are guided by Western practices which are informed by Western philosophical ideologies. There are rigid pathways to accessing these services such as the way referral and assessment information is collected. For example, consumers are required to attend assessments and ongoing appointments at centralised, often difficult to access locations and which are unfamiliar to Māori whereas meeting in a home or having some cultural references in an environment can support engagement and healing processes (Te Puni Kōkiri, 2009).

Western cultural approaches that place the individual at the centre of healing, often with the exclusion of Kaumātua, whānau and community (where Māori identity is understood, taught and transferred) in any form of intervention or restoration, are not compatible with Māori values that prioritise iwi, hapū and whānau and which Durie and others draw on to construct various Māori models of practice (Durie 1994, 2003; Pere, 2014).

The majority of counselling practices in mainstream/bi-cultural interventions draw heavily on various Western models of practice. Moe Milne (2010), refers to various models of practice as ‘talking therapies’

and concludes that 'It does not really matter which model of talking therapy is being used, as long as what underpins the application of the model are practices and principles consistent with Te Ao Māori and an understanding of the social and cultural context of the individual and their whānau.' (p. 37).

Approaches utilised in responses to sexual violence events are generally described as Client-centred and Trauma-focused and such crisis responses often have their foundations in bodies of thought based on models such as those described. An example of this is trauma-focused CBT:

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a components-based psychosocial treatment model that incorporates elements of cognitive-behavioral, attachment, humanistic, empowerment, and family therapy models. It includes several core treatment components designed to be provided in a flexible manner to address the unique needs of each child and family. There is strong scientific evidence that this therapy works in treating trauma symptoms in children, adolescents, and their parents. This model was initially developed to address trauma associated with child sexual abuse and has more recently been adapted for use with children who have experienced a wide array of traumatic experiences, including multiple traumas.

(Child Sexual Abuse Task Force and Research & Practice Core, 2004)

The Good Practice Guidelines (MSD, 2009) offer fifteen 'Principles of Delivery' for 'Mainstream Crisis Support Services Responding to Sexual Violence Perpetrated Against Adults' (p.11) which have some similarities to Kaupapa Māori service delivery concerns such as: the welfare and well-being of the victim/survivor being paramount; requiring a specialist sexual violence response; provision of quality services; integrated services such as working with other services to provide a thorough wrap around response to meet the needs of clients; and working collaboratively nationally and locally, etc. Accessibility to Kaupapa Māori services is also a particular concern as is being culturally competent and resourced; which are discussed further in this report.

Principle 3 speaks of the importance of a values-based approach to sexual violence and that 'client-centred practice and the concept of empowerment are cornerstones of the ways that sexual assault support services work due to our understanding that they are an effective response to sexual violence precisely because they undermine the dynamics of that violence' (p.21) and that these as values, inform thinking on what survivors need to heal, 'the nature of our organisations and relationships, and our political advocacy and activism to get the needs of victims/survivors met and to end sexual violence' (p.21).

Values-based practice is important to Māori and working with Māori. However, differences in values and concepts such as what constitutes empowerment when drawn from differing cultural worldviews,

whilst at some levels may appear similar, can lead to significant differences in interpretation and practice. A simple example of this may be differences in understanding what is required for the welfare and well-being of the victim/survivor and healing; and therefore how that is achieved (Principle 1). Principles that inform a Māori worldview are discussed further in this report.

Within the Mainstream Good Practice Guidelines (Ministry of Social Development, 2009) there is an acknowledgement and good intention to respond to Treaty obligations, and reference to Māori approaches to working with people in crisis. Again, it is important to note that mainstream responses are drawn primarily from Western philosophical perspectives which vary considerably from a Māori worldview. The inequity in valuing Māori approaches to crisis and ongoing trauma within the wider support system is evident. For example, a therapist (non-Māori) reports that where she has described treatment for trauma based on Paiheretia (Durie, 2003) and Whare Tapa Wha (Durie, 1994) she has been advised by some ACC assessors that it is not an acceptable form of treatment, that it is not evidenced-based and therefore there is no justification for use. Alternatively, the response has been that (Māori models) are only an appropriate therapy for Māori. However, it is contended that trauma-focused psychotherapeutic approaches fit conceptually with Te Whare Tapa Wha and other holistic Māori models utilised to address sexual violence (Anonymous, personal communication, 2016).

Western philosophical perspectives are often screened/disguised in what we might describe as a new world, feminist, integrated approach which can lull us into thinking we are closer to a Māori worldview.

Limitations for Māori Within Mainstream/Bi-cultural Services

When reviewing mainstream/bicultural services in relation to service delivery for Māori, it is important to consider the concept of ‘dualism’, “A critical element here in the way in which early writers represented Māori is the issue of dualisms. Dualisms are constructed that position the colonised and coloniser relationship”, (Te Puni Kōkiri, 2009a, p.17). For example:

...colonised being unknown, savage, heathen, in the dark, immoral and inferior to name a few. Whereas the coloniser is well known, discoverer, civilised, Christian, enlightened, moral and literate. Each of these binaries locates colonised peoples as inferior to their colonisers and provides justification for ongoing oppression. (Te Puni Kōkiri, 2009a, p18)

When viewing dualism in current times and positioning Western clinical practice alongside Māori clinical practice there are still strong echoes of the historical positioning, where Western ideology and psychology is endorsed above Māori clinical and psychological practices (Te Puni Kōkiri, 2009a). This is reinforced by statutory agency policies on practice delivery.

All services within the sexual violence sector utilise Western models of practice which are primarily imported from outside of Aotearoa. Kaupapa Māori organisations on the other hand utilise approaches to practice that are derived from a local, indigenous worldview. All approaches to practice are required to meet statutory standards which are informed by Western clinical practice standards. Māori clinical practices which are drawn from te Ao Māori principles, values and practices and which have been used for centuries, are screened and monitored utilising a Western psychological framework.

Feedback to Māori service providers from Māori accessing support through essential services such as Police, judicial and other statutory agencies was, "...that there was an enforcement of other world view criteria to access services and enforcement of other world views to provide service in a meaningful way for Māori," (Reid for Ngā Kaitiaki Mauri ,Te Ōhākī a Hine- National Network for Ending Sexual Violence Together, 2010, p.71) and continues,

Mainstream services compound the issues of loss of cultural identity and heritage while placing their clients within a Pākehā thinking framework. In most accounts, clients who have been through a mainstream/Pākehā framework have had to undergo a decolonisation process in order for cultural healing to begin. In some instances the whakapapa of the client and the values of the organisation does not always support in the healing process. Bi-cultural services are offered by mainstream services but these values may not always align with kaupapa Māori values. (p.74)

Returning to the paradigm of dualism, it is pertinent to discuss the imperceptibility and invisibility of culture in relation to practice. When culture is mentioned in relation to practice it is commonly understood as indigenous culture or other minority culture. Culture is relatively unacknowledged when referring to Western interventions (Smith & Te Wiata, 2009). Jones and colleagues (1999) refer to lack of acknowledgement of specific cultural contributions to healing other than those that derive from dominant culture, within mainstream services (cited in Nathan, Wilson & Hillman, 2003). They comment that the lack of acknowledgement is apparent in treatment delivery and impacts on measuring outcomes effectively for minority groups such as Māori. He argues that groups are rarely identified by ethnicity and overall statistics, that are largely measuring the outcomes of acknowledged, Western practices, may be masking poor outcomes for Māori and other minorities:

The lack of acknowledgement of "culture" as a variable relevant to treatment efficacy represents a gap in the literature in this field. Jones and colleagues (1999) note that, despite a large body of research and theory surrounding aetiology, treatment and prevention of child sexual abuse, there has been meagre attention paid to culture-specific contributions to the problem. Programmes

described in published articles generally exclude minority groups, fail to provide details of the ethnicity of subjects, and, if treatment outcomes are described, they are rarely (if ever) distinguished by ethnicity. When minority groups participate in treatment, professionals working with them may assume that treatment has worked. It may be however, that those positive outcomes for non-minorities simply mask poor outcomes for minorities (Nathan, Wilson & Hillman, 2003).

Whilst the masking of ‘poor outcomes for minorities’ continues, it will result in methods of delivery in mainstream/bi-cultural services remaining unchanged for minorities such as Māori and the outcomes for those groups will continue to be the same.

The Ministry of Health and the Accident Compensation Corporation (ACC) commissioned research into Māori accessing mainstream health services with the intention to review how their services were, or were not meeting the needs of Māori consumers. The research paper, He Ritenga Whakaaro: Māori experiences of Health Services (Jansen, Bacal & Crengle, 2009) found there were barriers for Māori to access services at a number of levels, including organisational, human resource, individual and community:

At the organisational level barriers include: the timing and availability of services, the universal, Western approach to health care, the under-representation of Māori in the health professions, appointment systems, and the lack of appropriate educational and promotional material. At the human resource level barriers include: the characteristics of non-Māori health staff, including their perceptions of and attitudes about Māori patients; and appropriate provider-patient communication, or lack thereof. At the individual or community level barriers include: the socio-economic position of many Māori which makes healthcare unaffordable; and patient attitudes, beliefs and preferences which may make healthcare inappropriate, feared and/or not a priority. (Jansen, et al., 2009, p.8)

Durie (2005), argues that Māori should be able to expect treatment that draws on principles and practices drawn from their own culture that are known to be effective for Māori wellbeing:

Māori as much as other New Zealanders expect the best possible treatment using tried and true methods. They also hope they will not be subjected to unnecessary interventions and will have access to new technologies and developments benchmarked against the best in the world. There are also expectations that health care workers will be competent at the interface between their own culture and the culture of others. Language barriers, differing codes for social interaction, variable community expectations and a willingness to involve friends or families in

assessment, treatment and rehabilitation make important differences to the way care is experienced (Durie, 2005, p.8).

There is evidence to suggest that tikanga Māori principles have been effective when integrated into mainstream services and programmes. These integrated approaches are usually referred to as ‘bi-cultural’: a combination of Western (mainstream) and traditional (indigenous) mātauranga (knowledge). An example of such an intervention is the Te Piriti child sex offending treatment programme based at Paremoro Prison, Auckland. The mainstream correctional programme integrated some tikanga Māori principles in their approach which resulted in positive outcomes as demonstrated in the reduction of recidivism:

Māori men who completed the Te Piriti treatment programme that combined a tikanga focus and Cognitive Behaviour Therapy (CBT) had a lower sexual recidivism rate (4.41%) than Māori who completed Kia Mārama with only CBT (13.58%) over time (Nathan, Wilson & Hillman, 2003, p.39).

Applying tikanga Māori practices and principles has been effective in improving outcomes:

When tikanga Māori processes are applied to Māori individuals certain things happen to their wairua, hinengaro and tinana. What happens has never really been acknowledged within a Pākehā paradigm as a scientifically credible intervention in the psychology of human behaviour... This important piece of work shines a light for others to follow in finding a place for our tikanga, to achieve what Pākehā science could not on its own (Nathan et. al., 2003, p.3).

In this instance, tikanga Māori was carefully introduced into the programme by Māori who are knowledgeable and respected members of their respective iwi and hapū as well as experienced practitioners in both Western and Māori approaches to practice, and was supported by Tauwiwi practitioners within that organisation.

However, a strong caution in respect of Māori programmes within mainstream/bi-cultural services emerges in Milne’s (2005) report, Māori Perspectives on Kaupapa Māori and Psychology. Milne states that “Kaupapa Māori mental health services associated with mainstream institutions such as DHBs were criticised for providing mainstream, Western-based services, albeit with a Māori veneer.” (p. 16). She continues that, overall there was agreement amongst her participants that:

for those trained in Western philosophies and practices of psychology and mental health, assessment and diagnosis was done from a different point of view, with different values and

different perceptions (from Kaupapa Māori perspectives), and hence different conclusions (Milne, 2005, p.16).

Kaupapa Māori Services and Interventions

Numbers of Māori models of practice for health and well-being have been developed partly due to the inadequacy of recognition afforded Māori culture and cultural knowledges as contributors to change (Durie, 2003). Significantly, both a traditional and a contemporary Māori view honour connections to geographical origins, to iwi, hapū and whānau, before the individual.

There is very little literature specifically pertaining to sexual violence and Māori either as victims/survivors or perpetrators. There is even less literature that is written or acknowledged by Māori authors on this topic of addressing sexual violence from a Māori worldview. Having said this, the models and applications of Māori principles in practice and Māori clinical practices are being applied in a number of areas, particularly in mental health.

There are many Māori health frameworks that guide Kaupapa Māori service delivery and interventions. Moana Jackson highlights this in his comments:

Within pre-European times Māori had clear processes that defined ways of interacting and which provided norms of control. He notes that “a complex set of customs and lore” existed that provided the mechanism for regulating behaviour. These mechanisms included both preventions and interventions and provided systems of social control and resolution processes (Te Puni Kōkiri, 2009a, p.22).

Customs and lores, understood as Tikanga or Kaupapa Māori, continue to be applied by Māori practitioners in our contemporary context, often despite the lack of acknowledgement and genuine validation by Western practitioners that they are effective clinical interventions.

There are many Māori clinical practice methodologies and frameworks available and for the purpose of this review we offer brief detail on three of these models which are commonly utilised within the sexual violence sector:

Te Whare Tapa Wha

Te Whare Tapa Wha was developed by Durie (1994) in consultation with Kaumātua from Iwi around the motu:

With its strong foundations and four equal sides, the symbol of the whareni illustrates the four dimensions of Māori well-being. Should one of the four dimensions be missing or in some way damaged, a person, or a collective may become ‘unbalanced’ and subsequently unwell. For many Māori modern health services lack recognition of taha wairua (the spiritual dimension). In a traditional Māori approach, the inclusion of the wairua, the role of the whānau (family) and the balance of the hinengaro (mind) are as important as the physical manifestations of illness (Ministry of Health, 2015).

Te Wheke Kamaatu

The model, Te Wheke Kamātu, or the ‘Octopus of Great Wisdom’ was developed by Dr Rangimarie Turuki Rose Pere, CBE:

There is a mergence of the “8” tentacles of the Octopus... 1) Wairua / Spiritual Dimension)... 2) TahaTinana /The Physical World... 3) He Taonga Tukuiho / Treasures That Have Come Down... 4) Mana/Divine Vested Authority... 5)Whānaungatanga /Kinship Ties that move in the Four Directions across the Universe... 6) Hinengaro/“The Hidden Mother” who is the Intellectual and Mental dimension... 7) Ranga Whatumanawa /Relating to the Emotions and Senses... 8) Mauri /Life Principle, Ethos, Psyche (Pere, 2014).

Tihei-wa Mauri Ora

Tihei-wa Mauri Ora was developed by Teina Piripi and Vivienne Body:

The construct is based on concepts of the realms of creation according to the Māori worldview: Te Korekore, Te Pö, Te Whei-Ao Ki Te Ao Mārama, Tihei-wa Mauri Ora! Te Korekore: The realm of potential being, Te Pö: The world of becoming, Te Whei-Ao Ki Te Ao Mārama: the state between the world of darkness and the world of light, but is much closer to the unfolding of the world of light, Te Ao Mārama: The realm of being. In many ways this kōrero is the birthing story of an idea to use our own cultural knowledge as a means of assessment, a framework to gauge a particular place or stage, Te Wā, in the whole of one’s life story. There is a growth and emergence through the darkness and towards light as the idea grows to take form in our hearts and minds (Piripi & Body, 2010 p.34-42).

There are a multitude of Māori models of practice that draw on Te Ao Māori and further frameworks continue to be generated as Māori practitioners return to Māori values and principles to inform practice, and this includes practice specific to responding to the crisis and ongoing trauma related to sexual violence.

Kaupapa Māori Service Development

The Māori Social and Economic Advancement Act 1945 was,

Established, within the Native Affairs Department, the means by which a welfare system could operate... The Māori Social and Economic Advancement Act acknowledged the severity of the social problems facing Māoridom and laid the foundation for a welfare system that would strive to tackle those difficulties (Szazy, Rogers & Simpson, 1993, p. xiii).

Significant initiatives have been developed to address some of the difficulties that were recognised in the Act (1945) including the national movement known as the Māori Women's Welfare League which was a Māori response to the broader issues, including violence. Māori continued to grapple with the impacts of sexual violence and a significant step to specifically address sexual violence from a Kaupapa Māori world view resulted in the formation of Te Kākano o Te Whānau. A number of Kaupapa Māori sexual violence prevention and intervention services have been established over subsequent decades (Te Puni Kōkiri, 2009), and in recent years, Ngā Kaitiaki Mauri (NKM) the Māori representative rōpū of Te Ōhākī a Hine- National Network Ending Sexual Violence Together (TOAH-NNEST). Most of the Māori services that are available today can trace their genesis back to the foundational and ground-breaking work achieved by Te Kākano o Te Whānau. These organisations are discussed briefly here:

Te Roopu Wāhine Māori Toko I te Ora (Māori Women's Welfare League):

In September 1951 the Māori Women Welfare League (MWWL) was founded to “carry out its huge and important kaupapa – the promotion of all activities that would improve the position of Māori, particularly women and children, in fields of health, education and welfare” (Szazy, Rogers, & Simpson, 1993, p.xiii). The Māori Women's Welfare League also dealt with issues of concern to combat domestic violence. It was within the domestic violence kaupapa that they addressed the issue of sexual violence. For 64 years the MWWL has dealt with the burgeoning social issues within Māori whānau and communities.

Te Kākano o Te Whānau (in Te Puāwaitanga o Te Kākano, Te Puni Kōkiri, 2009a)

Some of those who were involved in the establishment of Te Kākano o Te Whānau remain in the sector and from their historical perspective the development of Te Kākano o Te Whānau is:

“a critical event in the (sexual violence) sector and was a development that brought a wide range of Māori women into working with whānau and who also began a movement towards bringing Kaupapa Māori approaches to the fore in dealing with sexual violence” (p54).

Thirty-nine Māori Women’s Centres were established ‘under the umbrella of Te Whānau o Te Kākano’ (p.55) and as a collective they accessed funding and resources, including from Government. As well as direct delivery to whānau, a training arm was developed to prepare Māori to work in the sector utilising a Kaupapa Māori informed delivery. Of particular note is the key focus on understanding the whare tangata, known as the womb in te Ao Pākehā, but understood as ‘Houses of Humanity’ (p.33) in mātauranga Māori where: ‘Whare tangata is rooted in the creation of the world and in the overriding tapu of whakapapa’ (p.33). Acts of sexual violence are a violation of the tapu of the whare tangata and of whakapapa and ‘were not acceptable within Te Ao Māori’ (p.53). A training package was developed to support workers in their delivery and to ensure that whānau healing was central to practice.

The first Māori Women’s Refuge Centre was also started during this period when a Māori Women’s Centre found it ‘too difficult within the context of (their relationship with) a Pākehā organisation’ ‘to implement Māori strategies’ and that ‘it was soon evident that there was need for Māori services’. This led to the establishment of Te Whakaruruhau in Hamilton.

Ngā Kaitiaki Mauri : Te Ōhākī a Hine – National Network Ending Sexual Violence Together (TOAH-NNEST)

TOAH-NNEST was founded in 2005 with the vision of a sexual violence-free Aotearoa (TOAH-NNEST, n.d). Governed by the Paetakawaenga, TOAH-NNEST comprises two groups, the Tauwiwī caucus and the Kaupapa Māori rōpū, Ngā Kaitiaki Mauri (NKM).

NKM’s principles/takepu are designed specifically to address sexual violence from a kaupapa Māori worldview. Referred to as nine guiding kaupapa in Ngā Kaitiaki Mauri Strategic Plan, they are:

MĀTAURANGA MĀORI - the maintenance and acknowledgement of Māori knowledge,
WAIRUATANGA – the acknowledgement of Māori spirituality, **HAUORATANGA** – the well-being of our people, **WHĀNAUNGATANGA** –whakapapa ties with an emphasis on the importance of knowing the connections of those with whom you interact. Creating a collective responsibility and obligation towards the elimination of sexual violence,

PUKENGATANGA - Knowledge development and retention and that expertise of Kaupapa and Tikanga Māori practitioners are integral to the elimination of sexual violence, MANAAKITANGA – the expression of mana enhancing behaviour, RANGATIRATANGA – the attributes of leadership. Successful leadership responds to the specific needs of the people, UKAIPO TANGA – the place of sustenance and these recognised places of sustenance provide the best environment for positive change, KAITIAKITANGA – the guardianship of well-being. The pathway to healing incorporates the application of and respect for taonga Māori.

(TOAH-NNEST, n.d., p.1-16)

Ngā Kaitiaki Mauri developments: Te Puāwaitanga o Te Kākano Background Paper Report

In 2009 a working group was formed from within Ngā Kaitiaki Mauri (NKM, TOAH-NNEST) alongside Te Puni Kōkiri to develop a background paper to provide, “an exploration in understanding sexual violence for Māori. The background paper explores traditional and contemporary knowledge related to healthy relationships for Māori and also Māori views of sexual violence” (Te Puni Kōkiri, 2009a, p.6).

Te Puāwaitanga o Te Kākano (Te Puāwaitanga) uses a Māori research methodology framework with three key methods which were literature review, key informant interviews and four case studies. Three of the case studies were taken from Kaupapa Māori agencies and the fourth from a Māori rōpū within a mainstream agency. All agencies were selected as they dealt primarily with sexual violence within their communities. This was unique research in that it was the first time an insight into responses to sexual violence from a Māori worldview, was obtained. The research found a collection of Māori practitioners were effectively applying Māori principles in their practice: “Kaupapa Māori providers of sexual violence services use tikanga Māori concepts and practices in their work with whānau”, (Te Puni Kōkiri, 2009a, p.182). It continues:

Service users noted that there was a distinctive difference between Māori providers and non-Māori providers that they have been involved with. Their involvement with Māori providers was seen as making a significant change in their lives through the process of understanding more about themselves as Māori, their status and their place within whānau and whakapapa... the change element was also clearly attributed to the access of mātauranga Māori (Te Puni Kōkiri, 2009a, p.88).

The breadth and depth Māori principles were clearly evident in the literature and therefore, for example, the practitioner would need to know more than how to pronounce te reo Māori, but also importantly, to learn the etymology of the words and how to use them to effect positive change.

Kaupapa Māori Services

There now remain a very small number of Kaupapa Māori services whose primary focus is to provide sexual violence crisis and ongoing support to victim/survivors. Likewise, there has been great difficulty in establishing services more specifically focussed on those who have perpetrated sexual violence. A constant struggle for resources and equity with mainstream services in general and the need to meet delivery criteria specific to a Western worldview to achieve funding, have contributed to the eventual closure of many Kaupapa Māori services. Healing for the whānau as a central tenet for Kaupapa Māori delivery can be misunderstood, misinterpreted and made extremely difficult by practices informed by policies established within structures based on Western philosophical understandings.

Kaupapa Māori Victim Survivor Services

In *Te Puāwaitanga o Te Kākano* (2009), three Kaupapa Māori services working with victim/survivors, and their whānau, were interviewed. Each of their founders can trace their early history in the sexual violence sector back to *Te Kākano o Te Whānau*.

Provided here is a brief overview of their services as described in *Te Puāwaitanga o Te Kākano* (Te Puni Kōkiri, 2009a):

Service 1

A Kaupapa Māori service in the Eastern Bay of Plenty identifies themselves as one of a very few offering sexual violence services in the entire region saying, “In the Eastern Bay of Plenty, (we) were bereft of any services in terms of tiaki Whānau and the issues around domestic violence and the issues around sexual violation.” (p.123). The service has te Ao Māori as the foundation for their approach to service provision utilising tikanga Māori in their work with people who have been sexually harmed and their whānau. The provider notes that although there are some alternate service providers, whānau have reported that those providers’ lack of Māori knowledge had negatively impacted on the experience of victim/survivors of sexual abuse. The service describes their approach to healing as utilising:

“Māori models as a form of intervention with Māori whānau. The Whānau are at the forefront of any intervention, keeping the whānau intact, maintaining the Whānau integrity... utilising

whakapapa and Māori elements as a healing process. Working with te reo Māori as opposed to the English language.” (TPOTK in Te Puni Kōkiri, 2009a, p.123)

Service 2

The service is:

Based within Waitakere City and is operating as a Kaupapa Māori service since 1987. (The Provider) provides support for individual whānau members who have been sexually violated and their Whānau.... (the service’s) philosophical view on well-being holds that the role of the wāhine is central to the well-being of Whānau. Believing that if the wahine is well then the ripple effects will benefit community as a whole... programmes and procedures are based on a number of underlying Māori core values. They are Mauri Ora, Mana Wāhine, Whānau Ora, Tu Tāngata, and Tutahi Te Iwi Māori (TPOTK in Te Puni Kōkiri, 2009a, p.134).

Service 3

A Kaupapa Māori service was established in Christchurch in 1986 ‘to enable wāhine Māori and their whānau to overcome the effects of abuse’ (p.147).

The overall mission of (the Kaupapa Māori Provider) is about the restoration of the whānau in terms of their mana, dignity and pride as a Māori person and as a Māori whānau through a journey of healing that incorporates:

- Te Taha Wairua (Spiritual)
- Te Taha Hinengaro (Mental)
- Te Taha Whānau (Family)
- Te Taha Tinana (Physical Wellbeing) (p.149)

People who accessed the service chose to do so for the following reasons:

- (It) is a Kaupapa Māori organisation working with survivors of Sexual Abuse in Otautahi and surrounding districts
- All of the kaimahi in the organisation are Māori
- Being in a safe environment where whānau cared (TPOTK in Te Puni Kōkiri, 2009a, p153-154).

All of these services have successfully developed their own models of practice drawing on kōrero tāwhito and there is a strong consistency of approach, that is ensuring that the whare tangata and ensuing whakapapa and whānau principles remain central to their practice. Whānau healing is held as critical for safety and wellbeing of the individual, whānau, hapū and iwi.

A more indepth outline of their services is available in *Te Puāwaitanga o Te Kākano* (Te Puni Kōkiri, 2009a).

People who have experienced sexual harm are referred to these services together with their *whānau* who themselves may be victims of historical sexual abuse. The perpetrator of sexual harm may also be within the *whānau* or wider *whānau* or *hapū* group. Consequently, where sexual abuse has been identified, *kaimahi* must be skilled to recognise and manage the presenting crises and trauma at multiple levels.

Māori Rōpū within a Mainstream Service – Harmful Sexual Behaviour

Service 4

A service delivery programme within a mainstream service primarily for people who had perpetrated sexual abuse was the fourth service examined within *Te Puāwaitanga o Te Kākano*. The service was established in 2002 within a mainstream/bi-cultural organisation that was:

‘specifically targeted for Māori and utilises a tikanga Māori approach’ (p.100). The service was ‘aspiring to live within the principle of being Māori within a non-Māori organisation... it is often quite difficult to provide this type of distinctive service within a non-Māori organisation and this can prove to be a barrier... specific programmes for Māori clients and whānau were begun in recognition both of the needs of those clients, and to demonstrate (the organisation’s) commitment to developing indigenous models of treatment... (kaimahi) work with groups, whānau, individuals, and of recent have started working informally with victims of the perpetrators where appropriate.’

Key points from stakeholders and *whānau* included the importance of *Kaupapa* and *Tikanga Māori* and the need for *kaupapa Māori* services to be available in other parts of the country (TPOTK, 2009). Key developers of this programme felt unable to maintain the integrity of *Kaupapa Māori* service delivery within the constraints of a non-Māori organisation and Western clinical priorities.

A Kaupapa Māori Harmful Sexual Behaviour Service

This service was established in recognition of the need for an independent *Kaupapa Māori* service within the Harmful Sexual Behaviour sector in order to maintain Māori cultural/clinical integrity in its service delivery.

Whilst there are a very small number of Māori practitioners in the Harmful Sexual Behaviour sector, there is currently only one Kaupapa Māori service whose primary focus is therapeutic rehabilitation of people with harmful or concerning sexual behaviour and its prevention:

“(the service comprises) Māori clinical practitioners (who) offer a unique Māori clinical approach to their work with whānau. Māori clinical practice refers to the application of both Māori cultural and clinical knowledge and applied specifically within the sexual violence sector. Practice is informed by Māori values and principles and utilises knowledge and experience from the fields of sexual violence prevention education, survivor services and sexual offender treatment” (Korowai Tūmanako, n.d.).

The primary standards and principles of practice are used by the service in the treatment of people with Harmful Sexual Behaviour (HSB). These are, but not limited to, Whānaungatanga – Connecting together, Kotahitanga – Standing together, Manākitanga – Urging together towards integrity, Kaitiakitanga – Guarding and protecting each other, Rangatiratanga – Stepping into responsibility. Wairuatanga – Spirituality is the cohesive binding principle, which weaves through all the others and draws them together.

Consistent with the three Kaupapa Māori services described as working with survivors, discussed here, the service has successfully developed its own approach to practice drawing on kōrero tawhito and ensuring that the whare tāngata and ensuing whakapapa and whānau principles remain central to their practice.

The two services within the harmful sexual behaviour sector, whose primary focus is to address the perpetration of sexual harm, are discussed in this report that is victim/survivor focused, as people who are referred for harmful sexual behaviour, together with their whānau, are frequently also victims of historical sexual abuse. As discussed above in survivor services, members of their support whānau may have experienced sexual abuse; and the primary victim is often a whānau member and may present at some of the hui. Consequently, where sexual abuse has been identified, kaimahi must be skilled to recognise and manage the presenting crises and trauma at multiple levels.

Barriers to Kaupapa Māori Service Delivery

Any exploration of barriers to Kaupapa Māori service delivery must firstly consider the privileging of a Western worldview above a Māori worldview and therefore respective healing practices that are derived from each. For example, a fundamental difficulty is that Kaupapa Māori services must align with

specific service delivery requirements in order to access funding which can create a ‘siloing off’ of **whānau** members whether it be due to gender or role in the incident of harm. This is in contradiction to the central notion of **whānau** healing informed by **kōrero tāwhito**.

There are also few mainstream/bicultural services that prioritise effective cultural and associated clinical competency, to ensure staff are adequately equipped to support **Māori** in their healing; whilst in comparison, all practitioners are required to complete comprehensive study and qualifications in Western psychological and psychotherapeutic practice. It is a common observation that in Aotearoa society, **Tikanga Māori practices** are embraced for openings and closings of events, yet very little is understood or recognised regarding the contribution that the values and principles that underpin these processes, can make to people’s healing processes (Smith & Te Wiata, 2009). There appears to be little value placed in achieving competence in **mātauranga Māori** and understanding the **Māori** psyche from a **te Ao Māori** perspective. Nikora (2007) asserts:

“**Māori** have their own approaches to health and well-being, which stem from a world view that values balance, continuity, unity and purpose. The world view is not typically thought of as 'psychology', yet it is a foundation for shared understandings and intelligible action among **Māori**. **Māori** behaviours, values, ways of doing things and understandings are often not visible nor valued” (p. 8).

Likewise, when Milne (2005) met with **Māori** participants active in their **Māori** communities from a range of backgrounds including **Kaumātua**, **tohunga**, consumers, **whānau** members, young people, mental health professionals, educationalists, social services workers and psychologists to discuss “**Māori Perspectives on Kaupapa Māori and Psychology**” (p. 21), she found, “There was considerable discussion of the dangers of **Māori** centred psychology training being viewed as lesser than, secondary to or less robust than Western centred psychology training” (p. 21). She also noted that, “a number of participants pointed out that **Māori** communities often had kaupapa **Māori** psychologists in their midst, who were widely recognised within their communities but not recognised or acknowledged outside of them” (p. 25).

Disparities in utilising Western methodology rather than **Māori** worldview approaches to practice appears to have some resonance in the ‘simplicity of intent’ for all, alluded to by Sir Hugh Kāwharu in his discussion of the Treaty of Waitangi. He says, “There is both strength and weakness in the Treaty of Waitangi: a paradox that might well lie in its very simplicity”, (Kawharu, 1989, p. x). The apparent ‘simplicity of intent’ behind the Treaty of Waitangi (**Te Tiriti**) may support the application of ‘universal’ practices drawn from dominant culture, since the ‘intention’ is to do well for all. For example, many mainstream services use Western methodologies with well-meaning ‘intent’ to a greater or lesser extent with all, including **Māori** clients.

Over the past 176 years, since the signing of Te Tiriti, colonisation has contributed to the breakdown of the traditional Māori way of life, beliefs, values and philosophy, social structures and systems of discipline and justice, as well as loss of identity. These have all profoundly impacted negatively on social, cultural, economic and health facets for Māori (Durie, 1994, 2003; Pihama, Jenkins & Middleton, 2003; Te Puni Kōkiri, 1997). These eroding factors significantly limit Māori access to their maatauranga and reduce the effectiveness of treatment in reducing harm from sexual violence.

Further barriers to Kaupapa Māori service delivery are outlined by Hamilton-Kātene (Te Puni Kōkiri, 2009a):

- lack of specific funding to develop service provision
- diversity of Māori population
- workforce development issues
- referrals
- working with other agencies (p. 27-31)

Hamilton-Kātene concludes that the greatest barrier is that “funding allocations are not evenly spread amongst all service providers which has resulted in the under-representation of Kaupapa and Tikanga Māori service providers within Aotearoa” (p. 31).

SUMMARY

In summary, Māori have significantly higher rates of victim/survivors (Mayhew & Reilly, 2007). The psychological and emotional complexity that Māori experience increases their vulnerability to harm and results in a high rate of revictimisation.

The erosion of Māori values and increasing cultural distortions have a direct link to colonisation (Durie, 1998, 2004; Pihama, Jenkins & Middleton, 2003; Te Puni Kōkiri, 1997) which continues to negatively affect Māori today. Negative effects are endorsed through the privileging of Western knowledge supported by the wealth of research, resources and publications both historically and currently which validate Western knowledge and approaches to practice (Aldridge, 2012).

The majority of government and non-government social services deliver mainstream care, which primarily draws on Western models of practice in an endeavour to meet the needs of Māori. There are significant barriers to Māori accessing services due to the characteristics of mainstream services that do not meet the needs of Māori (Jansen, Bacal & Crengle, 2009).

Some literature refers to gaps of cultural knowledge masking poor outcomes for Māori (Nathan et al., 2003), and that there is no requirement for practitioners or services to attain any significant learning in Te Ao Māori clinical practice such as a Bachelor, Master or PhD equivalents despite Māori literature strongly indicating that practitioners must have an in-depth knowledge of Māori applications (Te Puni Kōkiri, 2009a).

Māori models of practice offer unique insights to health and wellbeing. There are many empowering Māori paradigms and practices yet very few are known outside those practising from a Kaupapa Māori worldview. Without a sound understanding of the kaupapa Māori principles on which the models and approaches are based, they are not understood or applied effectively. Māori expect best possible treatment using tried and true methods and should not be subjected to unnecessary interventions (Durie, 2005).

The literature discussed demonstrates that there remains a cavernous gap between relative ease of access to services providing Western practice compared to poor access to Kaupapa Māori services providing Kaupapa Māori practices to address sexual violence. The following sentiments by Nuki Aldridge a Rangatira and Kaumātua of Ngāpuhi Nui Tōnu, summarise the ongoing issues of disparity that are experienced by Māori, tāngata whenua, in Aotearoa:

“We as Māori have yet to be credited with human intelligence that has the capacity to think and make decisions. The history of a people is their culture and a culture has expectations that those selected to transfer their history are guided by the rules of engagement determined by that culture. When will Tāngata Whenua get the opportunity to be part of the decision making process? In a Treaty debate, you would think it reasonable that the rules of engagement are promulgated in equity by both parties. But it is inequitable where one party to a treaty (Tāiwi/Pākehā) makes the rules and has access to wealth to prosecute their evidence” (Aldridge, 2012, p.xi).

In this case the wealth of validation, research, resources, written publications on practice have been prioritised, “while the other party (Māori) is directed on how and when the resources are available. The availability or the lack of resources then controls the outcome” (Aldridge, 2012, p.xi). One may perceive this to be the current situation where Māori currently sit in comparison to their Tāiwi and Pākehā peers.

METHODOLOGY

This particular study is positioned within a larger research project that is designed using Western research methodology. Given the focus of this specific study was on engaging a Māori perspective, a Kaupapa Māori approach was adopted undertaking research that draws on a number of influences including tikanga Māori values and practices, and Māori knowledge and perspectives about the world (Moewaka Barnes, 2000).

“Kaupapa Māori has been regarded as theory and analysis that involves research approaches developed by and for Māori” (Mead, 1996 cited in Te Puni Kōkiri, 2009a).

Qualitative methods were utilised enabling us to ‘give a voice’ and provide an opportunity to explain phenomenon from our own perspective. This was to ensure a Māori perspective would be heard, and allow for more equal empowerment of the participants.

Working with a Māori Project Research Manager who is experienced in Kaupapa Māori research approaches, ensured the Researchers were supported to draw on Kaupapa Māori principles in designing the research approach. In addition, the Researchers for the project hold considerable experience in the sexual violence sector and position themselves within a Māori worldview. Therefore, it was also important to find a way of conducting the research that would acknowledge their interactions within the groups and to provide space for their contribution to the gathering of lived experiences (Jan Fook, 2002) of Māori practitioners within the sexual violence sector and to the ongoing generation of knowledge. Their co-participation in the research is congruent with Kaupapa Māori philosophy and principles.

The intention was to meet with Māori representatives from as many sexual violence response services as possible and with Kaumātua, key community figures who hold Māori knowledge and carry responsibility for the wellbeing of whānau, hapū and iwi.

A one day hui was designed to gather a range of Māori perspectives for good practice guidelines for mainstream sexual violence crisis support services working with Māori. To ensure a wider range of views, several individual hui were held with Kaumātua in Te Ika a Māui and an additional smaller hui was held in Te Wai Pounamu. The hui were facilitated by the Co-Researchers; the Research Project Manager also participated in facilitating at the larger hui.

Participants:

The study included 18 participants in the Hui (1) in Te Ika a Māui; six individual interviews in Te Tai Tokerau; and six participants in the Hui (2) in Te Wai Pounamu. In addition, the Co-Researchers and the

Research Project Manager contributed to discussions. In total, 33 participants were involved in the conversations.

To provide opportunity for a range of views to be heard in Hui (1), equal numbers of invitations were sent to the following three groups: Kaupapa Māori services; Mainstream or Bi-Cultural services; and Kaumātua. Some services were unable to release staff to attend and one mainstream service was unable to provide a Māori staff member who was willing to participate. Six participants from each of these groups attended. The group comprised social practitioners and Kaumātua who are also actively involved in the sexual violence sector and related health fields.

Hui (2) was attended by eight participants from a Kaupapa Māori service and the age range of participants was from early twenties to mid-fifties.

Overall, the approximate ages of participants ranged between early twenties and early eighties. Those participating included social work students, social practitioners and community leaders.

Participants were given full details of the scope and purpose of the research.

Interview Procedures:

Hui (1) was held at a local marae (Wai Tākere Oranga) located at Waitakere Hospital. Participants attended from as far south as Hamilton, south-east from Opōtiki and as far north as Whangārei. At the conclusion of the hui each participant was offered a koha as an acknowledgement of their involvement.

Hui (2) took place at a Te Puna Oranga, a Kaupapa Māori Social Service in Otautahi. Other individual Kaumātua interviews took place in homes and at Māori Trust Board offices in Te Tai Tokerau.

Initial processes for each of the hui were conducted by the Manawhenua, the local hosts. For the marae-based Hui (1) this was in the form of formal pōwhiri processes which were led by local Kaumātua. Hui (2) followed a similar less formal process of whakatau which was also led by Manawhenua. In both cases a process of whakawhānau including identifying self in respect of whakapapa and sharing kai was an important part of the process. These processes create a safe space for Māori within which conversations of importance, of mana and tapu, can ensue.

The group interviews and the individual interviews were focused on the needs of Māori who were experiencing the trauma of sexual violence and seeking crisis support from mainstream services.

In Hui (1) each of the three participant groups: Kaupapa Māori; Mainstream; Kaumātua; were separated to promote freer, less inhibited discussion and each group was facilitated by a Co-Researcher or Research Project Manager. Following the separate group discussions all participants were gathered together to share key points generated from the smaller group discussions.

Hui (2) was co-facilitated by the Co-Researchers and the individual interviews were facilitated by one or other of the Co-Researchers.

A series of Probing Questions (see appendix) was prepared to initiate discussion to elicit perspectives and ideas in respect of Good Practice Guidelines to support Māori who had experienced sexual violence. The questions proposed discussion around: Māori needs and expectations of crisis services; Crisis supports for Māori; Recommendations for improving the experiences of Māori with crisis services.

The individual interviews with Kaumātua were less structured so that participants had opportunity to share traditional knowledge that may not have otherwise been elicited within the scope of the prepared guidelines.

Integral to participants' discussions was the seeking of help by Māori from a mainstream service; whether Māori could be well served within mainstream services; how Good Practice Guidelines could support non-Māori practitioners whose services were sought by Māori; and appropriate support services for Māori experiencing a sexual violence crisis.

The group interviews were recorded and transcribed with the participants' consent. Some of the individual Kaumātua interviews were audio-recorded and transcribed with consent and written notes were recorded for the remainder, with appropriate consent. A transcriber of Māori descent who possessed a sound understanding of te reo Māori and knowledge of the sexual violence sector was contracted to complete this work, with the parameters of confidentiality required for this project upheld.

The hui data was reviewed by the Co-Researchers and Research Project Manager and coded to identify common themes.

RESULTS

Information pertaining to Māori and sexual violence crises and services, was gathered from hui and individual interviews from two main participant groups: Kaumātua, and kaimahi Māori from kaupapa Māori and mainstream services. From this data three main themes were identified which included:

Māori needs and expectations of crisis services, Crisis supports for Māori, and Recommendations for improving the experiences of Māori with crisis services. Within each theme subthemes were also identified which are displayed in the table below:

Māori needs and expectations of crisis services

Embracing a holistic framework
Engagement
Choice

Crisis supports for Māori

Kaupapa Māori services
Mainstream and bi-cultural services

Recommendations for improving the experiences of Māori with crisis services

Workforce development
Cultural support and engagement
Enhancing inter-service relationships
- Kaupapa Māori service development

Māori needs and expectations of crisis services:

- Embracing a holistic framework:

Participants across all groups, irrespective of whether they work within a Kaupapa Māori or Taiwi/Bi-cultural service, were consistent in asserting a Holistic Framework for working with Māori in crisis. Most particularly a holistic approach that stems from a Māori worldview was considered a priority and that:

“...anything to do with Māori is written from a Kaupapa Māori worldview”

“We draw on our ways of healing from a te Ao Māori (Māori worldview)”

Wairuatanga:

There are several aspects of a Māori worldview that emerged as critical to a holistic Māori worldview. In particular, wairua is considered central to any discussion of Te Ao Māori. Wairuatanga is considered to be critical in addressing sexual violence. Participants spoke of the impact of sexual violence on wairua:

“In particular, at the point of crisis, you know their wairua has been all damaged”

In Te Ao Māori, familial and sexual relationships are maintained through whakapapa and the responsibilities that are inherent through whakapapa (Te Puni Kōkiri, 2009). Disconnection can result in isolation and for Māori.

“isolation can be life-threatening”.

Whakapapa and reconnection with whānau was discussed as a wairua process integral to addressing the isolation and disconnection that may be experienced by Māori who have been sexually abused:

“We do whakapapa... to link their wairua up so that’s their whānau, hapū, iwi; so that’s on the wairua side”

“the (Wairua) kōrero ... we’ve taken it not just out of our office and (our agency) but we’ve taken it into the police, the courts, XXX district council, the hospital - where we physically go out there and make contact with them and it is structured on the Wairua, we come from Wairua so when the Wairua is talking we acknowledge it”

Whānau Ora: Whānau as healers:

Participants stressed the need for acknowledgement of whānau as able to actively contribute to whānau ora, that is, their own healing and wellbeing. Whānau ora includes the recognition of the mana and ability of individuals and the whānau to provide positive contexts for living that can generate solutions to support healing and the prevention of further harm:

“The key point for me.... (is) the importance of whānau having the power to do their own healing”

“When the whānau take it back on themselves they own it back to where it should be and the healing is greater”

Healing is evidenced by practitioners when clients are encouraged to draw on their past, positive whānau and tupuna experiences:

“They recall a vision in and there’s an emotion attached to it: ‘I was walking down the beach with my nanny ...’”

Rather than overlaying external concepts, the view being expressed is that the reconnection to Māori values and practices supports the whānau and the victim/survivors to move forward in healing. Kaipapa Māori practices seek to return Māori people ‘home’ to traditional, age-old whānau and hapū values that will support them on a pathway to wellbeing.

“that’s what we need to focus on as (victim/survivors) to let go of stuff. You need to fill the gap up and you fill the gap up with their mana and the strength that they already have”

Māori as healers:

Māori practices and processes (tikanga) that are rooted within Te Ao Māori have provided healing for Māori whānau for aeons:

“We’ve been doing (traditional Māori healing) way back and even back in the time of our tupuna”

“I think it is simple... that (Tuiwi need to) understand that Māori have been their own healers and practitioners (for many generations)”

Whānau ora and feminism conflict:

Whānau ora or wellbeing is established through strengthening the whānau relationships. Specifically, this includes tāne alongside wāhine. Some practitioners working within organisations that adhere strictly to feminist priorities, discussed experiencing difficulty in practising tikanga Māori and meeting contractual obligations within constraints that rigidly separate wāhine who are seeking their help, from tāne. Tāne are excluded from service or become invisible in accounts of practice under contracts that are understood to be based on feminist principles of ‘best’ practice:

“we work in a feminist organization. There’s been a bit of a (conflict); because we’re Māori we work with Māori ... whānau, hapū, iwi (inclusive of tāne)”

“we do work with male survivors or the partners of the survivors ... not with just the survivors. We work with (survivors’) parents because it does impact on the whole whānau... I do wonder how the whānau ora approach, which is very acceptable for us as Māori, ... fits in a feminist organization.

We've got a whānau whare that we took years to get and we've established it and bring (whānau) through there ... We're not supposed to work with males but I know that we do because it's kaupapa Māori. I can tell when (the wahine) is going flip out because she gets this glass look in her eyes and so we do need to support him in how to meet her needs..."

- Engagement:

At all levels, effective engagement with support services for Māori seeking sexual violence crisis support is required. Effective engagement with Māori seeking help in a system that is constructed on a mainstream worldview is compromised through lack of cultural knowledge and understanding of Māori, which impacts on the way services are delivered.

Māori victims and survivors:

There can be an internalised diminished view of Māori identity or concerns regarding confidentiality when Māori are seeking to access services. It is critical that practitioners are able to engage with these conflicts in order to support the restoration of whānau ora which will result in healing for the individual.

Engagement and commitment with whānau within Te Ao Māori is grounded in values such as wairuatanga, whakapapa and whānaungatanga. Māori practitioners draw on such values to establish mutual responsibility and commitment:

"we've had (Māori) people turn around and say I don't want to work with Māori and I say you know, no matter what, whether you look in the mirror upside down or inside out you will always be Māori and whenever somebody does something wrong you're not hurting yourself or your whānau you're hurting me because I'm Māori and so for me it's about working in a relationship together to heal together because you when you hurt you, you hurt me because I'm Māori; your pain is my pain; healing together"

Inter-Service Relationships:

Partnership and importantly, relationship, between Kaupapa Māori and Tauwi/Bi-Cultural sexual violence crisis support services based on Te Tiriti o Waitangi is essential for meaningful engagement between Tauwi and Māori to occur:

“I want (Tāiwi services/practitioners) to understand the Treaty of Waitangi. We’re a partnership. We’re not you or I, and a lot of them don’t understand the kaupapa the Te Tiriti and I think the Te Tiriti plays a big part in the kind of support and choices (available to Māori)”

Consistently there is an acknowledgement that relationship building between Māori and mainstream services is critical in order for Māori to receive appropriate support:

“there is a collaboration and partnership that goes on between us and them but ... what the collaboration is all about is supporting any Māori that may need us... we want better than (how that is working currently)... we’ve been working on getting a partnership between us so that we can be there so if a call comes in you know they can actually direct those people to the (Kaupapa Māori) services- now whether that works or not has to be actually up to us, to actually engage with each other and make it work and so we haven’t done that”

“I think about building relationships within my local area with all the Pākehā services around sexual violence stuff and all the Māori services and build this relationship so that we are all on the same page”

In general participants felt there was a lack of support services that are adequate to meet the needs of many Māori who are in crisis. This includes interactions with the Courts, Police and/or Child Youth and Family and Victim Support and also Housing Corporation and WINZ who often need to be accessed at various points of crisis:

“Child, Youth & Family, they do not practice wairua”

“...people make an assumption that because they are Victim Support they know how to support anybody but it’s actually really a (sexual violence) specialists’ area.”

“Housing Corp’s got nothing in there to meet Māori needs; ... none of them Kōrero Te Reo there”

“There is no cultural support in court processes”

“My wahine has done restorative justice kaupapa Māori style and I tried to explain to the court advisor and she shut me down and she just said this is my whare ...this is how it goes when you’re on my whare. She said I will talk about (Tāiwi) restorative justice. But there is Māori kaupapa restorative justice“

Notions of tapu are not sufficiently understood and attended to. Lack of understanding and acknowledgement of tapu by support networks and knowing how to work with tapu, can result in ongoing violations for the Māori victim/survivor:

“...they disclose to the police and they come out of there and then they’ve got to disclose to support networks. You know then they are being traumatized over and over and over and for me it’s ‘where do we stop?’”

Kaumātua (K) outlined how further violation can occur by repeat and/or premature questioning:

K: “There’s a boundary there (that is what we call tapu, and Māori) understood the boundaries ... you don’t violate that tapu; ...if (the victim/survivor) wants to be safe ... wants to be alone or even (says) I can’t talk to you now I’ve got something on my mind – there’s a tapu and that’s understood. But now (the response is) ‘what’s wrong with you? Why can’t I talk to you ... it goes on and on and comes back aggravated”

Q... “that can happen when a person is in crisis ... and you’re being asked to give an account ... Are we are violating tapu again?”

K: “(yes) without realizing it because we don’t understand that environment of tapu anymore for what it is because somebody has come along with another language and said this is what tapu is Māori and you better believe it but it isn’t. I mean you can understand if it went back there you know from the old Māori world”

- Choice:

The issue of offering a choice of services was controversial and important to all participants. The choice being referred to was whether Māori clients should be offered the choice of working with Kaupapa Māori services or with Tauwiwi services. Currently all crisis telephone counselling services are operated by Tauwiwi or Bi-cultural services. The only service available in the larger Auckland area at the time of the interviews had no Māori practitioners operating the crisis call lines therefore the conversation in respect of choice between Tauwiwi or Kaupapa Māori services at that early point of contact would be offered by Tauwiwi practitioners.

The outstandingly predominant view was captured in comments such as “*it’s not a real choice for whanau*” because “*it’s not level playing field to make a choice*”. This is in part reference to the impact of

colonisation which is considered to be a primary factor in weighting the *whānau*'s decision towards Tauwiwi services:

“a few times (Māori) have said to us, ‘no we want to go upstairs to the Tauwiwi (programme) and work with them because they know they what they’re doing... but in the end just by doing whakawhānaungatanga with them they change their minds”

Further a Tauwiwi worldview as experienced by Kaupapa Māori practitioners appears to privilege choice above a secure cultural identity which is understood from a Māori worldview to be critical to wellbeing. The disparity between the two is more distinct when taking into account the notion of limited choice:

“(Tauwiwi) actually think they have this moral obligation ... that they’ve given a choice to our people. They haven’t taken into consideration that our people are colonized and have been impacted. We have been oppressed. We are not on an even playing field. It would be tied if we were all on that same even playing field - if we had the same understandings, values and beliefs - we don’t”

“(Tauwiwi) have this obligation to offer choice. Now if they really knew what it was like for us as Māori - if we give them that full awareness of the impact it has (on Māori).. it’s not about you and the goodwill that you must (offer) people it’s really about what is best for that person... what it means to be Māori; to really (have) that full awareness of the impact (of colonisation), versus obligation to offer choice”

The kind of choice on offer, how choice is presented and who offers choice, are further potential collision points between Tauwiwi and Māori worldviews:

“Tauwiwi worldview privileges for example at the first point of contact, this idea of choice. So when Māori speak with a Tauwiwi person they are given a choice to either stay with the Tauwiwi service or access a Māori service... what we were saying is, in the first instance Māori be referred to Māori services for a conversation. A conversation around whether they would like to access a Tauwiwi service can occur within a Māori service rather than at first point of contact with a Tauwiwi service”

“You’re right, they do have a right to make a choice but do you give them the choice and do you, are your people expert enough to take them through that healing process? ... at the end of the day they come back around years later, to me”

We compare the choice of Tuiwi/Māori to the following choices which stem from a Kaupapa Māori perspective. The meaning of choice is held firmly within Te Ao Māori and relies on the ability of practitioners to be able to work within the complexities of a Māori worldview.

“...if we believe we know what’s best for our people why are we saying we have a choice? You know my nannies never gave me a choice. Why? Because they knew what was best for me. Did they say, ‘moko, you choose? Do you want the kawakawa or do you want this or that? What would I know? But what they did was, they said. So this whole misconception about choice is actually a (myth)”

“... the choice is about knowing our Kūia and our Kaumātua who are out there and we can ring and let them know. I have this Kaumātua and I have this kōrero ki ia: ‘e mātau, tēnā koe e hoa, haere mai ki te tautoko ki ahau’, and he goes, ‘ae ka pai’. And he’ll come no matter what...”

(K)...”if I was referred to as Kaumātua, it’s (for) the person that I can deal with my way. But the Kaumātua next to me might be able to deal with a person that is deeply religious. He goes to him and can’t come to me because I have a wairua thing. But it’s in the Māori world and this one might be the religious world and of course they might be in that world; so it can’t be answered by one elder...”

Impacts of colonisation are complex and in some cases Māori victim/survivors do request to work with Tuiwi services:

“They are too whakamā and they want to go to a Pākehā service. That way they can just deal with it. Do it the Pākehā way and get it over and done with in their eyes and I want them to have that choice. That’s a choice”

“...we do have Māori that come in and want to work with Tuiwi only because ... Māori have been their abusers. So they’ve shifted to Tuiwi... if they say... (they) want to choose to go with Māori again, to lift up and enhance the Māori wahine in them and help bring healing to them (they can return)”

Since this request occurs most often within a Tuiwi/Bicultural context, the importance of decolonisation conversations as a pathway to restoration of wellbeing is diminished. It appears that the Tuiwi/Māori choice for Māori is proportional to the impact of colonisation and inversely proportional to the understanding of cultural identity:

“we’ve all been through this cookie cutter of Western culture ... but that’s the reality for some of our people. They hold that, so for them it’s important to have an idea of choice. So that’s why we are saying the choice conversation should be with Māori in the first instance and then they can choose to go back after they have done whakawhānautanga with us”

The prevalent view is that choices should be made available to Māori but not necessarily focused on the Taiwi/Māori choice of service. Also, that choice for Māori is socially-negotiated. Kaumātua, tohunga and other healers and practitioners are all valid possibilities for healing and well-being and knowledge about these options may not necessarily rest with the client. In the final analysis, how and where the conversations about choices are conducted is critical to the outcome:

“we don’t disagree with our people having a choice but who has the conversation about that choice with them (is critical), so what we are saying is in the first instance that a (Kaupapa) Māori service should have the conversation”

Crisis support for Māori:

- Kaupapa Māori services:

Of utmost concern to all participants was the dearth of Kaupapa Māori sexual violence crisis support services across the country. The availability of Kaupapa Māori services is extremely limited and access to those services is often difficult. Participants reported limited or no access to specialist crisis services that meet the needs of Māori.

“We don’t have a (Kaupapa Māori service) providing that, we don’t have an (Iwi service), you have a mainstream Kaupapa. You have a (mainstream service) providing crisis services mainstream kaupapa... that’s what concerns me, same with our area no Māori in crisis support services.”

There were recollections by one participant from a Kaupapa Māori service of Māori whānau not being referred to their service or having difficulty locating their service, they had accessed a mainstream service, not knowing a Kaupapa Māori service existed next door. This was not a singular occurrence:

“I can tell (again and again) the same story around whānau who have gone down stairs (to a mainstream service in same vicinity) and they’ve come (to us) like 15 years later and cried and said I’m home. Isn’t that amazing (that) someone can come and say I’ve been looking for you?”

The sense of “*I’m home*” implies returning to a place that is known, common and safely familiar. Safe and familiar environments for Māori were being reproduced by Māori within the services they worked. These are philosophies from Te Ao Māori that Māori practitioners were practising in order for clients to experience a greater degree of safety. One participant working within a mainstream service shared the following:

“What we found is the background (of Māori with mental health), a lot of it was sexual abuse, so what we did, we actually created and developed a team of clinicians and a team of cultural Kaumātua here in Waitematā and we moulded the two together. We worked and developed these two streams to deal with one Kaumātua, with their cultural identity and, two when they needed the doctors, nurses and the counsellors they needed them because, well they had been institutionalized.”

This way of working with Māori, as pointed out, was a way of de-institutionalising clients through Kaupapa Māori practices. They went on to talk about how Māori narratives and understandings are transferred from practitioner to client and vice versa:

“Only Māori can tell it how it is to Māori”

While this appeared very direct, the reality and outcome was that a space was created where both Māori practitioner and client were able to find a safe place of working. Kaupapa Māori practices were exercised in a physical environment that was conducive in supporting the wellbeing of not only the individual but of the whole whānau. It is usual when working from Te Ao Māori to work with the whānau and others that are part of the person’s support network:

“This marae here is a healing marae, it’s here for a reason, it’s not only here to take on groups and bring groups on it’s actually here for people to heal.”

Marae and other significant spaces for Māori call forward other paradigms that sit within a Kaupapa Māori world such as the wisdom and presence of a Kuia. One participant commented:

“I would have preferred to have talked to a nanny figure. A nanny who can offer you that, that Manaakitanga, you know that she (brings); that aroha and it would have to be female. That’s just my personal experience that I wanted a nanny to talk to. Yep a kuia, a kuia that can, you know, not going to make it right, but that stillness about just being quiet in the moment.”

“Yeah and that’s definitely kaupapa Māori. Some of the clients just want to sing, or they want you to sing for them. So yeah that’s a part of their healing as well, and to sing songs, they want to

hear they've heard when they were little. Like you said there's not enough kuia, koroua and koro out there for our tamariki."

Some participants were very familiar with Tikanga and Te Reo Māori while others were not so familiar, however, all participants acknowledged how important Māori practices and a space for te reo Māori to occur, were in creating an environment that is safe for whānau Māori:

"We may not all have Te Reo. We may not have the articulation of the Karakia that go with (certain areas) but we have access to that, and we know why that's important."

Having noted the above, what was evident from the conversations regarding Kaupapa Māori was that when crisis occurred, there needed to be Kaupapa Māori services present at the first point of contact.

"Kaupapa Māori at first point of contact at crisis – referral immediate"

"The first thing I think is to offer Kaupapa Māori with a Māori service. That's what I would say."

It was clear that the limited availability and poor access to Kaupapa Māori services is of grave concern to all participants and the **development of Kaupapa Māori services** is critical if the needs of Māori impacted by sexual violence are to be addressed.

- Mainstream and Bi-Cultural services

A number of participants shared personal experiences of significant limitations for Māori working in Mainstream and Bi Cultural services.

Participants argued that Kaupapa Māori interventions that are informed by articulations of a Māori worldview, which is intrinsically holistic, are in the main regarded by mainstream services as less relevant than Western clinical interventions in achieving healing/wellbeing and rather that *"priority is given to Western clinical practice"*. It was acknowledged that within Tauwiwi services there may be *"Māori working in there and they have it in their hearts to (work in a holistic/Māori worldview) but it is not possible."*

"The integrity and mana of tikanga Māori practices are consistent with the principles of positive change that Western practitioners endeavour to attain. Mainstream practice requires us to focus on tangible, measurable evidence. Privileging the tangible to this extent, limits the ability to

measure the principles and effects of wairuatanga, because it sits within a realm that Western practice is unable to measure.”

There were consistent messages of Māori practices either being limited or disallowed within the service.

Of significant concern to some working within some Tauwi services, and reinforced by their experiences with statutory services, were conduct guidelines restricting initiating or participating in conversations about wairua:

“Under the policy that I work with (in) Kaupapa Tauwi and bi-cultural we are not allowed to talk about Wairua, the spirit, and yet our whole office is filled with Wairua and spirit.”

While this conversation was about the wairua and its application for Māori practitioners in the workplace they went on to specifically bring to the attention of the group that the mauri and essence of Wāhine is dismissed because their wairua is not acknowledged through practice of wairua kōrero.

“(wairua conversation) is shut down when we go to CYPs training. They don’t acknowledge the wairua and I only work in the wairua. It’s not acknowledged and that’s what’s coming through with the Māori wāhine is that their Wairua is not being acknowledged”

This is significant when reviewing service delivery within the sexual violence sector given the high rates of wāhine(women) as victims/survivors of sexual crimes. There was an indication from some participants that mainstream crisis services should develop Māori services alongside to meet these critical and important needs.

“So, what we need is that mainstream services providing 24 hour crisis (support) must develop Māori services alongside, or they must support the development of (Māori) cultural services alongside, because they cannot service our people.”

Another limitation was identified within mainstream services which was the inability to work in an all-inclusive way with whānau as some agencies were not allowed to include men in the therapeutic work required to bring about safety for the whānau. Māori practitioners from -one mainstream (bi-cultural) service described the conflict with the service’s feminist philosophy when trying to deliver a whānau ora approach:

“I was told not to claim for them (men) MSD goes ‘don’t you put them on your books’. I go what? You don’t put those males on your books.”

“We are not allowed to. They (mainstream service) have taken our whānau away, and we just have to have females and they’re not allowed to have children. They brought in this thing where we can’t claim it’s just getting harder and harder.”

“I think that’s why the significant difference is about Tauīwi and Māori, around mainstream organisations and Māori organisations. It’s a bit of a hara and a mamae to hear that you have to bring the men in outside of the kaupapa or policy of the agency.”

“I guess this is some of the things that we are trying to address with this particular conversation. Why is it that we have to step out of their (mainstream) policy and into our Tikanga? “

“The fact of the matter is it was similar for us is when we were there (in mainstream), it was a similar process. There were things we couldn’t practice as Māori within mainstream organisations and we had to take it outside of the organisation. So what are we saying, are we saying that we continue to do that? Or are we saying, well actually it should be a part of the policy within the mainstream organisation? Because this is what the conversation is about.”

A number of participants who have experienced working in mainstream or bi-cultural services spoke about feeling ‘burnt-out’ and ‘undervalued’. They agreed that ‘Māori kaimahi are vulnerable in mainstream services’ as they are often overloaded with complex Māori cases as non-Māori within the service are not able to provide cultural, competent interventions.

Some practitioners had developed Kaupapa Māori initiatives that had been successful in working with Māori and non-Māori whānau yet with little acknowledgement, such as one remaining as an unpaid volunteer for many years:

“I develop Kaupapa Māori initiatives which they take and use and I receive no acknowledgement”

For others, the Kaupapa Māori practices they developed were re-presented under a Tauīwi framework:

“...call it Māori practice; don’t colonise the knowledge with a Pākehā name”

Some participants linked the requirement to reframe Kaupapa Māori practices under Tauivi practices frameworks to demonstrate they are meeting the requirement of Western clinical interventions in their practice, to the difficulty in accessing funding for their services:

“...while we might practice Kaupapa Māori over here we are ticking off the CBT box; or even with domestic violence you’re ticking off the Duluth model. But the reality is we are practising (Kaupapa) Māori ...so the reason that we don’t get the pūtea and some of the issues (we experience within mainstream/bi-cultural services) is because we are having to acknowledge these other models of practice.”

Meanwhile, some kaimahi felt that the mainstream/bi-cultural services were continuing to benefit from Kaupapa Māori interventions.

Many of the aspects that participants mentioned related to the lack of expertise and knowledge of non-Māori practitioners to work therapeutically with Māori within the world of taha Māori:

“A part of that therapeutic healing is Te Reo Māori, that taha wairua part which they (mainstream) are not experts.”

Māori kaimahi expressed grave concern that Māori accessing mainstream services may not be receiving the full service that they deserve to support them to move them toward greater whānau ora, that Māori practitioners are able to offer. The counter argument from one of the Kaumātua rōpū was that Kaupapa Māori knowledge is available to all, asserting tupuna kōrero encourages: ‘*aroha ki te tangata*’ not ‘*ki te tangata Māori*’.

However, the majority of participants felt strongly that the health and wellbeing of the whānau Māori would not be met if Kaupapa Māori practitioners were not directly involved in the therapeutic process:

“How do they get to healthy and well if we’re (Māori practitioners) not there to make it happen?”

As whakapapa relational practices are important to Māori for the wellbeing of Māori, there was a lack of confidence that this could be adequately attended to, consistent with the above aspects and agreed with by most participants who stated:

“Whakapapa is a critical tool for working with Māori... it’s tapu ... there is a problem with giving it to Tauwiwi ... a problem with being to asked to write it down ... you don’t give it away; it comes to you in its own time”

Whakapapa conversations are articulated in a way that is seamless, for example:

“Awww, kia ora kare, or else you will hear a name, you will start connecting those names like it’s so (matter of fact). I don’t know what mainstream does, and I don’t want to know, but I suspect they don’t do what we do.”

In contrast a participant shared the following experience:

“I actually went to a counsellor (mainstream) and actually tried to cope with this ... I walked in there, sat down, and she goes, ‘good morning my name is ‘blah blah blah’, look I have some paper work I need you to fill out.’. Then handed me this Whakapapa paper they had, and (said) ‘I want to know your relationships and blah blah.’. You don’t even know who I am!”

Overall, most participants experienced significant limitations to their ability to practice from a Kaupapa Māori worldview within mainstream services, endorsing the need for *workforce development* and ongoing *Kaupapa Māori service development* to meet the need for Māori in a way that is congruent with a Māori identity and with the whānau who are seeking help.

Government organisations and NGOs

Participants working in in one particular region spoke of the need for a stronger tripartite agreement throughout that region. Narratives were shared of Māori whānau being re-traumatised when engaging with crisis support services, such as with the Police, or medical assessments following an incident of sexual violence. The main concerns were the lack of Kaumātua at critical points of crisis and generalist workers within Victim Support who are engaged by the Police, who *“do not practise wairua healing and are not skilled to work with survivors (of sexual violence) in crisis.”*

“where it gets hard for me is we don’t have a lot of Māori doctors so sometimes we have to accept that, but we don’t have to accept (the absence of Māori) ... I would like to see that doctors have Kaumātua (Kuia) beside them... I would like to know that DSAC doctors are trained to know some of this stuff, that is you know Tikanga for us, like for our wāhine. You know they pull your underwear down; you know you’ve got to pull your hair up when they’re doing that, so without any thought! You know we used to be a part of the (examination) yeah you know we use to be a part of that...”

Tikanga may vary in different areas but the same concerns were widespread amongst the participants. In general, participants also felt that Māori whānau may be reluctant to contact external services such as NZ Police and other Government agencies due to prior negative experiences that have been perceived to have threatened their livelihood or their whānau in some way:

“We need to change the process because, the process for whether it’s a child or an adult their first point of call is with government agencies and we know that our people don’t have a relationship with government agencies because it threatens the livelihood of that whanau.”

Most participants believed that it was not enough to rely on relationships with Tauīwi/Bi-Cultural services to refer Māori to Kaupapa Māori services. While such relationships are critical, to ensure consistent practice and accountability, any and all Good Practice Guidelines and internal mainstream/bi-cultural services’ policies should require that the first conversation in respect to Māori whānau, including choice of service should sit with Kaupapa Māori services:

“(in respect of any) good practice guidelines ... anything to do with Māori is written from a Kaupapa Māori worldview.”

Several participants spoke of the need to continue to work with local and central Governments to achieve equity of and access to resources in the sexual violence sector for the ***ongoing development of Kaupapa Māori services:***

*“that has to be Government; that has to be policies; that (ability to practise Kaupapa Māori) was out of our hands
...at a National level we need to actually start (the change process) and making plans that we create space for a safe space for kaupapa, Kaupapa Māori.”*

Recommendations for Improving the Experiences of Māori with Crisis Services:

Four key areas of recommendation for change that have been identified throughout this report are summarised here:

- Enhancing inter-service relationships

Participants considered strengthening relationships between Mainstream and Kaupapa Māori services as critical for the well-being of Māori clients. Relationship development between the services would be

occurring consistently over time rather than only at the point of crisis for a client. If this was occurring participants generally felt that Tauwi services would be more likely to know when to refer to Kaupapa Māori services and there was a greater likelihood of whānau receiving the appropriate support. Also the reciprocal sharing of knowledge would be able to occur more readily. Strong inter-service relationships, that is between Tauwi, Bi-cultural and Kaupapa Māori services is critical in order to achieve these outcomes.

“(for example) the kōrero we need to have with mainstream is that (Kaupapa Māori providers) are here and this is how you access them... my advice to mainstream is that they have a working relationship with a Kaupapa Māori service”

“there is a collaboration and partnership that goes on between us (Kaupapa Māori providers) and them (Tauwi/Bi-cultural providers) but ... what the collaboration is all about is supporting any Māori that may need us... we want better than (how that is working currently) ...”

“I think about building relationships within my local area with all the Pākehā services around sexual violence stuff and all the Māori services and build this relationship so that we are all on the same page”

- Workforce development

Workforce development requires at least dual foci. Firstly, increasing awareness and understanding for Tauwi practitioners of the issues, both historical and current that impact on Māori needs to be addressed. Secondly, increasing the capability and capacity of Kaupapa Māori providers to meet the demand for services, requires the support of Tauwi services and Government resources.

“(Tauwi) haven’t taken into consideration that our people are colonised. We have been impacted. We have

been oppressed. We are not on an even playing field. It would be tied if we were all on that same even playing field,

we (would) have the same understanding, values and beliefs. We don’t. So for me I think that it’s a major issue

when it comes to a competency that Pākehā have to have. Some have had training; some (need) in-depth training

about looking at themselves and looking at us through a value base that’s of our making not theirs

...mainstream services ... those who are working in this field, need training around what it means for Māori to be Māori”

“so what we need is for mainstream services providing the 24 hour crisis, they must develop Māori services alongside ...they must support the development of cultural services alongside because they cannot service our people like we can do”

- Cultural support and engagement

In order for Māori needs to be met effectively, it is critical that effective cultural support across the whole of the support system is available so that safe and meaningful engagement with Māori victim/survivors, their whānau and their communities, can occur in order to achieve acceptable outcomes for Māori whānau.

“...need to get some whakaaro Māori going on that will give (non-Māori) enough information to know that they can't work with Māori in a way that's holistic... bring Pākehā in to learn and do the Treaty of Waitangi training ... that's a compulsory thing... after that they need to do a competency”

- Kaupapa Māori service development

One Kaumātua stressed that Māori are *“trying to put the Māori world back into some balance and someone (Tauīwi worldview) is deviating you from it”*.

In order for whānau to have access to crisis support that is Kaupapa Māori, that offers hope to achieve such balance which is critical to Māori well-being, support from mainstream services and the wider system is required to support Kaupapa Māori service development.

“Māori must have the opportunity to develop right alongside and be equally visible and their services equally valid and mainstream because they're sitting there (they have a) responsibility to support...”

SUMMARY

Although this document speaks largely in terms of wāhine and tāne, we also firmly reiterate our intention to include in the following recommendations, all people who articulate their gender identity or sexual

orientation inside or outside the parameters of wāhine/tāne or homosexual/heterosexual orientation. We affirm their right of access to Kaupapa Māori services and their right to appropriate, sensitive and timely support to access those services.

The imbalance of access to Kaupapa Māori services is maintained and supported by mainstream services; including by competing for resources to provide services for Māori rather than supporting the development of relevant Kaupapa Māori services. This highlights the need for services to reconsider their relationship to Māori and Māori practices and to support the autonomy of Kaupapa Māori services by referring clients to Māori services; sharing resources; and supporting funding and resourcing for these services.

Te Puāwaitanga o Te Kākano (Te Puni Kōkiri, 2009) strongly affirms and supports Kaupapa Māori approaches and concludes that issues which require:

“further development to support current and future Providers include: further developing Kaupapa Māori service delivery; improving funding models; workforce development and training; enhancing support systems and networks within the sector; supporting organisational infrastructure sustainability; informed public policy development; and the development of a research programme... “(p.175-176).

Te Tiriti o Waitangi together with He Whakaputanga O Te Rangatiratanga and the United Nations Declaration on the Rights of Indigenous Peoples, create a strong foundation and convincing reasons for addressing the concerns raised by Māori in respect of addressing the needs of Māori who have been impacted by sexual violence.

There is a strong impetus from Māori to develop and provide Kaupapa Māori services; that Māori practices become rightfully acknowledged alongside mainstream services and that Māori clinical practices have equity of validation through research, resources, publications and practice delivery. The contributions Māori have made to culture and identity in Aotearoa are ubiquitous and a compelling reason for Kaupapa Māori services to be available to Māori and others, yet to a large extent remains barely acknowledged throughout the sexual violence sector.

GOOD PRACTICE GUIDELINES

Supported by the research discussed and foundational documents: Te Tiriti o Waitangi, He Whakaputanga O Te Rangitiratanga and the United Nations Declaration on the Rights of Indigenous Peoples, we offer the following Good Practice Guideline recommendations as a beginning point for informing Good Practice Guidelines for Mainstream Support Services. These are intended as interim measures whilst supporting the development and resourcing of Kaupapa Māori services, to ensure Māori have ease of access to Kaupapa Māori services, congruent with various articulations of Māori identity.

1. INTER-SERVICE RELATIONSHIP DEVELOPMENT

Ongoing development of Te Tiriti partnership and relationship between mainstream and Māori services is a priority. Te Tiriti partnership with Māori would be demonstrated by the following:

- All requests for service by Māori that are received by mainstream services will in the first instance be referred to local Kaupapa Māori sexual violence services.
- Working relationships will be developed with local hapū and iwi services and Kaupapa Māori services to ensure appropriate access to Kaumātua and ensuring genuine participation at all levels.
- Evidence that healing is a priority above mandatory guidelines e.g. tāne would be included in healing pathways.
- Support for Māori to access Kaupapa Māori hohourongo/restorative justice services.
- Policies and funding contracts would reflect that when working with Māori whānau, whānau ora is promoted above other bodies of thought such as feminist principles that exclude tāne within survivor services.

2. WORKFORCE DEVELOPMENT

The priority for workforce development should be to support Kaupapa Māori Service development (see no. 4).

The workforce development priority within Mainstream Services should be on developing cultural competence. Cultural competence includes:

- Upskilling Māori practitioners to increase capacity and capability to work with Māori by:

- Participating in cultural identity exploration and training.
- Accessing and developing proficiency in culturally specific resources e.g. those developed by ‘Te Whānau o Te Kāhano’.
- Increasing proficiency in ‘te reo Māori me ona Tikanga’. A minimum standard for te reo Māori is bi-lingual awareness and a service commitment to upskilling staff in correct pronunciation with a strategy to achieve proficiency in basic conversation.

Cultural competence training for non-Māori practitioners begins with:

- The acknowledgement of the limitations as non-Māori to work with Māori including:
 - o Understanding and working with the ongoing realities of the impacts of colonisation on Māori;
 - o The validity of differing worldviews and validity of differing therapeutic approaches and practices that arise from those worldviews;
 - o The importance of accessing Kaumātua/tohunga etc. as healers and/or for service guidance roles (e.g. Board/Clinical Direction).

This is consistent with TOAH-NNEST’S Taskforce Report recommendation 11c (MOJ, 2009, p.4): “supporting and investing in Māori/whānau-led solutions informed by Te Ohaakii a Hine as a prevention model for tangata whenua”.

3. CULTURAL SUPPORT AND ENGAGEMENT

- Access to a list of Kaumātua who could be accessed by Tauwi services to support the process of ensuring suitable tautoko for Māori seeking support.
- The list would be developed and recommendations made in partnership with local Kaupapa Māori sexual violence services or other Māori or iwi services where Kaupapa Māori sexual violence services do not currently exist.
- Relationship building with Māori services and the Māori community will not be dependent on current service delivery to Māori clients. Confining pro-active relationship building with the Māori community to times of crisis would be akin to tokenism.
- Kaumātua should not be consulted in isolation but should have the support of the expertise of Kaupapa Māori sexual violence service practitioners to support them in their roles and their advice should be respected.
- Kaumātua should be recompensed, such as through payment or koha that is commensurate with the highly specialised knowledge and experience they bring to their roles.

- Advocacy
- Support for Māori by Māori who are cognisant with Māori tikanga and values to support them to navigate a pathway forward with Police, the Courts, statutory organisations; medical; and any other support services.
- To ensure Kaupapa Māori processes such as Hohourongo can be accessed and recognised, as opposed to Tauwi restorative justice processes.

4. KAUPAPA MĀORI SERVICE DEVELOPMENT

There is currently a dearth of Kaupapa Māori sexual violence services throughout Aotearoa. This is largely due to:

- Funding constraints across the whole of the sexual violence sector and also supported by Government policy to rationalise funding streams.
- Whānau often struggle to access services due to constraints such as transport, whānau obligations or budget.

The following recommendations are made to support Kaupapa Māori Service Development:

- Better resourcing for Kaupapa Māori Services.
- Funding for mobile services to provide training/workforce development.
- A separate set of Good Practice Guidelines for Kaupapa Māori Sexual Violence services providing crisis support, and funding for this development.
- Mainstream Service Good Practice Guidelines for Māori should be consistent with Good Practice Guidelines for Kaupapa Māori Sexual Violence services providing crisis support.

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Appendix

Good Practice Guidelines

Working with Māori

Interview domains:

What kinds of supports are needed, specifically for Māori, when in crisis following sexual assault/abuse?

Probing questions:

- **Te taha Māori: Access to cultural supports (te reo speaker, Kaumātua, tikanga Māori)**
- **Te taha wairua: Spiritual support (access to karakia, tohunga, rongoa Māori)**
- **Te taha tinana: Physical support (support with the medical process)**
- **Te taha hinengaro: Emotional support: specific therapeutic interventions (counselling)**
- **Te taha whānau: Support for whānau, social support (financial, housing/accommodation)**
- **Te Ao Pākehā: Legal/police process, information to make an informed choice (service options, to make a police report or not)**

Support options and choices for Māori

Probing questions:

- **Kaupapa Māori services**
- **Tauwi services**

How do these needs translate into recommendations/guidelines for those working with Māori survivors seeking crisis services?

Probing questions:

- What do you recommend to Tauwi services and/or people working with Māori in crisis?

Good Practice Guidelines for Mainstream Crisis Support Services - Round 2

Working with Māori

Hui:

The hui will be at the Waitakere Hospital marae, Wednesday 15th July 2015

Please find below the hui itinerary.

9am Preparation	
10am Pōwhiri	
10.30am Cup of tea	
10.45am Introduction to the project	
11am Group discussions (Kaumātua, Kaupapa Māori, Mainstream/Bi-cultural)	
12.30pm Kai	
1pm Wrap up discussion (all groups together)	