Mokopuna Rising:

Intervention in Whānau Violence

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Abstract

Family violence is a critical issue facing Aotearoa New Zealand, and over-representation of the indigenous population is of great concern. The elucidation of successful prevention and intervention strategies is of significant interest to the field, yet there exists a dearth of literature related to the relevance and efficacy of these for Māori whānau (families). This study aimed to describe practices which assist whānau in the prevention or elimination of whānau violence. This was investigated through qualitative research methods, situated within a framework of Kaupapa Māori methodology (indigenous research theory and methods), and informed by the broad traditions of both clinical and community psychology. Semi-structured interviews were conducted with 50 participants representing three groups: whānau, practitioners in the field, and tribal representatives from the Ngāti Hine hapū (from Northern New Zealand). Analyses of interviews revealed that the experience of whānau violence for Māori involves a complex interaction of both historical and contemporary factors. Overall, Māori approaches to intervention and the restoration of whānau through strengthening cultural identity and practices were valued by all three participant groups. The presence of positive role-models and meaningful engagement with therapeutic and other supports were also highlighted by all three groups as fundamental in preventing and stopping whānau violence. Education, skill development, and the provision of opportunities to change were also identified by whānau as mitigating factors for whānau violence. Practitioners emphasised the characteristics and skills necessary to facilitate change within whānau, and identified that support for them in this work is important. Ngāti Hine representatives also highlighted whānau connectedness and support for young people as valuable strategies. A need for succession planning and a desire for rangatiratanga (self-determination) contributed to a vision held by Ngāti Hine representatives for healthy whānau and a strong hapū. Underscored by participants in all three groups, as an essential factor in preventing and stopping whānau violence, was the presence of hope. Being based within a hapū (tribal) environment, this study makes a unique contribution to both the theory and practice of prevention and intervention in whānau violence.

~ This thesis is dedicated to my whānau ~

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support, of lively discussion and debate, and of laughter and fun. You have led me to believe that anything is possible and never to expect anything less. I don't think any other single person could bring together the intelligence, depth of analysis, mischeviousness, cheek and love to the times we have together that you do. All of this has made me who I am.

Luckily for us, and for all of our whānau, we have Mum. Mum, you really are the source of our sustenance. You are like a spring, from which flows endless love and support. Your tenderness, patience and loving generosity makes you truly one of the most beautiful people that I know. You are my precious friend and a source of constant joy. I feel a certain peace when you are near, no doubt from the love that emanates from you. Every time I ask how I could possibly ever 'repay' the help that you give us, you always say "by being the same kind of mother to your children". I can only hope that your mokopuna will feel the same way about me as I do about you.

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Na reira, e ngā rau rangatira ma, e ngā mātua, koutou katoa ra, tēnā koutou, tēnā koutou, tēnā koutou katoa.

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Glossary

Māori	English
Āe	Yes
Ahau	I, me
Āpōpō	Tomorrow
Aroha	Caring, love, compassion, respect
Awhi	Embrace, care
Haka	Traditional warrior challenge
Hapū	Kinship group/tribe, sub-tribe; pregnant
Hikoi	Journey
Hinengaro	Mind, thought, consciousness
Hohou i te rongo	Make peace
Hui	Meeting, gathering
Ihi	Essential life force
Iwi	Extended kinship group/tribe; bones
Kahupō	Dimness (of sight); meaninglessness
Kaikōrero	Facilitator, speaker, orator
Kaimahi	Worker
Kaitiaki	Guardian, carer
Kaitiakitanga	Guardianship
Kanohi kitea	The seen face
Karakia	Spiritual stimulation, prayer
Kaua e …	Don't …
Kaumātua	Elder (male or female)
Kaupapa	Plan, proposal, topic, theme
Kei te pai	Good, okay
Ki	To
Kia tupato	Be careful, be cautious

Ko wai ahau?	Who am I?
Koe	You (one person)
Koha	Gift of appreciation
Kohanga Reo	Maori preschool language nests
Kōrero	Talk, speak
Kōrerorero	Discuss, discussion, conversation
Korikori tinana	Physical activity
Kotiti haere	Stray away
Kua mate	Has died
Kuia	Elder (female)
Kumara	Sweet potato
Kura	School
Māhaki	Lessen, mild, meek
Mahi	Work, do
Mahi tahi	Work together
Mana	Prestige, authority, dignity
Mana Atua	Powerful sense of the Gods/Power from above
Mana whenua	Power/authority related to land
Manaaki	To take care of, support, protect, look out for
Manaakitanga	Hospitality, kindness
Mana wahine	Prestige of a woman
Mana tāne	Prestige of a man
Marae	Courtyard, meeting place; complex of buildings
Mate	Die, be unwell
Mau rakau	Traditional weapon training
Mauri	Life force, life essence, vitality
Mauri ora	Be full of wellness
Mihi	Greeting, acknowledgement
Mirimiri	Massage
Mokopuna	Grandchild
Ngā mahi a rehia	Recreational activities
Ngākau	Heart, emotional wellbeing or feelings

Noa	Common, safe, unrestricted
Ora	Be alive; well, healthy
Oti	Complete, finish
Pai	Good
Pākehā	Non-Māori New Zealander descended from settlers
Pānui	Notices & briefing
Papakāinga	Original home, home base, place of belonging
Poroporoaki	Formal farewell
Pōtiki	Youngest child
Rae	Forehead
Rangatahi (alternatively, Taitamariki)	Youth
Rangatira	Chief, leader
Rangatiratanga	Self determination
Rangahau whānau	Research Advisory Group
Reo	Language
Rohe	Area, region
Rohe potae	Traditional geographical area affiliated to a tribe
Rongoa	Traditional medicine and healing
Runanga	Tribal Council
Taha Hinengaro	Related to mental and emotional wellbeing
Taha Tinana	Related to physical wellbeing
Taha Wairua	Related to spirituality
Taha Whānau	Related to family connections and belonging
Taimaha	Heavy
Takahi	To trample
Take	Issue
Tamariki	Children
Tāne	Man
Tangata	People
Tapu	Sanctity; sacred, special, restricted

Tapuhi	Nursing
Tautoko	Support, endorse
Te	The
Teina	Younger sibling (of the same gender)
Te Ao Turoa	The light of day, world; nature
Te Mata Rehu	Vision
Te reo Māori	The Māori language
Te Tai Tokerau	Northern region of the North Island
Te Tiriti o Waitangi	The Treaty of Waitangi
Tiaki	Guard, keep, look after
Titiro	Look
Tinana	Body
Tikanga	Cultural principles, practices and customs
Tū	Stand
Tuakana	Elder sibling (of the same gender)
Tupuna	Ancestor
Uri	Descendant
Wahine/Wāhine	Woman/Women
Waiata	Song
Waiata hineme	Hymn (sung)
Wairua	Spirit, spirituality
Wana	Exciting, thrilling, inspiring awe
Waananga	Tribal knowledge/lore; to meet and discuss; seminar/conference/teaching institution
Wehi	Being in awe of life
Werawera	Perspiration, heat
Whakaaro	Thought
Whakapapa	Genealogy, descent
Whakataukī	Proverb, saying
Whakawhanaungatanga	The acts of establishing relationships, connecting
Whakamana	Enhance mana within, bestow mana, uplift

Whakanoa	To remove tapu, make ordinary
Whakarongo	Listen
Whānau	Family, extended family
Whānau ora	Family wellbeing
Whanaunga	Relative, relation, kin
Whanaungatanga	Kinship, relationships, social cohesion
Whare	House
Wharenui	Tribal meeting house
Whare Waananga	Place of higher learning; university
Whakawātea	Act of clearing the way

Chapter One: Introduction

"In a very difficult meeting, an extremely unpleasant man was concerned about the possible loss of his power and the continuation of his plans and dreams for the future. And I said, yeah well, you should be worried, because according to your philosophy, when you're dead, you're dead. When I'm dead, my mokopuna[1] will be rising"[2]

The name of this study, "Mokopuna Rising", came about following a discussion at the Ngāti Hine Health Trust (the health provider organisation at which this study was based) about the positive aspects of being Māori. These included "... that it was great to have a sense of who you are, who you have come from, your history, your stories of the past that still live and breathe today, your *whakapapa* [genealogy; descent], your connections, your sense of belonging and shared knowings of how you understand the world" (Cooper, 2008, p. 127). Related to this was the anticipation of passing these things on to future generations, sharing them with children and grandchildren, who in turn would keep these connections and knowings alive.

The idea of "mokopuna rising", as spoken in this context, is based on an understanding that mokopuna (in the plural) will be equipped with the attributes and abilities to "rise". It recognises the status of mokopuna as both legacy and leaders of tomorrow, and therefore assumes that mokopuna are valued enough to have been invested with love, care, teaching, and guidance. It expects there will be intergenerational transmission of important knowledge and practices that will contribute to sustaining healthy whānau in the future. That is, it reflects hope for the future which can only be delivered through input into the positive development and wellbeing of whānau today.

The purpose of this study was to gain an understanding of what helps whānau prevent or stop whānau violence, as this is, for many, a major impediment to *whānau ora* [family wellbeing] today. It came about through the encouragement of many, and represents the gift of knowledge

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[1] Mokopuna is a Māori word for grandchild or descendant. It is also often used colloquially to refer to the plural (grandchildren or descendants) as in the quote above. All other Māori words throughout the text will be italicised and have a translation provided in square brackets at first use, and can otherwise be viewed in the glossary which is provided for reference at the beginning of this thesis.

[2] Personal communication, R. Cooper, 2007

bestowed on me by the people who took part in it and who supported me in developing an understanding and analysis that is now re-presented in this thesis.

I came to study this topic primarily as a Māori woman who is strongly interested in the development and advancement of whānau ora, not merely with regard to my own whānau, but as an overarching desire for our people. Through my father, our tribal links are to Ngāpuhi, the largest *iwi* [tribe] in Aotearoa New Zealand, located in *Te Tai Tokerau* [the northern region of the North Island], and more specifically to the Ngāti Hine *hapū*[3]. My whānau hail from a place called Waiomio, where my father's elder brother (Uncle Garry) now lives, on the same land where the old homestead of our *tupuna* [ancestors] once stood. It is our *papakāinga* [original home area], and is a special place for our whānau for its significance as the place where our tupuna lived, and for the fond memories that have been made there. Waiomio is also in the 'heart' of Ngāti Hine lands. It is situated beside the famous Waiomio limestone caves, which are intricately linked to our hapū history.

My *Pākehā whakapapa* [non-Māori genealogy] comes from my mother, who grew up in Auckland, the largest city of Aotearoa New Zealand. Her maternal grandmother, who raised her from the time she was ten years old, was a second generation New Zealander of Jewish descent. There is little known about my great grandmother's ancestry as she was adopted as a baby in the early 1800s from a young unmarried Jewish woman. Despite this, the notion of being a descendant of a 'Jewess on the maternal line' was always portrayed postively to us as children and remains an important part of how I view my identity today.

I grew up as the *pōtiki* [youngest of the children] in a loving whānau, with strong ties to our extended whānau in the North. There is no mistaking that our upbringing was dominated (in a positive way) by Dad's connection to our wider whānau and to Ngāti Hine, and this was a strong influence in the way we were raised as children, and how we still operate as a whānau today. Throughout my childhood, I grew up with a multitude of cousins as well as friends of my siblings who were taken in by our parents, which was typical of Māori whānau. Only now as an adult, and mother of four sons, can I fully appreciate the love and generosity of my parents in providing a loving, stable environment for us all. We were raised with a strong sense of social justice and

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[3] Hapū, in this context of this thesis, is used in reference to a kinship group (tribe). The term hapū is also commonly used to mean subtribe, which is a section of a larger (extended) kinship group or tribe, called an *iwi*. See Appendix A for relevant background information on Ngāti Hine with regard to hapū/iwi status.

respect for others. While we had our share of struggles and difficulties to deal with as a whānau, we grew up with a prevailing sense of connectedness, togetherness, generosity and love.

As the baby of the family, it became a joke that I was 'Dad's Last Hope'; I was the last child who might possibly attend university as my siblings had chosen more direct career paths into employment. After a brief revolt against this idea, I headed off to university. Despite a slightly wobbly start, I settled down to becoming a clinical psychologist. This was celebrated by my immediate whānau and strongly supported by my extended whānau throughout my university days. While doing this, I met my husband Joe (*no Te Ātihaunui-a-Pāpārangi*)[4]; we subsequently got married and had four sons over the course of my part-time enrolment in the clinical programme. There were many advantages to this; I had four beautiful sons along the way, I got to work at several clinical placements in a part-time role much longer than 'usual', and I was able to develop strong relationships within the Psychology Department, which later led to taking up an opportunity to work there. After completing the programme I went to work as a clinical psychologist in a part-time capacity, while also working part-time within the Department.

At that time I was primarily responsible for teaching Māori perspectives and methods in relation to psychological practice and research with Māori, in a range of undergraduate and graduate courses in the Department. Just prior to commencing this research, I had also been employed at a clinic working predominantly with Māori women and men who were facing a range of difficulties. It was disheartening to witness the dominance of historical and current trauma in many of their lives. Therefore, finding out more about the best ways to assist whānau struggling with these difficulties seemed to me to be a worthwhile thing to do.

With these thoughts in mind (albeit in their infancy), I was able to apply for funding to carry out some research and was privileged to be awarded a Health Research Council of New Zealand 'Clinical Research Training Fellowship', an award which provides registered health practitioners with the opportunity to pursue a higher degree. This was a unique opportunity that made it possible for me to seriously consider doing research with my own people.

Subsequently, this study was located at the Ngāti Hine Health Trust (hereafter also referred to as 'the Trust'), a registered charitable trust based in Te Tai Tokerau, to which I have strong family connections. The Trust had its origins as a hapū-based initative and now has a large scope of

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[4] From Te Ātihaunui-a-Pāpārangi; an iwi whose lands are in the central North Island of Aotearoa New Zealand.

service provision that has grown to cover a catchment area that exceeds the tribal *rohe potae* [traditional geographical area affilitated to the tribe]. Whilst being a hapū-based initiative, any person who lives within the catchment area of the Trust (regardless of ethnicity) is able to access the Trust's services.

The Trust was an early example of (the now many) hapū- and iwi-based initiatives focused on being 'self-sufficient' in the provision of health and social services for their people. The Trust has *Te Mata Rehu* [the organisational vision] which is,

He toa kei te kōkiri – hei hāpai i te oranga o te iwi

[Through our combined strength and unity of purpose, the well-being and development of our people is assured]

As noted in a previous paper, the translation of the vision is not literal (Cooper, 2008). Rather, the first part of the phrase draws upon the battle cry of the Ngāti Hine tupuna, Mataroria, who called for warriors to gather 'on him' during a battle ("*He toa kei te kōkiri*"), while the second part refers to the purpose of the call to gather, which in this case is to work together to lift up, or enhance, the wellbeing of our people. The connection between the activities of ancestors and current aspirations for betterment is important as it acknowledges the historical actions taken in relation to such hopes, and emphasises the collective nature of Māori approaches to concern; that is, "It calls us to account to one another, for the collective good" (Cooper, 2008, p. 129).

This study could not have been possible without a collective approach and represents the hopes of all who were involved for better understanding of what helps whānau to prevent or stop whānau violence. An overview of the literature pertaining to this area will now be provided, prior to description of the study methods, reporting of analyses, and discussion.

In the following literature review, I describe the realities of whānau violence for Māori, with an overview of prevalence and the debate concerning the definition of whānau violence. The context of whānau violence is also discussed, beginning with historical influences on Māori wellbeing. In the historical section I first outline traditional Māori values, beliefs and behaviours. This is followed by a description of the impact of colonisation, particularly its effect upon Māori collective capability to sustain whānau security and wellbeing, or whānau ora. I then describe how these fundamental traditional values, including the importance of social cohesion or

whanaungatanga, and collective and individual rights and duties or *tikanga*, were displaced, exposing Māori to the risks of haphazard individualism. In the section on historical and contemporary influences on violence, I outline the enduring effects of colonisation and dominant hegemony, including persistent oppression and marginalisation, intergenerational transmission of trauma and inequality, and their contributing adverse influences upon whānau.

Following this, I present the challenges facing Māori by providing a discussion of further risk factors for whānau violence. A description of protective factors, and prevention and intervention strategies then follow in relation to how they may lead to a pathway to wellbeing. These factors include drawing upon the traditional values, beliefs and practices which sustained Māori development and whānau ora in earlier times. Coupled with contemporary approaches, resilience and hope, these principles and practices combine in a syncretic dynamic, offering promise for the resolution of whānau violence and potentially leading ultimately to whānau ora. The relevance of this work to psychology is also covered in this section. At the completion of the literature review, the background to the current study is presented.

Family Violence and Māori

Family violence presents a significant challenge for Aotearoa New Zealand, with indigenous over-representation being of critical concern. The extent to which Māori feature as both victims and perpetrators of family violence is so great that the issue has been described as 'epidemic' (Kruger et al., 2004; Te Puni Kōkiri, 2008). This is evident in the fact that across most measures of family violence, the proportion of Māori represented far outweighs the proportion of Māori in the total population.

Overall, Māori account for approximately 15% of the nation's total population. As a people Māori are youthful, with over half of all Māori aged under the age of 22 (Statistics New Zealand, 2006). In 2009, the Families Commission (a New Zealand Governmental agency) produced a report on family violence statistics in Aotearoa New Zealand. The report provided a comprehensive overview of statistics regarding all forms of family violence, by bringing together the latest available information from the various reporting agencies in one report. The following is a brief overview of those statistics, along with other available data, as they relate to Māori.

In 2006, the New Zealand Police reported that 43% of all apprehensions for family violence-related offences were of Māori offenders. In the same year, the Ministry of Justice noted that 27% of all granted Protection Orders[5] were for Māori applicants, and nearly one quarter of all children involved in granted Orders were Māori. Also in the same year, the National Collective of Independent Women's Refuges reported that 43% of women and 52% of children who made use of refuge services in 2006 were Māori. Across the years 2005 – 2006, the Ministry of Health noted that those admitted to hospital as a result of assault, abuse or neglect at the hands of their spouse or domestic partner were most likely to be Māori. Elder abuse and neglect appeared to occur at lower levels at the time, with 11% of the total victims of elder abuse and neglect in 2006 being Māori (Families Commission, 2009).

However, Māori children are notably present in most family violence statistics. In 2006, Māori children and young people represented approximately 50% of all children who experienced neglect, abuse, or multiple forms of abuse (Families Commission, 2009). Overall, maltreatment rates show that Māori children are more likely to be assessed as neglected or abused compared to non-Māori children (Ministry of Social Development, 2004) and die at more than twice the rate of non-Māori children from child maltreatment (Ministry of Social Development, 2006a). Clearly, family violence is a prevalent, and sometimes deadly, problem for Māori in Aotearoa New Zealand; these statistics are of significant concern.

Accordingly, there is considerable interest in the elucidation of successful prevention and intervention strategies in family violence for Māori. However, there exists such a dearth of new literature on whānau violence, that recently *Te Puni Kōkiri* [Ministry of Māori Development] commissioned a report on setting a 'Māori research agenda on family violence'. This was initiated as part of their work on the Taskforce for Action on Violence within Families, an inter-sectorial initiative led by the Ministry of Social Development under the umbrella of "Te Rito", the New Zealand Family Violence Prevention Strategy (Ministry of Social Development, 2002).

The subsequent report, entitled "Rangahau Tūkino Whānau: Māori Research Agenda on Family Violence" (Te Puni Kōkiri, 2010), was based on a family violence literature review (also commissioned by Te Puni Kōkiri; 2008), case studies of three Māori organisations providing

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[5] Protection Orders are legal orders which are granted to applicants who are deemed to be needing protection from the respondent of the order, due to the respondent using or having used domestic violence against the applicant and/or child of the applicant's family.

family violence services, and interviews with experts in the field. Seven priority areas of research were identified. These were 1) defining whānau violence, 2) understanding the origins of whānau violence, 3) affirming and valuing culturally distinct approaches to whānau violence, 4) building an evidence base about 'what works' in relation to whānau violence, 5) evidencing whānau, hapū and iwi based approaches to whānau violence; 6) understanding the critical organisational factors that support innovation and resilience in the delivery of Kaupapa Māori approaches to whānau violence, and 7) exploring the potential utility of indigenous approaches to whānau violence (Te Puni Kōkiri, 2010, p. 5). These priority areas are highly relevant to this study; accordingly, a number of these are addressed within this literature review and subsequently throughout this thesis.

What is Whānau Violence?

Within the family violence field in Aotearoa New Zealand there is a question about how congruent the terms 'family violence' and 'whānau violence' are. This is particularly in relation to the terms family/whānau, as well as the utility of the phrase 'family violence' to the development, provision, and support of prevention and intervention strategies for Māori. A number of authors argue that whānau violence has a broader meaning, covering a wider scope of issues than family violence, and subsequently that strategies addressing whānau violence may need to take a different approach (Cram, Pihama, Jenkins & Karehana, 2002; Pihama, Jenkins & Middleton, 2003; Te Puni Kōkiri, 2008; Te Puni Kōkiri, 2009).

Within the local setting, family violence is a 'catch-all' phrase used widely to describe all forms of abuse and neglect that can occur within a range of family relationships. One of the most commonly used definitions of family violence is provided in Te Rito, the New Zealand Family Violence Prevention Strategy document, which states that:

> Family violence covers a broad range of controlling behaviours, commonly of a physical, sexual and/or psychological nature which typically involve fear, intimidation and emotional deprivation. It occurs within a variety of close interpersonal relationships, such as between partners, parents and children, siblings, and in other relationships where significant others are not part of the physical household but are part of the family and/or fulfilling the function of family (Ministry of Social Development, 2002, p. 8)

The Te Rito report goes on to identify partner abuse, child abuse and neglect, elder abuse and neglect, parental abuse, and sibling abuse as common forms of family violence. This definition is consistent with New Zealand's Domestic Violence Act 1995, which defines violence as physical abuse, sexual abuse and psychological abuse (in its multiple forms), and defines a person as being in a 'domestic relationship' if that person is a spouse or partner of the other person, a family member of the other person, ordinarily sharing a household with the other person, or has a close personal relationship with the other person. While the Domestic Violence Act also includes reference to children witnessing violence, other legislation such as the Children, Young Persons, and Their Families Act 1989 also sits within the framework of family violence definitions in Aotearoa New Zealand.

A key critique of the local literature (and particularly the Governmental vernacular) is that the terms family and whānau are used interchangeably, as though they have the same meaning. However, although often translated directly as 'family', whānau is understood to be a broader concept by many Māori (Durie, 2001; Kruger et al., 2004; Mead, 2003; Moeke-Pickering, 1996; Pihama, 1993; Pihama et al., 2003; R. Walker, 2004; T. Walker, 2006). As an English word, family often has the default meaning of immediate or nuclear family (parents and children), whereas for Māori the immediate family is more likely to include at least three generations made up of grandparents, parents and children (Mead, 2003; R. Walker, 2004), and also often includes at least the uncles and aunts of the children (Mead, 2003). Whānau, therefore, is a broad kinship term that can also refer to relationships well beyond and outwards from three generations (and ultimately beyond this, to the hapū and iwi), and accordingly is best not viewed within a narrow framework (Durie, 2001; Mead, 2003). The concept of whānau is also described further in the forthcoming section *Historical influences on Māori wellbeing*.

In view of this, even when the word 'family' is used for 'whānau' in reference to Māori today, it is likely this needs to be understood as having a different meaning to the commonly used English translation of (nuclear) family. This is frequently cautioned within the Māori-led literature, where it is suggested that failing to understand the broad nature of whānau (as it is understood within a Māori worldview) will inevitably lead to the failure of any attempts at violence prevention or intervention with whānau (Kruger et al., 2004; Pihama et al., 2003). Although the Te Rito strategy makes an effort to note the specificity of whānau, hapū and iwi needs, overall the lack of distinction made between family and whānau within much of the local family violence

literature (including the related legislation) is a cause for criticism (Cram et al., 2002; Kruger et al., 2004; Lievore, Mayhew & Mossman, 2007; Pihama et al., 2003; Te Puni Kōkiri, 2010).

A further critique of equating family violence/whānau violence is the noticeable lack of historical analysis in the experience of whānau violence for Māori. The failure of much of the literature to acknowledge the impact of colonisation and persistent structural racism as having a role in the current experience of violence for many Māori today is highlighted (Balzer, Haimona, Henare & Matchitt, 1997; Cram et al., 2002; Erai, Pitama, Allen & Pou, 2007; Jenkins & Philip-Barbara, 2002; Kruger et al., 2004; Pihama et al., 2003). Such issues are also further addressed in the forthcoming section *Historical influences on Māori wellbeing*.

In light of these critiques, the discussion around defining whānau violence continues to develop. For example, Kruger et al. (2004) suggest that whānau violence is,

> … the compromise of te ao Māori values [values within the Māori world]. Whānau violence can be understood as an absence or disturbance in tikanga. Tikanga is defined by this Taskforce as the process of practicing Māori values. The Taskforce believes that transgressing whakapapa [genealogy; descent] is a violent act and that Māori have the right to protect (rather than defend) their whakapapa from violence and abuse. (p.10)

Aside from this definition, there is otherwise little written on the topic as yet, with Te Puni Kōkiri (2010) latterly noting the difficulties in locating a clear definition of whānau violence. While this area is clearly still growing, there does exist some current literature describing what whānau violence is *not*. Te Puni Kōkiri (2008) summarises this as follows,

> There are a small number of key definitions of family violence within policy and legislation in this country. None of these definitions are currently broad enough to encompass fully the realities of whānau. The definition of family is based upon a nuclear model, this is not a definition that encompasses the complexities of relationships within whānau. Equally, none of the current dominant definitions include analysis of violence such as colonisation or racism, which are issues that are hugely significant in the life experiences of many whānau. It is clear that definitions of family violence for Māori need to be more fully debated by Māori, including analysis of the terms 'Family Violence for Māori' and 'Whānau Violence' in order to provide a clear definition that will support developments in the field. (p.34)

Within this thesis the terms family violence and whānau violence are used somewhat interchangeably, with the qualifier that 'whānau' is to be understood as has been described above. Where the term family violence is used, this is most often in reference to the literature reviewed, as this is predominantly authored by non-Māori. The defining of whānau violence was of interest to this study, as can be seen further within this thesis.

Whānau Violence: The Context

Understanding the context within which whānau violence occurs involves the exploration of multiple factors and processes. Ecological models or frameworks which seek to examine and understand the interplay between individual, sociocultural, and environmental factors have been developed in recognition of the multi-factorial nature of family violence, and are increasingly utilised by researchers in the field today (Belsky, 1980; Carr, 2006; Daro, Edleson & Pinderhughes, 2004; Fanslow, 2002; Garbarino & Ganzel, 2000; Grennell & Cram, 2008; Heise, Ellsberg & Gottemoeller, 1999; Ministry of Social Development, 2002). Within such models violence is viewed as resulting from an interrelated number of factors particular to an individual in relation to the various contexts within which they operate and exist; for example, their family, community, culture and society.

As previously noted, it is also increasingly suggested that in order to gain an understanding of family violence within indigenous communities, an examination of an even broader context is necessary. This is based on the premise that among the multiple contributors to violence, the impacts of colonial histories feature strongly in the development and contemporary experiences of negative circumstances for indigenous peoples (Baskin, 2006; Capobianco, Shaw & Dubuc, 2003; Evans-Campbell, 2008; Keel, 2004; Memmott, Stacy, Chambers & Keys, 2001; Walter et al., 2011). This is also the case in New Zealand, where local authors contend that the experience of whānau violence for Māori involves a complex interaction of both historical and contemporary factors (Balzer et al., 1997; Cooper & Wharewera-Mika, 2011; Cram, 2009; Grennell & Cram, 2009; Kruger et al., 2004; Te Puni Kōkiri, 2008). An overview of these influences on Māori wellbeing will now be provided.

Historical influences on Māori wellbeing

Traditional Māori values, beliefs and behaviour. Prior to colonisation, Māori operated effective systems of social order based on tikanga [cultural principles and customs] (Jackson, 1988; Mead, 2003; R. Walker, 2004). The term tikanga is derived from the word tika, which is variously known to mean right and proper, true, honest, just, personally and culturally correct, and upright (Law Commission, 2001). Tikanga is based on a set of beliefs and values which provide a guide for moral behaviour and appropriate conduct within Māori society (Durie, 1998a; Jackson, 1988; Mead, 2003); it is "… the way we practice what we believe in as Māori" (Kruger et al., 2004, p. 20). These beliefs and values are therefore fundamental to Māori culture and cultural ways of being, and accordingly are of high relevance to this study. An overview of these will now be provided; this is primarily to assist with understanding when these concepts are encountered throughout this thesis. The following is not intended to be a definitive description of tikanga processes, values or beliefs; for such a resource readers are referred to Hirini Moko Mead's thorough text, "Tikanga Māori: Living by Māori values" (Huia Publishers, 2003).

Whakapapa [genealogy; descent] is a "fundamental attribute and gift of birth" (Mead, 2003, p. 42), which determines and connects individuals with their whānau, hapū and iwi (Te Puni Kōkiri, 2010). It is inherently about belonging, entitlement to be a part of the collective, and ultimately about Māori identity (Kruger et al., 2004; Lawson-Te Aho & Liu, 2010; Mead, 2003). Whakapapa can be viewed in a broad sense, for example, Kruger et al. (2004) describe whakapapa as,

> … sets of relationships, conditional obligations and privileges that determine a sense of self
> wellbeing between whānau, hapū and iwi and the interconnectedness between whānau, hapū and
> iwi and the environment. Whakapapa is broadly defined as the continuum of life that includes
> kinship and history (p. 18).

By way of whakapapa people are born into whānau, the basic building block or social unit within the Māori world (Mead, 2003; R. Walker, 2004). As previously noted, whānau is a broad concept, expanding beyond the immediate parents and children to at least the grandparents and often further.

The term whānau is also commonly used nowadays to describe relationships that aren't necessarily whakapapa based. Durie (2001) gives the examples of 'whānau' being used as a descriptor for those living within the same household, whether sharing whakapapa or not; those

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who share a common purpose or mission (e.g., a *kura* [school] whānau; a whānau support group), or those who live or work within proximity of each other, where there are common interests (e.g., in work environments or local neighbourhoods). Within these varying meanings of whānau, what is consistent is the understanding of the collective nature and activities of the relationships.

Whānau, as the kinship environment where children are raised, is viewed as an important structure in terms of sustaining social and cultural systems for Māori. All individuals are considered to have roles and responsibilities within whānau, and in traditional times, "the main function of the whānau was the procreation and nurture of children" (R. Walker, 2004, p. 63). The role of the grandparents and other adults in the collective parenting of children was considered very important, and consequently children received caring attention and affection from many adults (Mead, 2003; R. Walker, 2004). Whānau played a critical role in the teaching and continuation of important values and beliefs, therefore ultimately providing the foundation for social control and balance within the Māori world (Mead, 2003). Examples of these values are *whanaungatanga*, *manaakitanga*, *mana*, *mauri*, *wairua* and *tapu*. These will now also be defined as these concepts will also be encountered later in this thesis.

Whanaungatanga is otherwise known as kinship, or relationships brought about through whakapapa/family connections (Mead, 2003). The concept of whanaungatanga is underpinned by kinship obligations and rights, where the importance of being able to both provide and receive support from members of the kinship group is considered paramount. Pa Henare Tate (1993; 2010) has written extensively on the 'dynamics of whanaungatanga', particularly in terms of describing the various components and functions of relationships, and the potential within them. Whanaungatanga has also been described as extending to others beyond the kinship group and can include, for example, relationships based on friendships or shared experiences (Mead, 2003). *Whakawhanaungatanga* refers to the action of making connections and forming relationships, a practice considered integral to Māori social behaviour (Chadwick, 2001; Pihama et al., 2003).

Closely related to whanaungatanga is the concept of *manaakitanga*, or "nurturing relationships, looking after people, and being very careful about how others are treated" (Mead, 2003, p. 29). It is sometimes simply translated directly as 'hospitality', however this does not adequately represent the depth of the meaning of manaakitanga. For example, the concept of

aroha or love, caring, compassion and respect, is seen as essential to the practice of manaakitanga (Mead, 2003).

The way people conduct their relationships with others is also commonly based on an understanding of the value of the other person's *mana*. Mana describes an individual's prestige, authority, power or influence, and is to do with a person's place within a social group (Mead, 2003; Williams, 1957). Mana is not only established through individual achievement; it can also be acquired through whakapapa (e.g., drawn from the prestige of ancestors) or as Kruger et al. (2004) note, it is "transferable" (p. 27). Mana is also a descriptor used alongside other terms to explain their meaning in relation to people, for example, *mana atua* (the powerful sense of connection to the divine/Gods of the Māori world; authority emanating from higher powers), and *mana whenua* (the authority and responsibility of whānau, hapū and iwi towards the lands to which they connect/belong). To *whakamana* is to bestow mana upon, or enhance mana within, another person. Overall, within Māori society, it is considered of utmost importance to respect the mana of others (Mead, 2003).

Kruger et al. (2004) describe *mauri* as being closely linked with mana, in that while mana is the "external expression of achievement, power and influence", mauri is the "internal values of power and influence" (p. 26-27). Mauri is variously defined as life force, life essence, vitality, or sense of personal power and wellbeing (Durie, 1998a; Kruger, 2004) and is considered an important concept in understanding wellbeing for Māori. Of similar signifcance is the concept of *wairua*, usually defined as spirit, and closely linked to spirituality and spiritual awareness. Wairua is not about religion (although it can encompass religious beliefs and practices) but is primarily about a sense of 'being', especially in relation to the environment where features such as lands, lakes, and mountains all have spiritual significance (Durie, 1998a). All people are born with wairua, or a spiritual part of their being, and it is believed that a sense of wairua can be a protective element for people; however, it can also be affected and weakened by external influences, such as abuse or neglect (Mead, 2003). Durie (1998a) states that wairua is an essential requirement for health for Māori, without which individuals may become unwell or prone to illness. Kruger et al. (2004) suggest that a disconnection from wairua places individuals in a state of *kahupō* or spiritual blindness, where there is lack of purpose in life, meaninglessness, or despair; this is considered "the worst state that a Māori person can be in" (p. 22).

The concept of *tapu* is "an important element in all tikanga" (Mead, 2003, p. 30), and can be a complex concept to fully describe. Tapu can be about sanctity or sacredness, and can also be about being set apart or restricted (Mead, 2003; Durie, 2001). Shirres (1982) also described tapu as the 'potentiality for power', where the notions of awe, respect, fear, sacredness and separation were all linked to the notion of tapu. The concept of tapu is also inherently linked with mana, for example, abusing an individual would be seen as abusive to their mana and a violation of tapu. The state of tapu can apply across all areas of life, including not only to people but also to places, objects and rituals. Transgressions of tapu are considered serious and resulting in negative outcomes for those concerned; these are usually remedied through certain rituals or processes such as *whakanoa* [to remove tapu; make ordinary] to restore balance to the situation. Whakanoa processes can also be used to remove tapu that was already existing as a matter of circumstance (in the absence of transgressions). Durie (1998) describes the concepts of tapu and *noa* [the opposite state of tapu, being common, safe or free from restriction] as essential to Māori health and wellbeing. He suggests that the social controls instilled through the use of tapu and noa have served to keep Māori safe, reduce risk, and sustain balance across all areas of wellbeing.

Altogether, these values and beliefs provided a basis for social order among Māori. In line with this, and following a review of the early colonial literature, it has been suggested that violence within the whānau (especially towards children) in traditional times was the exception rather than the rule (Taonui, 2010). A number of Māori authors in the field have similarly asserted that whānau violence was not common in traditional Māori society (Jenkins & Harte, 2011; Mikaere, 1994; Pihama et al., 2003; Rickard, 1999; Salmond, 1991; Te Puni Kōkiri, 2008). This is not to propose an idealised view that pre-colonial Māori society was idyllic and violence-free, or faultless in terms of human relationships with each other, rather to highlight the fact that there is a growing amount of commentary which, based on the available historical literature and qualitative history, contends that "there is no historical support for claims that traditional Māori society tolerated violence and abuse towards children and women ..." (Durie, 2001, p. 208).

These aforementioned traditional values and beliefs (as well as others not described here) carry through to this day, with many Māori incorporating them into a contemporary understanding of Māori wellbeing. Through an analysis of how these concepts contribute to Māori health, Durie developed the now commonly utilised Māori health model, *Te Whare Tapa Wha* [literally, the four-sided house] (Durie, 1985). Te Whare Tapa Wha is a four-part holistic

framework of health, where each part is considered necessary for strength and for symmetry; that is, where all parts need to be present and in balance for total wellbeing for Māori. The four parts of the framework are known as *Taha Wairua* [the part focused on spirituality], *Taha Hinengaro* [the part focused on mental and emotional wellbeing], *Taha Tinana* [the part focused on physical wellbeing] and *Taha Whānau* [the part focused on family connections and belonging] (Durie, 1985). The model has been extensively incorporated into both the general and mental health sectors nationwide, and remains highly influential in how Māori health is understood today.

The recognition of Māori values can also been seen in contemporary programmes prescribed in legislation. A pertinent example is the Domestic Violence (Programmes) Regulations Act 1996, which outlines the regulations regarding the approval and delivery of programmes to persons who are under the Domestic Violence Act 1995 (e.g., protected adult persons and their children). The 1996 Act states that,

> Every programme that is designed for Māori or that will be provided in circumstances where the persons attending the programme are primarily Māori, must take into account Tikanga Māori, including (without limitation) the following Māori values and concepts:
> (a) Mana wahine (the prestige attributed to women),
> (b) Mana tāne (the prestige attributed to men),
> (c) Tiaki tamariki (the importance of the safeguarding and rearing of children),
> (d) Whanaungatanga (family relationships and their importance),
> (e) Taha wairua (the spiritual dimension of a healthy person),
> (f) Taha hinengaro (the psychological dimensions of a healthy person),
> (g) Taha tinana (the physical dimension of a healthy person).

The inclusion of these values in Governmentally mandated programmes provides an example of the recognition that they provide the foundation for, and contribute to, Māori wellbeing. The impact of colonisation on Māori, including the ability to sustain traditional cultural and social ways of being (such as those aforementioned), will now be described.

Impact of Colonisation. The disruption to indigenous cultures caused by colonisation is undeniable. In Aotearoa New Zealand, contact with British and other foreign explorers (and later settlers) was to result in dramatic changes for Māori. Some of these brought benefit, such as opportunities to trade, while others brought calamity, such as devastation from the introduction of alcohol, tobacco, disease, and musket warfare. Despite being ill-equipped to cope with these

types of exposures, with the advent of colonisation, "ready or not, Māori had been projected into a global arena with its opportunities and risks" (Durie, 1998a, p. 28).

While initially welcoming of opportunities to trade and explore new prospects, Te Tai Tokerau (Northern) Māori became increasingly irritated about the disregard traders gave to Māori social and cultural norms. Over time disorder became more entrenched, which in turn eroded the traditional leadership of Māori. Consequently, Māori leaders in Te Tai Tokerau began to develop the 'ways and means' to manage their relationship with traders and 'squatter' settlers. This included the adoption of a flag used in maritime trade, which was subsequently acknowledged by the British Government, and the making of *'He Wakaputanga o te Rangatiratanga o Nu Tirene'*, a Declaration of the Independence of New Zealand in 1835. This foreshadowed the making of *te Tiriti o Waitangi* and its English version, the Treaty of Waitangi, referred to as New Zealand's founding document. This treaty set out (in its Māori language form) the right of the British to govern, on the condition that Māori automony and inalienable rights would be upheld. The English document, signed by a small minority of Māori, is less affirmative of Māori rights, leading to subsequent extended and enduring disagreement between Māori and the New Zealand Government over interpretation. Consequently, the partnership envisaged by the *rangatira* [chiefs] of old, was not realised.

Post the signing of the Te Tiriti/The Treaty, the newly established New Zealand Government set about introducing 'settlers' law which diminished and effectively extinguished Māori control over themselves and their environment (Jackson, 1988); subsequently, 'settler-friendly' legislation was used extensively to progress the course of colonisation. Examples of these notorious laws include the Native Lands Act 1862, designed to overcome Māori communal ownership of land; the New Zealand Settlements Act 1863, designed to enable confiscation of land; the Suppression of Rebellion Act 1863, designed to imprison Māori who protested over unlawfully taken land; and the Native Schools Act 1867, designed to prioritise instruction in the English language, and therefore simultaenously extinguishing the use of *te reo Māori* [the Māori language] (Cooper et al., 2011). The subsequent loss of land, language and access to cultural ways of being was to be an enduring adverse outcome of these colonising processes for Māori (Durie, 1998b; Jackson, 1988; Kruger et al., 2004; Quince, 2007; R. Walker, 2004).

Colonisation was so profoundly negative for Māori that it has itself been described as an act of violence (Kruger et al., 2004). Obviously, the militarisation of colonising history, including warfare, was an emphatic act of violence against the indigenous Māori population. Overall, these 'colonising effects' have been identified as having a significantly harmful effect on Māori health and social, cultural, and economic wellbeing (Balzer et al., 1997; Durie, 1998b, 2001; Jackson, 1988; Lawson-Te Aho & Liu, 2010; Pihama et al., 2003; Reid & Robson, 2007; Robson, Cormack & Cram, 2007; R. Walker, 2004). This is echoed within the international literature, where similar patterns of devastation and resulting inequality for other colonised indigenous peoples have been reported (Baskin, 2006; Capobiano et al., 2003; Evans-Campbell, 2008; Freemantle & McAullay, 2009; Gracey & King, 2009; Keel, 2004; King, Smith & Gracey, 2009; Memmott et al., 2001).

Many authors have described the impact of colonisation on the ability of indigenous cultures to sustain their traditional cultural and social ways of being, noting that this has most commonly been substantially affected and changed as a result of foreign contact (Durie, 2001; Evans-Campbell, 2008; Gracey & King, 2009; King et al., 2009). In Aotearoa New Zealand, for example, an early impact of colonisation was the introduction of inequality in relation to gendered roles within Māori society. Whereas Māori women were traditionally regarded as equals and valued as members of whānau, hapū and iwi in their own right, "when the missionaries and early settlers arrived in Aotearoa, they bought with them their culturally specific understandings of the role and status of women" (Mikaere, 1994, p.131). Although some Māori women signed Te Tiriti o Waitangi/The Treaty of Waitangi, by the late 1800s there was a significant 'programme of work' underway to adjust the roles of women to match the status preferred by missionaries and the like (Mikaere, 1994; Pihama et al., 2003). The resulting lower status of women has persisted through the passage of time, however there is now a call for Māori to reassert the principle that "an existence where men have power and authority over women and children is not in accordance with tikanga Māori" (Mikaere, 1994, p.149).

Gender relations were not the only cultural element exposed to significant change. Many other traditional practices were dismantled, through both direct (e.g., Governmental assimilationist policies: Hunn, 1961; Maaka & Fleras, 2005) and insidious means. Overall, it has been noted that through the processes of colonisation, "the Māori community's ability to impose and enforce sanctions against their own people dwindled as Pākehā institutions continued to resource, legislate and assert their right to define social norms and standards" (Balzer et al., 1997, p. 23).

The loss of traditional cultural identifiers such as language, values, beliefs and practices was a disaster for Māori. Coupled with resulting enduring experiences of inequality and marginalisation, unhealthy practices became entrenched, resulting in widespread imbalances in individual and whānau wellbeing (Durie, 2001; Kruger, 2004; Taonui, 2010). In relation to this, Kruger et al. (2004) draw direct links between the processes of colonisation and current levels of violence among Māori, suggesting that,

> Survival has been expensive. The price is the loss of cultural knowledge, identity and practices, the
> breakdown and dysfunction of whānau, hapū and iwi, the confiscation and theft of Māori land and
> the pauperisation of Māori. The contemporary outcomes are epidemic whānau violence and
> systemic dysfunction (p. 29).

The initial impacts of colonisation were substantial in their own right. However, later impacts were also to make their mark on Māori wellbeing. A significant later impact for Māori was the process of urbanisation, where post World War II Māori moved away from the rural (often tribal/communally-focused) environment into urban areas, to fill cheap labour requirements for industry (Belich, 2001; Durie, 1998b; Mead, 2003; Taonui, 2010; R. Walker, 2004). The resulting isolation caused by dislocation from whakapapa links and associated vital support networks has been underscored as one of the most harmful outcomes of urbanisation. For example, the lack of presence of extended whānau resulted in the loss of the traditional practice of collective whānau responsibility for parenting. Consequently, the removal of these types of practices resulted in the loss of individual accountability and collective sanctions and control over behaviour, which effectively removed the very social systems designed to provide support for whānau and keep order intact (Pihama et al., 2003; Ritchie & Ritchie, 1993; Taonui, 2010; R. Walker, 2004). With the disruption to communal land ownership through colonial law and the later migration from predominantly 'tribal and communal' living to 'town and city' living, the damage to the collective social organisation of Māori was profound.

This cultural dislocation and dispossession was to lead to the entrenchment of economic and social disadvantage for Māori. This was in contrast to the now dominant settler communities, that originated largely from the United Kingdom and Europe. With rising Western dominance came increased exposure to further negative aspects of colonisation, most notably racism, discrimination and marginalisation. Taonui (2010) theorises that, following urbanisation, Māori in this environment were,

... rejected by the dominant [non-Māori] culture and at a distance from their ancestral culture, concentrated in poor housing, working for low wages or on welfare, and subject to across-the-board racism. A generation of urban Māori parents who had been born in the 1970s, 1980s and 1990s entered an intergenerational cycle of poverty, alcohol, drugs, gang culture, single-parent families, domestic violence, hopelessness and frustration (p. 196).

These disadvantages have stood the test of time. A review of the current literature reveals persistent disparities for Māori across many factors, with inequality being a dominant theme (Cooper & Wharewera-Mika, 2011). These disparities have been described as "consistent, comprehensive and compelling" (Reid & Robson, 2007, p. 3), and have been well documented (Ajwani et al., 2003; Ministry of Health & University of Otago, 2006; Reid & Robson, 2007). Overall, when compared with non-Māori, Māori today are likely to have much greater childhood disadvantage and poverty (Fletcher & Dwyer, 2008; Henare et al., 2011), lower levels of education, employment and income (Alton-Lee, 2003; Robson et al., 2007; Perry, 2007), higher rates of mental health difficulties and substance abuse (Baxter, 2007, 2008; Baxter, Kingi, Tapsell & Durie, 2006), higher exposure to and involvement in offending and criminality (Doone, 2000; Quince, 2007), lower standards of living (Jensen et al., 2006; Robson et al., 2007) and overall lower health status as both children and adults on a range of measures (Crengle, 2009; Robson et al., 2007; Robson & Purdie, 2007; Ministry of Health, 2006b). The impact of discrimination and racism on wellbeing is also well documented (Department of Social Welfare, 1988; Harris, 2006a, 2006b). Of particular relevance to this study is the fact that a number of these experiences and inequalities have also been identified as risk factors for family violence (see forthcoming section on *Risk factors for whānau violence*).

Historical and contemporary influences on violence

Historical events can have a strong bearing on a people's contemporary wellbeing. Following this hypothesis, it is asserted that the impact of colonisation must be viewed as an 'underlying factor' in the contemporary experience of indigenous wellbeing (Baskin, 2006; Evans-Campbell, 2008; Keel, 2004; Memmott et al., 2001; Reid & Robson, 2007; Gracey & King, 2009; King et al., 2009). Inidgenous literature argues that colonising processes carry through to this day and continue to impact negatively on indigenous wellbeing through factors such as enduring systemic

and structural racism (Baskin, 2006; Evans-Campbell, 2008; Reid & Robson, 2007), which ultimately contribute to prevalent health and socioeconomic inequalities. Inequalities borne out of racism are considered to be facilitated through factors such as differential access to the determinants of health, or exposures leading to differences in disease incidence; differential access to healthcare; and differences in the quality of care recieved (Jones, 2001; Reid & Robson, 2007). With a growing number of studies incorporating this into their analyses of indigenous wellbeing today, colonisation is becoming "... increasingly recognized as a fundamental underlying determinant of health" (McShane, Smylie & Adomako, 2009, p. 19). In the Aotearoa New Zealand context, Durie (2011, p. 28) contends that the wide-ranging effects of colonisation "… combined to marginalize successive generations", noting that early effects such as economic disparity and lack of an effective political voice remain as a legacy of colonisation today.

The literature does, however, point to the complexity of determining just how much a role a history of colonisation plays in contributing to exposure to, or involvement in, current negative health experiences for indigenous peoples, including Māori; accordingly, contributions from both local and international authors in the field continue to expand on this work (Evans-Campbell, 2008; Lawson-Te Aho & Liu, 2010; Walter et al., 2011; Whitbeck, Adams, Hoyt & Chen., 2004). Nonetheless, it is proposed that the processes of colonisation, as well as enduring marginalisation and deprivation, "are thought to have contributed to social disorganisation and an intergenerational cycle of violence" (Allard, 2010, p. 5), and that locally, at least some of the current 'social picture' for Māori is a reflection of the trauma of colonisation transmitted through generations (Farrelly, Rudegeair & Rickard, 2006).

Additionally, despite the lack of empirical evidence about the intergenerational effects of colonisation, the fact that the related theorising resonates so soundly with indigenous people suggests that there is some merit to it (Evans-Campbell, 2008). Earlier in the development of the scholarship, seminal works from authors such as Duran and Duran (1995), Braveheart (1999a; 1999b) and Braveheart and DeBruyn (1998), conceptualised a complex trauma, experienced by peoples of collective or shared identity, who had been exposed to multiple traumatic events and loss across generations, with corresponding psychological and social trauma responses. Over time, this has been variously referred to as historical trauma, intergenerational trauma, collective trauma, and as a 'soul wound' for indigenous peoples, among other names (Evans-Campbell, 2008; Walters et al., 2011); as a phenomenon it has been used "as both a description of trauma

responses among oppressed peoples and a causal explanation for them" (Evans-Campbell, 2008, p. 320). Evans-Campbell and Walters (2006; cited in Evans-Campbell, 2008) more recently further demarcated the link between historical trauma (that which is related to historical events) and contemporary trauma and discrimination by proffering the term 'colonial trauma response', which they described as follows,

> A defining feature of CTR [colonial trauma response] is its connection to colonization. Indeed, CTR reactions may arise as an individual experiences a contemporary discriminatory event or microaggression that serves to connect him or her with a collective and often historical sense of injustice and trauma (p. 332).

In this definition, microaggressions refers to racist or discriminatory events directed at people, that are experienced as frequent stressors (Evans-Campbell & Walters, 2006, cited in Evans-Campbell, 2008; Sue, 2010), examples include the use of racist names or constant misprounciation of names, the appropriation and demeaning of cultural practices, and the repeated negative representation of the ethnic group in the media. These types of microaggressions for Māori are well documented in Aotearoa New Zealand (Borell et al., 2009; Harris et al., 2006a, 2006b; Nairn, Pega, McCreanor, Rankine & Moewaka Barnes, 2006; Robertson, 2004).

Evans-Campbell (2008) and Walters et al. (2011) note, in their later works, that further investigation into the measurement of historical trauma, understanding the interaction between historical trauma and contemporary experiences, as well as the roles of resilience, coping, and healing in peoples' responses to historical trauma, is needed to further advance the field. Perhaps, as Evans-Campbell (2008) suggests, "one of the most important areas of emerging scholarship related to historical trauma is the intersection of historical and contemporary trauma" (p. 331).

The impacts of contemporary trauma, such as persistent marginalisation and oppression, are further discussed in both the local and international literature in relation to the phenomenon of internalised oppression (Comas-D'iaz, Lykes & Alarcon, 1998; Friere, 1970; Kruger et al., 2004; Moane, 2003; Taonui, 2010).

With regard to this, Moane notes that:

… the root causes of oppression lie in the structures—political, economic, and cultural—and ideologies that underlie oppressive social conditions. These structures and ideologies create the everyday experiences of violence, poverty, stress, discrimination, and prejudice that are manifestations of oppression (p. 92).

Moane goes on to suggest that:

Psychological patterns such as sense of inferiority or helplessness that are associated with oppression clearly have their origins in social conditions of powerlessness and degradation. Such psychological patterns act as a barrier to action and are part of what maintains oppression (p. 92).

Internalised oppression is evident when "the indigenous oppressed attack each other" (Taonui, 2010, p. 199). This occurs when anger caused by marginalisation and discrimination is not understood, becomes internalised, and is subsequently expressed through violence towards each other (Taonui, 2010). Kruger et al., (2004) describe this as a product of powerlessness, and suggest that one of the ways people respond to this "is to destroy themselves and those around them" (p. 29).

Challenges Facing Māori

As previously noted, a key challenge to the field of whānau violence is the limited availability of literature specific to the topic. As a result there is still much to learn about whānau violence. Of relevance, however, is literature from the broader family violence field, which presents discussion on a range of risk factors and explanations for family violence.

Risk factors for whānau violence

Given the many types and forms of family violence, it follows that there would be a broad range of associated risk factors. An advantage of viewing these within an ecological framework (as previously described) is that it enables a comprehensive overview within which multiple layers of risk can be identified according to each family's context (Belsky, 1980; Carr, 2006; Daro et al.,

2004; Fanslow, 2002; Garbarino & Ganzel, 2000; Heise et al., 1999; Ministry of Social Development, 2002). This is helpful for understanding what contributes to family violence within any one family. Within an ecological framework the different risk factors are commonly divided into categories; for example: 1) individual factors, 2) family/relationship factors, 3) community factors, and 4) societal factors. Of importance to an ecological approach however, is how these risk factors interact and operate to produce certain outcomes. An overview of the range of family violence risk factors identified within the literature is now provided.

Risk factors relating to individuals can be separated into child and adult characteristics, as these can be quite distinct when child maltreatment is one of the forms of family violence included. Child characteristics that have been associated with increased risk of violence are those which have an impact on the adult (usually parent or caregiver), for example, the child is more difficult to parent due to the presence of certain characteristics. However, it is important to highlight that the responsibility remains firmly with the adult; the presence of these characteristics does not make the child responsible for any maltreatment (World Health Organisation [WHO] & International Society for the Prevention of Child Abuse and Neglect [ISPCAN], 2006). Child characteristics include being an unplanned baby, a premature baby or having low birth weight or being a baby of a multiple-birth, having challenging behaviour (e.g., slow to warm; difficult to soothe), having a challenging temperament (e.g., being hyperactive, impulsive or aggressive), having congential abnormalities, chronic or serious illness or disability, and being perceived as difficult or viewed negatively by parents or caregivers (Centre for Social Research and Evaluation, 2008; National Clearinghouse on Child Abuse and Neglect Information, 2003; Sidebotham & Heron, 2006; WHO & ISPCAN, 2006; Woolley & Gregory, 2007).

Adult characteristics associated with increased risk of family violence include being a younger parent, having difficulty bonding with a child, having unrealistic expectations of a child, lacking awareness about child development, and lacking parenting skills (all particularly in the case of child maltreatment), as well as having low education, being depressed or otherwise mentally or physically unwell, having a history of maltreatment as a child, experiencing general stress, financial difficulties, abusing alcohol, and having poor impulse control and low tolerance for frustration, presence of previous acts of violence, having rigid or sexist attitudes about the role of women and men, association with antisocial peers, and having undervaluing or ageist attitudes towards the elderly (Centre for Social Research and Evaluation, 2008; Fanslow, 2002; Heise et al.,

1999; Memmott, 2010; Morrison, Robertson, Laurie & Kelly, 2002; National Clearinghouse on Child Abuse and Neglect Information, 2003; Riggs, Caulfield & Street, 2000; Sidebotham & Heron, 2006; WHO & ISPCAN, 2006; Wilkes, 2002).

Relationship/family factors identified in the literature include the impact of unplanned pregnancy, having closely aged children or having a large family with limited support available, the presence of conflict in adult relationships, poor extended family relationships, presence of male control, financial stress, and lack of practical, social, and psychological support (Centre for Social Research and Evaluation, 2008; Fanslow, 2002; Heise et al., 1999; National Clearinghouse on Child Abuse and Neglect Information, 2003; Sidebotham & Heron, 2006; WHO & ISPCAN, 2006; Woolley & Gregory, 2007). WHO & ISPCAN (2006) also note that a range of forms of violence are often found in the same setting (e.g., intimate partner violence and child maltreatment) and it has been suggested that witnessing family violence or living with parents who inculcate violent norms contributes to the transmission of, and involvement in, intergenerational cycles of violence (Ehrensaft et al., 2003; Leviore et al., 2007; Māori Reference Group for the Taskforce for Action on Violence within Families, 2009; Sidebotham & Heron, 2006).

Community risk factors can include high unemployment, financial deprivation and poverty, inadequate housing, inadequate health and social services, social isolation, lack of a safe, inclusive and nurturing community, easy availability of alcohol and local drug trade, presence of peer groups that condone violence, social and cultural norms that diminish the status of women and children, and exposure to racism and discrimination (Centre for Social Research and Evaluation, 2008; Fanslow, 2002; Heise et al., 1999; Memmott, 2010; National Clearinghouse on Child Abuse and Neglect Information, 2003; WHO & ISPCAN, 2006; Woolley & Gregory, 2007).

Society risk factors can include widespread tolerance of violence, social and cultural norms that promote or glorify violence, gender and social inequality, non-acceptance of the role of social and welfare agencies in supporting families, as well as low funding and availability of high quality, accessible helping programmes (Centre for Social Research and Evaluation, 2008; Fanslow, 2002; Heise et al., 1999; Memmott, 2010; National Clearinghouse on Child Abuse and Neglect Information, 2003; WHO & ISPCAN, 2006; Woolley & Gregory, 2007). The fact that violence is more prevalent in some communities or societies than others also suggests that the way social

relations are organised plays a role in contributing to this, and therefore could also play a role in minimising violence if organised differently (Heise et al., 1999).

Overall, it is clear there are a multitude of risk factors that may contribute towards family violence. Viewing these within an ecological framework is helpful for enabling us to see where and how factors may be interrelated, therefore exposing the 'big picture' of whānau violence. A further advantage of ecological models is that they may be compatible with indigenous preferences towards a holistic approach to wellbeing. Holistic approaches which go beyond a focus on individual risk factors are endorsed as desirable (Durie, 2011; Lawson-Te Aho & Liu, 2010).

Similarly to ecological frameworks, explanatory models supported in the indigenous family violence literature are those which see violence as stemming from multiple causes. For example, Memmott et al., (2001) propose that causal factors in indigenous family violence may be best divided into three main categories. These are, 1) 'underlying factors', those which relate to a history of colonisation and its enduring effects, which has placed many indigenous people in a context of vulnerability towards being a victim or perpetrator of violence; 2) 'situational factors', those which exist in the social environment of the person, such as the presence of financial stress or alcohol and drug abuse; and 3) 'precipitating factors', those which directly trigger an episode of violence, such as arguing between adult intimate partners (Memmott et al., 2001). Alongside ecological frameworks, these types of models also appear useful for understanding indigenous family violence.

In examining the many risk factors for family violence, it is clear that exposure to a number of these risk factors may be elevated for some whānau. This is due to many Māori being exposed to inequalities, a large number of which correlate with risk factors for family violence (Cooper & Wharewera-Mika, 2011). Additionally, when the historical influence of colonisation as a further underlying risk factor is incorporated into a framework of risk, it is apparent that Māori may be vulnerable to facing even more jeopardy.

As such, it is suggested that caution is necessary when drawing conclusions about any potential relationship between ethnicity and the prevalence of family violence (Connolly & Doolan, 2007; Ministry of Social Development, 2006a; Cooper & Wharewera-Mika, 2011). For example, in examining contributing factors to higher levels of violence among ethnic minority groups, it has

been suggested that the operative factors are more likely to be poverty or underlying socioeconomic circumstances than ethnicity per se (Capobianco et al., 2003; Ministry of Social Development, 2006a; UNICEF, 2003).

However, Marie, Fergusson and Boden (2009), in their study investigating ethnic identity and exposure to child maltreatment in Aotearoa New Zealand, concluded that even once socio-economic factors and family dysfunction were accounted for, Māori children were still more likely to have been exposed to inter-parental violence and maltreatment in childhood. This factor could not be fully explained, and subsequently was considered to be potentially either a result of incomplete analyses or, quite controversially, something about 'being Māori' that was not yet understood. The study received public critique from a number of high profile Māori in the field, who suggested that indigenous experiences of dispossession likely made Māori children more vulnerable to exposure to maltreatment (a factor not addressed in the study), and that there were limitations related to the measures used for describing identity in the study. Durie also commented that "detaching socioeconomic circumstances from culture is an academic exercise that tends to undervalue the close links between the two variables" (cited in Laugesen, *New Zealand Listener,* 2009, p. 26). The authors themselves point to limitations of the study and emphasise the need for further analysis and research, particularly in light of the prominence of interventions based on enhancing cultural identity, an approach they considered not justified according to their findings (Marie et al., 2009).

Other researchers have gone further, and have proposed that Māori were a violent people (e.g., Moon, 2008) and consequently are genetically prone to violence (Lea & Chambers, 2007). However, these ideas have been largely discredited for being based on underdeveloped analyses, sensationalised and irrresponsible presentations of findings, and even for having as their main aim the advancement of a racist agenda towards promoting and maintaining negative stereotypes of Māori (Bevan-Smith, 2010; Cram, 2009; Taonui, 2010; Wensley & King, 2008). Furthermore, within the wider literature, it appears that "the notion that propensity to violence is a feature of Indigenous culture is rejected by most scholars" (Snowball & Weatherburn, 2008, p. 218).

In Snowball and Weatherburn's (2008) study on theories of indigenous violence, strong support was found for lifestyle/routine activity theories of violence, and moderate support for social disorganisation and social deprivation theories. Lifestyle/routine activity theories suggest

that while historical trauma can make indigenous people susceptible to disadvantage, it is contemporary lifestyle factors that are responsible for entrenched abusive behaviour. Such lifestyle factors include, for example, heavy drinking and criminality, or exposure to these, along with impacts caused by external factors such as misguided Governmental policy (e.g., welfare reform). Social disorganisation theory maintains that the breakdown in traditional indigenous social structures and controls brought about by colonisation and dispossession (as previously described) is a cause of indigenous violence, while social deprivation theories focus on the role of widespread disadvantage and inequality (across social, economic, educational and health arenas) as a major contributor (Snowball & Weatherburn, 2008). The fact that these authors, along with other researchers in the wider field, have found that multiple etiological theories of violence are supported gives strength to the value of ecological or multi-facted approaches to both understanding and intervening in indigenous violence.

Furthermore, it is important to remember that "risk is not destiny" (Kelly, 2010, p. 16). The presence of protective factors, such as resilience among individuals and families (and others described in the forthcoming section), can reduce or potentially remove risk altogether (Connolly & Doolan, 2007; Kelly, 2010; Masten & Coatsworth, 1998). Protective factors are an important part of the picture. Furthermore, reducing the accumulation of risk factors is also an available, and important, strategy in reducing the likelihood of whānau violence and other negative outcomes for Māori (Cooper & Wharewera-Mika, 2011).

The Pathway to Wellbeing

Protective factors for Māori

Across many health-related fields, including psychology, there is a shift away from primarily taking a 'deficits approach', which focuses on the identification of risk factors and intervention at that level, towards a positive approach which instead focuses on protective factors or resources which could be developed or enhanced (if already existing) to support wellbeing. (Clarke et al., 2011; Laing, 2000; Seligman, 2000; E. J. Smith, 2006; van Heugten & Wilson, 2008). Protective factors are important for the role they can play in assisting with reducing the effects of any risk

factors or potentially removing risk altogether (thereby also reducing the need for problem-focussed intervention).

Resilience, opportunities in life, and access to timely supports have been identified as key protective factors for individuals and families who are exposed to risks associated with family violence (Connolly & Doolan, 2007; Garbarino & Ganzel, 2000). A number of authors have addressed the issue of protective factors that may be specific to Māori; these are now discussed.

Resilience and revival. Resilience is "manifested competence in the context of significant challenges to adaptation or development" (Masten & Coatsworth, 1998, p. 206), or may be more simply described as being "based on the theory that an individual bounces back when faced with adversity if certain protective factors and resources are present" (Clark et al., 2011, p.25). It is an important concept in psychology and broader health fields, where there is much attention paid to understanding why some individuals and families appear to still be able to thrive in challenging circumstances while others do not. Furthermore, it is a concept that resonates widely; we have likely all, at some point, been struck by stories of human survival in the face of extreme adversity. For many, individual or collective resilience is clearly a strength.

It is however, a term that lacks a certain 'agency'. It is an effect that arises because of conditions (of adversity) imposed upon a person or peoples. Put simply, resilience is a response necessitated by challenging circumstances, which would not be necessary if such circumstances were removed. For this reason some authors take a broader view of resilience, placing at least equal attention (and responsibility) on those who could/should assist with changing or preventing adverse circumstances (Moewaka Barnes, 2010; Penihera & Green, 2010). These different views of resilience cannot be neatly divided however, and it is perhaps best to recognise the relative usefulness of each for what they are; that is, where resilience is developed by necessity in the presence of adversity that was beyond individual (or collective) control, this will enable survival and success. Where adversity can be reduced or resisted through the efforts of others, or through individual or collective agency, this is also positive. Durie (2006a) provides a certain clarity to this by suggesting that "the task is to reduce adversity where it can be reduced and to build resilience so that any consequences of adversity do not outweigh the capacity of indigenous peoples to thrive and prosper" (p. 15).

Durie (2006a) proposes that resilience is facilitated through success, and outlines important components of success for indigenous peoples as being related to "the capacity to engage with indignous culture, networks and resources" (p. 4), the "capacity to engage with global societies and communities" (p. 4), and the autonomy of individuals, families, and collectives. These areas are influenced by factors such as human capability, cultural affirmation, attitudinal influences, lifestyle and environmental influences, the economy, and leadership (Durie, 2006a). He also notes that while much of the wider resilience literature is focused on individual potential to overcome adversity and succeed, indigenous resilience also has strong links to the cohesion, achievements and success of the collective; that is, whānau, hapū, iwi and the indigenous population as a whole (Durie, 2006a).

Similar understandings of resilience are described in the broader indigenous literature (Baskin, 2006; Kumar, 2007), as well as internationally, where factors such as capability and sense of agency, autonomy or control have been well documented as contributing to resilience and strength (Masten & Coatsworth, 1998; E. J. Smith, 2006; Wilkes, 2002). E. J. Smith also notes that "strengths are almost inevitably culturally expressed" (p. 25), giving the example that while autonomy is highly valued in some cultures, other more collective-focused cultures may instead value relational skills, and yet others will consider a combination of these to be useful. This author suggests that developing an understanding of how much individual and collective strengths or resilience are relevant to a person is an important task for the helping professions. Also of increasing interest to the helping professions, and more recently psychology in particular, are the positive strengths that buffer against negative experiences and operate as protective factors; these include strengths such as courage, hope and perseverance (Moane, 2003; Seligman, 2000; E. J. Smith, 2006). Additionally, it has been suggested that resilience is malleable and can be brought about through the acquisition of skills and knowledge (Hage, 2007).

Given that collective support and strength can be a protective factor for individuals, and that resilience can be 'taught' (through the acquisition of knowledge and skills), there is much interest in the local field about the roles cultural identity and connectedness play in Māori resilience and wellbeing. It is most commonly proposed that a strong and 'secure cultural identity' is a fundamentally protective factor in this regard (Durie, 2001, 2006b; Lawson-Te Aho & Liu, Kruger et al., 2004; 2010; Moeke-Pickering, 1996; Quince, 2007; Tapsell, 2007; Te Puni Kōkiri, 2010). A secure cultural identity, which brings with it connectedness to cultural practices, supports, and

resources, is therefore believed to be positively linked to good health, serving as a buffer for individuals against exposure to negative life events or outcomes. Having a secure cultural identity strongly implies that kinship relationships and the kinship system are intact, factors which are also viewed positively within a Māori framework, where healthy wellbeing is considered closely linked to collective identity and wellbeing (Durie, 2001, Kruger et al., 2004; Lawson-Te Aho & Liu, 2010). Lawson-Te Aho and Liu (2010) give the example that through connectedness "individual trauma becomes a shared burden and the collective carries the load of the burdened ones, supporting, encouraging, and embracing them in the collective relationship that is bounded by kinship" (p. 128). Subsequently, where there is a lack of cultural identity and connectedness, restoration of this is considered valuable.

There do exist some critiques of such ideas (restoring or enhancing cultural identity and connectedness), which are made on the basis that there exists no empirical evidence that such approaches actually work (Marie, 2010; Marie, Fergusson & Boden, 2008). While there may be a lack of empirical literature regarding this, there is a steadily growing number of written studies which highlight Māori approaches, including those which attend to cultural identity and connectedness, as appropriate and effective in their application for improving Māori wellbeing (e.g., Billing, 2009; Cargo, 2008; Wirihana, 2008). Additionally, Marie's critiques tend to ignore the fact that these approaches are often present alongside a complimentary range of other interventions; that is, the interventions are not solely about Māori identity.

Prevention and intervention strategies

Complex problems most often require comprehensive solutions. This is recognised in the Te Rito report (Ministry of Social Development, 2002), where the following justification for the development of New Zealand's family violence prevention strategy is provided,

> Given the indicative level and nature of violence in New Zealand families/whānau and the breadth and complexity of the problem, an integrated multi-faceted, whole-of-government and community approach to preventing the occurrence and reoccurrence of violence in families/whānau was required (p. 6).

Since the establishment of the strategy, there has been a broad range of work undertaken. The social marketing 'Campaign for Action on Family Violence ("It's not ok")', aimed at changing the way people think and behave about family violence, has been the highest profile example of such activity (McLaren, 2010; Ministry of Social Development, 2002). A further example is the recent work carried out for Te Puni Kōkiri in relation to developing the aforementioned Māori research agenda on family violence (Te Puni Kōkiri, 2008; 2010).

There have also been other significant developments in the field in more recent years, most notably a change to the law in 2007, which effectively made the corporal punishment of children illegal (the repeal of Section 59 of the Crimes Act 1961) in Aotearoa New Zealand. This change was initially met with a certain amount of resistance from a variety of factions (Wood, Hassall, Hook & Ludbrook, 2008), however it has been found to be overall, effective and untroublesome in its implementation (Hughes, 2009; Kelly, 2010). Aside from the broader activities that occur under the umbrella of Te Rito and various other developments in the field, there also exists a range of prevention and intervention strategies, developed by Māori-led groups and organisations which address family violence at the 'grass roots' level. A review of the literature related to these now follows.

Māori approaches. In the seminal report "Māori Family Violence in Aotearoa", Balzer et al., (1997) investigated a range of topics including factors contributing to family violence among Māori, the effects of family violence on Māori, traditional approaches to addressing family violence, and strategies to assist Māori communities to eradicate family violence. They interviewed local key informants as well as family violence programme facilitators and participants from the Hamilton Abuse Intervention Project (HAIP). They also sought indigenous views from key informants in Australia and the United States. The authors came to the conclusion that there were links between the historical practices of colonisation (and resulting negative social changes for Māori) and the experience of family violence for Māori in the present day. They also noted that historical factors were not the sole cause of family violence, but rather were among a number of contributing factors.

With regard to prevention and intervention strategies, they suggested that any approach to addressing family violence among Māori must involve positive social and political change that would be best driven by whānau, hapū and iwi, if given the resources to faciltiate their ability to

do so. The development of resources, interventions, and awareness campaigns that incorporated Māori values and priorities were considered a pressing need. In line with this, the authors suggested that community 'buy-in' for social change would be necessary and could be achieved through the leadership of kaumātua and kuia, while Governmental 'buy-in' would be necessary for political change so as to improve responsivity to, and collaboration with, Māori addressing the problem. Consistent funding of services for Māori was also considered a priority. Additionally, the researchers noted that while some variation between the experiences of other indigenous peoples existed, there were also strikingly similar features (Balzer et al., 1997).

Around the time of this report, there was a small but steadily growing number of contributions to the literature broadly related to Māori and family violence. However, it was not really until the advent of Te Rito (Ministry of Social Development, 2002) that the literature in this area began to increase exponentially (albeit still being a relatively small amount). This is likely due to the shift in priority at the Governmental level, with resulting availability of funding to carry out related research and convening of groups tasked with developing plans to address the issue.

Subsequent contributions to the field reached similar conclusions to those previously offered, particularly in relation to the value of developing and delivering whānau violence prevention and intervention programmes designed around Māori concepts, values and approaches. For example, an evaluation of programmes for Māori adults protected under the Domestic Violence Act 1995 (Cram et al., 2002), as well as for children protected under the same Act (Cargo, Cram, Dixon, Widdowson & Adair, 2002) included examinations of programmes specifically tailored to Māori. These programmes incorporated tikanga Māori values and concepts, as expected due to regulations (previously described), and were found to be doing this successfully. In both evaluations the researchers also found that having Māori facilitators was highly valued by programme attendees, as were the strong relationships they were able to develop with facilitators, which in turn enhanced their ability to participate in and benefit from the various components of the programme. Having the opportunity to explore their identity as Māori was also noted by participants as a positive aspect of attending the programmes.

Pihama et al. (2003) in their literature review on family violence prevention for Māori (commissioned as part of the implementation of the Te Rito strategy) presented an in-depth description of the importance of traditional Māori values and concepts to family violence

prevention efforts. Similarly to Balzer et al. (1997) they took a key informant approach to the research, conducting interviews designed to complement their broad review of the literature. This sizeable contribution to the field presented a strong argument for prevention and intervention efforts to be multifaceted (holistic), provided within a tikanga Māori framework, and based on a foundation that includes an analysis of the historical and current impact of colonisation on Māori so as to put contemporary experiences for Māori into context.

The following year, the Mauri Ora framework for transforming whānau violence (Kruger et al., 2004) was released. The framework presented a comprehensive approach to addressing whānau violence, and had as its vision the *mauri ora* (wellbeing) of whānau, hapū and iwi and all Māori individuals within. The authors identified three fundamental tasks to achieve this:

1. Dispelling the illusion (at the collective and individual level) that whānau violence is normal and acceptable;
2. Removing opportunities for whānau violence to be perpetuated through education for empowerment and liberation of whānau, hapū and iwi; and,
3. Teaching transformative practices based on Māori cultural imperatives that provide alternatives to violence (p. 5).

The processes outlined for facilitating these tasks included utilising Māori cultural concepts and values as practice tools (e.g., whakapapa, tikanga, wairua, mana, tapu), incorporating an analysis of the impact of colonisation into the understanding of contemporary realities for whānau, and replacing negative or unhelpful ways of understanding and behaving among whānau with alternative, positive ways of understanding and behaving - also known as transforming behaviour (Kruger et al., 2004).

The authors described consequences of whānau violence for Māori, reporting that it damages wairua, hinengaro, tinana, and *ngākau* [emotional wellbeing; the heart], and also disturbs *ihi* [which they define as, being enraptured with life], *wehi* [being in awe of life], and *wana* [being enamoured with life]. Damage and disruption creates imbalance and results in loss of wellbeing, not only for Māori individuals, but for whānau, hapū and iwi (Kruger et al., 2004). Mauri ora is achieved by restoring balance between these elements and fostering experiences of wellbeing, through the processes described above.

The Mauri Ora framework was strongly aligned to the developing Māori conventional wisdom and as a result has been widely endorsed in subsequent commentary. The framework also received the Governmental 'seal of approval' in that funding was attained to roll out a national pilot implementation of a training programme for Māori practitioners in the field, based on the framework, known as Project Mauri Ora (Kruger et al., 2004; Ministry of Social Development, 2005). Mauri Ora training (as it is now known) has since expanded and continues to be funded and delivered nationwide through Te Korowai Aroha o Aotearoa, an indigenous education and training provider (Ministry of Social Development, 2008).

A small number of other studies in the field provide examples of Māori-led prevention and intervention programmes that attribute an integral part of their success to their utilisation of Māori values and concepts as base elements upon which the programmes are designed and delivered. These include, for example, the 'Waananga Whakamana' programme for high risk offenders (Atkinson, 2003). This programme is described as using a holistic approach to working with high risk offenders and their whānau (including those in which family violence has been identified as an issue). A key goal, which was believed to contribute to the success of the programme, was the strengthening or restoring of the Māori cultural identity of those involved, in order to restore balance to relationships within the whānau and also in society (Atkinson, 2003). The 'Te Whakaruruhau Transition and Wellbeing Programme', for women transitioning back into the community following a stay at Te Whakaruruhau Māori women's refuge, has been described as being based on 'foundational values' that underpin the activities of the programmes, these being "whanaungatanga, manaakitanga and wairuatanga" (Robins & Robertson, 2008, p. 8). An evaluation of the programme indicated that these foundational values strongly contributed to the positive impacts of strategies employed throughout the programme (Robins & Robertson, 2008).

The Ngāti Porou Community Injury Prevention Project was an iwi-based initiative aimed at addressing family violence as part of a broad, collaborative, holistic community health project. An evaluation of the project found that it was successful in applying principles such as role modelling and active participation to improving injury prevention within a Māori cultural framework. It was also found to be successful in meeting Māori aspirations (Brewin & Coggan, 2004). The Ngāti Kahungunu Violence Free project is aligned to the iwi goal of "strengthening strong, vibrant, healthy whānau" (Ngāti Kahungunu Iwi Incorporated, n.d.), and is another example of an iwi-based prevention initiative. This project engaged *rangatahi* [youth] in a violence prevention

education programme, which resulted in the development of a drama production that was delivered to several communities within the region. The Amokura Family Violence Prevention Strategy led by a consortium of Te Tai Tokerau iwi Chief Executives was a "comprehensive community initiative" (Grennell & Cram, 2008, p. 4), which had as it's key objectives, research, education and promotion, professional development and training, and advocacy for family violence prevention in Te Tai Tokerau. An evaluation of Amokura found it to have met it's objectives, and that it had often exceeded expectations (Grennell & Cram, 2008).

Latterly, Te Puni Kōkiri's research agenda on Māori family violence also included case studies on Māori organisations providing family violence programmes for Māori. These programmes (one of which was included in the descriptions above) were found to be made up of a number of different practice components, but had tikanga values and practices at their core. The authors noted that "the programme studies confirm culturally distinct approaches have transformed the people with whom those Māori service providers have engaged" (Summary Factsheet, Te Puni Kōkiri, 2009, p. 10), and overall that the literature review, which informed the research agenda, "supports the reclamation of Māori values, practices and approaches as transformational levers to support Māori towards whānau ora" (p. 10).

The "E Tu Whānau-ora: Programme of Action for Addressing Family Violence 2008 – 2013" developed by the Māori Reference Group for the Taskforce for Action on Violence within Families (2009), another Te Rito initiative, supports these approaches. They describe whānau ora as being "more than just free from violence; it also involves having a strong sense of identity, being connected to your whakapapa, and reclaiming and cementing the principles of tikanga in a contemporary context" (p. 6). The Programme of Action is guided by five core goals; leadership, changing attitudes, ensuring safety and accountability, effective support services, and understanding and developing good practice (Māori Reference Group for the Taskforce for Action on Violence within Families, 2009). The overarching vision for the Programme of Action is "whānau-ora for all whānau members arising from strength, safety, integrity and prosperity" (p. 3), which they describe as being based on the concepts of whakapapa, whanaungatanga, wairua, tinana, mana and mauri. In this regard the conceptualisation underpinning the Programme of Action is closely aligned with existing and proposed models of prevention and intervention for Māori in the field.

Overall, there is strong support within the literature for the application of Kaupapa Māori approaches to the prevention and intervention of whānau violence, these being considered to be most appropriate, relevant, and effective for whānau. In a relevant summary, Taonui (2010) suggests that:

> Re-enculturalization can emancipate individuals, families and tribal groups. ... Promoting the
> rebuilding of culture within the perpetrator [of violence] not only includes the beliefs and values of
> the ancestors, but also the history of the people, including colonization. At an individual level, this
> knowledge has the ability to dissipate anger by raising consciousness. Positive enculturation
> enhances a sense of belonging, rebuilds identity, and promotes self-worth. This facilitates the
> healing of relationships within families (p. 199).

'Raising consciousness' is related to the task of decolonisation, a process considered important to Māori development (Kruger et a., 2004; L. T. Smith, 1999; Taonui, 2010). Decolonisation is "now recognized as a long-term process involving the bureaucratic, cultural, linguistic and psychological divesting of colonial power" (L. T. Smith, 1999, p. 98), and is not only of interest to Māori but also global indigenous communities (Gone, 2009; Hill, Lau & Sue, 2010). Decolonisation involves the reassertion of indigenous knowledges, ways of understanding and practices, alongside a critical examination of political and sociocultural influences on indigenous peoples, with the goal of reclamation of self-determination (Gone, 2009; Hill et al., 2010; L. T. Smith, 1999). It is considered valuable particularly in light of the legacy of colonisation, which "despite the end of formal occupation and overt forms of oppression, continue to exert powerful psychological effects on the identities of the colonized" (Hill et al., 2010, p. 39).

The contribution of decolonisation to mitigating negative effects for Māori is clearly of interest to 'indigenous psychology', particularly so in Aotearoa New Zealand where there is a developing indigenous psychology movement. In an international analysis of the origins and development of indigenous psychologies, Allwood and Berry (2006) note that "IPs [indigenous psychologies] arose as a reaction to the mainstream version of psychology and seek to reflect the social, political, and cultural character of peoples around the world" (p. 243). They are most often localised forms of psychology, being specific to the cultural context within which they are developed, in order to be relevant and useful to those cultures. In Aotearoa New Zealand, indigenous psychology "has always been a part of how Māori approach wellness, health and

being, stemming from a world-view that values balance, continuity, unity and purpose" (Nikora, Levy, Masters & Waitoki cited in Allwood & Berry, 2006, p. 254).

There are also considerable links between indigenous psychologies and related fields such as community and liberation psychologies. For example, the relationship between practices and interventions which seek to address social injustice, inequality and oppression by transforming psychological and social patterns is of interest to these all (Hill et al., 2010; Robertson & Masters-Awatere, 2006). The prevention and intervention strategies for whānau violence described in this literature review have transformation at their core, where those that are promoted as effective are those that involve "transformational change, which is a change in values, beliefs, attitudes and behaviour" (Te Puni Kōkiri, 2010, p. 42). These are core tasks in the discipline of psychology. Nikora et al., in their contribution to Allwood and Berry's (2006) review of indigenous psychologies, suggest that the task for Māori working in this area "is to create psychologies to meet the needs of Māori people in a way that maintains a unique cultural heritage, and makes for a better collective Māori future. It is a journey towards Māori self-determination" (p. 255).

Background to the Current Study

Process for establishing the study

Prior to commencing the study I consulted widely among whānau, peers and colleagues about the idea of investigating whānau violence and 'what works' with helping whānau stop or prevent violence. I received a lot of encouragement for this idea, and was fortunate to have many people offer to support me throughout the project should it go ahead. Some of those I consulted at this time later became members of the *Rangahau Whānau* [research advisory group], along with others who joined the group throughout the course of the research. The Rangahau Whānau brought together people with a range of expertise (such as knowledgable kaumātua, and Māori practitioners from related fields), and served the purpose of providing knowledge and guidance throughout the research project.

In keeping with a Kaupapa Māori framework (described further in the *Methodology* chapter), it was important that the project was collaboratively designed and of benefit to Māori. Having put together some initial ideas, I attended one of the bi-monthly Board meetings of the Ngāti Hine Health Trust to present, seek and discuss ideas about the usefulness of carrying out this type of research.

The opportunity to take up such a study, with a Ngāti Hine focus, in collaboration with the Trust was strongly supported. Researching whānau violence was considered by the Board to be very relevant in terms of the negative impact caused to whānau ora or wellbeing. Additionally 'Zero Tolerance to Violence' was one of the Trust's five key foci (also described in the *Methodology* chapter), and as such, a project which focussed on potential solutions to violence would fit well with organisational aspirations. All Board members present were involved in this dialogue and much discussion was had about potential priorities for the research, and how the research could develop.

An initial research idea had been to work in collaboration with the Trust to identify, define and develop a 'best practice package' for early intervention in whānau violence, which could be trialled with a number of whānau and subsequently evaluated. However, upon further consultation with a number of members of the Board and Executive Management Team (EMT) of the Trust, it became clear that this was not the desired direction.

Rather than 'jumping ahead' to create something new without having a clear understanding of the effects of current helpful practices, it was considered more useful to gather information about the practices that whānau, and practitioners who worked with whānau, felt already 'worked' in terms of helping stop or prevent whānau violence. In keeping with the study being based within a hapū environment, it was considered it would be useful to gather Ngāti Hine perspectives on this also. Following an enquiry into current practices, and depending on findings, attention could then be diverted towards implementing and evaluating an 'early intervention package' for whānau should that seem to be the next best step (e.g., that could be the basis of a separate 'follow-up' study).

As the research was to be focused on exploring helpful and preventative practices for whānau violence, it was not viewed as being an evaluative study of Trust programmes despite the organisation being the source of participants. However, it was considered likely that at least

some whānau and practitioner participants would make evaluative comments about the Trust; these would be fed back to the organisation (with participants' permission) with the qualifier that the collection of any comments could not be considered a formal evaluation per se.

The discussion of potential research opportunities led to a focus on the Trust's ongoing commitment to enhancement of services and there was interest in following up this project with a formal evaluation of several programmes (e.g., the *Kia Tupu Ake Ai* programme for children, and their whānau, who have witnessed family violence). These ideas were to be revisited at the completion of the current project. With this plan in hand, organisational approval from the Trust was then confirmed in a written letter of support.

The process of applying for ethical approval from the Ministry of Health (Health & Disability Ethics Committee) was also discussed with the Trust Board, including the fact that I would need to be transparent about my 'insider' status as the researcher for this project (especially regarding my familial relationships with a number of the Trust Board and staff, as well as potentially with participants). During this conversation I described to the Board the potential for this to be considered a conflict of interest if not correctly attended to in the ethics application, to which one of the Board members replied "Well Erana, who *is* going to come and do this research? Some stranger?". That was a helpful affirmation for me and provided some clarity in terms of addressing the ethical practices of both Kaupapa Māori research and 'traditional scientific' approaches. Subsequently, ethical approval was sought and attained from the Ministry of Health's Northern Y Regional Health & Disability Ethics Committee (Reference: NTY/07/07/086). With all approvals in place, the research was able to commence.

In keeping with organisational tikanga, my first visits to the Trust involved attending *karakia* [spiritual stimulation; prayer]/morning meeting sessions at the Trust's Whangārei and Kawakawa offices to be formally (re)introduced to the staff as a 'Visiting Researcher' and talk about the study. Karakia/morning meeting sessions are held at 8.30am daily and are the standard tikanga-based way to start the day at the Trust. It is expected that all staff who are available will attend these sessions, and the majority of staff do attend them. The session begins more formally with a *waiata himene* [hymn that is sung], karakia, and *mihi* [greeting]. Following this any *pānui* [notices/briefings] are communicated by the General Managers (GMs), after which other staff may communicate any further pānui. These sessions are also an opportunity for any

staff member to bring up a particular *take* [issue] or current topic they would like to discuss that might be of importance or of interest to other staff (e.g., media coverage of a certain issue or concern). As a result there is often a range of 'unexpected' topics discussed at any given karakia/morning meeting session. On occasion, very serious matters are dealt with. For example, where a breach of organisational tikanga has occurred, this will be discussed, and often resolved, at karakia/morning meeting. The meeting is typically closed by one of the GMs, which is followed by another *waiata* [song], following which the staff all go out to commence their daily work. A typical 'uneventful' karakia/morning meeting session is usually finished by 9am.

Following these initial meetings, I commenced visiting the Trust on average for two days each week, in my role as Visiting Researcher, so that I could become familiar with the workings of the organisation and develop an understanding of the various programmes being run, as these would be the source of Whānau participants for the research. Over time I became involved in many activities of the Trust, and became a familiar face around the organisation.

Purpose of the current study

The current study was carried out in collaboration with the Ngāti Hine Health Trust and is based on interviews with individuals and whānau who attended programmes through the Trust, practitioners experienced in working with whānau facing difficulties with whānau violence, and Ngāti Hine hapū representatives. Situated within a framework of Kaupapa Māori methodology, and informed by the broad traditions of both clinical and community psychology, the research methods were wholly qualitative. Interviews with participants were recorded, transcribed and subject to thematic analysis following the guidelines recommended by Braun and Clarke (2006). Given the dearth of Māori-led research on whānau violence, this project (being based in a hapū environment) provided a unique opportunity to gather the perspectives and hopes of those directly involved in this issue.

The purpose of this study was to gain an understanding of what helps whānau stop or prevent whānau violence. The specific aims of this thesis are as follows:

1. To describe whānau perspectives on strategies considered helpful for both stopping and preventing whānau violence, as well as to describe how whānau themselves make sense of whānau violence.

2. To describe practitioner perspectives on strategies considered helpful for stopping whānau violence.

3. To describe the perspectives of Ngāti Hine representatives on the strategies considered helpful for preventing whānau violence, as well as to describe their vision for whānau with regard to the future of the hapū.

4. To present an analysis of these perspectives in relation to the broader context within which whānau violence occurs, and therefore contribute to knowledge and understanding of this phenomena in a way that will be useful, not only to whānau and hapū, but to all of those interested in the field.

Chapter Two: Method

All research is based on principles and practices that are determined by the researcher according to the theoretical and methodological decisions they make. These decisions are informed by the researcher's values and reflect their understanding of, and position(s) on, the nature of knowledge, the purpose of research, and knowledge creation. Describing the rationale for this decision-making about research is important so that the audience can know where the research (and researcher) is positioned, which can help them to both understand and critique the project accordingly.

Furthermore, Māori expectations of Māori researchers, in terms of cultural accountabilities and directly applicable outcomes, can be extremely high. Māori audiences may expect that Māori researchers will deliver results which will contribute to improvements in Māori health, educational, employment, social and ecomonic status in ways which those audiences can both understand and adopt. Consequently, Māori researchers are often simultaneously subject to both academic and Māori cultural accountabilities, each of which rightly exerts its own influence upon the nature of the research work. In Māori cultural terms, because of the importance placed upon whanaungatanga or extended kindred relationships, no Māori researcher wanting to be understood and identified as Māori can escape the close personal scrutiny of cultural efficacy demanded by the Māori audiences with an interest in the research work. This 'cultural efficacy' requirement is a healthy regulator of cultural pertinence and helps to ensure the research has meaning for Māori audiences.

This chapter outlines the methodological frameworks for this study which informed the approaches taken (how the research was carried out), and the reasons for selecting them. This study was firmly located within a Kaupapa Māori research framework, while also being informed by the broad traditions of clinical and community psychology, and utilising qualitative research approaches. These are all described here. The method, also presented in this chapter, describes the specific processes and procedures used in this study.

Methodological Frameworks

The disciplines of clinical and community psychology

The study of whānau violence and 'what helps' is an applied research project, informed by the broad fields of both clinical and community psychology. The discipline of clinical psychology is concerned with the amalgamation of psychological research, theory and practice, and the application of this to understanding and alleviating a wide range of mental, emotional, developmental or behavioural difficulties across the life span of individuals and families (American Psychological Association Society of Clinical Psychology (n.d.); New Zealand Psychologists Board, n.d.). A clinical psychologist "... is educated and trained to generate and integrate scientific and professional knowledge and skills so as to further psychological science, the professional practice of psychology, and human welfare" (American Psychological Association Society of Clinical Psychology, n.d.). While psychological assessment, formulation, and therapeutic intervention are core activities for practitioners of clinical psychology, the 'scientist-practitioner' ethos underpinning the discipline promotes the activity of research and contribution to knowledge within the field as very important.

Research about difficulties such as whānau violence can help psychologists and other practitioners enhance their understanding and facilitate their ability to formulate the approach(es) they can bring to therapeutic intervention with individuals and families. Finding out about 'what works' for addressing these difficulties, particularly from the point of view of whānau, provides valuable information that can improve the responsiveness of the helping professions and, as suggested above, can further their contribution towards human welfare. This is a goal of this study.

Community psychology is also concerned with enhancing wellbeing, however it is much broader in its application. It is focused not only on individual and family health, but on promoting social justice, empowerment, and prevention of difficulties for all people, especially where there is historical or current power differentials among groups, marginalisation and oppression (American Psychological Association Society of Community Research and Action – Community Psychology, n.d.; Moane, 2003; Robertson & Masters-Awatere, 2007). Acknowledgement of diversity is central and there is strong interest in the influences of the broad contexts within which human strengths and difficulties exist; this includes social, cultural, historical, geographic

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and economic contexts. The field is interdisciplinary in nature and informed by multiple perspectives and approaches (American Psychological Association Society of Community Research and Action – Community Psychology, n.d.; O'Donnell, 2006).

Accordingly, community psychology research is often carried out using multiple methodologies, with an emphasis on collaboration, and particularly "must be undertaken to serve those community members directly concerned, and should be guided by their needs and preferences, as well as by their active participation" (American Psychological Association Society of Community Research and Action – Community Psychology, n.d.). Activities of research and work directed towards addressing issues of social justice and promoting social change are valued; a relevant example of this would be the prevention of violence. Gregory (2001) notes that "a major effort by community psychologists in contrast with general or clinical psychologists, is to promote prevention, thus they are highly concerned about existing and future social problems" (p. 21).

Despite being quite distinct psychological disciplines in their nature, there is a degree of cross-over between the two, particularly once we move out of the academic arena and into the 'real world'. While whānau violence fits within the framework of clinical psychology in terms of the application of related assessment, formulation and intervention practices with individuals and families to address the problem, it also has particularly high relevance to community psychology, which seeks to address and prevent or intervene in problems of this very nature, especially in relation to the context(s) within which they occur. Dohrenwend (1978), in an early analysis of these different 'camps' of psychology, noted that the key difference is perhaps the point at which each are involved; that is, early (prevention) or later (intervention) in terms of 'problem development'. However, she also notes common ground between them, in that "clearly, we would all like to promote positive outcomes and prevent negative outcomes among individuals who are exposed to stressful life events. The value of this goal is indisputable" (p. 6).

The current study is guided by the philosophies of both of these disciplines in that it aims to contribute to a better understanding of whānau violence and 'what works' in relation to generating knowledge about interventions (including prevention) that may enhance wellbeing, in the broadest sense. That is, it hopes to identify helpful clinical interventions for individuals and

families, as well as to address a broader range of relevant factors within the social, cultural, historical and wider contexts. In this regard, it aims to contribute to both practice and theory.

Research informed by both of these disciplines lends itself to these kinds of discoveries. When based within a Kaupapa Māori framework, the likelihood of such discoveries being useful and relevant for Māori are enhanced. This is important as there has been critique about the fusion of Māori and psychological approaches, particularly with regard to the tendency of Māori positions to be marginalised (Levy, 2002; Milne, 2005) and the propensity for the discipline to be individualistic and responsible for promoting dominant hegemony (Gone, 2008; Hill et al., 2010). However, the philosophies of these disciplines can 'fit' within a Kaupapa Māori framework, especially when care is taken about the amalgamation or blending of the approaches (often involving taking a 'critical' stance, and incorporating what is useful and relevant and omitting what is not). Additionally, it is evident there exists a certain harmony between community psychology, qualitative research, and Kaupapa Māori research approaches. Clinical psychology approaches also offer a useful contribution given the applied nature of the area of study.

Kaupapa Māori research

Kaupapa Māori research, both related theory and methods, grew out of an increasing desire among Māori for tino rangatiratanga, or self-determination, in regard to the creation and legitimisation of knowledge about Māori. It was felt that previous research had not served a 'just' purpose for Māori, having traditionally been done 'on Māori' by non-Māori researchers, using methods that weren't considered suitable for Māori, and prioritising dominant Western discourse, values and purpose (Bishop, 1996; Cram, 2001; L. T. Smith, 1999). In this regard Kaupapa Māori research is often aligned with other frameworks or theories of a similar nature, for example Pipi et al., (2004) note that:

> Kaupapa Māori is an emancipatory theory that has grown up alongside the theories of other groups who have sought a better deal from mainstream society; for example, feminist, African-American and worldwide indigenous theories. At a high level, these theories have commonalities and similar concerns, including the displacement of oppressive knowledges and a social change agenda. At a local level, Kaupapa Māori addresses Māori concerns in our own land. Kaupapa Māori research

operates out of this philosophical base and is guided by practices that reflect a Māori "code of conduct" (p. 141).

Similar comparisons have been made by other local authors, for example, in relation to critical theory (Pihama, 1993), participatory action research (L. T. Smith, 2006), and constructivism (Eketone, 2008) as well as suggestions that descriptors such as 'native theory' (Eketone, 2008) or 'anti-colonial theory' (Mahuika, 2008) may be relevant to Kaupapa Māori research. Others note how strongly Kaupapa methodology aligns with other theories of conscientisation, emancipation, and liberation proposed by internationally renowned authors such as Paulo Friere (Kiro, 2000; Mahuika, 2008; G. H. Smith, 2000).

While theorising about Kaupapa Māori research continues, there is at least some consensus around fundamental elements. For example, early in the development of the field, Kaupapa Māori research was described as being that which:

- Is related to 'being Māori';
- Is connected to Māori philosophy and principles;
- Takes for granted the validity and legitimacy of Māori, the importance of Māori language and culture; and
- Is concerned with the 'struggle for autonomy over our own cultural well being'.
(G. H. Smith, cited in L. T. Smith, 1999, p. 185).

While discussion about what makes Kaupapa Māori research distinct in relation to other methodologies continues to be advanced (often in relation to queries about the validity and reliability of the approach), Moewaka Barnes (2000) revitalises these fundamental elements by noting that what makes the approach distinctive is simply the fact that it "stems from a Māori worldview" (p. 9). In this regard it is inherently connected to Māori values and aspirations. As Walker, Eketone and Gibbs (2006) summarise:

Kaupapa Māori research developed as part of a broader movement by Māori to question westernised notions of knowledge, culture, and research. Kaupapa Māori research has been used both as a form of resistance and a methodological strategy, wherein research is conceived, developed, and carried out by Māori, and the end outcome is to benefit Māori. (p. 331)

Research located within a Māori worldview can be carried out through a variety of approaches, and there exists ongoing discussion within the literature about the compatability of different

methods with the goals of Kaupapa Māori research; for example, surveys or other quantative tools versus qualitative approaches such as interviews (Cram, 2006; Cram, Smith & Johnstone, 2003; Jones, Ingham, Davies & Cram, 2010; Moewaka Barnes, 2000; Walker et al., 2006). Although there appears to be increasing interest in utilising a range of methods within the framework of Kaupapa Māori research, a survey of the literature reveals that qualitative approaches are dominant. This may reflect a sense among Māori researchers that qualitative methods appear to "fit more comfortably within a Māori way of doing" (Walker et al., 2006, p. 336), can reduce power differentials between the researcher and participants by increasing negotiation around control of interview procedures (Cargo et al., 2002; Cram, 2006), allow for greater exploration of areas for which little written Māori knowledge exists (Cram, 2006) and "tell narratives of … success because the discourse on deficit is so well covered elsewhere" (Irwin, 2011, p. 23).

Regardless of the method(s) selected to answer the research question(s), there is strong concurrence that the processes for engaging with Māori for research are of primary importance. Linda Smith's (1999) guidelines on engaging ethically with Māori in research are helpful in this regard, these being:

- Aroha ki te tangata (a respect for people; allowing people to define their space and meet on their terms),
- Kanohi kitea (the seen face; that is, understanding the importance of presenting yourself to people face to face),
- Titiro, whakarongo, … korero (look, listen, develop understanding, and then talk),
- Manaaki ki te tangata (share and host people; be generous; take a collaborative approach and aspire to reciprocity).
- Kia tupato (be cautious; be politically astute and culturally safe; be reflexive about your insider/outsider status),
- Kaua e takahia te mana o te tangata (do not trample over the mana of people; engage fully and meaningfully when discussing ideas, informing people, and disseminating results), and
- Kia māhaki (be humble in your approach and attitude; do not flaunt your knowledge; also share your knowledge and use your qualifications to benefit the community).

(L. T. Smith, 1999, p. 120, and expanded commentary in brackets discussed in Cram, 2001; Pipi et al., 2004).

These guidelines, along with other important principles central to a Māori worldview, such as whanaungatanga, provided the foundation upon which the current study was carried out.

Also relevant to this study is the notion of 'insider' research, a feature commonly associated with Kaupapa Māori research. Although debate continues around involvement of non-Māori in such projects, Kaupapa Māori research is commonly positioned as 'by Māori, for Māori' (e.g., Cram et al., 2003; Jones et al., 2010). Within the field, a key concern related to involvement of 'outsider' researchers is the issue of control of the research. However, there is suggestion that outsider involvement is possible as long as positions of control are clear, for example, that "it is Māori research by Māori for Māori with the help of invited others" (Bishop, 2011, p. 6).

A further key concern is the issue of how information about Māori, including understandings and experiences, is gathered and then represented. In this regard, arguments for insider researchers are often focused around the notion that the research will be done in a "more sensitive and responsive manner" (Bishop, 2011, p. 4), prevent further misinterpretation, misrepresentation, and resulting marginalisation (Ormond, Cram & Carter, 2006), and enable much deeper understanding of the existing dynamics, nuances, subtleties and significance of the various factors operating within the community being researched (Kiro, 2000; Walker et al., 2006). It follows then that critiques of insider research include that the researcher may come from a position of bias and may be limited in their ability to take a critical approach or deal with challenging findings (Bishop, 2011; L. T. Smith, 1999). However, this does not mean that insider research is automatically flawed as a result. Instead, what is required is reflexivity; as L. T. Smith (1999) recommended, "at a general level insider researchers have to have ways of thinking critically about their processes, their relationships and the quality and richness of their data and analysis" (p. 137).

Regardless of insider/outsider status, a number of authors across the fields of Kaupapa Māori research, other indigenous research, and community psychology, argue that it is the possession of appropriate cultural knowledge and practice of associated skills by researchers that is vital to the integrity and validity of the research (Bishop, 2011; O'Donnell, 2006; Ponterotto, 2010). A key advantage of these attributes is that they can "increase the cultural compatibility of any recommendations or interventions" (O'Donnell, 2006, p. 4) that may be developed. This is of

particular relevance to the notion of research that is 'by Māori, for Māori' and interested in addressing and enhancing wellbeing. This is true for the current study.

Overall, Kaupapa Māori research provides a framework within which to meet the research aims in a way that is as culturally responsive, responsible, and as useful as possible. Given the nature of the research topic, it is also useful and appropriate to draw upon the broad traditions of clinical and community psychology approaches. As noted above, qualitative research methods fit well with Kaupapa Māori approaches, while also being complimentary to both clinical and community psychology. These are now described in more detail.

Qualitative research

Qualitative research methods continue to become increasingly popular within psychology, particularly for projects which investigate complex issues or phenomena (Morrow, 2007; Ponterotto, 2010). Qualitative methods such as in-depth interviews and focus groups allow researchers to gather information in greater detail and richer description than quantitative methods, through their exploratory and flexible nature (Mack, Woodson, MacQueen, Guest, Namey, 2005; Patton, 1990). Morrow also noted that "Whereas quantitative methods can enable the researcher to get a broad understanding of a phenomenon, qualitative approaches are able to delve into complex processes and illustrate the multifaceted nature of human phenomena" (p. 211). Qualitative approaches can also be particularly useful where the phenomenon under study is not previously well understood or defined, or where little previous research exists (Morrow, 2007; Patton, 1990; Ponterotto, 2010). Additionally, they are well suited to psychology practitioners, including clinical psychologists, who wish to carry out research using methods that are closely aligned with methods of practice (Morrow, 2007). Within the community psychology field it has also been suggested that "qualitative methods can be used to further a variety of goals including promoting empowerment and dismantling oppression" (Stein & Mankowski, 2004, p. 32).

Many approaches to qualitative research are subsequently located within theoretical frameworks that challenge the tradition of positivist research, which is based on the attitude that research is a scientific process that is primarily objective and value-free, through which human

realities can be observed, measured, and made sense of (L. T. Smith, 1999). Critiques highlighting the limitations of such approaches are long established. For example, challenges to the appropriateness of positivist approaches (and associated quantitative methods) to understanding the complexities of human society continue to be advanced (Morrow, 2007; O'Donnell, 2006; Ponterotto, 2010; L. T. Smith, 1999; Stein & Mankowski, 2004). So too does elucidation of the roles that values, power, and control can play in the creation and legitimisation of knowledge (Bishop, 1996; Cram, 2001, 2006; Mahuika, 2008; G. H. Smith, 2003; L. T. Smith, 1999, 2006; Stein & Mankowski, 2004), factors considered not well addressed within a positivist framework.

As a result of such critiques, there now exists a variety of theoretical frameworks and related methods from which researchers can approach their work. With regard to qualitative research, it is increasingly expected that researchers be explicit about their methodological choices when designing, conducting, interpreting, and writing up their research (Braun & Clarke, 2006; Creswell, Hanson, Plano & Morales, 2007; Morrow, 2007; Ponterotto, 2010). This is not for the purpose of 'tying' a researcher to a particular theoretical approach, but rather primarily for clarifying *why* a certain approach was taken and *how* it was applied to the processes of the research. This can help address issues of quality, validity and reliability that may arise if research methodologies are not made clear (Morrow, 2007; Ponterotto, 2010). Therefore, being explicit often involves describing how the approach or approaches chosen will meet the goals and objectives of the research or "match what the researcher wants to know" (Braun & Clarke, 2006, p. 80), as well as fit the context within which it is being carried out (O'Donnell, 2006; Ponterotto, 2010; Stein & Mankowski, 2004). Community psychology researchers would particularly stress the transparency of values and control in the research (Robertson & Masters-Awatere, 2007) as well as how effectively the approaches selected will meet the needs of, and be of benefit to, the community being researched (match what the community wants to know). Attention to these factors is also of significant interest to Kaupapa Māori research.

Thematic analysis

There are a variety of approaches to analysing qualitative data; in this case, transcripts of interviews with participants. Thematic analysis is one such method that is suitable to this study, particularly in that it is freely applicable to a broad range of theoretical frameworks. Braun and

Clarke (2006), who provided a major contribution to the field in their demarcation of thematic analysis, note that "through it's theoretical freedom, thematic analysis provides a flexible and useful research tool, which can potentially provide a rich and detailed, yet complex, account of data" (p. 78). As broadly defined by Braun and Clark, thematic analysis is essentially "a method for identifying, analysing, and reporting patterns (themes) within data" (p. 79). That is, it is a way of making sense of the research material.

Thematic analysis is suited to both inductive and deductive approaches to data. Inductive approaches tend to be "data-driven" (Braun & Clarke, 2006, p. 83) in that the development of themes is closely related to identifying links within the data itself without imposing any pre-existing assumptions upon it or trying to make it fit any preconceived theoretical or analytical ideas (Braun & Clarke, 2006; Patton, 1990; Thomas, 2003). Deductive approaches, on the other hand, do tend to be driven by interest in existing theoretical assumptions, knowledge, or positions held by the researcher. However, Braun and Clarke note that approaches to data analysis are not always as clear-cut as this; even with inductive approaches it is difficult for researchers to entirely "free themselves of their theoretical and epistemological commitments" (p. 84). Approaches to analysing the data in this study were primarily inductive, although there were deductive elements present when interpreting the data in relation to relevance to the research aim and literature from the field. Where a more deductive approach was explicitly taken, this is identified in the relevant section.

Approaches to data analysis can also vary according to the degree of interpretation imposed by the researcher. A combination of both 'interpretive' and 'reflexive' approaches were employed in this study, where an interpretive approach involves making sense of participants' responses (as opposed to being concerned only with their 'literal' properties), and a reflexive approach involves taking into account the role the researcher plays in both the data creation and analysis process (Welsh, 2002). These approaches were appropriate to the critical stance taken to the study, which assumed that knowledge creation is affected by the political, social, historical and cultural contexts within which it is situated (Cram, 2006; Lindlof & Taylor, 2011; Robertson & Masters-Awatere, 2007; L. T. Smith, 1999). Additionally, it is not only the interpretation of data that can be influenced by the researcher, but also the data collection. Gathering information involves asking questions, which in turn involves decision-making about which questions to ask (Braun & Clarke, 2006). The influence of this decision-making often exerts itself on the data, which is a further

reason for taking a critical, reflexive stance. Further description of the specific analytical approaches used in this study is provided in the forthcoming section *Analysing the data*.

Method

Research setting

Prior to describing the Ngāti Hine Health Trust, it is important to provide some background information about the Ngāti Hine hapū, as this is the broader setting within which the research took place.

Ngāti Hine. The Ngāti Hine hapū is named after the eponymous ancestress Hine-a-maru, who travelled with her whānau into the region of Waiomio in Te Tai Tokerau and settled there; her descendants spreading out from that area, later becoming known as 'Ngāti' Hine, or 'the people of' Hine (a-maru). Hine-a-maru herself was a descendant of Rāhiri, the ancestor of the Ngāpuhi iwi. While no official population statistics for Ngāti Hine exist, today some estimates suggest there may be more than 50,000 people of Ngāti Hine descent (Te Maara a Hine-a-maru, 2008), potentially making the hapū one of the largest in Aotearoa New Zealand (possibly larger than some iwi). The proverb that describes this phenomena is "He tukau no te maara o Hine-a-maru" - A sweet kumara from the garden of Hine-a-maru. It refers to the fact that from one kumara [sweet potato] plant can come many tubers.

Ngāti Hine lands were among the last to be taken by the Native Land Court system in Aotearoa New Zealand, mainly through the use of colonial legal processes designed to divide communally owned land. History provides the evidence of how effective this technique of alienation was, yet despite this Ngāti Hine people still retain reasonably high quantities of land today. Coupled with relatively high degrees of usage of te reo, the cultural identity of many Ngāti Hine people remains largely intact (Cooper, 1993).

There is a strong tradition of leadership within the hapū, stemming from Hine-a-maru who "was a leader of great mana" (Te Maara a Hine-a-maru, 2010). Hine-a-maru is renowned for having survived a caesarean delivery of her son Whe, an event that is visually represented in a number of carved *wharenui* [tribal meeting houses] in Te Tai Tokerau. She is also famously

known for establishing kumara gardens at Waiomio, an act that confirmed the area as a place in which her people could thrive.

Male leadership figures also feature strongly in the history of the hapū[6]. Te Ruki Kawiti, for example, is most famous for his employment of trench warfare against the British in 1845 and 1846, where he respectively heavily defeated British forces at Ohaeawai and tactically withdrew at the battle of Ruapekapeka pa, events which brought about the end of the Northern wars. Kawiti's influence as a strategist remains evident in the hapū to this day, where references to him and his activities remain ever present (Kawiti, n.d.).

Among contemporary Ngāti Hine leaders, the late Sir James Henare, who died in 1989 at age 78, was the epitome of the 'warrior orator', two values highly prized in Maori society. Sir James distinguished himself as a soldier in his military service during the Second World War, as a member of the Maori Battalion. At his father's behest he enlisted as a Private and moved rapidly through the ranks until he brought the Maori Battalion back to Aotearoa New Zealand as its Commander with the rank of Lieutenant Colonel in 1946.

Sir James was renowned for his promotion and support for te Tiriti o Waitangi/the Treaty of Waitangi and urged various Governments throughout his life to do more to recognise the Treaty. He was a strong proponent and advocate of *te reo Māori* [the Māori language], and was instrumental in establishing the national *Kohanga Reo* movement of Māori language nests for pre-schoolers. He was regarded as a living treasure throughout Māoridom and was regularly requested to represent Māori people at various official functions. His depth of knowledge of the Māori culture and language was profound, as was his influence as a Ngāti Hine leader.

In the current day, the Ngāti Hine *Runanga* [tribal council], known as Te Maara a Hine-a-maru, works to provide leadership and guidance for the hapū, particularly in regard to tribal, cultural, economic and social goals (Te Maara a Hine-a-maru, 2008). The Runanga was previously known as Te Runanga o Ngāti Hine, the name change reflecting recent strategic development in response to the growing aspirations of the hapū.

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[6] There have been many influential leaders in the history Ngāti Hine, these ones have been selected and described here in order to provide contextual information for comments later discussed in the the Analyses and Discussion sections of this thesis.

The vision statement of Te Maara a Hine-a-maru is,

Mā Ngāti Hine anō Ngāti Hine e kōrero

Mā roto i te whanaungatanga me te kotahitanga

[Self determination through kinship and unity]

Given the size of the hapū, the notions of kinship and unity would seem integral if collective growth and development is to ensue. Particularly relevant to this is the hapū *whakataukī* [proverb; saying] "*Ngāti Hine pukepuke rau*" or "Ngāti Hine of a hundred hills". Another metaphorical understanding of this saying is "a chief on every hill", or "a place of many leaders". It is an acknowledgement of the large size of the hapū, the likelihood that there are a number of distinct groups within, and capacity for leadership. Within the hapū environment, naturally, not all people of Ngāti Hine are the same or would agree on all matters, for example, about who should be in leadership/representative roles. However, this diversity is seen as a strength in terms of capacity of the hapū, especially when viewed as potential to contribute to the 'greater good', or common goals, of the hapū. The power of the collective is one thing that Ngāti Hine continues to thrive upon.

The Ngāti Hine Health Trust. The Ngāti Hine Health Trust (hereafter also referred to as 'the Trust') was officially formed in 1992, and has grown over the years into a substantial organisation, now being among the largest of the Māori health providers in Aotearoa New Zealand. The Trust's operations are administered through offices at two key sites, one in Whangārei and one in Kawakawa. The organisation is governed by a Māori Board of Trustees who determine the strategic plans for operational activities, which are then implemented by the Chief Executive (CE) and the Executive Management Team (EMT).

To reiterate, the Trust has *Te Mata Rehu* [the organisational vision] which is,

He toa kei te kōkiri – hei hāpai i te oranga o te iwi

[Through our combined strength and unity of purpose, the well-being and development of our people is assured]

The Trust manages both an Operational Cluster and Strategic Cluster of activities. The Strategic Cluster includes *Te Tari Mahi Whānui* (Central Business Administration), Strategic Operations (Asset and Property Management), and Ngāti Hine FM (Iwi Radio/Promotions). The Operational Cluster includes *Hauora Whānui* (Clinical and Health Services), *Whānau Whānui* (Social Services), *Maiaorere* Support Services (Disability Services), and *Mātauranga Whānui* (Education and Health Promotion) (Ngāti Hine Health Trust Profile, 2011).

In relation to these operational activities, the Trust currently has five key foci, or health priority areas, as determined by the Board in consultation with the CE and EMT. These are: zero tolerance to violence, zero tolerance to P (a form of the drug methamphetamine), promotion of contraception, reducing obesity, and smoking cessation. Selection of the foci is based on the identification of health and social issues of significant relevance to Māori and other service users within the catchment area of the Trust.

A summary of the various activities and programmes offered within the Operational Cluster of the Trust is as follows. Hauora Whānui (Clinical and Health Services) incorporates a range of *tapuhi* [nursing], medical, oral health, and podiatry services. *Rongoa* [traditional remedies and healing practices] and Adolescent Health clinics are also available. Tupuna Waiora Mental Health and Addictions (community and residential) Services are also situated within Hauora Whānui.

Whānau Whānui (Social Services) incorporates the Family Start programme, Kia Tupu Ake Ai programme for children (and their families) who have witnessed violence, SAGES mentoring programme, Restorative Justice and Te Rito NZ Violence Prevention Strategy services, and *Kaitoko Whānau* [staff available to support the most vulnerable whānau].

Maiaorere Support Services (Disability Services) incorporates Home Support, Residential services, support for Individual Living Options, Supported Independent Living, and a *Kaumātua/Kuia* [elders] programme. Mātauranga Whānui (Education and Health Promotion) incorporates a range of health promotion (e.g., smoking cessation, community injury prevention) and education and training programmes (e.g., youth transition and youth mentoring activities).

Approximately 160 full-time and 230 part-time staff are employed at the Trust, most of whom are Māori. In terms of current projects, the Trust is in the process of building a bilingual Early

Childhood Education Centre next to its offices in Kawakawa. It is also constructing a number of accomodation units in Moerewa, as part of its social housing strategy.

The Trust is also part of Te Tai Tokerau Whānau Ora Collective which consists of five Provider Partners delivering Whānau Ora focused services to whānau in their combined regions. The other four Provider Partners are Whakawhiti Ora Pai (based in Te Kao), Te Runanga o Te Rarawa (based in Kaitaia), Te Hauora o Te Hiku o Te Ika (based in Kaitaia), and Kia Ora Ngātiwai (based in Whangārei). Whānau Ora collectives are designed to provide integrated comprehensive services that respond to the needs of the whānau as a whole, with the aim of empowering the whānau to be fully involved in improving their own wellbeing and development (Ngāti Hine Health Trust Profile, 2011). As well as being a Provider Partner, the Trust also provides the necessary administrative and financial management for the Collective.

Programme descriptions

The following programmes were those from which whānau participants were sought for this research. Although this research did not include formal evaluation of these programmes, it is helpful to describe them so as to understand the broader context of the research (i.e., the programmes participants had been involved in). These programmes were considered the most suitable recruitment sources in terms of access to whānau who would meet the research criteria (see below, in *Participants*) and availability of staff to assist with recruitment. The Family Start and SAGES programmes are located within Whānau Whānui Social Services and are administered from the Whangārei office, while the Tupuna Waiora Mental Health & Addictions Services programmes are located within Hauora Whānui Clinical & Health Services and administered from the Kawakawa office.

    Family Start programme. The Family Start programme is delivered nationwide by a range of providers and,

> … is a child-centred, family-focused, early intervention, intensive home visiting programme that
> works for families with the greatest needs, to build their strengths and capacity to ensure that their
> children have the best possible start in life (Ministry of Social Development, 2009, p. 6).

Programme providers are contracted to deliver the programme through Family and Community Services, a service of the Ministry of Social Development. The programme is voluntary and families are usually referred through their Lead Maternity Carer (e.g., doctor or midwife). Referrals can be made from the time the mother is three months pregnant up until the baby is 12 months old, and in rare cases up until the child is aged two. There are thirteen referral criteria, of which the presence of any one is sufficient for referral purposes. These criteria, as defined by the Ministry of Social Development (2009) are: unsupported parent; no or minimal ante-natal care; young parent; mental health needs; substance abuse; family history of abuse; relationship problems (including family violence); low income status; lack of essential resources; frequent change of address; low parental educational qualifications; Sudden Infant Death Sydrome factors not covered by the above; and involvement with the Child, Youth and Family (CYF) service of the Ministry of Social Development. The delivery of the programme is prescriptive and carried out in accordance with the "Family Start Programme Manual" (Ministry of Social Development, 2009).

The manual outlines all information relevant to the delivery of the three key components of the programme; these are: Individual Family Plans, developed with whānau and based on identified needs and strengths; Āhuru Mōwai and Born to Learn, a curriculum designed to improve parenting cability and practice; and Planned and Unplanned Exits, where the focus is on facilitating whānau to move towards graduation from the programme as part of a planned process. Families can stay on the programme up until the child is aged six or starts school (Ministry of Social Development, 2009).

The Trust delivers the programme to approximately 180 whānau in the Whangārei and Hikurangi catchment area per year. Where referrals include reference to family violence, this can be addressed through direct work with the whānau by their *kaitiaki* (carer/whānau worker, who usually has a Social Work degree) with the support of other services/agencies as needed. Whānau are also invited to attend the Kia Tupu Ake Ai programme, developed and run by the Trust, which takes a 'whole whānau' approach to addressing the needs of children who have witnessed whānau violence.

SAGES Older People as Mentors programme. SAGES is a community-based mentoring programme that recognises and utilises the skills, experience and knowledge of older people to

help and support individuals and families in their community (Ministry of Social Development, 2010a). Older people (volunteer mentors) are recruited, trained and matched with individuals and families "who have been identified as needing support to develop skills in the areas of home management, cooking, budgeting, positive parenting practices and coping within available personal and local resources" (p. 3). This programme is also administered through Family and Community Services, which contracts 17 non-Governmental organisations thoughout the country to deliver the programme, the Trust being one of these. Families and individuals can self-refer to the programme or be referred by social services agencies. The programme is aligned with the New Zealand Positive Aging Strategy and the Ministry of Social Development's 'Statement of Intent: Outcomes for families and whānau', and has three primary aims, as defined by the Ministry in the SAGES practice guidelines (2010a):

- Empower Participants [individuals and families] in the Programme with the knowledge, their dependents;

- Recognise the enormous potential of older people and draw on their experience and knowledge while providing them with a well-supported, satisfying opportunity to contribute to their community; and

- Build community wellbeing and connectedness (p. 3).

The programme can complement services or support received from the same, or other, agencies and/or assist individuals and families with access to those other services or supports. There is no set number of contacts (either a minimum or maximum number of visits) mentors can have with individuals or families utilising the programme, rather this is determined on an case-by-case basis in accordance with the particular needs of those referred (Ministry of Social Development, 2010a).

A vast range of mentoring activities are provided through the SAGES programme. Referrals related to whānau violence might include meeting with a mother and her children who have separated from a violent partner, and assisting her with settling into her new home and location, and developing any new skills she may need including accessing supports for both herself and her children for example. The Trust also runs group sessions for individuals and whānau involved in the SAGES programme.

Te Hurihanga/Te Waiwhenua Residential Alcohol & Drug programmes. These two programmes, Te Hurihanga (for men) and Te Waiwhenua (for women), are located within the Tupuna Waiora Mental Health and Addictions Services of Hauora Whānui. These services aim "... to enhance to wellbeing of individuals and whānau through culturally appropriate Māori practice models" (Ngāti Hine Health Trust Profile, 2011, p. 14). A broad range of services are offered through Tupuna Waiora.

Te Hurihanga and Te Waiwhenua Residential Alcohol & Drug Programmes are 14-week programmes designed for individuals dealing with alcohol and drug addiction and related difficulties. Each programme is delivered three times throughout the year and, as described in the client information pamphlet "seeks to enhance the wellbeing of individuals and offer healthy lifestyle options through Māori practice models" (n.d.). The programmes are delivered in four blocks through 'packages of care'. The six core components of these are as follows: *Te Ao Tūroa* [the light of day, world; nature], Taha Wairua, Taha Hinengaro, Taha Tinana, Taha Whānau and Taha Whenua.

Te Ao Tūroa consists of a two-week 'social detox' and utilises the natural environment to support the process of detoxification. During these two weeks, clients hike through the Kaitoki native bush, during which they adjust to complete abstinence from alcohol and/or drug use. Taha Wairua components include focusing on one's own spiritual journey, spiritual awareness and cultural connections. Taha Hinengaro components include focusing on activities and programmes to explore the expression of thoughts and feelings through individual and group therapy. Access to addiction counselling, anger management counselling, Alcoholics Anonymous and Narcotics Anonymous are offered. Taha Tinana components include the encouragement of healthy lifestyles through programmes such as *korikori tinana* [physical activities], nutrition, *mirimiri* [massage] and *ngā mahi a rehia* [recreational activities]. The Taha Whānau components include the *Ko Wai Ahau* [who am I; learning about myself] programme, as well as focusing on roles and responsibilities within whānau structures, including whakawhanaungatanga, *tuakana-teina* [regarding the order of relationships], *mana wahine-mana tane* [regarding the unique status, roles and responsibilities of women and men], parenting, and whānau violence. Whānau and couple counselling may be offered. Taha Whenua components include an organic gardening programme, encouraging *mahi tahi* [working together] and self sufficiency. Outdoor education, use of natural

resources and rongoa are also included here (Ngāti Hine Health Trust client information pamphlet, n.d.).

While Te Hurihanga and Te Waiwhenua Residential Alcohol & Drug Programmes receive Governmental funding as Kaupapa Māori programmes, Family Start and SAGES do not. However, the delivery of the latter two programmes through the Trust is consistent with 'Ngā Tikanga Code of Conduct', an organisational policy which outlines the responsibilities of, and expectations upon, all staff when working with Māori whānau. This effectively locates the delivery of these programmes within a Kaupapa Māori framework.

Aside from therapeutic processes being based on Ngā Tikanga Code of Conduct (and many other relevant organisational policies), there are a range of therapeutic approaches and models being incorporated into the provision of care by Trust employees within all of these programmes. For example, motivational interviewing (e.g., Rollnick & Miller, 1995), cognitive-behavioural therapy (e.g., A. T. Beck, 1976; J. S. Beck, 1995), narrative therapy (e.g., White & Epston, 1990), and psychoeducation are all utilised. The use of holistic Māori models and approaches such as Te Whare Tapa Wha (Durie, 1985), Mauri Ora approaches (Te Korowai Aroha o Aotearoa, n.d.; Kruger et al., 2004), poutama models (e.g., Te Ngaru Learning Systems, 1997), other models such as Dynamics of Whanaungatanga (Tate, 1993; 2010) and cultural practices such as the use of *pūrākau* [traditional Māori cultural stories] are also employed by staff. Kaupapa Māori, whānau-centered, and strengths based frameworks are the predominant frameworks utilised within the organisation. While not exhaustive, this list provides a glimpse of the broad range of skills and methods practitioners bring to their work within the organisation. Staff are also guided by *Nga Tikanga Tō Tika* (Milne, 2001), and the *Takarangi Competency Framework* (Matua Raki National Addiction Workforce Development, n.d.), which both outline cultural competency developmental processes for practitioners working with Māori individuals and whānau; these also underpin social service and health care delivery practices at the Trust.

Participants

Semi-structured interviews were conducted with 50 participants representing three groups: whānau, practitioners in the field, and tribal representatives from the Ngāti Hine hapū.

Whānau. All participants in the whānau group were sourced through the Ngāti Hine Health Trust. Twenty one individuals in this group were current or discharged clients of the Trust, two of whom chose to be interviewed together. Three supportive whānau members and one friend also participated in three of these interviews, making a total of 25 people interviewed for this group. One or more whānau members were present at a number of other interviews (with the consent of the individual being interviewed), but chose not to formally participate; they stated they were there in support of their whānau member but did not wish to contribute to the interview. These whānau members did not sign consent forms and were therefore not included in final participant numbers. It should be noted that given the paramouncy of whānau within a Māori worldview and subsequent emphasis given to the collective nature of engagement, the practice of conducting interviews with whānau members present is common and accepted (and frequently expected) within health research in Aotearoa New Zealand (Hudson et al., 2010; Ministry of Health, 2006a).

Of the 25 people interviewed in this group, 17 were women and eight were men. Ages ranged from 23 to 56 years. Nineteen identified as Māori and six as non-Māori. All Māori participants identified their iwi and/or hapū affilitations; these were predominantly to Northern iwi and hapū, although there were references to iwi and hapū from other regions. Non-Māori participants were included in the study where they were either a parent or grandparent of a Māori child and had attended/were attending programmes at the Trust, or were present at interviews as a supportive whānau member or friend. Of the 21 participants in this group who were current or ex-clients of the Trust, the length of their involvement with services of the Trust ranged from three months to eight years. Given the small number of participants recruited from some programmes, the provision of further detailed information about participants could potentially compromise the anonyminity promised to participants in this study. This is important, as due to the sensitive nature of the study topic, participants were strongly interested in seeking reassurance regarding anonyminity. For this reason, further information about whānau group participants (such as family composition) is not provided.

Despite the majority of interviews being with individuals, this group represents the 'whānau perspectives' portion of this research, as these individuals shared their experiences of 'whānau violence'. That is, they conveyed information and views about what happens within whānau

where whānau violence has occurred, both in relation to themselves individually and the whānau as a whole.

All bar one participant in this group were recruited from the previously described programmes; Family Start, SAGES, Tupuna Waiora Services Te Hurihanga, and Te Waiwhenua Residential Alcohol and Drug Programmes. The remaining participant had recently completed the community-based Tupuna Waiora Services Huaki Pōuri (alcohol and drug relapse prevention) programme. He expressed an interest in participating so was also included.

Specific recruiting systems were devised for each programme. Firstly this was to reduce the possibility of selection bias in this phase of the research, where staff might inadvertently or intentionally recruit only those clients that would reflect positive attitudes or outcomes and 'screen out' clients who had negative or less successful outcomes. Secondly, each recruiting system needed to take into account the ethical procedures approved for the research alongside the different intake and discharge processes of each particular programme. These recruiting systems were each devised in conjunction with key personnel involved in facilitating each of these programmes. Additionally, only clients who had completed programmes (or in the case of Family Start, had either completed or had been enrolled in the programme for at least one year) were included, as this was an ethical requirement of the research with regard to not imposing the research upon clients who were newly engaged with services or in the midst of dealing with difficulties; that is, potential participants were those considered to be further advanced in their pathway to wellbeing.

Recruitment of participants from the Family Start and SAGES programmes involved contacting all clients who met the following criteria:

- Adults aged 18 years and over.
- Of Māori descent and self-identified as Māori, or non-Māori parent/grandparent of Māori children.
- Previously witnessed and/or experienced family violence.
- Previously participated in an individual or group programme in which violence was addressed:
    o Completed the Family Start or SAGES programme over the six month period of July–December 2009, or

- Enrolled in the Family Start programme for at least one year.

In total, 43 whānau were identified as meeting the criteria. In keeping with the approved ethical procedures, consent for myself to contact these whānau to discuss the research was first sought by a team member of the Family Start Programme. Attempts were made to contact all 43 whānau, with the following results. Thirty whānau were contacted successfully, of which 24 agreed to be contacted by me to further discuss the research and be invited to participate. Six of these 30 declined to be contacted by me. Thirteen of the 43 whānau could not be contacted; six did not answer telephone calls and were left messages but did not return calls; four had relocated and no forwarding numbers were available; three had disconnected telephone numbers so no contact was possible.

Of the 24 whānau who initially agreed to be contacted to further discuss the research, 15 agreed to participate and were interviewed, along with three family members and one friend. Three further whānau agreed to participate, however, one changed their mind on the day of the interview, one developed urgent health issues and could no longer participate, and another had their baby admitted to hospital so also cancelled. Three more whānau had disconnected telephone numbers in the time between the point of initial contact from the Trust and contact by myself, which was approximately one month over the Christmas/New Year period. The remaining three whānau declined to participate upon receiving further information about the research. One of these three, a mother, talked about a number of difficulties the whānau were struggling with at the time I called. I offered to pass on this information to the Family Start team and request they contact her with a view to providing support. This was a risk management process that had been pre-arranged with staff of the programmes should I encounter any whānau at risk, experiencing difficulties and/or needing support. The mother I spoke to was grateful for this and was subsequently followed up by Family Start personnel.

The recruitment system for Te Hurihanga and Te Waiwhenua Residential Alcohol and Drug Programmes was devised to take into consideration the smaller intake numbers into this intensive programme. This was done by extending the catchment period for potential participants to cover one year. The criteria for recruiting participants were:

- Adults aged 18 years and over.
- Of Māori descent and self-identified as Māori, or non-Māori parent/grandparent of Māori children.
- Previously witnessed and/or experienced family violence.
- Previously participated in an individual or group programme in which violence was addressed.
- Had completed either the Te Hurihanga or Te Waiwhenua Residential Alcohol and Drug Programme during the one year period 2009-2010.

A total of 15 clients were identified as meeting the criteria. Of these nine were able to be contacted by Te Hurihanga and Te Waiwhenua Residential Alcohol and Drug Programme personnel and six were not contactable either due to disconnected telephone numbers or not answering calls. Five of the nine who were contacted agreed for me to contact them and then subsequently agreed to be interviewed. Of the four remaining, two had moved too far out of the area so could not be interviewed (e.g., to the very far north), one initially agreed to be interviewed but then later changed their mind, and one declined to be further contacted upon learning more about the research project. All five who agreed to be interviewed had completed one of the residential programmes. One further participant was also sourced through Tupuna Waiora Services, having recently completed the community-based Huaki Pōuri (alcohol and drug relapse prevention) programme and showing an interest in participating to one of the staff who was assisting with recruitment. This participant also met all other criteria.

In total, 21 out of 58 potential participants from the programmes were interviewed, along with three family members and one friend. A copy of the whānau group participant recruitment information sheet (used by programme personnel) is included in Appendix B.

Practitioners. Practitioners were defined as people who were employed in practitioner roles (e.g., social worker; alcohol and drug counsellor), who had experience working with whānau and whānau violence. While preferable, it was not a criterion that practitioners were of Māori descent, but rather that they had experience in working with Māori whānau. Fifteen practitioners were interviewed in total, 10 women and five men. Ages ranged from 33 to 56 years. Experience in the field ranged from three to 25 years. All bar one practitioner identified as Māori. As with whānau group participants, a range of iwi and hapū affiliations were identified, with many

practitioners having affiliation to Northern iwi and hapū. The ethnicity of the non-Māori practitioner is not included here for the purpose of ensuring anonyminity.

Thirteen of the 15 practitioners who participated in the research worked at the Trust and two worked collaboratively with the Trust but were externally based. Initially two General Managers (GMs) from within the Trust were identified by the Trust's CE and Board members as potential participants for this group due to their knowledge and experience in the whānau violence field, and leadership roles in the area of whānau ora within the Trust. When approached, these GMs agreed to participate in the research and offered to assist with recruiting further staff from their teams as potential participants. I also attended the karakia/morning meeting sessions at both the Whangarei and Kawakawa offices of the Trust at which the GMs discussed the opportunity for staff to participate in the research. As some staff were unable to attend karakia/morning meetings, notices offering staff the opportunity to be interviewed also went out to the wider staff network through team meetings, inviting anyone who was interested in talking to me as a participant to advise the GMs directly. The GMs then followed up with staff as to who was interested, following which a list of 14 names was provided to me (with approval for me to contact them). This recruitment process was considered the best in terms of reducing selection bias, so that all staff members (who met the definition of 'practitioner experienced in working with Māori whānau and addressing violence' for this research) had equal opportunity to participate in the research, rather than only those identified by the Managers who may have inadvertently (or intentionally) only selected staff who met other criteria, such as those with certain attributes or beliefs for example.

Of the list of 14 staff interested in participating, 11 were interviewed, as were the two GMs. Of the three remaining staff, two changed their minds about participating due to more urgent demands at the time the interviews were scheduled, and one could not be interviewed due to a clash in my travelling schedule and the staff member's fixed days of responsibility (which meant we were never present in the same place at the same time). A number of other staff not on the list also contacted me at this time to express their support for, and ongoing interest in, the research project. Overall the staff at the Trust were very interested in the ongoing progress of the research, and formal updates about progress were given at karakia/morning meetings and/or team meetings several times per year. Formal letters of progress were written, and face-to-face

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meetings also held with the Board. Informal updates were given frequently to staff with whom I had the most contact.

The two external practitioners who participated in the research were identified by one of the Trust teams as likely to be able to contribute to the research due to the collaborative work they did with the Trust in addressing violence, as well as their broader experiences of working with Māori individuals and whānau living in the *rohe* [local area] who were dealing with violence related difficulties. One of the Trust practitioners made the initial approach to these potential participants, both of whom agreed I could contact them and then also agreed to participate in the research.

Ngāti Hine representatives. Ngāti Hine representatives were defined as people affiliated to the Ngāti Hine hapū, who had a relatively high profile in the rohe, (as well as in wider Aotearoa New Zealand in some cases), and who were known to be strongly interested in and/or involved in the development of Ngāti Hine hapū initiatives (in a broad tribal sense).

These participants were identified through consultation with 15 people, comprising the Trust CE and other members of the Trust Board, EMT, and staff. Given that the Ngāti Hine Health Trust was initially developed as a Ngāti Hine hapū initiative, it was logical that there would be close links between those people who at the time worked in leadership roles at the Trust and those people who would be considered 'representative' at the Ngāti Hine tribal level (albeit that the notion of 'tribal representation' has its challenges, as discussed in the *Introduction*). When asked "who could provide a Ngāti Hine (macro) perspective on this health issue?", the same names were mentioned with high frequency. Once ten representatives had been identified and were approached about participating in the study, these representatives were also asked whom they considered could contribute to the research from this perspective. Many named the other representatives that had already been identified through the earlier consultation at the Trust. This was useful in terms of being able to be reassured that these individuals were regarded by others as able to represent views about the Ngāti Hine hapū and whānau wellbeing.

Ten Ngāti Hine representatives were interviewed in total. Ages ranged from 49 to 72 years, and all had 15+ years of experience in roles which either related directly to the development of Ngāti Hine initiatives, or which contributed to this in some way, such as in the areas of health, education, political and/or tribal environments. All of these participants had, among the multiple

roles they held between them, either direct involvement or close links with higher tribal structures such as the Ngāti Hine Runanga, Te Maara a Hine-a-maru.

I kept in contact with this group of participants, as well as with the practitioner group, over the course of the project with regard to progress. I also kept in touch with as many whānau group participants as possible about progress. However, I did lose contact with a small number due to changes in contact details, for example, phone numbers were disconnected or participants relocated and were subsequently no longer able to be contacted. The same participant information sheet was used for all three groups of participants; a copy is included in Appendix C.

In total, qualitative data were obtained from 45 semi-structured interviews with 50 participants. All ten Ngāti Hine representatives and 12 of the practitioner interviews were carried out over the period 2007-2009. Three practitioners and all 25 whānau participants were interviewed over the period 2009-2010.

Interviews schedules

Three semi-structured interview schedules were developed, one for each group of participants (see Appendix D). All three participant groups were asked questions about what helps (or would help) whānau stop or prevent whānau violence. Different questions were also included in each schedule, designed to explore the particular thoughts and experiences of participants in specific groups.

Whānau participants were asked about helpful practices or strategies for both stopping and preventing violence within the whānau. They were also asked about their understanding of whānau violence and how they made sense of it (how they would define 'whānau violence', and what contributes to it). Interviews with Practitioners focused on questions about practices or strategies that help whānau stop whānau violence, while interviews with Ngāti Hine representatives focused on questions about practices or strategies that would help whānau prevent whānau violence. Practitioners were also asked to talk about their work within their current roles so as to be able to put their responses into context. Ngāti Hine representatives were also asked about their hopes or vision for whānau with regard to the future of the hapū. The

schedules were developed in consultation with members of the Trust Board, EMT and Rangahau Whānau (those that were available at the time).

Given the sensitive nature of the research topic, semi-structured interviews were designed to allow for a conversational style of interview to take place, in which more complex issues could be explored and opportunities for in-depth discussion enhanced (as previously discussed earlier in the *Methodology* section of this chapter).

Interview procedure

After initial greetings and settling into the interview location (e.g., an office at the Trust or the participant's lounge at home), all interviews began with an offer to start with karakia. Most participants preferred this and karakia was either done by myself or the participant where they had indicated they would like to do this, or where it was considered more appropriate (e.g., most karakia with Ngāti Hine representatives were led by the participants). Whakawhanaungatanga usually followed this, after which consent forms were signed (see Appendix E) and demographic information sheets completed (see Appendix F). I then explained the process of the interview: that I hoped it would be like having a conversation about the topics of the research, and I also reiterated confidentiality information and the voluntary nature of the interviews. In some cases, where the participants were already known to me (such as with the Ngāti Hine representatives), whakawhanaungatanga and informal kōrero took place first, before then proceeding to karakia before commencing the interview proper.

The interviews proper all began with a preamble, along the following lines:

> All whānau have a range of experiences in their lives as whānau. At any given time whānau can be dealing with many things, both good things and things that are difficult. Dealing with violence within the whānau can be one of these difficult things. Before we start I want to acknowledge the strength and capability of whānau; this is something we hope all whānau will have. However, difficulties like whānau violence can make it very hard for whānau to be strong and capable. This research is about finding out what helps whānau to reduce and avoid (or stop) whānau violence, and also about what helps whānau to prevent this from happening within their whānau. This is so we can find out the best ways to help whānau who are experiencing these types of difficulties or prevent them from occurring altogether. These are the things I hope we can talk about today.

I then commenced asking the interview questions as per the appropriate interview schedule for each participant. Whānau interviews consisted of three key sections in the following order: 1) questions about how they understood whānau violence (e.g., how would they define it? what did they think contributed to it?), 2) questions about what helps whānau reduce or avoid violence, and 3) questions about what would help whānau to prevent whānau violence. Whānau interviews were ordered in this way to allow participants to 'warm up' via answering questions in the first section, to then be able to talk more deeply about helpful strategies (as they most often spoke of their own personal experiences and told the story of their pathway to wellbeing here) in the middle section, and lastly allowed the conversation to 'lift' again by discussing their ideas around hopes and plans for the future (with regard to preventing whānau violence). This process was intended to facilitate the comfort of whānau group participants given the sensitive nature of the topic, while also still allowing for flexibility within the conversation throughout the interview.

An additional set of prompts were added into the middle section of the whānau group interview schedule after the interviews with the first three participants had taken place, as it became clear that participants in this group were talking in some depth about their experiences of programmes being run by the Trust. Prompts were added to include questions such as: "Thinking about the programme(s) you've received through the Trust, what was specifically helpful?"; "Was anything not helpful?"; "What else could have been done?"; "Was there anything different about the support and help you've received through the Trust compared to other services you've been involved with?" Adding these questions was considered important in order to help provide a broader context to some of the comments being made by this group, and also to gather a wider range of feedback given that the participants were talking from the context of programmes which, overall, they held in high regard. That is, although the Trust was the setting of the research and interviews were likely to be focused at least in part on programmes of the Trust, this information was to be part of a broader enquiry into the particpants' experiences of helpful and preventative practices or strategies for whānau violence.

Interviews with practitioners and Ngāti Hine representatives were less focused on order of sections as it was expected that these participants were less likely to talk at length about their personal experiences. This was correct, although a small number did talk about this. Overall, the course of interviews was not the same for all participants. At times I followed the conversation in a different direction in order to discover more and add depth to a certain area being spoken about

and utilised more prompts to do this, at other times the interview questions were answered throughout the telling of one main story, and at others the participant chose not to talk about or discuss certain topics. Altogether however, a wide range of experiences, thoughts and understandings were shared throughout the interviews.

Forty three interviews were conducted face-to-face, and two by telephone (one whānau interview and one practitioner interview). For the face-to-face interviews, participants were given the choice of being interviewed at the University of Auckland (for those who travelled to Auckland frequently), at the Ngāti Hine Health Trust, at their workplace, or in their own home. One interview was held at a District Health Board, two interviews were held at offices in the University of Auckland, and three at three different community centres. Eighteen were held at offices of the Trust, and 19 in participants' homes. Four face-to-face interviews were carried out in Auckland; the remainder were held in the Northland region, particularly in the Whangarei and nearby mid-North districts. The two interviews carried out by telephone were done due to travel constraints at certain time periods in the research.

Interviews for all groups ranged between 1 - 2½ hours. All interviews that commenced with karakia were also closed with karakia. Extra time was taken to share *kai* [food] with most participants; this was provided as a *koha* [sign of appreciation and hospitality] for having taken part in the research. Where this was not possible (e.g., participants had to leave at a certain time), this was left with them at their home or office to enjoy later, or given to them to take away, depending on individual cirumstances. The two participants that were interviewed by telephone were sent grocery vouchers to the equivalent value of what would have been spent on kai for the interviews.

Interviews with seven participants were recorded using hand-written notes at the request of the participants who preferred not to have their interview digitally recorded. This was due to their discomfort at the idea of recording material of such a sensitive nature. The digital recorder was used for the remainder of interviews (43 participants), and each recording was transcribed into a Microsoft Word document. I transcribed eight of the interviews in entirety, with the remainder (31 interviews with 35 participants) being completed by an independent transcriber. The transcriber was contracted for this work by myself and signed a confidentiality contract under which to carry it out. I cross-checked these transcipts for accuracy and also completed

incomplete transcripts (usually where the amount of te reo Māori used was high and subsequently not transcribed by the independent transcriber who described themselves as not skilled in transcription of recordings in te reo). Where I was uncertain about any section of te reo, I also cross-checked these with participants where able to, or members of the Rangahau Whānau, for accuracy. I also inputted hand-written notes into a Microsoft Word document set up for each participant as soon as possible after the interviews so as to be able to add any extra information I could immediately recall from the interviews.

Analysing the data

Transcripts of all interviews were analysed following the guidelines for thematic analysis recommended by Braun and Clarke (2006), these being:

- Familiarise yourself with the data: This involves reading, and usually re-reading, transcripts of interviews so as to become highly familiar with the data, and taking notes about initial ideas for coding.
- Generate initial codes: Involves coding interesting features of the data from across the entire data set, and collating data that is relevant to each code.
- Search for themes: Involve examining all codes, collating them into potential themes, and bringing together all of the data relevant to the potential themes.
- Review themes: Involves checking that the themes work with regard to the coded extracts as well as the entire data set; making sense of the different themes and how the themes fit together in the overall 'picture'.
- Define and name themes: Involves refining the specifics of each theme, including developing definitions and names as well as a good understanding of how the themes relate to the objectives of the research and related literature.
- Produce the report: Involves selecting vivid examples of extracts to include and producing the final analysis, which goes beyond the descriptive and provides an argument that relates back to the research question (p. 87).

Where possible, copies of interview transcripts were sent to participants, so as to seek feedback regarding accuracy and final confirmation of willingness for the data to be included. A small number of participants did not receive their transcript as they had become non-contactable (as previously noted); others chose not to be sent a copy. Of those that did receive a copy, four participants provided feedback with regard to accuracy of the transcripts; this was incorporated.

Analysis began with familiarising myself with the data through reading and re-reading each transcript. During this process I took notes about initial ideas for coding, for example, noting any interesting features of the data as well as first impressions about any common patterns and variations I could see. This preliminary form of analysis was helpful in terms of allowing me to have a 'first glimpse' at the data, prior to any coding.

Each transcript was worked through systematically to generate initial codes. During this process I utilised Nvivo, a software package for qualitative data, which assists with the management of codes generated. Nvivo also facilitates the ability to search and retrieve data relatively easily, as well as to group data according to the themes later developed. I also used paper 'maps' to expand and collapse themes in the process of analysis and found a combination of both systems (by computer and hand) worked well.

Initially just under 200 codes were generated. At first I searched for themes across the entire data set and developed a number of 'working themes' based on this, bringing together the data relevant to each. By working with theme maps, these were subsequently collapsed or separated according to their fit with each other in relation to the data set and study aims. These themes were further adjusted and refined through the process of review during supervision. Two members of the Rangahau Whānau (Māori clinical psychologists) also assisted with the validation of themes at this point. This process entailed providing each of these individuals with a list of 'working themes', subthemes and associated codes. Transcripts from which codes had been identified were also made available. Through discussion between the three of us, each theme and subtheme was examined with regard to consistency with codes, and representation within the data. Cross-checking as to whether themes were adequately described in relation to this was also done at this time.

Through this process it was observed that, despite some common patterns within themes, there remained distinct perspectives between the three research groups (whānau, practitioners, and Ngāti Hine representatives) in relation to the themes. This is not an unknown phenomenon; for example, differences in the perspectives of clients and practitioners about what factors contribute to treatment efficacy have been noted in the literature (Bernal & Scharron-Del-Rio, 2001; Gone, 2009). For this reason a decision was made to present the perspectives of each group separately. This resulted in a further review of themes in relation to how they fit with the group

data from which they were drawn. The resulting refined themes were cross-checked again at this time through consultation with my primary supervisor and the same two members of the Rangahau Whānau, and were deemed to be consistent. This process also continued through the write up of analyses where some themes continued to be collapsed or refined as analysis and understanding of the data progressed.

It is also important to be reflexive and acknowledge the potential for my own experiences and perspectives to have shaped my understanding and interpretation of the participants' responses during the data collection and data analysis process. I came to the study as an insider, not only as a Māori woman who ordinarily operates from a Māori worldview, but also further by way of whānau links to the research setting, including to some of the participants within. This is commonly viewed as a positive factor in Kaupapa Māori research, nonetheless, it remains important to be mindful of my desire to find out information that would be useful and relevant for Māori wanting to understand and address whānau violence. Additionally, both my practical and academic experiences as a clinical psychologist and lecturer will have influenced the questions asked, and my interpretation of the interviews; it was not possible to divorce myself entirely from the knowledge and experience I already had with this work, nor also from the desire to provide information that would be helpful for practitioners and educators in the field. Although I was committed to taking a critical stance about my influence in this way, and worked closely with those aforementioned to ameloriate this, it is entirely possible these desires may have guided my interpretation of the interviews and analysis of the data.

The following three chapters present the research themes. Following common qualitative research convention, quantified representations of the prevalence of themes are not provided (Braun & Clarke, 2006). Rather, terms such as few, some, many and most, are utilised throughout the analyses chapters. All three chapters present verbatim quotes from participants, identified by initials representing the group they belonged to (WH = Whānau, PR = Practitioners, and NH = Ngāti Hine Representatives) and number they were assigned when interviewed (e.g., WH1). Quotes are presented in a way that maintains conceptual flow within themes, rather than being presented in numerical order. Some quotes were edited to remove identifiable information so as to ensure participants' privacy. Additions were made to some quotes where it was deemed necessary to further clarify the context of the comments; these are presented in square brackets.

This also applies to instances in which translations have been provided within quotes (from Māori to English).

Clarification of the use of the term 'whānau' in the analyses chapters has been provided in brackets where necessitated. This is to account for the fact that many participants used the word 'whānau' in reference to both the singular and plural. That is, 'whānau' is used to refer to individuals as well as to families, and sometimes inclusively (to both at the same time). I have preferred the use of the terms 'participant', 'practitioner', and Ngāti Hine representative' when talking of interviewees, to assist with clarification in this regard, however have also used the term 'whānau' throughout the text (e.g., in the commentary on interviewees' responses) in the context described here.

Chapter Three: Whānau Perspectives

This chapter presents the perspectives of whānau who participated in the study. It is the first of three chapters that present the qualitative analyses. The following two chapters present the perspectives of practitioners and Ngāti Hine representatives respectively.

Eleven themes were identified from the analysis of qualitative interviews with whānau participants (as previously outlined in Chapter Two, *Methodology*). Following further review, these themes were observed to be best grouped together under three categories: 1) understanding whānau violence, containing two themes; 2) perspectives on helpful strategies for stopping whānau violence, containing five themes; and 3) perspectives on preventing whānau violence, containing four themes.

Understandably the three categories correspond with sections covered in the interview schedule. That is, participants in this group were asked a series of questions about how they would define whānau violence and what contributes to it; what helps whānau reduce or avoid violence within the whānau; as well as what may have helped prevent violence from occurring in the past, and what will prevent whānau violence from occurring in the future (see Appendix D). The categories and themes presented in this chapter are outlined in Table 1. Sub-themes are presented within the relevant section for each theme.

Making Sense of Whānau Violence: Understanding

This section presents findings on how whānau understood 'whānau violence'. Participants in this group were asked about what they understood the term whānau violence to mean, as well as to comment on what they felt contributed to whānau violence occurring. There are two themes within this section: 1) 'whānau violence' is broadly defined, and 2) a number of factors contribute to whānau violence. Associated sub-themes are included within each theme.

Table 1: Categories and themes derived from interviews with participants in the whānau group.

Making sense of whānau violence: Understanding	Strategies for stopping whānau violence: Healing	Preventing whānau violence: Hope
'Whānau violence' is broadly defined	Positive therapeutic relationships are important	Positive role-models for children are essential
A number of factors contribute to whānau violence	Learning new ways strengthens whānau	Having skills and being educated helps
	Māori understandings and approaches are effective	Early intervention for difficulties is important
	Support makes a difference	Hope for a better life
	'Hitting rock bottom' creates opportunity for change	

A different approach was taken to the analysis of responses in which participants discussed the meaning of the term whānau violence (as reported in the first theme within this chapter). This is for the reason that questions about the meaning of whānau violence were situated within a more deductive approach where, as Braun and Clarke (2006) describe, they were "… driven by the researcher's theoretical interest in the area or topic" (p. 83). As previously discussed in the *Introduction*, it is proposed by a number of authors in the field that there may be fundamental differences between the meanings, use and application of the terms whānau violence and family violence (e.g., Kruger et al., 2004; Te Puni Kōkiri, 2008, 2010), with the proposition being that the term whānau violence does not map directly onto the term family violence as it should be understood within Aotearoa New Zealand. Rather, whānau violence is argued to incorporate a broader definition of whānau that includes members of a much wider extended family structure,

as well as encompassing a broader sociopolitical context that takes into account the impact of colonisation and its effects on Māori whānau (Balzer et al., 1997; Cram et al., 2002; Kruger et al., 2004; Pihama et al., 2003).

Questions seeking participants' ideas about "What do you think 'whānau violence' means?" were included to directly explore the hypothesis that there may be differences in the way Māori define and understand whānau violence as compared to others. That is, the data gathered for this question was theory-driven (Braun & Clarke, 2006), as was the subsequent analysis of responses.

By contrast, as already outlined in the *Methodology*, the remainder of the analysis was "data-driven" (Braun & Clark, 2006, p. 83), whereby the objective was to be able to represent a range of themes identified from within the entire data set for each group. This is an appropriate approach given that there is little available research in the area of whānau violence, particularly with whānau participants, and as such this study is likely best defined as 'exploratory'.

'Whānau violence' is broadly defined

A broad understanding of the term 'whānau violence' was conveyed by participants. Many described violent actions and behaviours they considered to be whānau violence, as well as describing 'who' was implicated in reference to the term whānau violence. Several participants felt that an understanding of whānau violence should also incorporate an understanding of historical trauma.

To most participants, whānau violence included a full range of violent actions and behaviours. The terms 'violence' and 'abuse' were used interchangeably by many participants, and the following examples were mentioned frequently. Physical abuse, for example, "beating on each other" (WH20); verbal abuse, for example, "yelling, and the screaming, and the swearing" (WH14); and emotional/psychological abuse, for example, "controlling" (WH23) and "intimidation" (WH24). Several participants made reference to sexual violence, including rape. Spiritual violence was also mentioned by a few participants, such as the following:

> … te taha wairua, the spiritual part … violence is always going to affect that. (WH24)

Violence involving wider membership of the whānau.   Many participants understood whānau violence to include violence which occurred across multiple members of the whānau. Co-existing violence between adults and adult violence against children were commonly mentioned. Other members of the wider whānau were included in descriptions of 'who' was involved in whānau violence, such as "mums and dad, the kids, cousins" (WH20) and "aunties, uncles" (WH14). One participant, who had described violence as being pervasive across her whānau, felt that anybody who knew violence was occurring was implicated in whānau violence.

> ... I think family violence is just everybody that's in on it ... (WH21)

In relation to the above, many participants understood the term 'whānau' to include both their immediate and wider extended family. While some participants said that the term 'whānau' had an equivalent meaning to 'family', further clarification revealed their definition of 'family' was one that also included their wider extended family.

> It's not only your individual whānau, it's your whole whānau. (WH19)

Participants' meanings of whānau violence which included reference to multiple members of the wider whānau structure were consistent with popular (Māori) conceptions of whānau.

Whānau violence includes historical trauma.   Some participants felt that whānau violence also incorporated an understanding of Aotearoa New Zealand's socio-political history, for example, the negative impact of colonisation on Māori.

> [whānau violence] ... might include some historical things, trauma ... I think it's about a much bigger picture. (WH2)

This particular participant was referring to the impacts and effects of colonisation when referring to 'trauma' in this context. This same participant, along with some others who incorporated this understanding, had been exposed to decolonisation education in the programmes they had been involved in. It is possible that their inclusion of historical trauma in their understanding of whānau violence occurred as a result of this. However, a few other participants also held the same views and had not been part of programmes which included decolonisation education. For example, the following participant discussed some of the negative

experiences Māori had been exposed to in the course of history, giving the following example of what he thought of when he heard the term whānau violence.

> It's just like in my generation at school, Māori kids were told not to speak Māori, they'd get a hiding for it, you know what I mean? So that was all alienated, and now they're trying to bring it back but it's not coming back as easy ... (WH10)

Participants' meanings of whānau violence which included reference to historical trauma, were consistent with the broader understanding of whānau violence proposed within the literature. This indicates some merit in this theory of understanding.

A number of factors contribute to whānau violence

A wide range of risk factors for whānau violence have been established in the literature (as discussed in Chapter 1, *Introduction*). Participants in this study also discussed a range of factors that contributed to violence within whānau. Examples were provided from their own personal situations as well as thoughts about what might contribute to violence in other whānau. As previously noted, analysis for this theme (and all subsequent themes hereafter within this chapter) include responses coded from throughout the entire interview (not just those given in response to particular questions).

Violence as a learnt behaviour/Normalised violence. Many participants talked about how pervasive violence was in their lives as children, and that this was 'normal' when they were growing up. Some participants spoke specifically about how they felt early life experiences had led to experiencing further victimisation later in life. For example, the following participants described how they could understand why they had been in relationships with partners who were violent.

> ... because I was raised up like that, you know, dad was hitting mum, dad was drunk, because my dad's an alcoholic, and it was normal. Like when I got in my first relationship it just seemed normal... yeah, that's the way it's supposed to be. And when you grow up seeing it all the time, well then you just expect it's supposed to be like that. (WH5)

You can say you don't want that [the violence], but you're used to that. It's all you knew. (WH16)

Similarly, many participants spoke of links they identified between experiencing violence as a child and later going on to perpetrate violence towards others as an adult. The following participant who had described being badly bullied as a child, reflected on possible reasons for the violent 'stand over' tactics he used with others later in life as an adult. He spoke of not wanting to excuse his behaviour, but wondered if he could explain it as being at least partly due to the impact of earlier experiences of violence.

Most people who hurt other people, they hurt them because they're hurting themselves. (WH24)

Another participant who had experienced severe violence as a child, and later as an adult within her own relationships, spoke of still wondering about the impact of childhood violence on others in her whānau.

… it's been going on with him [since] when I was 6 years old, which I never spoke of it to anyone at all, the abuse. I mean he … got me when I was 15, he did the whole thing. But when I was 6 years old he was actually showing it to me, how to do it, you know, what you do now, building that up, yes, what you call a predator. He's timing it aye, he's looking, but he lives in the house where me and my brother was living. And I wonder sometimes, you know I've got a lot of questions to ask, I want to [ask] sometime, 'what happened to my brother?', you know? He's, my brother is in jail, he's done 15 years for killing a little girl. So I wonder … (WH12)

Alcohol and drugs. Most participants spoke about strong links between alcohol and drug use and the occurrence of whānau violence, both in their experiences as children and as adults. Many felt that alcohol and drug use had a strong negative impact on whānau wellbeing. Several participants described the predictability of violence occurring within the home after alcohol or drug use.

Yeah alcohol is the big one, and then after the alcohol will be the drugs. And after the alcohol and drugs will be the [verbal] abuse, and after the abuse will be the thrashing … (WH24)

... you know, [my friend's] hubby would go down [to the pub] straight after work, not go home, just go straight down, get pissed and the kids are at home with mum and sure enough, dad would come home and belt up mum, and that was that. (WH4)

Witnessing alcohol or drug related violence in other homes was also common among participants. The following participant, who had attended an alcohol and drug programme, described being made responsible for driving his parents to and from parties as a young teenager (under the driving age), and that violence was often extreme in these settings:

... when I was at those parties with the old man, that's when I used to see the brutal hidings aye ... brutal smashings. (WH1)

While recognising alcohol and drug use as a causative factor in violence, some participants also spoke of using alcohol and drugs as a way to cope with their circumstances. That is, alcohol and drug use was described as both a cause of, and response to, difficult situations. One participant, who had completed an alcohol and drug programme, spoke of the severe violence he experienced as a child while living with his extended whānau, and how he began using solvents as a way of escaping pain at a very young age.

... that was an everyday thing... hidings for nothing, just beatings for nothing, you know?... I started solvent abusing at 8 [years old], you know, because of my life. (WH22)

Another participant had grown up in a gang-affiliated whānau and had experienced lifelong exposure to violence across many circumstances. He spoke of coming to the realisation that despite the large quantity of cannabis he smoked daily to help him deal with his life, his difficulties were still present when the 'high' wore off. Realising that his drug use only provided a temporary escape from his situation eventually enabled him to consider stopping it, and along with several other factors (e.g., he was also being threatened with removal of his children at the time), he made the decision to stop completely.

I didn't realise, but what I was doing was ... running away from reality... that was my way of shrugging it off, but then when I come down, boom, it was still there. (WH17)

Communication difficulties. Difficulties with communication and misunderstanding, especially within close relationships between adults, were considered to be contributing factors to whānau violence by some whānau participants. One participant who had attended an alcohol and drug programme described being able to strongly relate to learning that open and clear communication was really important for defusing tension within whānau, as she felt many difficulties within her own whānau had arisen from "having suppressed feelings, not being straight up" (WH3). This sentiment was echoed by several participants.

> Lack of communication is a part of it … people have to learn how to communicate with each other … (WH5)

The impact of stress. Most participants spoke about stress being a contributor to whānau violence, particularly when they felt overwhelmed or unable to cope with the various demands upon them. Being able to manage this stress was identified as important. One mother who had completed a home visiting programme, spoke of the integral role stress management played in helping her manage her child who had very challenging behaviour.

> If you're able to deal with your stress without having to take down your children to deal with it, I think it does play a big part. (WH4)

Another participant who had attended an alcohol and drug programme, spoke of recognising he needed to respond to the triggers for stress in a positive way, so as to reduce the likelihood of whānau violence occurring.

> If I start stressing then I know it's going to lead to … I'm gonna flip right out. So what I do is I just go and have time out and do something that I know that I like … good for stress and that, yeah. (WH1)

Many participants spoke about stress they experienced due to financial hardship and that this was particularly challenging. Some made direct links between "money stresses" (WH22) and the occurrence of whānau violence. One participant described the situation where her partner had suffered an accident resulting in an injury that meant he was unable to work. He was entitled to receive a Work and Income New Zealand 'Sickness Benefit'[7], but this amounted to quite a

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[7] The Sickness Benefit is a weekly payment for people who aren't currently working, or are working less hours, because they are temporarily sick, injured, disabled or pregnant (Ministry of Social Development, 2010b).

reduction in his income, which put the family under immense financial pressure. The participant considered that the stress caused by this led her injured partner to start drinking alcohol more frequently, which in turn contributed to him becoming violent towards her, and eventually resulted in the subsequent removal of their children by CYF.

> The financial stress destroyed our family. The stress of not providing. My partner had always worked, always been the provider. We got stuffed around so we were actually short of what we were entitled to. For someone who is stressed, it's cheaper to buy a can of drink than buy a bottle of milk. (WH25)

Another participant also spoke of the link between financial difficulties and substance abuse as a response to stress; in this case in her whānau when she was growing up.

> ... dad used to drink because there wasn't enough money. (WH5)

A number of other significant stressors were identified by participants. These included being young parents, falling pregnant unexpectedly or early in new relationships, having sick children and having children who were behaviourally challenging and having low family support. Some participants commented that having multiple difficulties to deal with simultaneously had the potential to contribute to whānau violence. One solo-father of five children described the immense pressure he had recently felt when one of his large home appliances broke down. On its own this had felt manageable, however at the same time he had recently had an accidental fall down the stairs at his home and had injured his back, he had been dealing with his ex-partner who had significant mental health difficulties, and two of the children were very unwell and needed urgent dental and medical care.

> "It's like wave after wave of getting really bashed about [by stress], yeah". (WH17)

Summary

Participants described a broad understanding of 'whānau violence'. For many, the term 'whānau' incorporated multiple (extended) members of the whānau. For some, an historical analysis was included in their understanding of 'whānau violence'. This was consistent with propositions in the literature regarding these terms. Multiple contributors to whānau violence

were identified by participants. The influences of exposure to violence and violent norms in childhood, alcohol and drug use, communication difficulties between adults, and exposure to numerous stressors were particularly salient.

Strategies for Stopping Whānau Violence: Healing

This section presents findings on the strategies whānau considered helpful for stopping whānau violence. A broad range of strategies were described throughout the interviews. Five themes are presented in this section: 1) positive therapeutic relationships are important, 2) learning new ways strengthens whānau, 3) Māori understandings and approaches are effective, 4) support makes a difference, and 5) 'hitting rock bottom' creates opportunity for change. Associated sub-themes are included within each theme.

As previously noted, all participants for this part of the study were referred by practitioners and had successfully completed or were currently completing various intervention programmes. Attempts were made to recruit participants with a range of experiences, however given the referral method and programmes completed, it is likely that positive bias towards certain practitioners and the programmes they facilitated was present.

Positive therapeutic relationships are important

Many participants spoke about positive relationships with practitioners enhancing their engagement with various interventions, as well as their ability to change. Practitioners with positive characteristics, who could develop trusting relationships, sustain ongoing involvement with whānau, and provide access to other supports, were valued by whānau. Being able to convey belief in the potential of whānau [both individuals and families], and understanding of whānau situations (the complexity of difficulties faced by some whānau) were also considered important contributors to positive therapeutic relationships.

Positive practitioner characteristics. These included being supportive and able to advocate for whānau, being a good role model, understanding and non-judgemental, patient,

reliable, flexible, having good communication skills, and having a positive attitude and belief in whānau. One participant who had recently completed an alcohol and drug group programme spoke of the amount of helpful material and skills he had learnt, which he felt was strongly enabled by the positive relationship he had developed with practitioners on the programme. When contemplating returning to his community, where he felt opportunities for mentoring and support would not be as available to him, he expressed the following desire.

> I wish he was just my neighbour ... Then I could learn more. [Name of practitioner] you know, he's got heaps of good stuff to offer, that fulla... What do you call them? Mentors aye... Somebody you could look up to. (WH1)

Another participant talked about finding it difficult to engage with numerous programmes attended over the years because of feeling he could not relate to the practitioners who facilitated them, as well as feeling that the content lacked cultural relevance. He described the significant difference it made to him to have a positive experience with the practitioners who facilitated the alcohol and drug group programme he had been attending.

> The dealings I've had with them, they've been nothing short of inspirational. They've been articulate, they've communicated with me really really well. I've been able to form a relationship with them. (WH24)

Developing trusting relationships. The development of trust was highlighted as helpful for engaging with practitioners and interventions by many participants. One participant who had completed an alcohol and drug group programme, spoke about the effect of feeling trusted, and how this enabled her to develop not only a trusting relationship with practitioners, but also a sense of being able to trust herself (particularly her ability to control her behaviour).

> ... somebody there trusts you. And you know, and then you start building that up, and then you become to trust that person, and trust yourself. You have to start learning to trust yourself, because you haven't trusted yourself for a long time. (WH12)

The experience of learning to trust someone, and the positive impact that had on building their sense of self esteem and confidence in abilities was described by the following participant who had attended the same programme.

So for me it was earning their trust and them earning mine, you know, to be able to actually talk. And their support and confidence in accepting me as who I am and just being me, actually bought the good out in me you know? Bought the good out of me and I was able to communicate really good ... and speaking freely, without being shy, feeling shy. (WH22)

The positive effect on the whānau of developing trusting relationships was described by a participant whose partner had experienced this with a practitioner from a local community counselling service. She described him as going from someone who had strong difficulties with trusting others, to someone who now "loved" being able to talk with someone he could trust. She felt this complemented the involvement they both had with the home visiting parenting programme they were enrolled in.

Yeah, and it's hard for that man to trust anyone... it took [the practitioner] a year and a half to get a 'hello', you know. He's just really ... 'don't talk about me', you know? 'I don't want you to talk about me, [they] can see the kids, they don't need to know nothing about me', you know? So it was hard to even get him to jump on board with it in the first place, 'cause he didn't trust anybody, you know. But then I think, I don't know how they went about it at the [service] but he just loved it ... (WH21)

Similarly, some of the other participants described the positive consequence of developing trusting therapeutic relationships with practitioners, in that it provided them with an opportunity to talk openly with someone about their difficulties.

Talking to someone who's supportive eases the tension and anxiety. Got to feel safe with who you can talk to. Find that one person to trust. (WH3)

The following participant also described how important it was to her to be able to talk with a supportive and trusted practitioner when she felt tension rising.

...you've gotta ring, you've gotta ring someone... yeah, because when you get to that moment where you're frustrated, really frustrated, you need to talk to someone... you can grab the number of those people, and you just text or call them and say 'look, I'm not feeling well, something is up'. And then you can make time ... you can have that

little private time just to throw it all out, you know? ... Because before I'd hide it, I'd hide all the violence behind. (WH12)

One participant spoke of how learning to develop trusting relationships in which he could talk openly (within the alcohol and drug group programme he had completed) also had the added effect of improving his confidence when talking with others outside of the programme.

> ... I never asked anyone for help. I never told any of my family. I've always been the same, you know, almost too shamed, you know, to tell anyone. That's why I'm alright [now], you know, talking to you and to [others], you know? That's the good that's come out of the programme ... just being able to conversate... yeah, feeling confident ... (WH22)

Having the opportunity to speak safely within a trusted environment with other people experiencing similar difficulties (at the various programmes for example) was considered beneficial by several participants. One participant spoke about attending a group programme for families having difficulties with violence where he had the opportunity to hear other people's stories.

> They get you in that sort of environment to share your stories, to share their ideas, whatever it is, good or bad, and to try and find positive things out of it. So, you know, you can keep that connection with each other as, you know, friends, new friends, or you can understand 'hey, he's been through this, I'm not only experienced with this'... you're not alone, that sort of thing. (WH19)

Another participant described a similar experience in relation to the positive effect of meeting other mothers who had been in situations similar to hers (through a home visiting programme 'get-together' of whānau involved in the programme).

> Getting together with the other mums... and just being able to sit there and talk about anything and listen to other people who are in the same boat. (WH13)

Practitioners also bought a new perspective to the participants' situations, with several commenting that having 'outside' involvement with people they could trust and talk to (not from within their group of family or friends) was helpful. This was particularly so for participants who

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had been part of a home visiting programme, who described the benefits of having someone new come into their lives.

> Meeting someone new, that wasn't in our everyday life [was helpful]. We never had anyone from outside for 20 years. (WH7)

> That was pretty helpful … Just different people's perspective … someone to offload to … just out of the neighbourhood aye? … Yes, a different point of view, and not judgemental aye. (WH8)

Several participants felt that being able to talk with trusted practitioners not only provided a different perspective, but also took the pressure off needing to always talk to whānau, which in itself could raise some difficulties.

> When I find things too stressful and sometimes you can't talk to your family so you need someone from outside the family to sometimes sit and you can put these issues out on the table. Because you find with family if you say something bad to them, how you're feeling, they say 'okay' but when they go away they're feeling uncomfortable and sometimes feel hurt. And because of that their actions after that change. (WH24)

Sustaining ongoing involvement. Remaining connected and involved with whānau and services over time was considered important by some participants. One mother of six children, who had been dealing with violence and alcohol and drug related difficulties in her whānau 'off and on' for approximately eight years, spoke of the value she placed on having a consistent relationship with one service she was involved with throughout that time.

> Being there for the long term, sticking with me… This stuff is easy to say, but hard to do. When we're talking about it, it's all ok, but when we go home, shit, it doesn't always happen the way you want it to. It's not easy to do … finding the courage within me to make the changes, and taking little steps, but having the support to do that. Not being let go all of a sudden. Not so much holding my hand every day but being there, guiding me. Being there when I try. (WH2)

Sustaining strong therapeutic relationships with whānau also facilitated opportunities to encourage progress. The following participant who was enrolled in a home visiting programme,

described being able to be challenged by her practitioner because they had built up a trusting relationship over time that made it possible for this to occur in a safe and acceptable way.

> ...some days we'll be like 'oh nah, I don't feel like doing counselling today you know' and then she'd ring us up 'hurry up, you know, what's the problem? Oh, the car. Well, I'll come and get you ... you just don't want to do it aye?' 'Oh yeah, okay, then come and get me'. So you know, she's good, knowing what we're supposed to be doing, and you know, just sort of 'come on guys ... you kind of need it, you know you do, so why battle it?' (WH21)

Even just the knowledge that further support was available if ever needed was described positively by the following participant who had completed the same programme.

> I still have some involvement with [practitioner] ... and that's really cool. So knowing I can just text her and say 'hi, how are you'? ... If I really wanted to and I felt like I really need it, yeah, she always would help me. (WH13)

A strengths focussed approach is effective. Several participants spoke about the positive effect of having practitioners who conveyed a belief in their abilities or potential, and/or focused on enhancing their existing strengths. One participant who was enrolled in a home visiting programme, spoke of how helpful it was to receive the positive feedback and encouragement about her parenting that her practitioner provided.

> She affirms the positive things that I'm doing, that I'm doing well. Sometimes that's all you need. 'You're doing well'. 'I believe in you' ... There were things I knew, but I didn't realise how helpful it would be to have that affirmed to me. (WH25)

Another participant who had completed an alcohol and drug group programme, spoke of the significance of having practitioners focus on his strengths and instil hope in him. He had felt a strong sense of loving support from practitioners, and described what really stood out for him in regard to the help he had received.

> ... their support and confidence in me as a person and my abilities, you know? And just them telling me 'man, you've got so much potential'. They used to say that to me all the time. (WH22)

He went on to later say,

> They actually believed in me, you know? I've believed in myself in the past, but I've had lapses you know, with different situations in my life at the time and made dumb mistakes which led me to the inevitable. But yeah, I think you need the support. You really do need support, you really do need people that love you and believe in you … (WH22)

Providing access to other services. Several participants described the access they gained to other services either through information they received from their practitioners or direct referrals. One participant who was enrolled in a home visiting programme, had experienced a violent situation in which both her and her children's lives had been put at extreme risk. She had also sustained significant material loss and needed support from many different agencies. She described how supportive it was to have one practitioner who provided information about other assistance for her.

> She's given me a lot of information … you know she goes out of her way to give me information about a number of things … She's actually got in touch with [another local practitioner] herself and asked him what there is for people in my situation. (WH18)

Some other participants found it helpful to have a practitioner who could advocate for them to receive assistance from other agencies, particularly where they had been feeling powerless about being able to make progress. The following participant who had completed a home visiting programme, spoke of this in relation to having vital improvements made to the Housing New Zealand rental home they lived in, to make it more habitable and safe for their children.

> … she definitely assisted us where, you know, where we needed to be assisted, because we couldn't push that for ourselves. (WH8)

Another participant who had custody of her grandchild, and had completed a home visiting programme, also found it useful to be able to find out about other supportive services from her practitioner, especially given that she had not parented such a young child since her own (now adult) children were the same age.

That lady would co-ordinate [access to other services] too, and let me know what different things were available. (WH9)

Some participants spoke about having been referred to statutory services (e.g., CYF and the police), and described positive effects that had occurred as a result of this. One participant who had completed a home visiting programme, described having several of his children removed by CYF (they were subsequently returned), and how this 'opened his eyes' to the severity of the situation and enabled him to see that change was necessary.

I really couldn't see it, and it wasn't until this fella up at CYF, [name], he really made me look at myself ... And how he made me look at myself, he said 'Look at your children, they're scared of you'. That's what opened my eyes is that. Just the few words he said hit it right on the nail. ... I was looking at my kids and it shattered me, because they couldn't look at me ... I'm glad there's safety nets like organisations like that for our tamariki aye. (WH17)

A mother of four who had also completed a home visiting programme, spoke of the impact a notification to CYF had on her following an assault by her partner while she was heavily pregnant with her fifth child.

My children are my life. So when CYF came around, I was shocked. Thinking I was going to lose the kids made me think 'Why am I still having contact with their dad?'. Even though that was awful, she saved me [the practitioner who notified CYF]. (WH6)

Another mother who was enrolled in the same programme, also spoke about how the involvement of CYF can help whānau to realise the severity of a situation and therefore make decisions about how they want to proceed.

CYF can be good because they force you to make a decision. (WH20)

Despite several positive responses from participants about statutory services, several also discussed negative effects of having them involved in their care, and factors that were unhelpful about this. For example, the same participant (as above) found the lack of follow-up by the police after a whānau violence incident unhelpful.

I had to have the police come in, and it would be awesome if they could do more afterwards. Like send someone around, someone could visit, talk about what's going on. I did get a pamphlet in the mail once. To have the cops in your house, things have got to be pretty bad. (WH20)

Another participant who was enrolled in a home visiting programme, described a situation where she felt CYF had not taken appropriate or considerate care with regard to the impact of removing her children from the family.

When he knocked my teeth out he was drunk. CYF took the kids. I lost breastfeeding because the baby was taken for two months. That was devastating. (WH25)

Similarly, the following participant (now in her 30s) felt her own removal into statutory care as a child was mismanaged. She was unhappy about having been placed with a foster family and felt that avenues for placing her with members of her extended whānau should have been explored.

At 11 years old [I] went to [a] social welfare home. I could have been given to whānau. I rebelled. (WH6)

Learning new ways strengthens whānau

Many participants spoke about the helpful skills they had learnt as a result of having been involved in the various programmes of the Trust (as described in the preceding chapter). In particular, acquiring parenting skills, improving relationship skills between adults, learning how to change behaviours, and learning to take responsibility were considered helpful by participants. Alongside therapeutic practices which focussed on existing strengths within individuals, learning new skills also enhanced belief in their self-efficacy. As a result, improved self esteem was also identified as beneficial.

Other programmes the participants had previously attended were also referred to during the interviews, and responses related to these were included in the analysis. These programmmes are not individually described as full information was not provided nor sought about them. This was for the reason that the programmes themselves were not the subject of this sudy, but rather the helpful strategies participants had encountered (regardless of programme/place of learning).

Acquiring parenting skills. Many participants spoke about the positive impact of learning new parenting skills, particularly in that it provided them with alternative strategies for managing stress or tension between themselves and their tamariki [children] and/or mokopuna.

The following father of two who had completed an alcohol and drug group programme, described how his older daughter had "... seen everything aye. She's seen the bad side of me". He described how he would try to engage with her and she'd say "no, dad, I don't like you". However, after completing the programme, she said to him "You're better" and showed an interest in spending more time with him. He felt this was a significant breakthrough, and gave the following example of how he had improved his parenting skills.

> ... yeah, you know, if I get angry with the kids and that and if they piss me off, I know not to just tell them to piss off. 'Just a minute babe, I'll talk to you later, dad's just watching the news aye?' And before it was 'get the hell out'. ...I've learnt heaps of new skills on how to approach things. (WH1)

Another participant who had completed a home visiting programme, described himself as previously having been intimidating towards his children, and that he had found it difficult to communicate clearly and get the outcomes he desired with them. He described the strategies he had learnt through the programme about parenting and how he was now able to apply them with his children when any issues needed addressing.

> ... if I'm going to have a talk to the kids, I've got to come to the table stress-free, keep it to a minimum, and be direct. (WH17)

Some other participants spoke of gaining an understanding about positive ways to be within a whānau, including the importance of spending time with your children and behaving in ways that are positive for their development. The following participant who had completed a home visiting programme, spoke of learning to prioritise time with her children over having a perfectly clean house, for example. She felt this had contributed to an improved relationship with her children as a result and also had reduced their challenging behaviours.

> ... I have to realise that sitting down, leaving the mess and spending time with your kids for their interaction, and just interacting with them is far more important than having a clean house. (WH4)

Another participant who had completed the same programme, also spoke of learning about behaving positively around children, and the importance of protecting them from witnessing fighting or violence within the home. He felt that having someone come and visit their home regularly helped him to make this a habit that he could sustain after completing the programme.

> ... [the practitioner] sort of kept me in check, and how you're supposed to be in a family. (WH8)

Improving relationship skills. Learning relationship skills, such as how to improve communication between adults and how to deal with conflict in particular, was also identified by some participants as helpful for reducing violence within the whānau. The same participant (as above) had attended relationship counselling with his partner, where they learnt strategies about how to communicate better with each other. This had the benefit of reducing misunderstandings and therefore also reduced the potential for violence to occur.

> Well we did a bit of counselling ... that was hugely helpful. (WH7)

Taking the opportunity to reduce tension (rather than allowing it to build) through communicating better within their adult relationships was seen as an important strategy in preventing or stopping whānau violence from occurring by several participants. The following participant discussed the importance of addressing issues as they arose.

> ...just being able to communicate and just to talk rather than just to be shut off and stay there, and not leave it too long ... yeah, when you leave it too long it just sticks with you, and then you move on and when you have another trauma it just all builds up. So that's why you get it out while it's here, and deal with it, and move on. (WH4)

Changing behaviours. Some participants spoke about how useful it was to have learnt alternative strategies for dealing with stressful circumstances that could potentially lead to violence, through the various programmes they had attended. One participant who had attended an alcohol and drug group programme, described learning about links between behaviours and consequences. She felt this was helpful for her in terms of being able to assess her own behaviours and making choices to change behaviours that could lead to violence.

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I started learning about also not to aggravate the situation, you know ... You've gotta practise those things, and you've gotta realise that when you go into a violent situation, that you have to understand there is always a consequence. (WH8)

Another participant who had completed a home parenting programme, described how his practitioner had taught him strategies for recognising and managing his behaviour. As a result of this, he could identify when tension was rising and put the plans he had developed into place, for example, imagining he was as calm as the ocean on a still day.

... he helped me get past that by recognising the triggers, yeah ... But now I've got a stress plan, I look at it this way, calm as water. No stress, calm as water. (WH19)

While participants spoke of feeling better prepared to cope with situations due to having an improved understanding of their behaviour and having learnt various strategies for changing behaviours, several identified that it was challenging to unlearn behaviours they had been doing (for many years in some cases) and that they were still working on being able to make the best choices.

... my life has been very challenging, but now that my eyes are starting to open and I'm starting to see that even though I've had so much negativity in my life, and even though I reacted violently at times and abusively to other people, I was able to evolve and come through it. I wouldn't say I'm completely there, but I'm a lot more prepared to deal with situations, you know, and try and find a peaceful resolution. (WH24)

Confronting responsibility. Many participants spoke about the process of coming to accept responsibility for their behaviour and acknowledging that they needed help to change. This occurred through a range of processes, for example, some participants were forced to confront responsibilities through interaction with statutory services. For others, distress about their circumstances and desire for a better way of living led to them to confronting their own role in their situations. Yet others described encountering the notion of responsibility through the programmes they had engaged with. Regardless of the various routes taken to accepting responsibility for their behaviour, this was considered to be an important step in the pathway to wellbeing by many participants.

The following participant who had completed an alcohol and drug group programme spoke of how important it was for her desire for change to be 'self-driven'. She had been forced to confront her behaviour in a number of different situations (e.g., when her youngest child was removed by CYF), yet felt that nothing would change unless she really wanted to change herself. This would not be possible without accepting responsibility for her behaviour. She described how her thoughts about behaviour and change matured over time about this.

> ... I think what happened is I came to a stage with my age where I realised yes, I've done heaps of damage. There's a lot of things that have happened in my life. And it was time I wanted to change, you know you've gotta want it, not because CYF want you to ... One way or the other you've gotta, its eats you up, even if it's ugly, the ugliest thing that you are hiding, you've gotta let it out. ...And then there's time when the worst is over, finished, aye. That's the way to do it, you know, but it's gotta come from you. (WH12)

Similarly, the following participant who had attended an alcohol and drug group programme, described coming to realise the impact of his behaviour, his desire for better cirumstances, and therefore the need for change.

> Yeah, I think I did some soul searching stuff, reflection, and I looked at how I wanted my life to be and then I looked at how it is today before I started seeking help. Everything I wanted I didn't have. I wanted the respect of my family, because they wouldn't listen and violence played a part in that. And for a few years there I even started standing over my family, and I lost the links. For me, well then I didn't feel like a complete person, I didn't feel like I belonged anywhere. So the realisation was, the only way I could have what I wanted was to seek change, find a different avenue of expressing myself, rather than by force, by forcing a person and using physical violence or verbal violence. (WH24)

Some participants spoke about the courage it took to accept responsibility for their behaviour and to seek help. It was recognised that positive outcomes could follow from this, despite it feeling difficult. For example, the following participant who was enrolled in a home visiting programme, described how it helped him to realise he had the strength to make difficult decisions

and take action. This had the positive effect of enhancing his belief in his self-efficacy and potential to create helpful opportunities for himself.

> So I do feel that, yeah, you do become a stronger person when you finally say enough is enough, and you acknowledge it. You need to acknowledge it, you need to know that it's there, you need to know 'hey man, I need to let this go'. As soon as that and the release is gone, everything, you know, it opens up doors and avenues for better things to come. (WH19)

A barrier to accepting responsibility was identified by the following participant, who was enrolled in a home visiting programme. She described it as being hard for some members of her whānau to take responsibility for their behaviours because other members of the whānau would always 'rescue' them when times were difficult. She talked about this inhibiting them from accepting that there would be difficult times and developing appropriate skills to be able to manage these themselves.

> Just, it's reality you know? Times are going to get hard. Too bad, pick it up, go. You know? Don't sit there trying, you know, make the world feel sorry for you, 'cause that's what all my Aunties and that do, you know. It's like 'save me, mum, save me' you know? So everyone's always running back to save them ... (WH21)

Some participants spoke about the experience of learning about how whānau violence can impact on children, which contributed to them taking responsibility for their situation. The following participant who had completed a home visiting programme spoke of the epiphany she had about this at a workshop she attended (through the programme).

> ... the workshops ... you know, to do with family violence ... you know, actually sit there and think about and process things, yeah, because yeah, they were talking about how it affects your children and like, my eldest son was, like very protective over me... It wasn't until someone actually spoke it, and yeah, so that I could hear it, and then I realised 'oh, someone's like that', you know, protective of me. (WH5)

Others spoke of seeing the impact of witnessing violence come out in the way their children behaved. One participant who had completed a home visiting programme, spoke about how this

also contributed to him accepting responsibility for his behaviour and seeking change, as he did not want to see his children behave in this way.

> ... the problems just build up and up. And then you see when it's building up when one of them starts punching the other. ... that's how I know, I just don't like to see my kids like that. So it has to come from me first, and then it trickles down to my children, yeah. (WH17)

Several participants also commented that learning to take responsibility for their own actions involved realising that other adults (e.g., their partners or ex-partners) were responsible for their own behaviour. Several participants spoke of a sense of relief in terms of no longer feeling culpable for others' behaviours in relation to this. The following participant who had attended an alcohol and drug group programme, described this as being significantly helpful as it allowed her to focus on her own wellbeing.

> Learning to look after myself first. Realising others have their own demons. (WH2)

Another mother of five, who had completed a home visiting programme, had separated from her violent partner after many years together. She had found this incredibly difficult, as she described.

> I've had years and years of it [the violent relationship]. 24 years. 10 years ago I got a protection order. ... been involved with Social Welfare, CYF ... But now I'm not with him. But it's hard. I'm crying at night, I still miss him. But I want to carry on [getting better]. (WH6)

She went on to describe the benefit of releasing herself from feeling responsible for his behaviour. She had felt this stood out as significantly helpful in her pathway to wellbeing.

> Being able to say 'I'm unable to wear your burdens anymore'. (WH6)

The notion of self-care featured strongly in the interviews, with many participants describing having learnt about this through the various programmes. It was felt that this was important and needed to happen first, as this then enables the person to look after others. The following participant who was enrolled in a home visiting programme, spoke of putting self-care in place so that extending care to others could then follow.

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I'm big on 'looking after yourself is the most important thing'. You need to look after yourself first because you can't look after your kids if you're unwell... Then your kids or your family, and then your outer family, and then your community. (WH19)

Improving self-esteem. Some participants commented on having low self-esteem prior to coming into contact with the various programmes. Self esteem was enhanced by a variety of means, such as those described above. For example, acquiring parenting skills and abilities to manage behaviour contributed to a sense of self-efficacy which led to improved self-esteem. Focusing on existing strengths, improving knowledge about themselves and building understanding of their situations also helped participants feel more confident about themselves. For example, one participant who had attended an alcohol and drug group programme described how his ideas about himself had changed after being involved in the programme.

Yeah, the biggest one is myself. Getting to know myself better. Before I used to think of myself as ... I'm just a joke, can't do anything. But now I know I'm the provider and good for diving, hunting, you know... (WH1)

Putting behaviour into context was also helpful for the following participant, who was enrolled in a home parenting programme. He also described how, as a result of relationship counselling he had received within the community, his views about himself had changed.

[The counselling was] ... very very good, not only for my, myself and their mum's sake, and that reason there, but it was for my own sort of individual peace as well, to find out hey, you know, we aren't bad people, we're not all bad people. (WH19)

The enhancement of self-esteem could be considered a positive effect resulting from the acquisition of skills and improved knowledge described by participants. One participant who was enrolled in a home visiting programme, spoke about how learning to grow a garden from which she could provide food for the family contributed to her sense of self-efficacy and subsequently her self-esteem. She had also learnt to drive, which had created opportunities for herself and her children that had previously not existed as they lived in a relatively isolated area.

Knowing I can rely on myself makes a big difference. I felt dreadful about myself, my self esteem was so low. Not being able to provide for the kids. I became defensive, became argumentative, in that way it probably contributed to domestic violence.

Being in a negative way all the time, feeling a lot of blame and a lot of guilt. If you feel good about yourself you can do the best with what you've got. Self esteem is really important. (WH25)

Several participants also reflected on how having improved self esteem gave them the confidence to try new things. One participant who had completed a home visiting programme, spoke about having previously led a very restricted life due to the extent of control her ex-partner had on her freedom. She described going on outings with her practitioner during the programme (such as to the foodbank) and how this has helped her develop the confidence to now try new things when she went out on her own.

When I go out, I've started stopping and talking. Before I always had my head down. I was told 'don't talk'. If I did I'd get into trouble. (WH6)

Māori understandings and approaches are effective

Operating from a Māori worldview, where programmes ordinarily incorporated te reo and tikanga practices for example, was considered effective by many participants. Some of the programmes previously described operated predominantly from this perspective, while others had less of such a focus. Participants also commented on the positive effects of working with Māori organisations and practitioners, as well as alongside other Māori whānau members who were seeking help in their attempts to stop whānau violence. Related to this, strengthening their Māori identity was a positive outcome described by some participants.

One participant who was attending an alcohol and drug group programme, described how he valued the process of whakawhanaungatanga (establishing of relationships) carried out between the practitioners and himself at the start of the programme. He felt this enabled him to make a connection with the practitioners, which set the foundation upon which the therapeutic relationship could be built. This was particularly important for this participant, who had previously described finding it very difficult to engage with practitioners from various other programmes he had previously attended.

... because of the whole kaupapa of whanaungatanga, it's not like you're talking to a stranger, because I know my links throughout my whakapapa. It's like talking to, you

know, someone you've known all your life and it sets a different foundation. Whereas when you go to other sectors you're sitting there going 'who are all these guys?'. (WH24)

Another participant commented on having a sense of being understood by practitioners who operated from a Māori worldview. She felt they had advanced skills in terms of being able to operate from a Māori worldview while simultaneously utilising and incorporating the tools developed for the home visiting programme she had completed.

... it was Māori, and sophisticated Māori too, that was what helped. I don't think I would've joined if it had been something else. They understand family, whānau. (WH6)

Another participant also spoke positively about the Māori approaches taken, particularly in terms of being able to relate to the importance of belonging and connection with others.

... I relate to the Māori kaupapa as well. You know that's when you really start looking into realising who you are as a person. And then after you realise, oh yes ... this is where I come from ... Then once you start taking info bit by bit, and you can feel that a little bit of weight is lifted off your shoulder. Because you come to understand new again, you know, you come to know yourself ... And it's like ... it's like a little power in that Māori kaupapa, I quite like that. (WH12)

Strengthening Māori identity is important. Māori participants in this group conveyed varying degrees of connection with 'being Māori'. Though not asked directly about how strongly they identified culturally as Māori, it was clear from the use of te reo and Māori cultural concepts used during interviews that Māori identity was important to some of these participants. Some also spoke of directly learning a lot about their cultural identity as Māori through Kaupapa Māori programmes, and how this was helpful to them. They described enhancing their identity as Māori as being effective in improving their self esteem and sense of belonging, and in providing them with a framework within which to view opportunities to change. For example, learning about traditional understandings of mana wahine and mana tāne (as described in the Introduction) provided a framework of relating respectfully toward others which participants could aspire to as (now) strongly identifying as either Māori wahine [woman] or tāne [man] themselves. Some

participants singled out strengthening their Māori identity as being the most significantly helpful factor in improving their wellbeing.

Knowing 'who am I'? 'where did I come from'? ... (WH2)

Ko wai ahau? [Who am I?] ... You know, just where I'm from and learning everything about our tupunas [ancestors] and that, and what they had, and what they did. That's what I really want to go back to. (WH1)

To me it was the bomb. Yeah, going out exploring and finding your Māoritanga and all that. (WH23)

Enhancing knowledge of Māori concepts and exposure to cultural ways of being. Where programmes (such as Kaupapa Māori programmes) overtly focused on enhancing knowledge of Māori concepts and culture, this was also identified as helpful by some participants. One participant who had attended an alcohol and drug group programme, described the impact of learning about Māori concepts such as the traditional value placed on tupuna and mokopuna, and the important links between these two groups.

The rehab has been significant for me. It's the Māori rehab. Going back to the tupuna, to what we really were. Like when I hit my baby, I was hitting my tupuna, my mother, my grandmother. Learning that was the biggest thing for me. (WH2)

This participant described this single learning as significant in assisting her to stop hitting her children. She also spoke of positively relating to whakatauki she had learnt and how she used these to inspire her to continue on her pathway to wellbeing, even when it became very challenging. For example, she described the helpfulness of learning the following whakataukī, which can be used to encourage people to progress towards their goal(s), and not give up unless obstacles become insurmountable.

Learning things like whakataukī, like 'seek that which you treasure, if you bow your head let it be to a lofty mountain'[8]. (WH2)

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[8] There are a number of variations of this whakataukī in Māori, a popular one being 'Whaia e koe ki te iti kahurangi; ki te tuohu koe, me te maunga teitei'.

Another participant who had attended the same programme, described the positive impact of learning skills in te reo while on the programme.

> … and then I said to them 'what has it done for me? For a start, the *mihi* [words of greeting/acknowledgement] I did last night, three months ago I couldn't even mihi, let alone stand up in front of a whole bunch of, a marae, yeah, in front of a whole lot of people, strange people that I never knew. So what has it done for me? It's given me the confidence and self esteem as well as given me a taste of my reo, you know? And it's instilled in me now forever and I can actually pass that on to my son, you know? And that to me has been the biggest healing of all, you know. Because it just enhanced everything else. (WH22)

Another participant spoke of having set up his own system of strategies based on Māori concepts and cultural ways of being, prior to coming into contact with the alcohol and drug group programme he was attending. He found that the programme fitted well for him in relation to even further enhancing his knowledge.

> Because I'd been in the system for a long time I knew that the European style of teaching wasn't really having an effect. So I pretty much designed my own way of dealing with things … Get angry, go into a *haka* [traditional posture dance], and if I wanted to take my mind off things then go and carve. Most of my structure was actually based on tikanga. (WH24)

He went on to say,

> A lot of people know that we have wairua, but a lot of people don't know how to feed it. We all have our tinana, but a lot of people don't know how to take care of it. You *kōrero* [talk] with the hinengaro. I've been on my journey, not really to find the knowledge, but to find the wisdom … you know for me, going to [the programme] is about finding the wisdom … (WH24)

Being exposed to Māori cultural ways of being was considered positive by some participants, particularly those who were Māori but had not had the same level of access to these things as some of the other participants. They described reconnecting with these concepts and ways of

being throughout the various programmes. The following two participants had completed a home visiting programme where access to Māori cultural activities had been facilitated.

> *Mau rakau* [traditional weaponry training] has opened up a world I thought I'd never see. I'm meeting others. That was a life I wondered if I could have. (WH6)

> … well it brought back a few things, like you'd go through some days where it bought back all the things from childhood, so that was cool. … Yeah, like we did a flax day and I was like 'oh, I remember this!'. (WH13)

Another participant also spoke of relating to Māori concepts and cultural ways of being, despite these things being viewed negatively when she was younger.

> Being Māori was frowned upon when I was growing up. But on a spiritual level I really relate to Māori things. (WH25)

Presence of other Māori. The presence of other Māori on programmes, either as practitioners or as other whānau seeking help was considered beneficial by some participants. One participant had completed a home visiting programme that had incorporated several 'get-togethers' with other practitioners and whānau involved in the programme. She described how being in a programme that was made up of practitioners and whānau who were predominantly Māori had been a different experience for her in comparison to other programmes she had attended. She considered this to be a positive difference.

> Being around Māori people [both practitioners and other whānau] has been helpful. It's a different outlook. Different ways of doing things. (WH6)

Another participant described the new, positive experience of being part of a women's group she attended as part of the follow-up care of an alcohol and drug group programme she had completed.

> Being with other women, Māori women, has been different, good. (WH2)

One participant described understanding why being involved in a Kaupapa Māori programme being facilitated by Māori practitioners was helpful for him.

... it's easier for me to relate to them [the Māori practitioners] and relate to the principles, the ideals and beliefs and practices that they teach, simply because I've been a Māori all my life. It's easier for me to see it and identify with it, simply because it's part of my culture. (WH24)

Several non-Māori participants also commented on feeling comfortable in the presence of practitioners and whānau who were predominantly Māori.

You felt welcomed even if you didn't have a Māori background or anything... Yeah, there were a lot of different ethnic groups there ... and we all felt very welcome. (WH13)

Support makes a difference

Many participants spoke of the value of having support available to them during times of difficulty. This included whānau support, as well as support from a wide range of people in the community. Those in the community included friends, neighbours, other parents and people at their workplace. A range of support was also provided by other practitioners participants were engaged with, for example, GPs, Plunket, other 'well child' practitioners and community support workers.

Whānau provide support in a number of ways. Knowing they had loving whānau members who cared about their wellbeing and could be relied on for help during difficult times (even if it was only one or two) was strongly valued by many participants. Whānau members were noted as being particularly helpful in assisting participants to improve relationships, to stop violence, and to get out of situations in which violence was occurring.

One participant who was enrolled in a home visiting programme, spoke about being able to return to her family after her partner went to jail for violent behaviour towards her and their children. She described the importance of having a loving, supportive family whom she could be with while she recovered. She was able to take the time to think about her circumstances and make decisions about how to improve her situation.

... he went to jail so it managed for me to get away from the drugs I was involved in, the abuse that I was involved in, and I went back to my family. My family gave me the love and the support that I needed and just the time that I was away from him, actually time to reflect. I reflected a lot upon what was happening ... (WH18)

Another participant who was enrolled in the same programme spoke of the key role her grandmother (who had raised her) played in her life. She talked about her grandmother being a consistent stable presence, who would provide advice to herself and her partner about how to be responsible adults and parents within their relationship.

Yeah, my nan would be about the ultimate support and yeah, she's not shy to put [name] in his place 'cause he's, you know, playing up or whatever. And the same with me, if I'm playing up, you know, she'll come over and 'hey ... give this boy a hand, you know, snap out of it, you're not the kids you know? You're not the baby here' ... (WH21)

Several participants who had reconnected with their whānau after a period of disconnection, spoke about the significance of gaining whānau support. One participant described a long history of being in and out of prison. He was given the opportunity to stay with extended whānau following his latest release from prison, and described how he was subsequently able to build a strong relationship with them during the time he was attending an alcohol and drug group programme.

Massively, for me, support has been number one. I've never had support like this before. I went to court two weeks ago and I had four aunties ... one uncle, about half a dozen cousins and their little kids, tamariki, we took up about, just about half the court. (WH22)

Another participant described re-establishing trust and support from his parents over the course of time that he had been living with them while also attending an alcohol and drug group programme. They went from agreeing only to temporary accomodation for him (he had moved back home after having been away) to not wanting him to leave. This was a highlight for this particular participant.

Her [my mother], my parents … when I first came back from Auckland they thought I was a prick but over the time that I've been home, since I've started my own little *hikoi* [journey; in this case to wellbeing], now they're telling me 'what are you going to do when you go? Oh, I don't think dad wants you to go now'. (WH24)

Some participants also spoke about the important role certain members of their whānau played in making sure they were safe from violent situations. One participant who, along with her three siblings, had experienced extreme violence as a child, spoke about how she and her siblings would try as hard as possible to protect and watch out for each other when they were children. She described violence so severe towards her sister that she would "go past to see if she was still alive". She felt that the most significantly helpful thing at the time were her brothers, who could often protect her and her sister from her parents.

My brothers were my safety net. (WH16)

Several participants spoke similarly with regard to one parent trying to protect them from the other parent who was violent.

Mum tried to bring us up better than that. Did a lot of protecting. (WH6)

Some participants described how their whānau also physically removed them from violent situations. The following participant, who had since separated from her partner, gave the example of being removed from danger by her mother.

… well they saw a lot going on, and they were, like my mum would ring me straight away. As soon as we had an argument my mother came out and moved me. (WH13)

Another participant spoke about the severe violence she had suffered for many years at the hands of multiple adult members of the whānau while living with her mother in an extended whānau arrangement. She described being a teenager when her step-mother came to remove her from the home, after hearing about what was happening to her through people in the community she had finally told.

She came to pick me up and take me away from there. (WH12)

Other participants described different ways their whānau encouraged them to stop violence, or recognised their efforts towards doing this. One participant described a close relationship he had with his grandmother, who had been one of the few positive influences in his life. He recalls her encouraging him to change his behaviour.

> ... before my grandmother died she said to me 'Think about what you want out of life', yeah. And she said 'And when you do find it', she said 'cherish it, because nothing lasts forever', yeah... 'Because,' she said to me, 'well I'll tell you what you need boy, and you've been the lost sheep for a while ... there's stuff in your past, throw that away ... time to step up to the plate'. (WH17)

Another participant strongly valued the consistent support one part of her whānau in particular provided her with. She described the challenges she had faced both during and following leaving her violent partner, and that she had often felt like "giving up". Her whānau had provided much needed supportive encouragement at the time.

> Knowing it's a matter of hanging in there. Having a supportive Aunty, Aunty's family, and knowing they were normal. Her saying to me 'you're doing fine honey'. (WH16)

Just being able to talk with whānau about their difficulties was also considered helpful by several participants.

> Talking about it. And just going for walks, releasing it, going to the beach, but the main, like the one for me is, yeah ... just talking about it aye. (WH1)

In some circumstances, participants were involved in programmes together with other members of their whānau and this had resulted in their whānau being bought closer together. This was considered to be a positive effect.

> ... my mum was part of it [the home visiting programme] as well. She used to come, and like my friends would come... it was really good. So it got me and my mum, like me and my mum aren't that close, so it did bring my mum a lot closer to me, yeah. (WH13)

For other participants, whānau support was lacking and several described how engagement with supportive practitioners and services was particularly important to themselves or others for this reason.

> ... what made me do [the programme] is that me and my mum don't really have a good relationship... if I need help she will help, but it's a lot of tension, you know? So it's not, just not healthy for the kids... Just to have, because all my grandmothers, I don't have old people around me because they've all passed on. So you know, just having a figure that's good for me. (WH4)

Some participants whose whānau were not always supportive or helpful spoke of the difficulties created by having to cope with ongoing negative influences within the whānau. This was considered unavoidable in many situations due to the enduring relationships participants had with their immediate and wider whānau (they did not wish to, or felt unable to completely sever ties with their whānau).

The following participant described having to counter the different (negative) expectations that came from whānau members who were gang affiliated.

> ... I've got a niece ... and her first word is 'fuck', you know. And the parents were 'cool'... my cousins are cool with that. It's like 'dress them up in blue man' [gang colours], [and I said] 'Nah, nah, nah. No way'. (WH21)

Another participant described being vicariously caught up in new difficulties that surrounded her ex-partner's new relationship because of his ongoing visits and involvement with their children. She described having to be very clear about not becoming involved in these new difficulties.

> ... my ex is in a violent relationship with a new lady, she is violent towards him ... I fear she'll kill him. My [child] has seen the violence. Somebody said they hurt [another child in the family]. CYF are involved. There was a stabbing. There's gangs, motorbikes. The police are involved. But I tell him 'You need to sort that out. I'm trying to sort my own life out!'. (WH6)

Other participants were frustrated by whānau members dealing with similar difficulties who appeared not to want to or be able to change. They described finding it difficult to continue supporting whānau who kept repeating certain patterns of behaviour.

> ... because I've got a lot of family living through it and you can go and help them and they go back. Probably I'd never know which way to help them aye? At the time it was 'can you come and pick me up and move me out', and the next time you're moving them back in. Back to the rough. (WH8)

A supportive community is helpful. Aside from whānau support, some participants spoke about the value of having a range of other supports available to them. One participant who had long term difficulties with alcohol and drugs and violence, described having set up a number of key supports over the years, including counsellors and community support people, who could provide her with support when she needed it.

> I've got a lot of support ...wide support network. Whether, you know, you go there or you go there, they're there... I mean I can run to [name], you know, if I've got a problem. I take it over there. I keep that going for me because it's not, not only that you come out of [the programme] and it's over. You know it's not. You've got a wide world out there, and you've got to deal with everybody you know. (WH12)

Another described how helpful it was to have the support of various practitioners within the community following a sexual assault on her child by a member of her ex-partner's family.

> I think having a good support... yeah, like at the moment I'm going through a lot with my daughter and stuff that's happened with her, and I've had the support of a lot of people and that's helped. (WH13)

Similarly, the following participant described the importance of having supportive people around him during the time he was dealing with CYF regarding the care of his children. The links he had with supportive people helped him feel he was never alone in facing these difficulties.

> ... it's just the fact that there's a bunch of people who are with me, they were like a lifeline, yeah. (WH17)

On the other hand, continuing to be viewed negatively by others in the community, despite having made significant changes, was a challenge for some participants.

> People tend to look at the mistakes you've made and judge you from those. I think that's been the hardest part, coming home and everyone remembers the fighter, everyone remembers the hard nut... I think when I got over my fear of being judged by others, well then that was the greatest of all the hurdles I had to [get over]. (WH24)

The community was also not always viewed as a positive environment by several participants. For example, intervening in violence occurring within the wider community was identified as being difficult by several participants, particularly in relation to feeling fearful for their own safety. However, despite this and as a result of having made significant changes themselves, several participants said they would likely still try to do something.

> We [two friends] were talking on the sense of keeping the kids safe. So for instance, you know how with all the kids getting killed, you know ... The neighbours saw all of this ... but they were too scared. ... too scared to speak up and say 'well what are you doing?' you know, because of all the blackmail, with the gangs and stuff ... I think, this day and age, if I saw something like that happen I would interact, or if a kid was wandering, crying, I'd interact and say 'look are you alright?', you know? 'where's your mummy?' ... If there was screaming, and you could hear thumping and stuff, then I would ring [the police]. (WH14)

One particular participant, however, felt that one of strongest sources of support could be the community.

> [It] ... would be helpful if the community come together, and understand that this is a big problem for, not only for one whānau, but for all. And it's a lesson for the new ones to learn, you know. The community pulling together and have a meeting, that's what I was saying, have a meeting and say 'what can we do for our children nowadays', you know, instead of letting them go down that road. You don't want to let them go down that road. You know that's when the drugs, the alcohol, the gangs, you know ... that becomes their culture then, you know? But if the community come together and support all of these people, and say they're not worthless. You know

every human being is worth something, honestly every human being's got something, you know. But a lot of people, they just [say] oh, you're no good, you know, you've done this. That person can actually help another person, you know, in the future to come. You've gotta teach them, you know, how to live, you know, according to the community. Well it's a problem for the community, at the end of the day, you know. (WH12)

'Hitting rock bottom' creates opportunity for change

Some participants described a variety of situations in which circumstances had reached a crisis point in their lives. For example, some had developed quite severe mental health difficulties, some had become suicidal, others had been sent to prison, and others had suffered significant personal and material losses. Despite these events being extremely difficult, some participants felt they had actually created opportunities for positive change due to engaging with helping responses (either voluntarily or through statutory intervention) at the time.

One participant spoke of the increasing mental health difficulties she faced due to the extremely difficult circumstances she was experiencing while living with a violent partner and his family (who were also unsupportive and often abusive). This culminated in her attempting suicide, during which a family member discovered what was happening and stopped her. She spoke of realising at that moment that she really needed help, and the next day began looking for places she could go to for support and assistance.

"Yeah, I done that [sought help] for my sake because I was going all nutty when I was living with them, with his family … and I couldn't handle it… I wanted to hang myself in [the] shed. That's why I went to the programme. Because I just thought of my babies and why am I doing this? I look at my tamarikis and look at what I'm carrying [she was heavily pregnant at the time]; 'why am I going to do this?' … I knew I was just running round … plus I was getting bashed, yeah … just fighting in front of our babies, and I didn't like it. (WH23)

Another participant described realising that his life was not going to improve if he didn't seek help, on the day he was incarcerated for his involvement in a serious crime. Some time after his

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release from prison he was referred to CYF, an experience that he considered was helpful overall in terms of propelling him towards seeking further help. He later completed a home visiting programme.

> Well I thought about it [getting help] the day I was behind those bars and I felt that cold bar, that was real … and I thought 'oh you've done it now'. …See my part in that was I acknowledged [I knew] what was going to happen, that's why I got done. I didn't do anything to prevent it from, well … from happening. And that made me just as guilty as the person that took the life … (WH17)

The following participant spoke of reaching a crisis point in terms of feeling spiritually 'broken'. He described this as "the lowest I've ever felt. Like rock bottom …". This, in combination with seeing his children suffer from witnessing anger and violence, drove him to seek help and he enrolled in a home visiting programme.

> I got abused more physically. I'm one that I could handle it, physically, emotionally I can, but it broke my wairua, my spirit, and that's where I actually said 'Enough is enough'. Because I was a man that was, you know, pretty tough and handle the hits and everything. But when it actually broke my spirit, and to see my kids suffer, that's when, yeah, it was just too much for me (WH19)

Another participant spoke of feeling he had lost everything over time, including not only material possessions but other important factors in life such as his motivation to do the things he had previously enjoyed, as well as the connections to the people he had loved. When he finally realised he had lost connection with even his immediate whānau, he felt he had no choice but to seek help so that he could try and retrieve some of those things back again.

> I had a real closeness with my family, and then I lost that so I wanted that back. So it was whole lot of different stages, and when you've lost it all, you've got nothing to lose by at least trying to pull some of it back. (WH24)

Despite realising that these types of experiences created opportunity for positive change, participants who had encountered them also spoke of the difficulties associated with 'late' intervention. That is, making changes *after* hitting rock bottom was identified by participants as being very difficult and often requiring significant effort, determination and courage. Some

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participants described their work towards positive whānau wellbeing as taking years to achieve, while others considered theirs still to be a 'work in progress'.

Summary

Participants identified many strategies they had found helpful in assisting them to address and stop violence within the whānau. The importance of the therapeutic relationship, particularly the characteristics and skills practitioners took to their work with whānau was highlighted. Learning a range of new skills and 'ways of being' enabled whānau to address and change unhelpful behaviours and attitudes, as well as strengthen self-efficacy and belief in themselves and their whānau. This, along with strengthened Māori identity, knowledge and connectedness served to transform participants in positive ways. A wide range of support from others alongside whānau contributed to enhancing opportunities for change, as did the need to address significantly difficult events. Coming to the 'sudden realisation' of just how difficult their lives had become (sometimes through 'hitting rock bottom') could propel whānau into seeking help for change. Stopping violence within the whānau was a process assisted by the presence of many of these factors.

Preventing Whānau Violence: Hope

This final section presents whānau perspectives on how to prevent violence within the whānau. Participants were asked two key questions about the prevention of whānau violence. One focused on 'looking back' over their lifetime and commenting on points at which they felt support would have been helpful, for example, either to prevent or stop violence occurring at the time, or to prevent the likelihood that they would develop difficulties with violence later in life either as perpetrators and/or victims. The other question focused on 'looking ahead' in their lifetime and commenting on future plans and hopes for their children and mokopuna in terms of preventing whānau violence in future generations. Responses to both of these questions, along with other relevant comments made throughout the interviews, contributed to the development of the following four themes: 1) positive role-models for children are essential, 2) having skills

and being educated helps, 3) early intervention for difficulties is important, and 4) hope for a better life. Associated sub-themes are included within each theme.

Positive role-models for children are essential

Many participants felt they may have been less likely to develop difficulties with violence later in life, either as perpetrators and/or victims, if they hadn't seen or experienced violence as children. Stopping the normalisation of violence was considered important in this regard.

One participant described living in a community as a child where violence was common and normalised. It wasn't until she had moved out of the area in her early 20s and became involved in a violent relationship that someone suggested to her that whānau violence wasn't normal. She felt this was a turning point. As a result of this she considered that any hope for preventing whānau violence would necessarily have to involve getting across the message that violence isn't normal. She spoke of how this would have been a shock to hear when she was younger, but felt it would have been of value to have positive role-models around who could help with preventative measures such as this.

> … someone letting you know that it isn't normal … yeah, for someone to say that it wasn't normal would have been a big surprise. (WH5)

Some participants discussed the need for themselves to take responsibility for role-modelling non-violence and teaching values within the whānau in order to prevent whānau violence from occurring in the future.

> Children learn what they live. I'm a firm believer of that, children learn what they live. (WH18)

One participant spoke specifically about teaching positive behaviours through role-modelling.

> … it's teaching. I think it's like… kids learn off you, and that's where they say, you know, it's good for the kids to see you make up in front of them. You know, so that they realise … how you do say sorry and … that sort of thing. (WH14)

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Others spoke about the importance of instilling positive values in their children, so that these would provide a foundation from which they would base their behaviours.

> Give them good morals... how to interact with the opposite sex, and how to respect their elders. And how to respect one another, you know, their family. They need one another, they're going to need one another ... Family's very important, very very important. (WH14)

> Yeah, real true values. Respect, aye. Be humble, be caring, be loving, be helpful and supportive. (WH22)

One participant had described experiencing severe violence throughout her childhood. She felt that this could have been prevented had her parents only tried "different ways", such as basing their behaviour on values or better parenting skills rather than automatically interacting violently. She went on to say that it had been important to her to be a positive role-model for her children, who were now young adults. She described already reaping the rewards of this decision.

> My girls are anti-drugs, no violence. Sometimes I want to cry when I see how well they are. (WH16)

Another participant felt that, despite the best intentions of any preventative measures, some whānau would struggle to provide positive role-modelling for their children. When reflecting back on her particular upbringing in which she felt this would have likely been the case, she wondered about whether the school system could replace, or at least contribute to, the teaching that wasn't available in violent homes.

> Maybe education wise, maybe even at school, they could teach people about being families. (WH21)

Stopping the intergenerational transmission of violence. In relation to having experienced violence in their own childhood, some participants talked specifically about making a conscious decision to protect their children (and therefore prevent future violence) by not carrying on a 'cycle of violence'. The following participant spoke of her agreement for her ex-partner to have custody of their children over the many years that she struggled with difficulties related to alcohol and drug use and violence. She described this as being important not only for

their safety but also because she had made the decision that she did not want them to have negative experiences such as she had as a child.

> ... you don't have to go and repeat the circle... I don't. With my kids in [place name], you know, I'm really pleased that my ex actually took good care of them. Because I know if they were in my care, that I will have turned on them, you know. (WH12).

Another participant described needing to break away from the negative influences of her whānau by moving out of the area, in order to 'break the cycle'.

> I think we let our family drag us down a lot ... because they were all alcoholics, you know ... kids were getting taken [by] CYF ... I'm glad we moved when we did ... so I mean, that was the first step for us, you know, of having a good change and a actual change of breaking the cycle, you know ... (WH21)

Another particpant who had experienced extreme violence in childhood, spoke of how he used to think about 'beating the cycle' as a young man, even before he had his own children.

> ... when I left home in my teenage years when I was 16, 17 and I left home, you know, for years and years I said to myself 'man, I'm going to change the cycle, you know, I'm going to beat this cycle ... (WH22)

Having skills and being educated helps

As well as learning how to be violence-free through parents' role-modelling and teaching values, being educated with broader life skills along with formal education and training was considered beneficial for preventing whānau violence. Several participants felt that having the skills to cope with life, as well as formal education or training to create opportunities was very important.

In relation to this, several spoke about not having been taught helpful life skills within their whānau, such as parenting, decision-making, how to cope with conflict and relationship difficultlies, and how to avoid difficult situations or negative experiences. They spoke about their intention to change this for their children by taking responsibility for teaching them these things.

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Well I knew that the education that I had in my mind with coping with these things, wasn't there... If we can upskill our whānau or just give them ideas ... we can start pulling in this positive stuff ... yeah. Now I know what to do... I know awareness is the key, education is the key of it. (WH19)

My biggest is that they will know how to think for themselves, handle themselves ... just to be independent, not easily led ... know what they want and get it done, you know. As well as being a close family, to love each other, to pick each other up when you're down, you know we're always drumming this in. (WH21)

The importance of learning these skills while growing up within a loving whānau environment, so that they could be positively translated into their adult lives, was highlighted by several participants.

I want them to have full self esteem. Be proud of who they are. Be proud of how they are with others. To learn from their mistakes. I try to fill them up with love constantly. We talk about what's right, what's wrong. They're very loving kids towards each other. I hope they go on to be loving to society, to be loving adults. I want them to have a positive background so they can make positive decisions. (WH25)

This is in contrast with the experience of the following participant who had described learning most of these types of life skills as an adult through the various programmes he had encountered. When reflecting on this, he said these were "... skills that I wish my mum and dad had taught me" (WH19).

Some participants also spoke about the value of their children having a good formal education (schooling), with comments such as "education is a must" (WH6). This was considered particularly important in terms of enhancing possibilities for employment and therefore creating the opportunity for better circumstances for their (future) whānau.

One participant felt that he would have had better opportunities for employment (and therefore less financial stress to deal with) if he had achieved a better level of education. He spoke of wanting to encourage his own children to pursue their dreams through ensuring they had a good education.

... if I was a bit more educated, yeah, a bit more educated... So I said to [my son] ... any dream is possible, and every dream can be reached as long as you plan. But ... it starts from school, it starts with education. (WH19)

Some participants commented on how they felt their whānau could have been more encouraging of them towards furthering their education or pursuing work opportunities. It was described as common among some communities that there was an expectation that children would leave school and become beneficiaries of the Governmental Unemployment Benefit, paid to those who are unable to find paid employment (colloquially known as 'the dole'). The following participant described this as being a normal situation for many families, and spoke of the links she could see between this and the inevitability of whānau violence occurring.

... a lot of people, like a lot of family, like my family, they just think 'leave school and go on the dole' and that's it aye... and that just ends up the drug and alcohol life, and the abuse, and carry on fighting. (WH8)

Having opportunities for, and being able to sustain, stable employment. In relation to being better educated and having greater access to opportunities, some participants also spoke of a need for increased availability of stable employment as well as the support needed to sustain employment, particularly at times of increased stress.

One participant described how his situation deteriorated when his stable employment was removed and no further opportunities were available. He felt the pressures of unemployment to be significant. He described this as leading to relationship difficulties with his partner and a subsequent separation, after which he became involved in the drug scene again, which ultimately led him back to prison. He, like some other participants, felt that increasing the availability of stable employment opportunties was an important factor in preventing these types of problems.

And that just really, it really messed me up. So for me, if I'd had full-on work like I [once] had, yeah, if that hadn't have happened, I wouldn't be in this situation now. (WH22)

Another participant felt that difficulties within the whānau could have been prevented had he and his partner received better support at the time their baby was born, so that he could remain employed. He had ended up quitting an apprenticeship due to the pressure of multiple difficulties

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occurring at the same time. He felt that there would have been greater opportunities (and less stress) for the whānau, had he been able to return to his apprenticeship.

> Yep, if I'd finished my apprenticeship and carried on building ... but the whole stress at the time ... just had the baby ... we were sort of having conflicts with each other's families ... trying to build a relationship ... (WH8)

Early intervention for difficulties is important

With the benefit of hindsight, some participants felt whānau violence could have been prevented or stopped earlier if they or their whānau had sought or received help earlier than they did, with comments such as "getting help earlier" (WH3) and "I could've had help earlier" (WH6) being common. Some participants had a long history of violence within the whānau (across generations), and felt this was particularly relevant. They recognised that preventative measures taken at the time would have been helpful for their whānau.

> I think even if the early intervention thing came in for our parents... or even two generations back. (WH7)

On the other hand, other participants spoke of the difficulties in intervening in intergenerational violence, particularly where this was pervasive across the community. One in particular felt that getting help earlier in his life would have been difficult because of this. He spoke of not being able to attend school regularly because of visible bruises and other injuries from "hidings" so severe that he was physically unable to go. Even though he was able to talk to his school friends about what was happening at home, "... they couldn't help because they were living the same lives" (WH22).

Another participant also described experiencing barriers to receiving earlier intervention. She felt that she could have received help much earlier and further violence could have been prevented if someone had listened to her as a child. She described how it took many attempts of reporting violence to members of her wider family and community before someone responded with help.

... because nobody believed me, and even if they believed me, they bury it under the carpet, sweep it under the carpet, never do anything ... Do something. Because I think a lot of issues nowadays, you know from my own experience, you know the best thing is 'listen to your kids', you know, to prevent the problem ... (WH12)

Despite there being potential barriers such as those described above, many participants spoke of the importance of early intervention in any difficulties that did arise within whānau (i.e., where they weren't able to be prevented). This was described as needing to occur across a range of situations that had the potential to contribute to whānau violence. For example, intervening at the point at which young people began showing an interest in gang association (or earlier), by providing opportunities for them to be involved in alternative activities and develop alternative interests, was considered important by several participants. Others described intervening early in relationships that appeared unhealthy, by providing counselling to improve the situation or support to leave for example, as being an important preventative measure.

Many participants placed significant importance on preventing or intervening early in problems developing as a result of alcohol and drug use, as this was considered a key contributor to whānau violence. One in particular spoke of hoping to teach his children to avoid alcohol and drugs.

... if I play my cards right I reckon I won't have to worry about it aye [the children having difficulties with alcohol and drugs in the future]. I've just got to teach my kids about it that's all. Just, yeah, get to them while they're still at a young age and then they can pass it on to their kids hopefully. (WH1)

Hope for a better life

When reflecting on their experiences and the many difficulties they had faced, most participants held a strong sense of hope for their children and mokopuna "to have a better life than me" (WH20). Many spoke with conviction about wanting to ensure their children and mokopuna did not have the same negative experiences they had.

I don't want my kids to have anything to do with it at all, or to go through it at all ever, you know... yeah, never deal with what I went through. They've gotta be happy, they deserve to be happy in their life. (WH12)

I hope, yeah, she ... doesn't let what's happened to her affect [her], I think that's the main thing for me, is what happened to me when I was a kid. I let it affect me quite badly and I don't want that to happen to her. (WH13)

... all my kids as well as my mokopuna, yeah, I'll strive so that they never have a life like I had. (WH22)

This hope was important, as it enabled participants to make decisions which supported it, which in turn facilitated them to put prevention practices, such as those described, into action.

Summary

Participants described a range of strategies they considered effective for preventing whānau violence. The provision of positive role-models for children, particularly through parenting, was considered important. Some participants also spoke specifically of their own determination to stop an intergenerational transmission of violence to their children. Other preventative measures identified as useful included having skills and being educated, and having greater access to opportunities and stable employment. The benefit of early intervention in difficulties was also noted by participants. A strong sense of hope held for a better life for their children and mokopuna was an important factor in violence prevention for whānau group participants.

Chapter Four: Practitioner Perspectives

This chapter presents the perspectives of practitioners who participated in the study. Practitioner interviews focused on one key question: "In your experience, what are the helpful practices or strategies which assist whānau to stop violence in the whānau?" Practitioners were asked to draw upon their experience in the field, both in their current roles and any previous relevant professional experience over the course of their careers. They were also asked to describe their current work so as to be able to put their comments into context (see Appendix D). In addition, a small number of pracitioners spoke about helpful practices or strategies for whānau violence in relation to their own previous personal experiences.

Understandably, there was a certain degree of overlap between the helpful strategies described by practitioners and those described by the whānau group. Interestingly however, analysis of practitioner interviews identified a focus on the philosophical frameworks or approaches to their work with whānau as opposed to a focus on the different strategies used with whānau (such as teaching new skills) per se. Also identified in the analysis of practitioner interviews was the importance of supportive practices that enabled them to carry out their work.

Altogether, six themes were identified from the analysis of qualitative interviews with practitioners. These themes were grouped together under two categories: 1) helpful approaches for whānau, containing four themes; and 2) support for practitioners, containing two themes. Table 2 outlines the categories and themes presented in this chapter. Sub-themes are presented within the relevant section for each theme.

Effective Approaches for Whānau: Helping

This section describes the approaches or philosophical frameworks practitioners described as helpful for assisting whānau [individuals and families] to stop or prevent whānau violence. Four themes are presented in this category: 1) good engagement, 2) role-modelling, 3) restoration of whānau, and d) facilitating change. Sub-themes are presented within each theme.

Table 2: Categories and themes derived from interviews with participants in the practitioners group.

Effective approaches for whānau: Helping	Support for practitioners: Strengthening
Good engagement	Sharing the load
Role-modelling	Attending to safety
Restoration of whānau	
Facilitating change	

Good engagement

Most practitioners spoke about the the importance of good engagement with whānau [individuals and families]. They acknowledged that dealing with violence was difficult for many whānau and that good engagement was the key to being able to work alongside whānau successfully. Good engagement was facilitated by the use of whakawhanaungatanga, building trusting relationships, and 'taking time' with whānau. The value of being able to maintain engagement over the long term, where indicated, was also discussed.

Whakawhanaungatanga. In relation to engaging with whānau, some practitioners made comments such as "whakawhanaungatanga is really important" (PR7). Sharing information about who they were and where they came from (whakapapa) and/or making connection through local links was considered very helpful for engaging with whānau. It was also noted that this was a natural way for Māori to engage with each other in any circumstance, so it made sense to do this even when coming together with whānau through less natural means (e.g., through receiving a referral from CYF).

> ... I think if you're working with Māori people, if you can kind of link yourself with them, it's really important. And there are some downsides of that, sometimes they don't want to talk to somebody that knows them. But on the whole I'd say it's

probably preferable that there's some linking, you know, whanaungatanga links, you know, I think that's really important. (PR14)

... it's the building of that whakawhanaungatanga process, you know? Using whakapapa, our links, building that rapport if you like, that engagement process is so important, to break through ... [any barriers]. And that's where we're able to do that, through our karakia and our mihi, because our people respond to that, 'cause that takes us immediately into the wairua, te taha wairua, the spiritual realm. (PR3)

These engagement processes described by practitioners differ substantially from orthodox Western clinical practices, particularly with regard to the act of sharing personal information so as establish common links with clients, as well as using practices such as karakia to facilitate rapport and spritiual comfort.

Building trusting relationships. Engaging well with whānau meant that building trusting relationships and creating a sense of 'presence' was possible with whānau. Most practitioners believed this enabled whānau to speak openly and honestly about their circumstances.

I think that, I suppose one of the biggest kind of things is, it's being able to kind of have a presence within that whānau, so get some presence in there. (PR10)

Building trust was considered especially important with apprehensive whānau.

... it's about having the ability to build that trust so that they can actually sit down and go through some of the issues. (PR15)

... well I suppose it's like anybody really, they have to get a sense that you understand how their life is. It's very hard, you know ... (PR14)

Being trusted by whānau so that the lines of communication were open and honest helped practitioners be able to know exactly what was going on within whānau. They felt this then enabled them to help whānau in the best possible ways.

Well from what I know, 80% of the families that I've worked with, the women aren't going to leave, they're not. ... so we need them to be really open and honest. 'Are you going to stay in this relationship? Are you? Do you want to? Because if you do we

need to look at this. If you don't, we'll help you do this, but you've got to be honest because you know that's your choice, that is your choice. But if that's your choice then we've got to look at all these other different things'. (PR6)

The same practitioner described how trust also enabled practitioners to have frank conversations with whānau when the need arose.

You know they're feeling a bit lonely, it's the weekend, you know they've only got their baby and there's no one else and they're in emergency housing, and it might just be better if they went home. And they have an opportunity; 'No, you ring us, just ring us. Ring us first and talk about it'. And we can say, 'Well you know you were probably an hour off being killed, so I reckon it's pretty bad'. (PR6)

Building trusting therapeutic relationships that also lasted over time was considered valuable by many practitioners. For example, one practitioner spoke about knowing of many whānau with multiple agencies involved in their care or particular circumstances at any one time, such as CYF, the police, lawyers, WINZ, and so on. This often resulted in them dealing with different people from the same service, with consistency of care being compromised and a challenge in some cases. In his current role as a programme facilitator the practitioner was able to keep files open for an extended time in order to follow up with progress at set times (e.g., six monthly) while also remaining available to the whānau should they need to contact him for support. He described this as enabling him to be a consistent and stable source of support for the whānau he worked with.

That is very critical in the family's life because you're like an anchor. You're an anchor, you're like a rock. (PR9)

Staying involved with whānau for a sufficient amount of time was also described as valuable in that it enabled whānau to build up strengths and have adequate supports in place before being eventually discharged.

… it's about maintaining support with that whānau until they are at a place where they can take over the responsibility themselves. You keep applying that *awhi* [caring embrace] and *tautoko* [support], from all directions, so they get all those support systems into place. (PR8)

In talking about the importance of good engagement with whānau, several practitioners acknowledged challenges to this, particularly with regard to whānau who were ambivalent about, or resistant to, intervention. One practitioner gave the following example of this happening in situations where there was no imminent risk and therefore involvement in any intervention was more voluntary for whānau. Despite being initially turned down, he felt it was always vital to 'leave the door open' in these situations so that whānau could later contact him if they changed their mind (which he noted, they often later did).

> Well some of them, some of them you know, there are some that I've been to and they say 'No, I don't want any help'. And I say '*Kei te pai*' [okay]. But I've said, you know, 'You know where I am'. (PR15)

Another practitioner spoke of the difficulties of remaining engaged with whānau who were much more focused on attending to immediate priorities or pressing issues (such as re-housing or dealing with custody issues of children). She felt the investment made in urgent priorities could sometimes leave whānau feeling not inclined towards visiting any deeper issues, despite these often being integral to their existing difficulties.

> Because you know, it's a really important body of work that they need to do, but people are often not wanting to do the long-term engagement. (PR14)

'Taking time' with whānau. Many practitioners felt that taking the time to engage with whānau, in a genuine way that took their realities into account, was important. One practitioner felt it was imperative not to come across as a 'saviour' for individuals when first establishing a relationship, especially when difficulties were extensive and had existed for the long term within the whānau. She highlighted finding out about the context of the current difficulties as an important aspect of assessment, facilitated by engaging carefully.

> ... [speaking from the client's perspective] 'So you're coming to bring me a better life? You're coming and telling me that there's a better way to do things, but actually for 18 years I have not seen a better way, and you know I'm poor, there's been generational abuse in my family, there's mental unwellness because of things that have happened in the past, there's abuse and that, and ...'. You've just got to be so careful. You have to be careful because we have people's lives in our hands and you just, you can't do anything without knowing their past history. You can't do anything with anyone, you

can't move forward in any direction until you know what's happened in the past with them. (PR6)

Taking the time to engage with whānau who were apprehensive or resistant about intervention was also identified as important. The following practitioner described the persistence required in engaging with a father who had been referred to a programme by CYF following a notification by a member of the community.

> … so my job from that point on is to break down all those barriers, because that's all I could see. I see a huge barrier in front of me. … So I start talking to him. I don't pull out no papers, no nothing. I just talk to him. You know '*Kia ora* [Hello], I'm such and such and I'm with … and I've been given this mahi, this mahi to do with you …' and then you know that meeting only lasts for ten minutes and he sees me out.   Yeah so the next week I make another appointment, same thing. Sits me in the seat, sits down, I talk to him again. Now that meeting lasts for fifteen minutes. Next week, came back, the meeting lasts for twenty minutes, you know? And then suddenly he just starts to open up. (PR9)

This example is a further indication of practices of engagement that differ from Western clinical practice. 'Taking the time' to engage in this way presents a challenge to the convention of one-hour appointment schedules or a set number of allocated appointments (e.g., ten sessions) per client.

Role-modelling

Many practitioners spoke of having both professional and personal responsbilities towards being role-models of whānau ora or whānau wellbeing. It was considered that having a healthy personal (whānau) life, as well as to be able to role-model healthy relationships and processes within professional teams and across agencies, was central to working with whānau.

> … we are the models, we model the model. So when we talk about whānau ora, let's look at how *ora* [well] our whānau is. (PR8)

... agencies working together in communities to show whānau we are working together, which in turn aims to help whānau to work together. (PR5)

One practitioner in particular felt these dual responsibilites towards role-modelling (both personal and professional) were unavoidable for Māori practitioners working in the field due to the nature of the (often) closer relationships between Māori practitioners and Māori clients (either through family links or living in the same small community, for example).

And I think if we're talking about Māori concepts, that's about 'the whole' isn't it? Like if we're talking Pākehā concepts, it's, you've got your professional hat, and you've got your private one, and never do the two ever meet ... if you're talking Māori, you know your professional and your personal are closely linked. And if you can, and I think if, you know, in the ideal, if we all sorted our own stuff out, then of course [there would be] the ripple effect. (PR13)

Another practitioner spoke of viewing her work with whānau today as helping to build a better future for the following generation(s) of whānau within the community (e.g., that they would be healthy and violence-free), which would include her own whānau. Therefore, she saw her work as both a professional and personal responsbility.

One day I'll be someone's tupuna. What do I want to have left behind for them? (PR5)

Restoration of whānau

Many whānau the practitioners worked with were described as being disadvantaged in various ways. These included being being disempowered as marginalised people, disadvantaged through lack of education or employment, disconnected from their culture and from each other, and disconnected from their wider whānau and community support systems. In relation to this, the "restoration of whānau" (PR2) was mentioned by most practitioners as being essential to helping stop violence within whānau. This included strengthening whānau by enhancing exposure to, and connection with, Māori cultural ways of being (restoring cultural identity and connectedness), reconnecting whānau with eachother and working with the whole whānau (restoring relationships within and between whānau), and empowering whānau (restoring a sense of

agency, belief in ability and responsibility). For this reason much of their work with whānau could be described as restorative practice.

> It's about the family, you know? It's about the strength of the family as a unit. ... At the end of the day, where do we go back to? We go back to our families. ... It's about empowering the whānau to be able to resolve their own issues themselves you know ... because if we can do that ... we can overcome any challenge. (PR3)

Through reinstating or enhancing positive cultural identity. Many practitioners spoke about the value of reinstating or enhancing cultural identity within whānau. It was believed this helped strengthen a sense of self-worth, belonging and wellbeing within the whānau, as well as providing information that could encourage whānau towards change (such as learning about the positive attributes of their tupuna that they could emulate). The following practitioner felt this was an essential step in the pathway to wellbeing for whānau.

> The restoration of whānau for me is to actually go right back, go right back, and I suppose that's, it's around that 'deep hole' stuff [history] I think. We've got to go right back to there, we have to go back to there to sort of just imagine what it was like for our tupuna in those days. And to actually go back and reclaim, reclaim our whakapapa, reclaim things that are important to us. And in reclaiming, within that reclaiming, there will be a sense of pride, where we're actually able to start to rebuild ourselves and in that, the restoration will be of our whānau. (PR2)

The practitioner went on to say,

> So it's a rebuilding, it's a resurgence of te reo and building that thing that they are somebody and hey, it is really cool to be a Māori, those sorts of things that you've got to keep pushing, that's all positive stuff. 'Oh, we're the bushwhackers from Matawaia', you know, 'No, no, you get rid of that, you are Māori and celebrate that you are Māori. And hey you've got some great tupuna' and so for me, it's a relearning, it's a resurgence of going back in the whakapapa, finding the great leaders in there. 'Cause we've all got them, we've all got them ... (PR2)

Another spoke of the value of also using cultural concepts such as mana wahine and mana tāne to empower members of the whānau.

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... if every Māori woman in this country remembered her seat of power [mana wahine] then we would, we could move. And we could bring about a change for ourselves instantly. If we, you know, if we got that, our own place of power ... (PR1)

Other practitioners spoke about their professional experiences of seeing the positive impact on whānau members of acquiring or enhancing knowledge about their Māori identity and related roles and responsibilities.

... I notice up at, you know, especially at the rehabs and stuff with our men, when it's done really right. It's that when you start re-installing a lot of that kind of, that identity stuff in them, their whole *whakaaro* [thinking] starts to change. ... that's the secure identity stuff, it works. (PR10)

Through Māori approaches. One of the ways to help restore a positive identity within whānau (and related strengths gained through this) was to utilise Māori approaches or cultural ways of being when working with whānau. A number of practitioners felt this was a vital aspect of their work and in some cases this was considered an absolute responsibility towards whānau, being described as "we are called to account for our tikanga. We need to apply our science." (PR1). The following practitioner spoke of needing to acknowledge people's wairua as an example of 'applying our science'.

... every Māori person has within them a wairua. And even if their tinana and their hinengaro and all of that doesn't match up, still there is their wairua there and that is something that is really important and that we should think about when we work as Māori people, as Māori practitioners, of recognising and acknowledging and responding to peoples' wairua. And their whānau, how we help people, that we do that little bit by little bit, with people each in our own ways helping them to rebuild whānau, and reconnect, or build whānau if that hadn't been there [or] built properly before. (PR7)

Another spoke of needing to acknowledge the mana and tapu of whānau, as a further example.

... what I'm saying is that we need to acknowledge that, we need to still acknowledge the tapu and mana of the whānau. It doesn't matter what you know or what you think

you know about that whānau, if you want to support to bring about some whānau ora then those are the things that you've got to keep in mind. (PR8)

The following practitioner described the process of using Māori approaches, particularly Māori concepts and cultural ways of being, as helpful for whānau learning to reconnect with eachother. He felt this was particularly helpful in cases where the potential for the whānau to work together as a unit had been disrupted by violence.

> ... violence disrupts that process doesn't it? It breaks the whānau apart, it pushes people away from each other, it causes hate and bitterness and anger and pain. That's the result of violence in the home. So the other side to that is all around aroha and respect and whanaungatanga, all those, *manaaki* [caring], yeah. We talk about those concepts; we talk a lot about them. (PR3)

Several others referred to this as "bringing those old values" or "old practices" back.

> I visited a lot of families where children where being abused in one way or another and ... it's like same ol, same ol, lots of drugs, lots of alcohol, lots of babies, unemployed ... so what do you do? And like I said, bringing that whānau back to a place where they can just kōrero, and bringing those old values back. But it's constant *mahi* [work], it's not just about you do a visit and you talk about 'Oh, that's domestic violence ...', and it's like 'Get out' and that's it, you get the door slammed in your face. Your focus is about whānau ora, it's not about domestic violence, and it's about getting to a place where they invite you in. They invite you in and let's have a kōrero... (PR8)

> ... how do we get back to, you know, some old practices, you know? Tikanga does provide some good tools. (PR14)

One practitioner described the impact of even the most simple intervention with one particular whānau; that is, being able to talk and tell their story. However, she felt it was the setting, in which Māori approaches were prioritised (a *hui* [gathering/meeting]), that made the difference for this whānau.

They'd been involved in the gang thing for ages, and the thing that he was most inspired by was ... to just have a kōrero like this. His wife was there, he was there, his kids were there. (PR1)

The practitioner went on to further describe her thoughts about this, particularly focusing on the importance and impact of creating opportunities for whānau to feel empowered enough to stand and speak (be "in their feet").

Every time I run it I think man, all this is is a hui, he *kōrerorero* [a discussion], *kia oti* [to completion]. It's really specific, its well used, its walked down, you know, ... you can't *kotiti haere* [stray away], you're clear about the kōrero, so your *kaikōrero* [facilitator] takes you all the way there, insists you participate and all that kind of stuff. ... every time, every time, and I'm sure that's the same for many programmes that seek this as an outcome, you know, people being back in their seat, being back in their feet. 'Cause that's that whole thing aye, *ka tū* [to stand]. You know 'cause you're just not in your feet and you know, *e kore ai ki te tū, e kore ai ki te kōrero* [if you can't stand, you can't speak]. *Tū tika ki te kōrero* [stand true and speak]. 'Cause you're not in your feet, and you can't be in your feet, and it goes back to all that other kōrero. You can't be in your feet if you've walked ... the whole dislocation [pathway] or whatever it is that separates you from your feet, well *kua mate* [you've died]. That's what I see. (PR1)

Some practitioners described needing to be more directive about Māori approaches and the use of tikanga in their work so that it could be fully understood by whānau.

... tikanga needs to maybe be talked through so that people get the understanding. If you're just told this is what you do, and you don't understand the why, and the how, and the what ... it's a bit like religion, you know you've got to do it, but you haven't, like, internalised it and owned it for yourself. (PR14)

Others felt that restorative work with whānau, especially that which sought to reinstate identity or apply Māori approaches and cultural ways of being to intervention, could not be done well (or even at all) without an understanding of New Zealand's colonial history and subsequent importance of decolonisation practices.

... anyone working with Māori whānau needs to do decol [decolonisation] training ... like if you don't get the whole thing about decolonisation you'll never get that, the whole, the true injustice of violence. (PR10)

These practitioners also drew attention to the need for care and caution to be taken around decolonisation practices, in both professional and personal situations. Management of people's feelings as they learnt about history, including the processes of colonisation and resulting effects, was considered important.

I think it's unfair, like if people go off to decolonisation huis, and they are not debriefed from that, because they come away from there being very angry and bitter about whats happened, and what we need to accept, I think, is yes it has happened, but we don't actually need to stay there. We don't actually need to stay there, because if we stay there and feel bitter and angry about whats happened, it does hurt. It is painful, and that painfulness is a process and we need to go through it, to come through and work effectively to put that right in our own ways. And we can start by doing that at home, in our own homes, we can start by teaching our children about that, because they start asking those questions, about the injustices, but we can also teach them that even those things have happened, we still have opportunities, we can still educate ourselves, theres still opportunities out there for us to make a difference. (PR3)

A 'whole whānau' approach. Many practitioners felt it was important to work with the 'whole whānau' (both immediate and wider extended whānau) wherever possible. This was particularly so for situations in which whānau violence and related difficulties were widespread.

Well I think if you could have, there was, like not necesarily a team of workers, but people who were working at each generation, and you come together and you work it through. I think that would be helpful. (PR14)

The same practitioner went on to acknowledge that for whānau in these situations there had likely been many years of exposure to these ways of being, and as such it could also take a long time to bring about change.

And you know, it's years of work too ... you need to be approaching all the different generations. (PR15)

Another felt that the time it was expected to take to facilitate change with whānau with wide ranging difficulties should not be a deterrent to commencing this work.

Change takes time, but that doesn't mean we shouldn't start doing it now. (PR5)

Others described how important it was to have the flexibility to expand therapeutic interventions to facilitate the extended whānau.

... [the programme] was meant to be just for, for our residential houses and those in the community [services] that want to come .. but now I'm getting the grandmothers and mothers and children all coming to this thing and now they don't want to go. But that's good. (PR15)

Working with the whole whānau also enabled the different voices within the whānau to be heard, and if managed carefully and well, could result in better communication and sense of understanding among whānau members.

... I think that what needs to happen is that everybody needs to be heard, that's what needs to happen, as simple as that. Every member needs to be heard, and everybody needs to hear their story, pick the essence of it, and then that other person needs to be able to hear the other person's perspective ... It takes a lot of time, and the thing is, it's about the willingness of people to engage, because there's a lot of mistrust as well about allowing that to happen. On the whole if you can make that happen for people, the individual to be heard, and like the children's perspectives and all that. 'Cause on the whole, people do care, they don't really want, the intention is not usually to create harm. But if they realise the extent of it, of the harm that they've caused ... they're quite taken aback. (PR14)

It was considered that working with whānau required the right approach however, as described by the following practitioners. These practitioners talk of the importance of incorporating Māori values into their approach to, and work with, whānau, such as manaakitanga and aroha. 'Aroha' in the context below refers to loving, caring compassion and respect.

... plenty of aroha aye, right through the whole process ... no matter what, aroha. (PR13)

... you don't pre-judge and you go there with aroha, or the expectation of that. And the expectation that people know how to heal themselves and it is for you as a Māori practitioner to help be a guide with that, not for you to heal them but for you to guide them to be able to tell, or talk about, or find out what it is that helps them heal themselves, and to be alongside in that ... (PR7)

This was reiterated by several practitioners who also felt it was important for practitioners to understand they were 'working with', or 'supporting' whānau on their pathway to wellbeing, not 'looking after' them. This was considered to be important for empowering whānau, or giving them a sense of agency in dealing with their difficulties. This also assisted whānau to take responsbility for their wellbeing.

... it's not their role [the practitioners'] to look after them. It's the whānau, and that's where we need to take the ownership back to. But our role here is to awhi. (PR15)

I'm a huge advocate on whānau taking responsbility for whānau. (PR8)

Facilitating change

A number of practitioners described factors they considered helpful for facilitating change within whānau. These included possessing certain characteristics and skills, and being able to instil hope. Understanding that working with whānau often involved taking 'small steps', and celebrating progress however small, was also important.

Practitioner characteristics and skills. Many practitioners felt that having certain characteristics such as courage, confidence, strength, commitment and passion for the work, as well as skills such as knowing how to work with whānau and how to work with violence difficulties, were important for being able to work with and facilitate change within whānau. Understanding realities for whānau was considered an important part of this.

You know, just to be able to respond to whānau is that you have to be able to ... you know, realise their, the realities of Māori whānau, you know? (PR10)

... people are successful in their work as Māori practitioners because they're confident. They're brave enough to go into difficult situations ... and to be able to look confident and be able to build up that trust and being able to get in with people. (PR7)

You've got to have the skills, not everybody can do that mahi. You've got to have the skills to actually work with whānau ... it's like that addressing, restoring and enhancing. You've got to go back to that [addressing the issues], whether you like it or not, you've got to go there. And it's not a nice path to go sometimes, you know. It can be a dangerous path too. (PR2)

The following practitioner spoke similarly in relation to running programmes that focused on dealing with whānau violence.

It's who's running it and how're you're running it ... you're clear, you're open, you yourself as a facilitator, and you know what you want to bring out and you've got to be up for what you're going to get ... you've got to be open to what's going to come ... you've got to be brave. You're going to be with people and they're going to read 'Yeah, she can hack what I'm gonna say' ... and you want practitioners like that ... courageous and straight and right out there ... 'cause I think that hesitancy stuff, it just reads bad for families. (PR1)

One practitioner also reflected on why he did this work with whānau, and the importance of his passion for this work.

Yeah, I wonder sometimes what I'm doing here, or in this mahi I should say. But also here too as well, working in an iwi environment, it is different, having worked in a mainstream [environment]. Because why? Because depending on the individual, how strongly one feels, firstly about being Māori, [and] secondly, what is my contribution to Māoridom? How can I contribute to that? But overall, I think it's about having a passion with working with people to initiate change, you know, in their lives. (PR3)

Several practitioners spoke about the demanding nature of the work, in terms of needing to be skilled in a wide range of areas. Sometimes this was a challenge for practitioners, particularly where they had initially been trained in speciality fields such as child or adult work (but not family) or alcohol and drug work (but without enough focus on violence). This caused a number of practitioners to comment on the need for professional development opportunities and upskilling to be provided. This was especially important in relation to enhancing the skills of practitioners that already had relationships with whānau, which was preferred over referring them on to yet another person or service (such as a whānau violence specialist agency). Although the value and importance of specialist agencies (such as Womens Refuge) was acknowledged, particularly for cases in which difficulties were extreme, the ability for practitioners to provide a better service to whānau by being able to at least recognise and respond to issues of whānau violence themselves was considered important.

> I think ... money would be better spent ... to upskill. I mean otherwise we just become what's out there [the same model of referring which already exists]. You know, 'That's not us, we'll move you on to there'. 'That's not us, we'll move you on to there'. And what we're doing to whānau is we're just making that goalpost further and further, we're moving it further away. (PR8)

Taking small steps. In relation to the challenges of working with whānau, several practitioners spoke of how important it was to understand that progress towards wellbeing often came via small steps. That is, working with whānau to facilitate change in situations where whānau violence was occurring would often take time and perseverance by all concerned.

> Reducing violence? Hmmm. I suppose, I guess in my line of work, I work towards assisting people to understand that ... progress is in small ways. We can achieve that in small ways. ... Identifying that I'm beginning to feel angry is a small change. ... if I can do that well then it doesn't come on instantaneously ... I can feel that building, and if I can recognise that building then I can put something in place to minimise that or to slow it down when I'm having a discussion with my partner. That's a small way that I can work with somebody to achieve that, to meet a greater end. (PR3)

So they go through all those stages [of addressing the various difficulties], but we as kaimahi, we have to, we've got to really understand that ... so it's not going to be the quick fixes. And it's going to be layers upon layers you know. (PR10)

Celebrating the small steps that whānau made in progressing towards wellbeing, as well as acknowledging their own contribution as practitioners towards this, was also considered important by several practitioners. The following practitioner, who facilitated group programmes for men, spoke of the challenges in working with individuals and whānau who had multiple difficulties to deal with, for example, needing to address whānau violence in conjunction with substance abuse issues. He described how seeing positive changes in even just one person in the group was helpful for reinforcement of his work.

... one is still 100% to me ... you know, [it's] sometimes none, or death, or back to jail again. So if I can get one to step out ... then I'm just so happy, you know? And that's where I've got to be, that strengthens and reinforces where I'm working. (PR13)

Another spoke of the importance of overtly recognising the steps whānau made towards progress rather than just focusing on when things go bad for whānau.

.. they're not all domestic violence, people actually have really good periods in their lives. But they're often not recognised, and they're not affirmed for them. It's only when crap happens, and then everyone runs in ... (PR14)

Instilling hope. In relation to progress taking time and sometimes feeling slow, or that difficulties could feel insurmountable for some whānau, several practitioners highlighted the value of helping whānau to see that "there is always hope" (PR4). Some practitioners spoke of challenging whānau directly about this.

... it's like people [whānau] say 'Nah, I can never do that'. But [I say] 'You can. You can do it'. (PR4)

Others spoke of instilling hope and positive affirmation regularly, as a matter of course, and then seeing the results of whānau believing in this. The following Pracitioner who worked with the Family Start programme spoke of this.

... we're just a continual reminder of, you know, your baby's gonna be great. So ...
we've really seen people grow. (PR6)

Some practitioners shared their personal experiences with whānau as a way of providing
'evidence' for being hopeful. The following practitioner described how her story often prompted
whānau to rethink whether or not there was hope for a better life.

> ... I'm able to say there's hope ... 15 years ago, you know, while I was spotting on the
> knives [smoking cannabis oil] with a black eye and three little kids around my feet, I
> did not think I would be a [practitioner], you know? (PR4)

Some practitioners also spoke of needing to hold onto hope themselves, especially in the face of
work that seemed extremely difficult with some whānau.

> And considering we talked about that being hard work, and that's why we look after
> ourselves and protect ourselves within this mahi, and that we have hope that we can
> do these difficult things, that seem difficult and overwhelming. And it seems like
> small steps, but we can do it and we are doing them. (PR7)

Summary

Practitioners identifed a range of approaches they believed were helpful in assisting whānau to
address and stop violence within the whānau. The importance of good engagement with whānau,
especially through the practices of whakawhanaungatanga, building trust, and 'taking time' with
whānau, was considered very important. Attending to the restoration of whānau through the use
of Māori approaches assisted with reinstating or enhancing a positive cultural identity within
whānau, as well as with being able to take a 'whole whānau' approach to the work. Possessing the
right characteristics and skills was helpful for these approaches, and also enabled practitioners to
role-model healthy behaviours and attitudes to whānau, and to instill hope.

Support for Practitioners: Strengthening

Throughout the conversations with practitioners it became evident that much support was needed to carry out this hard work. This section presents two themes identified in relation to this: 1) sharing the load, and 2) attending to safety.

Sharing the load

Some practitioners talked about the importance of taking a team approach to working with whānau violence, both to reduce the burden of responsbility and to increase a sense of support. The following practitioner spoke of the value of being able to share the responsibility of dealing with whānau violence with his team.

> ... well then I'm not burdened with the whole responsibility and have to follow that whole kaupapa through, but I'll still be a part of it ... (PR3)

One practitioner also thought it was important to take a team approach to addressing safety concerns so that, where possible, the primary therapeutic relationship could be kept well intact. For example, if significant risk was identified by one of the team, the lead practitioner would be responsible for going to talk with the whānau about action they were going to take (e.g., a referral to CYF).

> We always try and take as much as we can [responsibility], like I will make the big decision or I'll make the hard decision, then I'll go and tell the family so the [other practitioner] can still work with them. So if they're going to be angry with anyone, they can be angry with me ... (PR6)

Practitioners also spoke of the benefits of working collaboratively with the other agencies involved in addressing family violence.

> .. [at] the family violence meetings ... there's a representation from the Police ..., the Family Violence Coordinator from the Police, CYF, Women's Refuge, Māori Women's Refuge, there's Genesis [a local family service provider] ... and there's Victim Support. So we sit around a table every Friday morning .. and we looked at what used to be called POL400s that are now called the Family Violence Intervention Plans .... so we look at those and we basically decide between us 'that's critical, you've got to work on

it now', 'CYF did it [that one]', 'that can go to me' or 'that can go to you' or 'you need to do something' or 'the police need to talk to us more about this', it's awesome. (PR6)

Having supportive organisational structures in place was also valued by practitioners.

Consistency, persistence, perseverance, longevity, capacity, all come with great supervision, management and governance. When we have that support, then we are able to support whānau. (PR5)

Attending to safety

The notion of needing to attend to both clinical and cultural safety was highlighted in interviews with practitioners. In particular, comments were made about the risks associated with whānau violence and how vital it was to attend to this. In relation to this, several practitioners highlighted the need to have a strong organisational approach to whānau violence, including an agreed system of response. The following practitioner felt that having a consistent response to whānau violence [for example, always addressing it and having safety plans in place] helps reduce the likelihood that risky situations would escalate.

... you've got to be consistent. Because if you're not consistent with whānau, especially when violence is happening ... they could kill someone the next time. (PR10)

Some practitioners also spoke about taking care of their own cultural safety, which was considered important. They described specific strategies they used.

And also about keeping ourselves safe. How do we do that as Māori? We cannot work with Māori, to be safe, unless we do that ourselves and have those practices. So whatever it is that we do, and everybody might do different things, someone might jump in the sea and have a swim, someone might sit back in their car and close their eyes and think about something significant, or put their feet on the grass, or feel something ... that is important for us, that we do that as well as clinical safety, that we do that for ourselves as Māori so that we can work with Māori. (PR7)

... it's not for the faint-hearted ... what we're dealing with in our jobs. So a karakia, a prayer in our language ... (PR13)

... I'm just having a bit of breather [taking a break], you know. And it's not a physical breather as much as it is a mental and wairua breather. (PR9)

Managing workload and taking breaks was also discussed by the following practitioner, in relation to making sure members of the team could have "time out".

Whānau mahi is *taimaha* [heavy]. It's really taimaha. I can see the burnout in my staff, in the kaimahi ... I've got to be conscious about time out, because whānau mahi is huge. (PR8)

The same practitioner considered 'time out' was useful because it enabled team members to refresh themselves, which in turn enabled them to continue in their work, which was something they were strongly interested in and committed to.

... that's the vested interest ... they're my babies, they're my aunties and uncles, they're my nannies. This is Ngāti Hine we're helping to shape. (PR8)

Summary

Practitioners identified the importance of being supported in the work that they do, which was described as complex and 'heavy'. Effective cultural and clinical safety practices were identified as contributing positively to practice, as were the management of workload and 'time out'. The presence of a strong, supportive and cohesive organisational and team environment was considered to be beneficial by practitioners, as this also supported them to sustain their work with whānau.

Overall, in describing the strategies which they considered helpful for stopping whānau violence, practitioners' comments were strongly focused on the philosophical frameworks or approaches they used in their work with whānau. That is, they identified as important the values they took to their work and the processes used (e.g., facilitating engagement through whakawhanaungatanga, and having a stance that whānau ora is both a personal and professional responsibility). They also identified the benefit of having supports in place to assist them to carry out this work.

There are some commonalities and contrasts between the focus of practitioners' and whānau perspsectives. Whānau group participants also identified the value of certain approaches and processes (e.g., the value of positive therapeutic relationships, as well as Māori approaches), and similarly highlighted the benefits of being well supported. However, the themes derived from interviews with whānau group participants were also strongly focused on the specific strategies they identified as useful in assisting them towards stopping violence, for example, acquiring parenting skills and learning about behaviour change. The description of specific strategies such as these was not a prominent theme in the interviews with practitioners. This may reflect a view that the specific strategies are the 'bread and butter' of practice (i.e., they are tools that are common to many of the helping professions), whereas it is the framework within which the delivery of these strategies occurs that really reflects and enables the unique 'craft' of these practitioners and allows them to maximise their Māori practitioner potential.

Chapter Five: Ngāti Hine Perspectives

This chapter presents the perspectives of Ngāti Hine representatives who participated in the study. Interviews with Ngāti Hine representatives focused on two key questions: 1) "What do you think would help prevent violence within whānau?", and 2) "What is your vision for healthy Ngāti Hine whānau for the future, and the future of the hapū?" (see Appendix D). As previously outlined in the *Methodology*, Ngāti Hine representatives were included to provide a broader, hapū-based, perspective on these topics. Altogether, seven themes were identified from the analysis of qualitative interviews with Ngāti Hine representatives. These were grouped together under two categories: 1) approaches to preventing violence, containing three themes; and 2) hopes for the future, containing four themes. These categories and themes are presented in Table 3.

Approaches to Preventing Violence: Togetherness

This section describes the approaches Ngāti Hine representatives considered to be helpful for preventing violence within whānau. Three themes are presented here: 1) having a secure identity and sense of connectedness, 2) role-modelling, and 3) support for young people.

Connectedness and identity

Most Ngāti Hine representatives felt that having a secure cultural identity and sense of connectedness were very important to the wellbeing of whānau (individuals and families). These perspectives were closely aligned with those of practitioners with regard to this topic, particularly in their belief that having a secure cultural identity and sense of connectedness helps enhance a sense of self-worth, belonging and wellbeing within whānau.

Table 3: Categories and themes derived from interviews with participants in the Ngāti Hine representatives group.

Approaches to preventing violence: Togetherness	Hopes for the future: Vision
Having a secure identity and sense of connectedness Role-modelling Support for young people	Following in the footsteps of role-models Succession planning Rangatiratanga Vision for healthy whānau

It was felt that individuals and whānau who had a strong sense of connection and belonging to eachother and to Ngāti Hine, and who incorporated cultural values into their 'ways of being' were less likely to use, or be exposed to the use of, violence within whānau. The following Ngāti Hine representative spoke of this.

> ... being Ngāti Hine, it's knowing not just myself, but knowing who you are, who your parents, grandparents were, where you come from. And it all comes back to Hine-a-maru you know? And that's going back a long way. For myself, I can stand up and say '*Ae, ko Ngāti hine ahau*' [Yes, I am Ngāti Hine], and I know I am, and I'm quite confident about it. (NH2)

This representative went on to say,

> The young people of today have lost ... whānau togetherness, you know? ... we need to get that back ... bringing them into the fold, as part of Ngāti Hine, wherever they are ... I think that's very important ... and they can all whakapapa to somebody you know? I think that's most important, knowing who you are and where you came from. (NH2)

Enhancing connectedness to Ngāti Hine could also create direct opportunities for preventing violence, according to one of the Ngāti Hine representatives.

... we've got to start talking about mana and we've got to talk about whakapapa protection. And that we are actually protecting the whakapapa of the *uri o Hine-a-maru* [the descendant(s) of Hine-a-maru]. (NH9)

We have to actually reinstate the sanctity of the wahine, te uri o Hine-a-maru, and do it from that. 'Actually you can't abuse me... *he uri ahau nō Hine-a-maru*' [I am a descendant of Hine-a-maru]. (NH9)

The same Ngāti Hine representative felt that regular teachings about hapū stories and history could strengthen a sense of connectedness, not just for those who were separated by loss of connection or distance, but also for those who were 'local'. For example, the marae could be used as a place to do this.

... one of the things that I actually think we should be doing is, somebody should be employed to do continuous circuits of Ngāti Hine marae and talk. Go ... talk about all the great people and the things that happen around there, and go on ... do the *waananga* [teaching of tribal lore, in this case], but actually be quite specific about the celebration of being who you came from. (NH9)

Further comments were made by other Ngāti Hine representatives about the value of utilising the marae to express and foster a strong sense of cultural pride (to enhance identity), and working together towards this. The following Ngāti Hine representative gave an example of this.

... if you have a tribe that's culturally sound, in other words, its marae [are] all in order, then the people tend to be the same way, because they reflect the pride, aye. ... I say to people at home, you know, ... when you finish Motatau [upgrading the marae complex], do Te Rapunga. When you finish Te Rapunga, do Matawaia ... that's the only way you bring pride. It's by helping people to help themselves, and for them, because that's what culturally we're supposed to do. That in turn engenders pride amongst the people, you know? (NH6)

While having a secure identity and sense of connectedness was considered important by most Ngāti Hine representatives, several also identified the challenges associated with facilitating this within such a large hapū. Over time, and particularly since the advent of urbanisation, descendants of Hine-a-maru have spread 'far and wide', both nationally and internationally.

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Although quite a number of the hapū remain living locally, the difficulties of communicating with the relatively large number of those who were not living locally and who did not appear to have connection to any Ngāti Hine marae were highlighted.

> ... I think that [communication] is always going to be a difficulty, now that we're such a disparate group of people in terms of our geographic location ... (NH6)

Some Ngāti Hine representatives felt communication was particularly relevant due to recent changes to the structure of the Runanga and the revisiting of priorities for the strategic plan of the hapū. They felt it would be helpful for all people within the hapū to know about these changes and developments, and to be invited to be a part of them.

> It means we've got a hell of a lot of work to communicate and find out where they are, and let them know that this is what ... these people of Ngāti Hine are aspiring to, and do you want to be a part of it? (NH7)

Role-modelling

The importance of role-modelling whānau wellbeing, which included being violence-free, was noted by most of the Ngāti Hine representatives.

> ... the message of violence and how people should keep themselves safe should start at a very young age, a very young age ... the message needs to be out with the young. Model [to] them, aye, you mould them into what we want them to be, and not expose that violent behaviour. (NH1)

> ... you can't go out telling others to be healthy if you haven't got your own family right. So you get yourself right, get your family right, and then your local community, before you can even start extending it out. And I think that's all part of this thing about leading by example. (NH10)

The value of having supportive role-models to "sit alongside" whānau was also commented on. When needed, these role-models could also put strategies for preventing violence into place, particularly in relation to whānau who had been identified as beginning to experience difficulties. The role of kaumātua and kuia in this was noted.

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We don't need consultants. What we need is a bit of good coaching. Passive coaching. Somebody that will sit alongside you and say 'Hey, are you alright?' That sort of thing. And if you're not alright, looking at some solutions. (NH4)

... I think even nowadays it's a good idea that kaumātua and kuia of those rohe are involved with those families ... let the kaumātua and kuia have input. (NH1)

'This is what you can do that's different' ... offer something in it's place ... talk and talk to them. Talk and talk till sometimes you're blue in the face, but you still have to talk about what's acceptable and what's not. (NH1)

Several Ngāti Hine representatives spoke of the importance of not only role-modelling and teaching violence-free ways of being to whānau, but also of not accepting or tolerating any violence that does (or did) occur. The following Ngāti Hine representative spoke of how violence had historically been common in some parts of the various communities of the hapū, but that most newer generations had chosen not to continue in this way.

... they spoke about it [the violence] all the time. It's not so spoken now. I think that's a good thing, people not talking about it. I never bought it up with my kids, that sort of scenario ... I think that's a big thing behind any violence. You don't encourage it. (NH4)

Others also commented on the importance of not encouraging the continuation of violent behaviour, and that every person in the various communities of the hapū could assist with this.

I guess we do our little bit, you know, whether it's small or big, towards it. Of course, you know we're not supporting that sort of behaviour. (NH3)

The same Ngāti Hine representative went on to say that even in the few cases where whānau violence appeared to be entrenched, it was vital that hope and assistance for change was never given up.

I'm sure I wouldn't be the only person that's noticed and has tried to do something about it during the, throughout those generations. I know people have tried to intercept this sort of thing, this behaviour within the whānau, and it hasn't come to anything. Now, it's down to the mokopunas ... (NH3)

Another Ngāti Hine representative gave an example of how role-modelling, or conveying the refusal to accept violent behaviour, could tie in well with hapū values. There is a whakataukī within the hapū, attributed to Sir James Henare, that is: "Whakaiti, whakaiti, whakaiti". This has been interpreted in several ways throughout the hapū, but is often taken to mean "Be humble". The representative spoke of how continuing to clarify what these types of whakataukī mean for Ngāti Hine people can help to reinforce the types of behaviour or ways of being that are valued as a hapū. For example, when a member of the representative's extended whānau had acted violently, those around the person chose to show him their disapproval by sending him away from their activities.

> 'Whakaiti' shed a whole new light on it, and [another participant] probably talked to you it this morning. Whakaiti to her means to stop, reflect, maybe step back, sideways or whatever … just be careful in your thoughts, about how you approach a situation. To her, that is what people meant by being whakaiti, instead of humbling yourself all the time. Although humility is all part of it … those were virtues that we should strive for. I think the more we clarify it, and the more we practice it, then the more that we won't accept the opposite of those behaviours, and [we'll] do what we did down at [location] and say 'Hey, you want to carry on with that sort of behaviour? Well, there's no place for you here at this table'. (NH7)

Support for young people

The significance of young people to the future of the hapū was highlighted by many Ngāti Hine representatives. The important role they play in the future leadership of the hapū is discussed in the forthcoming theme, *Succession planning*. In relation to approaches for preventing violence, some Ngāti Hine representatives felt that supporting young people and enhancing opportunities for them through the provision of good education was critical. This was in relation to both education about themselves as Māori and Ngāti Hine, and also in relation to formal education through schooling. Supporting parents to understand the importance of education for young people was also considered relevant to this.

... that is what we looked at back in the early days. How do we improve the education of our children? Because that's what liberates them from violence, and so on. So that's, yeah, those are the qualities we've looked at in our time, to break cycles. It's all you need to do ... you even see people who experience that, yeah, that's what I'm saying, education liberates them. And they never have to have that [e.g., violence] again. And they don't ever have to see that again. (NH6)

It [the important thing] would be, for me, to educate our children, which is a starting point for them, and knowing who they are. And then getting into [formal] education, and you've got to start from there. From their homes, most certainly from their homes. So it's not just educating the kids, it's the parents as well. (NH2)

Supporting young people through the (sometimes difficult) period of adolescence was considered important by some Ngāti Hine representatives, particularly if hopes for the healthy future of the hapū were to be upheld. The following representative felt that traditional attitudes towards young people could be revitalised, as stronger belief in these could enhance the value placed upon children and young people.

... the biggest thing we've actually forgotten is that it's at that point (adolescence) that there's a *'rangatira mō āpōpō'* [chief/leader of tomorrow]. They're always the rangatira mō āpōpō, but actually it's at that point that they get the specific training and the specific nurturing and all that kind of thing. ... our job is now to help these young kids navigate through this very, very difficult woods, that's thick with P and other drugs, and violence, and all that sort of thing. And our job is, and I really do, I feel this quite strongly, our job is to help them navigate their way through that, so that when they come ... when they come through that, at sort of 18 or so, when their visions are affirmed, as well as the vision for the whānau and the hapū, then we can let them go. (NH9)

Summary

Ngāti Hine representatives described what they considered to be key approaches to preventing violence within whānau. Fostering a secure cultural identity and sense of connectedness was

deemed important in this regard, as was the need to provide whānau with positive role-modelling and support for young people within whānau.

Hopes for the Future: Vision

This section presents the Ngāti Hine representatives' hopes for the future. Four themes are presented here: 1) following in the footsteps of role-models, 2) succession planning, 3) rangatiratanga, and 4) a vision for healthy whānau.

Following in the footsteps of role-models

When discussing their vision(s) for the future, most of the Ngāti Hine representatives mentioned well-known and esteemed tupuna of Ngāti Hine, such as Kawiti and Hine-a-maru, and their status as role-models for all people within the hapū. The legacy left by these tupuna, particularly the stories of their "capability and capacity" (NH8) as leaders, was held in high regard and strongly considered to be of continuing value to the hapū today. Indeed, many Ngāti Hine representatives felt that the vision for the future of the hapū could not be spoken about without reference to these tupuna and the roles they had played in the development of the hapū.

> I think you have to describe Ngāti Hine in several ways … and there's no getting away from Kawiti. And once you mention that name, then you're mentioning Ngāti Hine. He fought battles, which assumes he had the personnel to take into those battles. That means collective military capability … Between the attack at Kororareka and the retreat from Ruapekapeka was about nine months, and it was all over. So I think that's important stuff to talk about, which is capability and capacity. (NH8)

> I think the things that have characterised Ngāti Hine have been their diligence, their 'get up and go' attitude, their desire to better themselves. And as a result of that, they've by and large provided, from the time of the Treaty, they've provided leadership to hapū … out of the humble hamlets and valleys of Ngāti Hine. You know I think that's what sets us apart within the North … and whether or not that's the legacy of Kawiti, whether or not of his son, I think it's more of a legacy of Hine-a-maru,

someone who struck out on her own, [to] do her own thing, and ended up in Waiomio. And through her grandsons and her great-great-grandsons expanded, I guess, the empire that we call Ngāti Hine today. (NH6)

Several Ngāti Hine representatives spoke specifically about the positive influence the activities of tupuna could have on people of the hapū today, and how these could be emulated, given that these were the types of attributes that would hold the hapū strong in the future.

... if Kawiti was renowned for his fighting warrior ability and his strategy, I don't think we should back away from that. (NH7)

The same representative went on to say, in the current day however, these "fighting" skills and abilities may be less about physical prowess and might, and more about intellectual and verbal skills and capability. This was particularly so in relation to the ability to counter any threats to the hapū.

[In the current day] ... I think it's your ability to stick up for yourself in a conversation ... and hold your own, in terms of wit, or anything like that. People pride themselves in that. If you seem to be getting 'done', you're not thought very highly of, which is all good. It makes us a big, vigorous people. ... I think the reverse of that is that we couldn't tolerate having cowards that would not defend the honour of our people ... that's the bottom line. So, it's almost like training. I'd get pummelled at a Māori meeting, verbally. My uncles would say, 'That's all part of you being trained'. I don't think people actually thought that at the time ... you need to get [verbally] banged around big time, because one day you're going to come up against the other people who may be attacking the integrity of our people. You better have your wits about you. (NH7)

Also mentioned was the balanced focus of Kawiti's actions, with regard to his skills and abilities in both fighting/strategic planning and peace-keeping. The following Ngāti Hine representative noted that whilst Kawiti was internationally renowned for his approaches to warfare, it was also important for his descendants to remember that he was considered by many to also be a "peaceful man" (NH9).

... you're a descendant of Kawiti, the most renowned strategic planner, and not actually only in warfare ... (NH9)

You know Kawiti, okay he was a strategist. He was a fighter. He stood up for what he believed in. However, at the same time, he was also looked on as a *tangata hohou i te rongo* [a man who was a peace-maker] ... Maihi Kawiti [his son] was renowned for that as well, as a peace-maker. (NH7)

Alongside these capabilties role-modelled by tupuna, was an emphasis on the value of working together for the collective good. This was highlighted by many Ngāti Hine representatives. However, it was considered by some that the strength of this value may have diminished over time through the various processes of colonisation, urbanisation and resulting disconnection of Ngāti Hine people from their culture and related cultural values. It was felt that the recovery of such values was important.

The things that used to bind us together 50 or 100 years ago are no longer part of our being ... the values that, probably Sir James aptly articulated, '*mā te werawera o tō rae ki te mahi o te iwi, ka tu tangata ai koe*', or ... 'service to the people, before service to self'. ... there is no greater honour than working with, and for, your people. I think that is one of the greatest values that we need to be working to, here at Ngāti Hine. (NH7)

In relation to being part of a collective, some Ngāti Hine representatives spoke about also needing to hold on to the uniqueness of the various communities within the hapū. That is, both uniqueness and collectivity were valued. This is reflected in the whakatauki "*Ngāti Hine pukepuke rau*" or "Ngāti Hine of a hundred hills" (as described in the *Introduction*). Ngāti Hine representatives spoke of how this uniqueness could work alongside the overall effort towards the greater good of the hapū. One particular Ngāti Hine representative felt this was highly relevant to the recent changes and developments to the Runanga (as described in the *Methodology*).

... the new structure that we brought out in regard to how all the maraes keep trying to work together, but still hold, hold tight to their uniqueness. When we talk about

'*pukepuke rau*' [a hundred hills] , still hold fast to that, but learn to work together. (NH3)

It was considered by some Ngāti Hine representatives that the approach of retaining uniqueness while also working together could assist with reducing any tensions that may exist within the different factions of the hapū.

> ... one of the things that we do, by doing it that way [connecting across all marae and working together], is we put people on notice about our intention to get some sort of peacefulness around, in our deliberations with each other. (NH9)

It was felt this could ultimately contribute towards wellbeing for whānau, and create opportunities for a brighter future. The following Ngāti Hine representative summed it up as follows.

> It's all about Ngāti Hine working together collectively. (NH3)

Having future-focussed thinking, based on the legacies of tupuna who were renowned for forward planning, was considered important by many Ngāti Hine representatives. This was particularly so with regard to the future prospects of the hapū.

> ... when you look back at those role-models, they provide the character and strength for us. (NH7)

> ... I actually think that we have a responsibility because we are from Kawiti and we are from Hine-a-maru, who were visionaries and who actually future planned. (NH9)

Succession planning

A significant part of the future planning discussed by Ngāti Hine representatives had to do with succession plans, and how the passing on of cultural knowledge, abilities and responsibilities to future generations was critical to the ongoing health and wellbeing of the hapū.

> ... we're losing, every day we're losing our body of knowledge. We should be looking at process in terms of how we can capture that body of knowledge, to allow the next

generation to say that this is the legacy ... It's about the type of succession planning we need to look at, for ourselves and our whānau. (NH4)

All we have to do really is remind people who they are. Those Ngāti Hine ... who have lost their way, have lost their roadmap home. They've lost the roadmap on who they really are. That they are descendants of a rangatira race of people. They are descendants of once were gardeners, once were fishermen, once were astrologists, once were home builders ... and what makes it difficult today in my mind, is that we are fast losing the leaders who were raised by the grandparents that still hold that value. When that generation's gone, it's all gone ... because we're fast losing the generation who had contact with the yesteryear, ancestry with the yesteryear tupuna, who heard the stories of them. And when they're gone, tomorrow's world, like my mokopuna ... I'll be the closest for them to relay to the ancestors, to the tupuna, I'll be the closest they know. And that will be a sad day for tomorrow's mokopuna, unless we can teach them today. (NH5).

Some of the ideas among Ngāti Hine representatives for succession planning were quite precise. For example, the following representative discussed recent plans within the hapū for identifying, and working alongside, members of the younger generation of Ngāti Hine, with the intention of preparing them for eventual leadership roles.

That's the sort of thing that all tribes should be doing. You shouldn't be crusty [old] and still wanting to control everything. You should be handing it over to those ... 'foot soldiers'. ... you know the Māori proverb, '*ka pu te ruha, ka hao te rangatahi*' – 'the old men should be put aside, and it's time for the new men to go'. And [the kaumātua] said to them at the time, 'That's absolutely right, it is time for the new men to go fishing. However, I want to remind you that it's the old ones that know where the fishing grounds are'. So, and that's the model we're trying to achieve, by saying 'You have the new nets, follow us, we'll go fishing'. You're going to have to do all the work and empower them. Don't say 'I want to hold the approval, but you do all the work'. Work with them, and let them have it ... (NH6)

Rangatiratanga

Ideas about a healthy future for whānau and for the hapū were not only linked to good leadership, planning, and collective approaches, but also to rangatiratanga (sovereignty or self-determination). Most of the Ngāti Hine representatives expressed the desire for the hapū to be in control of it's own resources (such as tribal lands) as well as the provision of key services such as education, health care and justice interventions.

The following Ngāti Hine representative spoke about this in relation to the returning of hapū lands, and the positive benefits that could be attained through this.

> ... if we can get all our Ngāti Hine land back, go back to big farms, they [Ngāti Hine people] could go and work on them. Things like that. There'd be buildings to build, roads to make, fences to build, other things to build and so on. That's in the bigger scale ... I can visualise all the land coming back to Ngāti Hine and having people and feeling pride in themselves, and to work, and to say 'This used to be my grandparent's land'. (NH2)

Another spoke about the aim of taking control of the provision of education to whānau within the various communities of the hapū, so as to enhance the opportunities for all members of whānau to benefit from education.

> ... one of the things I used to think about for Ngāti Hine was that Ngāti Hine had to talk to the Ministry of Education and take control of it's schools. Kawakawa, Moerewa, Motatau, Pipiwai. And so those schools would become learning centres for life. So during 9 o'clock to 3 o'clock they are schools, but they reopen at 5 and then they become community learning hubs. So you could do video conferencing, you could do degrees by video conferencing ... (NH6)

Several other Ngāti Hine representatives discussed their belief that addressing problems such as crime would be better managed if under the control of hapū. These ideas were closely linked to the belief that many difficulties (including contributors to crime) stem from lack of cultural connection and capability (as previously discussed).

Give me the resources that you're using for ... your prisons.. And I will build a whare waananga and bring them [the offenders] home and teach them who they are. They've forgotten. (NH5)

... I reckon, if I had 10 of the most violent men in Ngāti Hine for two weeks, locked up in the marae, to absolutely rote learn a *whaikōrero* [formal speech of welcome, greeting or acknowledgement], a mihi, a *mihi whakawātea* [speech to acknowledge an exit/farewell], a mihi of a birthday party, a mihi to a dead person, all that sort of thing. And a waiata to go with them and all that sort of stuff. Purely a functional waananga about how do you do the *poroporoaki* [formal practices of farewelling], how do you do the mihi, how do you do this. I reckon you could reduce violence in Ngāti Hine just like that. (NH9)

A vision for healthy whānau

Most Ngāti Hine representatives had a strong vision for healthy whānau, which incorporated their hopes for the future.

I'd actually like to see everyone able to fend for themselves and be healthy, they've got that self confidence to be raising their own families, or being part of a wider community, and contributing. (NH10)

... my vision of the future for Ngāti Hine is that we are in control of our destiny. In terms of our economic, our political, social, educational, and cultural lives. Where our mokopuna are growing up in an environment which reinforces them in their Māori cultural humanity while offering them unlimited prospects for a future that they need to define. And that our role as elders in that environment is to provide the guiding frameworks that ensure that their hopes and aspirations can be realised by their own effort. That's the vision I have. Where every Ngāti Hine person ideally is employed in a co-operative business that they own part of, where the reo is the natural everyday language, and where being Ngāti Hine not only matters, but is essential, to the high quality performance of the organisations of which they are employed. And that's a

standard of excellence derived from our belief in ourselves … irrepressible and undefeatable, and if we do die, that it should be so evidently for a good cause. (NH8)

Summary

Ngāti Hine representatives described an aspirational vision for the future, for healthy whānau and a strong hapū. They believed that the achievements and influences of tupuna provided a strong model of capability and capacity worth emulating. Purposeful succession planning which would ensure the intergenerational transmission of important cultural knowledge and practices was considered important to this vision. So too was the pursuit of rangatiratanga, particularly in terms of gathering further control over resources that could contribute to the positive development of whānau and ultimately the hapū.

Overall, these perspectives represent both similarities and contrasts in focus when compared to those of practitioners. While themes related to the value of Māori approaches strongly align to those within the practitioners perspectives, the Ngāti Hine representatives' perspectives indicate very strong desire and focus on sustaining connections to the past, and on carrying knowledge and practices related to that forward to the future. That is, the themes within the Ngāti Hine representative perspectives' were not focused on the 'day-to-day' realities of whānau 'in trouble', but rather on what they considered would contribute to positive development of whānau within the hapū. This may be a reflection of their older status by comparison to those in the practitioner group, which may have contributed to a higher prioritisation of links between the past and the present. Additionally, their leadership status may have facilitated their ability to take a more broader aspirational view.

Chapter Six: Discussion

This chapter begins with an overview of the study. The key themes are then discussed, in light of previous literature. Implications for prevention and intervention in whānau violence are outlined, following which the strengths and limitations of the study are described. Recommendations for future research are also provided.

Overview

This study examines what helps whānau stop or prevent whānau violence, from multiple perspectives associated with a Māori health and social service provider. Carried out in collaboration with the Ngāti Hine Health Trust, this thesis was based on qualitative analyses of interviews with 50 participants; individuals and whānau who attended programmes through the Trust, practitioners experienced in working with whānau facing difficulties with whānau violence, and Ngāti Hine hapū representatives. This study was focused on exploring helpful and preventative practices for whānau violence, and was not an evaluation of the programmes of the Ngāti Hine Health Trust per se. However, it inevitably reflects the work of this organisation. In this regard, the themes and analyses presented here may be of relevance to other hapū- or iwi-based organisations of a similar nature, as well as to other types of organisations who deliver social services and healthcare to Māori. It may also be of relevance to similar organisations in the wider indigenous arena.

The aims of this thesis were, firstly, to describe how whānau make sense of whānau violence, as well as whānau perspectives on strategies considered helpful for both stopping and preventing whānau violence. Secondly, to describe practitioner perspectives on strategies considered helpful for stopping whānau violence. Thirdly, to describe the perspectives of Ngāti Hine representatives on the strategies considered helpful for preventing whānau violence, as well as their vision for healthy whānau with regard to the future of the hapū. The final aim was to present an analysis of these perspectives in relation to the broader context within which whānau violence occurs, and

therefore contribute to knowledge and understanding of this phenomena in a way that will be useful, not only to whānau and hapū, but to all of those interested in the field.

Overall, the strategies identified in this study represent a comprehensive, multi-faceted approach to the intervention and prevention of violence, situated firmly within a Kaupapa Māori, transformative model of practice. The centrality of whānau and whanaungatanga within this approach was highlighted, with connectedness to supportive whānau and others being an essential ingredient to whānau wellbeing. Key factors such as the provision of educative material and activities which facilitated skill development and behaviour change were integral strategies, as were the teaching and modelling of Māori values, beliefs and attitudes, which were used to provide an overall framework for intervention and prevention. Practitioners who possessed a fusion of cultural and clinical competence facilitated the uptake of intervention and prevention strategies which empowered whānau, through positive engagement and the development of trusting relationships with whānau group participants. Practitioners were supported in this work by a strong Māori organisational structure, supportive team cohesion, and effective cultural and clinical safety practices. Ngāti Hine representatives offered an aspirational vision for the future for healthy whānau, as well as promoting activities of a collective nature as important to the pursuit of whānau ora in the contemporary time. Underscored as an essential element in preventing and stopping violence was the presence of hope.

Discussion of Themes

A key area of interest in this study was how participants in the whānau group made sense of whānau violence; that is, what they thought 'whānau violence' meant and what contributed to it. Firstly, the concept of 'whānau' will be discussed, as this provides the foundation upon which wider concepts related to whānau were understood in this study.

Analyses revealed that many whānau group participants understood the term 'whānau' to include members of a wide, extended family structure. Even when using the English term 'family', further clarification revealed that their definition of family was one that included their wider, extended family. This was consistent with popular conceptions of 'whānau', and also with assertions in the literature that the use of the term 'whānau' within the phrase 'whānau violence'

does not map simply onto 'family' (in the nuclear family sense), and must instead be understood to include a broader concept of extended family (Pihama et al., 2003; Te Puni Kōkiri et al., 2008, 2010).

The paramouncy of whānau, in terms of a collective worldview, was also clearly seen in this study in the responses of practitioners. For example, practitioners spoke of working with whānau, even when referring to working with individual whānau members; that is, individual whānau members were not primarily viewed as individuals as such, but rather as part of a whānau system. This did not mean that they were not valued as individuals, but rather that they were so in the context of the collective (Kruger et al., 2004). In turn, Ngāti Hine representatives clearly situated whānau within the hapū, a further extension of 'collective thinking'. Comprehending this is vital, as it has been cautioned that failure to understand the broad nature of 'whānau' will inevitably lead to failure of any attempts at violence prevention and intervention with whānau (Kruger et al., 2004; Pihama et al., 2003). For example, while programmes aimed at the individual or immediate (nuclear) family level can have positive effects, it is suggested that the potential to fully address the issue of whānau violence must also be located within an understanding of the centrality of the collective (Durie, 2001; Kruger et al., 2004). The importance of whānau wellbeing to individual wellbeing has been well documented (Durie, 1985; 2001; Ministry of Health, 1998; 2002). Accordingly, violence prevention and intervention efforts may need to be expanded or adjusted to account for this (Cram et al., 2002; Durie, 2001; Kruger et al., 2004). This is not to suggest that individual whānau members cannot be seen as individual clients, but rather that working with 'whānau' can be helped by an orientation in attitude, in which individuals are regarded as being part of a collective and are therefore subject to the influences of that collective on their lives and behaviour, and subsequently, that they may also benefit from connection with the support to be gained from that collective.

Participants within each of the three groups incorporated concepts of historical trauma (the negative effects of colonisation) within their understanding of whānau violence. While this theme was strongly represented within practitioner and hapū representatives interviews, some whānau group participants also incorporated concepts of historical trauma into their understanding of whānau violence. This was in keeping with the literature which asserts that any understanding of whānau violence should take into account a broad sociopolitical context that encompasses the impact of colonisation and subsequent negative effects on Māori whānau (Balzer et al., 1997;

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Cram et al., 2002; Kruger et al., 2004; Pihama et al., 2003). It was interesting that whānau group participants spoke to this issue, as it has been noted internationally that some indigenous people may "have not had the opportunity to develop this analysis or use this information to frame their own experience" (Menzies & McNamara, 2008, p. 46). It is possible that references to historical trauma or the impacts of colonisation made by whānau group participants were either based on an existing understanding they held (one that had been handed down through generations for example) or that they were based on an understanding that had been bought about through education or decolonisation processes that participants had been exposed to in the various programmes they were involved with.

As previously described, decolonisation involves the reassertion of indigenous knowledges, ways of understanding and practices, alongside a critical examination of political and sociocultural influences on indigenous peoples, with the goal of reclamation of self-determination (Gone, 2009; Hill et al., 2010; L. T. Smith, 1999). In terms of addressing whānau violence, decolonisation processes have been described as having the positive effect of dissipating anger through raising consciousness, while also rebuilding a sense of identity, self worth and belonging which ultimately assists with healing relationships within families (Taonui, 2010).

Worth considering in relation to the practice of decolonisation is the balance required between placing contemporary violent behaviour in the context of vulnerability bought about through historical trauma and taking personal responsibility for contemporary behaviour. In this study, the importance of taking personal responsbility for behaviour was strongly emphasised by both whānau group participants and practitioners. This is consistent with literature which suggests that acknowledging links between historical trauma and contemporary violence can occur without diminishing the need to locate actions firmly within understandings of responsibility and accountability (Menzies & McNamara, 2008).

The consideration of both historical trauma and contemporary contributing factors by whānau group participants (discussed below) is also consistent with the proposition that indigenous family violence results from interaction between three categories of causal factors, as proposed by Memmott et al. (2001). These are 1) underlying factors, 2) situational factors, and 3) precipitating factors. 'Underlying factors' are those related to a history of colonisation and its enduring effects, which has placed many indigenous people in a context of vulnerability towards

being a victim or perpetrator of violence; 'situational factors' are those which exist in the social environment of the person, such as the presence of financial stress or alcohol and drug abuse; and 'precipitating factors', are those which directly trigger an episode of violence, such as arguing between adult intimate partners (Memmott et al., 2001).

Whānau group participants identified several contemporary contributing factors to whānau violence. Highlighted were exposure to violence and violent norms in childhood, the presence and use of alcohol and drugs, and communication difficulties and conflict between adults. The presence of stress in response to significant and multiple stressors, particularly financial hardship, were also identified as contributors. These factors are all consistent with the literature on known family violence risk factors (Centre for Social Research and Evaluation, 2008; Heise et al., 1999), and also fit, not only with Memmott et al.'s (2001) model above, but also within an ecological framework of understanding family violence (e.g., Fanslow, 2002; Ministry of Social Development, 2002).

Consequently, strategies which addressed some or all of these factors were highly valued by participants. Identifying and addressing difficulties related to alcohol and drug use, especially if addressed early in their development, was considered important by whānau group participants. The opportunity to talk about their difficulties, and to develop communication skills and other proficiencies which reduced the impact of stress (e.g., parenting skills) were also considered to be of benefit to whānau group participants. Accepting responsibility for their behaviour, and learning about behaviour change, were two aspects of programme work that whānau group participants additionally found beneficial in their efforts towards stopping whānau violence. These strategies have been found to be effective in violence prevention and intervention programmes both locally and globally (Memmott, 2001; Memmott, Chambers, Go-Sam & Thomson, 2006; Roberston & Robins, 2008; Te Puni Kōkiri, 2010; WHO & ISPCAN, 2009)

The value whānau group participants placed on learning these new skills and exposure to positive experiences bought about by practicing them was a strongly endorsed theme in this study. The acquisition of new skills and abilities was identified by whānau group participants as contributing to an increased sense of personal capability, which led to improved self-esteem. This was complimented within the programmes through a focus on existing strengths, and on participants improving their knowledge about themselves and building understanding of their

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situations, which also contributed to an improved sense of confidence. Self-efficacy, autonomy, and a sense of agency have all been described as meaningful contributors to overall health and wellbeing (Durie 2011; Gracey & King, 2009; King et al., 2009); these factors have also been identified as important foundations of resilience (Durie, 2006; Masten & Coatsworth, 1998; Moane, 2003).

Subsequently, when asked for their opinion as to what more generally (not only referring directly to themselves) would prevent whānau violence, many whānau group participants identified skill development, education, and the presence of opportunities in life as important. This is consistent with the literature where the presence of protective factors such as these has been found to mitigate the negative effects of risk factors (Garbarino & Ganzel, 2000; Hage, 2007). Whānau group participants identified formal education in particular as important for enhancing possibilities for employment and therefore creating better circumstances for the future. This was pertinent in light of the financial hardship they had earlier identified as a contributor to whānau violence. Reducing financial difficulties has been identified as an important violence prevention strategy, given that "financial stress is a major source of family conflict" (Snowball & Weatherburn, 2008, p. 232). Additionally, the linked experiences of extreme financial stress (i.e., poverty) and family violence have been found to seriously diminish an individual's ability to exercise agency or have a sense of control in their lives (Hart, 2008). The attainment of 'life skills' such as effective parenting, relationship skills, communication abilities, and problem-solving skills, were also highlighted as important for violence prevention, with whānau group participants identifying the value of such skills in reducing conflict and stress. Accordingly, the transmission of these skills to their own children was considered valuable.

A key factor in the successful transmission of new skills and exposure to positive experiences within programmes was reported to be the presence of skilful practitioners who possessed the types of characteristics that appealed to, and were appreciated by, whānau group participants (such as having a positive attitude, being non-judgemental, reliable and flexible). The positive therapeutic relationships developed with practitioners signficantly enhanced engagement in programmes and with programme content. Good engagement has been identified as an integral component in successful therapeutic intervention, as has the value of a strong therapeutic alliance (Lambert & Barley, 2001).

Whānau group participants felt they could count on practitioners to believe in them and their potential to change, to be supportive of their efforts towards this, and to sustain ongoing involvement with them. Recognition of their exisiting strengths and resilience by practitioners was also valued. As a result of these positive relationships, whānau group participants also trusted practitioners to access and introduce other beneficial supports into their lives. These supports included outside agencies and other professionals within the community, such as Governmental child protection services and income support services, some of which the whānau group participants had experienced difficulties with in the past. Practitioners identified that investment of time in developing trusting relationships was essential. They noted that this could be a lengthy process in itself.

Developing these relationships was facilitated through the use of fundamental Māori approaches such as whakawhanaungatanga, and through utilising tikanga-based practices including karakia and mihi which reinforced Māori cultural practices as norms. Having a robust Māori organisational structure, in this case the Ngāti Hine Health Trust, enabled these important processes to naturally occur. Such an approach also derives from the Trust's values that incorporate respect, support, kinship, caring and trust as fundamentals. These facilitate tikanga-based practices such as the rituals of encounter, and allow for appropriate timetabling. Additionally, staff employed as practitioners by the Trust are expected to carry out their practice according to these principles and practices.

A prominent theme in relation to Māori approaches was the importance of whakawhanaungatanga or developing connections and relationships. This was identified by all three groups as a critical factor in violence prevention and intervention. Whānau group participants directly identified the value of making connections, developing trusting relationships (with practitioners and others) and having supportive kinship relationships. Consequent to the exposure of whakawhanaungatanga practices, some whānau group participants developed a strong interest in their cultural identity. Enhancing their cultural identity was considered by those participants to provide the positive benefit of increasing a sense of self-worth, belonging and connectedness, which further assisted with the development of improved supportive kinship (and other) relationships. This is consistent with the assertion of Lawson-Te Aho and Liu (2010) that positive outcomes, such as stopping violence, are possible "when kinship-based cultural identity is intact and relationships are positive and functional" (p. 128), and supportive kinship

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networks are in place as a protective factor which can enable whānau to thrive (Durie, 2001). Reinstating or enhancing a positive cultural Māori identity was also identified by practitioners as a strategy for improving whānau wellbeing. This included the reclamation of whakapapa links so as to rebuild relationships with wider whānau, as well as the development of cultural knowledge and skills. Ngāti Hine representatives also expected that a strong cultural identity and connectedness could act to prevent whānau violence by enhancing a sense of belonging and providing opportunity to be part of a collective, which would bring about benefits such as access to resources and wider support.

With regard to practitioners, several factors were identified which facilitated their ability to provide and sustain supportive relationships with whānau group participants. Alongside a supportive organisational structure, practitioners found working within a supportive team ('sharing the load') important; this could be reasonably termed as 'professional whanaungatanga' in action. Simultaneously, attending to both clinical and cultural safety was essential to successful practice. This was particularly so in relation to the complexities encountered when working with whānau who were dealing with difficulties of violence (among other things); this work was described as often being taimaha or 'heavy'. Practitioners also identified the benefit of having certain characteristics and skills such as courage, confidence, strength, commitment and passion for their work as facilitating their success in engaging with, and working alongside, whānau.

Māori values, beliefs and cultural practices were completely inculcated and fundamental to the way most practitioners operated and also provided the foundation for programme content and/or delivery. This meant that any components or activities of programmes that were not primarily Māori-focussed (e.g., certain educative parts of programmes) were still delivered in a way that was Māori- or whānau-centered. This could be described as Māori-interpretive capability. The value of culturally relevant and responsive 'helping' interventions has long been established in the literature (Durie, 2001; King et al., 2009). Local and global literature also emphasises the value of cultural relevance and responsivity in family violence programmes (Keel, 2004; Memmott, 2001; Memmott et al., 2006; Te Puni Kōkiri, 2010). In addition, Māori presence and the application of Māori approaches or frameworks to intervention have been identified as useful for enabling aspects of programmes that are less culturally focussed to be received comfortably and within context (Cargo et al., 2002; Cram et al., 2002). In this study, practitioners competently utilised a fusion of cultural and clinical skills, which was compatible with the

successful delivery of Māori-led practices and approaches to intervention with whānau, as attested to by whānau group participants.

A strong theme across all participants groups was that explicitly Māori approaches to violence prevention and intervention were valued. Whānau group participants found the presence of Māori as practitioners and other whānau they met through the programmes to be beneficial. Also valued was the opportunity to strengthen their cultural identity and enhance their knowledge of cultural concepts and practices. Non-Māori parents and grandparents in the whānau group also spoke positively of their comfort in being involved in predominantly Māori-led programmes, suggesting that such approaches may have a broader appeal or be relevant to all members of Māori whānau, including those who are non-Māori (e.g., who have joined Māori whānau through partnership or marriage).

With further regard to the beneficial effects of enhancing strength of cultural identity and knowledge of related values, beliefs and practices, it has been noted that improving these things can bring about the opportunity to use them as a framework for transformation of violent behaviour. That is, whānau can be encouraged to change (transform) their values, beliefs, and behaviours through the adoption of positive, prosocial and protective tikanga-based cultural values, beliefs and behaviours (Kruger et al., 2004; Pihama et al., 2003). In the interviews, a range of transformative strategies were described that aimed to encourage whānau group participants to consider alternatives to violence. One example was through the use of concepts such as mana tane and mana wahine, where the roles, responsbilities, and prestige of men and women were clarified so that each partner in an initmate relationship could learn to approach the other from a point of respect for the other's uniqueness and value. The connectivity and value of relationships within whānau was a further example used, where the roles of tupuna and mokopuna were described as being so interlinked that hitting a child was akin to hitting a revered grandparent, insofar as the child or mokopuna should be viewed in the context of being a descendant of the grandparent or tupuna, and therefore inherently representing the whakapapa and mana of that revered tupuna. These transformative practices (changing negative attitudes and practices into positive ones) were strongly endorsed by participants in this study. Ngāti Hine representatives also considered that connectedness to the hapū and an associated understanding of the importance of whakapapa links could transform attitudes towards whānau violence, for example,

" … *Actually you can't abuse me … he uri ahau nō Hine-a-maru [I am a descendant of Hine-a-maru]*" (NH9).

Through these types of interventions, whānau group participants identified an increasing awareness of the need to value children. Following reflection on their own negative childhood experiences, whānau group participants highlighted the importance of providing loving, caring environments for children as a violence prevention strategy. The desire to stop an intergenerational transmission of violence and the desire to teach children positive values and behaviours, were also considered to be of benefit for preventing future whānau violence. Whānau group participants clearly identified the merit of providing positive role-models to children in strengthening children and contributing to their positive development.

The value of positive role-models was a prominent theme across the study, with all three groups of participants emphasising this. Whānau group participants benefited from practitioners who were able to role-model positive values, attitudes, and behaviours. Practitioners themselves considered positive role-modelling to be both a personal and professional responsibility in terms of promoting non-violent, pro-social, healthy attitudes and behaviours to whānau. They identified this as also being of benefit to the wider collective, not just to those seeking assistance for difficulties. Ngāti Hine representatives also identified responsibilities for themselves, and particularly those of elders, as role-models for whānau wellbeing. For example, the potential for kaumatua and kuia to support and guide whānau in healthy development was described by Ngāti Hine representatives. Role-modelling intolerance of whānau violence and taking action to address any identified difficulties or problems that were developing were also considered to be of benefit. Ngāti Hine representatives also felt that utilising relevant hapū-specific whakataukī to emphasise the importance of thoughtful behaviour could assist with reinforcing healthy whānau functioning.

Alongside promoting hapū whakataukī through their own actions as role-models, Ngāti Hine representatives also identified the potential value of emulating, or 'following in the footsteps' of Ngāti Hine tupuna role-models as a preventative approach to whānau violence. Attributes role-modelled by tupuna such as leadership, strategic planning skills, strong communication and negotiation skills, understanding the value of the collective, and having a vision or hopes for the future were attributes considered worth aspiring to in terms of building and sustaining whānau

and hapū health and capability. With regard to this, Ngāti Hine representatives identified a need for succession planning, where the transmission of cultural history, knowledge, abilities and responsbilities could be guaranteed so as to sustain the ongoing health and wellbeing of whānau, and ultimately of the hapū. The role of supporting young people within whānau in their development as 'the future of the hapū' was considered an important part of this process.

Ngāti Hine representatives also held a strong vision of hope for healthy whānau in the future, which was aspirational and strongly linked to their desired future positive development of the hapū. A healthy future for whānau and the hapū were not only linked to leadership, planning and collective approaches, but also to rangatiratanga or self-determination.   Ngāti Hine representatives aspired to a future where the opportunity to be in control of resources and subsequent provision of support and opportunities for whānau was possible. This was not only in relation to benefits for 'individual' whānau, but also particularly in regard to a desire to continue creating a strong, vibrant, connected, and highly functioning hapū.

The importance of hope was a common theme across the study, with whānau group participants also holding strong hope for a better future for themselves and their whānau, and particularly their children. This hope enabled whānau group participants to visualise positive alternatives and facilitated them to put into action the preventative practices they had come to identify as important, for example, being a positive parent and role-model to their children. Practitioners identified the important role they played in instilling hope within whānau, and also identified the value of holding on to hope themselves, especially in the face of work that seemed extremely difficult with some whānau. Overall, hope was found to be an effective factor for both resilience and action.

While Māori approaches were valued by participants in this study, there were also some evident tensions. For example, the importance of whānau as a source of strength and support was identified by all three groups of participants. However, many whānau group participants also identified whānau as a source of adversity and stress. Examples of this were provided in regard to both childhood experiences and contemporary experiences as adults. Consistent with the literature, family dysfunction is a well known risk factor for whānau violence and a range of other negative outcomes (Carr, 2006; WHO & ISPCAN, 2009) and it is acknowledged that not all whānau are sites of safety (Durie, 2001; Pihama et al., 2003). For some whānau, extensive whānau healing

or restoration, and building of whānau capacity, resources and skills, may be necessary before the benefits of being a whānau can be achieved. For other, more unsafe whānau, reconciliation or restoration is less likely and whānau may need to "reject the dysfunctional behaviour [of violent members] in an explicit manner, even at the risk of ostracising the perpetrator through sanctions or other penalties" (Durie, 2001, p. 211; Terry, 1995). However, practitioners in this study highlighted the importance of the restoration of relationships within whānau where possible, through the use of integral concepts such as manaakitanga and aroha, as well as through acknowleding the mana, tapu and wairua of whānau. Processes such as these were believed to heal whānau and also provide a foundation for facilitating capacity building and skill development within whānau. These restorative practices were identified by practitioners as an important part of the work they do, not only in the prevention and intervention of whānau violence, but in all aspects of their work in assisting whānau to achieve whānau ora. Robins and Robertson (2008) note that for whānau who desire reconciliation and restoration, this is possible, particularly where there exists a willingness and commitment to change (on behalf of the violent member/s of the whānau) and a supportive and effective plan in place.

Additionally, while reviving connectedness to extended whānau, hapū, and iwi has been noted as desirable, it can be difficult to reconnect or create these links (Durie, 2001). This is especially so when there have been multiple generations of disconnection from tribal links, and also where geographic distance to tribal lands creates a barrier (particularly for urban Māori). Additionally, Lawson-Te Aho and Liu (2010) suggest it is important to acknowledge that "many Māori are irretrievably non-traditional in their lifestyles and their social connectedness" (p. 131). For these Māori, linkages and connectedness to their contemporary urban community and environment, and supportive relationships developed there may be particularly relevant (Borell, 2005). While (re)connection with whakapapa links may be an ultimate goal (Kruger et al., 2004), the presence of supportive relationships with locally available whānau and others in the local community is beneficial. For example, alongside (re)establishing supportive links with whānau who were available, access to a range of supportive others in their wider local community was considered to be of benefit by whānau group participants in this study. In this regard, the Māori institutional capability of the Ngāti Hine Health Trust was identified as fundamental in providing, or facilitating access to, supports such as these.

Other tensions related to addressing whānau violence also became evident in this study. For example, some whānau group participants identified that even conditions of extreme adversity (e.g., 'hitting rock bottom') could create opportunity for change. However, opportunities for change that arose out of deeply painful or difficult experiences were, understandably, not viewed as positively as opportunities created in less adverse circumstances (e.g being referred to a programme due to being identified as a whānau 'at risk'; albeit that this situation is also not without adversity). The changes required at the level of 'late' intervention, that is, *after* hitting rock bottom, were identified as very difficult, and took significant determination, effort and courage on behalf of the individuals and whānau concerned. Some identified taking years to achieve a level of positive whānau wellbeing, and others' pathways to wellbeing continued to be 'a work in progress'. This strongly highlighted the fact that stopping violence within the whānau is not an action, it is a process (Fanslow, 2002). It also highlighted the value of early intervention to whānau group participants, who subsequently identified this as an important preventative activity. The recognition of this, however, bought to the fore the realisation of the lack of early intervention (for whatever reason) in their own circumstances, and for some this was uncomfortable and a cause of sadness. A poignant example of this can be seen in the following quote, where one of the whānau group participants reflected on how she held the desire to 'turn back time', so that things could be done differently earlier in her life: "*You know I have these moments now where I think I should start all over again, be a little kid again, but I can't, it's impossible you know*" (WH8). Sitting with these tensions is an inevitable part of the complexity of working with whānau violence, and requires courage and hope on behalf of whānau and the practitioners working alongside them. These were identified as important elements by both of these groups in this study.

Implications for Intervention in Whānau Violence

Incorporating historical and contemporary factors in the understanding of whānau violence. To understand whānau violence, it is necessary to be informed about Māori history. This study highlights the practice of incorporating historical trauma into an ecological framework of understanding whānau violence. There is a strong argument for viewing historical trauma as a key underlying factor in indigenous violence in both local and global literature. Importantly,

some whānau group participants in this study explicitly affirmed this in their understanding of whānau violence. In addition, many of the whānau group participants' stories clearly reflected those of vulnerable whānau who had led lives affected by generations of deprivation, disadvantage, disconnection, and dispossession, which in turn exposed them to a multitude of risk factors.

It is a fact that colonisation has had devastating negative impacts upon Māori. It is also a fact that the past cannot be changed. However, how practitioners respond to contemporary vulnerability bought about by historical trauma *is* within practitioners control. Practitioners can choose to incorporate consideration of historical trauma of colonisation within their work. Practitioners can also provide access to decolonisation education which may provide benefits for clients by providing a framework for contextualising violent behaviour. In addition to any benefit from this to clients, through education, understanding the role of trauma also increases practitioners' empathy towards their clients, and increases their confidence and comfort in their ability to help, especially in challenging situations (Greenwald, 2008). Practitioners can also assist clients with the challenge of managing the tension between contextualising violent behaviour through decolonisation, and accepting personal responsibility for behaviour.

For whānau, an understanding of historical and contemporary influences upon whānau violence can be facilitated by exposure to decolonisation. Decolonisation practices can be effective for reasserting indigenous knowledge and practices, as well as for providing the opportunity to examine and reposition experiences within a political and sociocultural framework. This can be a positive experience for whānau trying to understand their difficulties. It does not, however, diminish the necessity of also locating violent attitudes and behaviour firmly within understandings of personal accountability and responsibility. It is important that whānau are able to balance these activities. As described in this study, both decolonisation processes and moving to accept personal responsibility can be painful and difficult processes for whānau. Therefore it is important for practitioners to recognise this and ensure these processes are well supported.

At the environmental level, advocating elimination of discrimination, disadvantage and inequality that are the result of the colonisation experience, is critical. These are environmental conditions that contribute to and sustain whānau violence, and where exposure to numerous

associated risk factors occurs. Failure to address these unjust conditions will undermine intervention and prevention efforts.

For example, the Government's contribution to social justice, in terms of mitigating the negative consequences of colonisation, is the settlement of te Tiriti o Waitangi/the Treaty of Waitangi claims. Those iwi and hapū who have successfully negotiated settlements are now in a much improved economic position. Equally important, iwi and hapū have negotiatied the sharing of power [*kaitiakitanga*; guardianship] in local governance, thereby contributing to the reintroduction of rangatiratanga. This presents a significant opportunity for hāpu and iwi development, because of the hope it creates for opportunities for 'brighter futures' and improved whānau wellbeing or whānau ora. These Tiriti/Treaty settlements are changing Aotearoa New Zealand for the better, and should give practitioners confidence to support what is proposed here, which is the greater involvement of Māori people in their own futures. Additionally, the cathartic process of iwi and hapū telling their own stories of the adverse effects of colonisation is a feature of the Tiriti/Treaty settlement processes and corresponds directly with the 'story-telling' of the whānau group participants referred to above. This reinforces the connectablity between the trauma of historic experiences and contemporary healing processes.

Additionally, despite the difficulties following colonisation, Māori have continuously aspired to a better partnership with New Zealand Governments, which is a reflection of undying optimism and hope for a better future. This has been expressed as the 'historic mission' of Māori who are te Tiriti o Waitangi/Te Treaty of Waitangi advocates. The notable release of the recent Waitangi Tribunal report on the WAI262 claim ("Ko Aotearoa Tēnei", 2011) presents a convincing argument that there are signs that Aotearoa New Zealand is ready for a more mature relationship where Māori culture and identity are fully accepted as a foundation of our nation, and are worth incorporating "into all aspects of our National life" (p. 248). This will subsequently set us up for "a twenty-first century relationship of mutual advantage in which, through joint and agreed action, both sides end up better off than they were before they started. This is the Treaty of Waitangi beyond grievance" (p. 17). Being informed about these types of developments is an essential factor in the work of health practitioners as a move towards the grander goal of promoting the welfare of society.

Understanding of 'whānau violence'. In order to have a clear understanding of 'whānau violence, it is helpful to have a definition of what this is. A definition of whānau violence, as derived from information gathered from this study, as well as from practice experience, is as follows:

> Whānau violence can be defined as any form of spiritual, psychological, sexual, or physical abuse and neglect that is experienced by any individual or collective of individuals who constitute whānau, where whānau is defined broadly to include all individuals linked by whakapapa or other close connection, including extending to the hapū and iwi. Whānau violence results from negative and conflicting values, beliefs, attitudes and behaviour that are the result of a complex interaction of factors occurring within the context of both historical and contemporary trauma or stress.

One of the key elements in the consideration of this definition is the centrality of whānau. Despite the adverse impact of colonisation and its consequences, the value Māori place on being part of a collective has remained resilient. Practitioners working 'one-on-one' with Māori should be cognisant of the paramouncy of whānau for many Māori, and not be tempted into thinking they are working with 'isolated' individuals. An orientation to a view which situates Māori within a collective will be helpful in this regard. While working with individual Māori is not precluded, opportunities for practitioners to engage the collective whānau, in order to share burdens and support, to increase whānau capacity, resources and skills, and to facilitate the restoration of whānau where desirable and possible, are all facilitated when whānau are recognised as a collective. As a note of caution however, whānau are also diverse in nature and this should be considered at intervention. However, this study highlights the enduring preference of whānau to keep the collective central.

While understanding 'whānau' is already an ordinary practice for some practitioners, for many it is not, and Western orthdoxy which espouses the primacy of the individual prevails in much of the training and professional practice of psychology and other helping professions in Aotearoa New Zealand today. If this study is to have beneficial effect, then the training and practice methodologies of the profession need to change. While Māori psychologists lead these changes, which for some may be tiresome, it is in keeping with the philosophy that 'only the oppressed can liberate' (Friere, 1970). This is not to exclude non-Māori collaborators who are equally convinced of the need for change.

The value of Māori approaches. The value of ensuring that violence intervention and prevention programmes for whānau are culturally relevant and responsive was emphasised in the reports of interviewees in this study. Alongside the strong argument for this in the literature, the three participant groups in this study valued Māori approaches to this work. Some of these approaches were firmly based in a Kaupapa Māori, transformative model of practice. Others included activities that were not Māori-focused as such (e.g., the delivery of educative programmes or components of programmes) but were still delivered within a Māori framework or from a Māori worldview, often referred to as a Kaupapa Māori approach. Within both such approaches, taking the time for tikanga-based practices such as whakawhanaungatanga and other rituals of engagement which facilitate developing trusting relationships was important. The application of Māori values to an understanding and approach to wellbeing which was holistic and included fundamental concepts such as wairua, tapu and mana, was also emphasised, as was the opportunity to enhance cultural identity and improve connectedness.

This has a number of implications for practitioners. Firstly, for non-Māori practitioners, current training and professional development opportunities in psychology and other helping professions do not adequately incorporate all of the teachings required to become proficient in the delivery of Māori approaches such as those described here. While there has been some incorporation of approaches into these settings, opportunities to study or develop these skills more intensely are limited. Additionally, there remains some resistance to the infusion of Māori approaches into Western psychological traditions, and despite Durie (2004) suggesting that "the interface between science and indigenous knowledge need not be a site of contest" (p. 1142) at times this seems most decidedly so. Competing for 'space' in an academic curriculum, for example, is an experience not unknown to teachers of this type of material, including myself. This is both humanly and professionally offensive to indigenous practitioners in their own country and needs to change.

Furthermore, even where non-Māori psychologists are able to access learning that may enable them to carry out some of this work, there often exists barriers in the workplace to these approaches. The orthodox Western clinical practice of operating on strictly time-bound appointments (usually one hour) and a specific number of allocated appointments (e.g., ten sessions) is an example of a further challenge that may be presented in terms of being able to allow adequate time for engagement with Māori using Māori processes. The strong constrast to

these practices is provided by the pro-Māori practice conventions of the Ngāti Hine Health Trust. However, the Trust possesses the capacity in personnel to provide these cultural practice frameworks, whereas the small number of Māori overall in the profession of psychology and related professions, external to these types of organisations, who are available and have the capacity to teach this material and provide supervision in this regard, are limited.

Solutions to these challenges include growing greater Māori professional capacity. Alongside this, a shifting of priorities to allow for more resources for teaching and professional development opportunities is also needed. Non-Māori psychologists can play a key role in advocating for these things. This is vital, as while Māori capacity is increasing, there is a need for non-Māori to work with Māori across a range of issues. Consequently, creating opportunites for non-Māori to enhance their cultural competency in their work with Māori is also essential.

Secondly, and ideally for Māori, it is most appropriate that Māori practitioners are available. This also presents some challenges. Where Māori strongly identify as Māori, yet have been trained in Western models, such as psychology, there exists a challenge to successfully incorporate both traditions in a way that is effective for Māori. Often this requires a Māori-interpretative approach to the models, to enhance their relevance for and transferability to Māori, while also maintaining the elements that give them their effect. This can be a balancing act, which if not considered thoughtfully, can result in the appearance of 'window-dressing' psychological approaches with Māori frameworks or vice versa. Subsequently, this continual task of 'translation' can create an added burden for Māori practitioners. Despite this burden, it is important to persevere with these interpretive practices as this can provide maximum beneficial effect for whānau. For example, participants in this study clearly identified benefiting from a 'blend' of approaches. It is also inescapable, as, regardless of ethnicity, there are high expectations on practitioners nowadays to possess both clinical *and* cultural competence. I suspect, however, that this is likely felt more keenly by Māori practitioners working with Māori, where expectations and accountabilities in terms of working positively for the collective good, for example, are high.

A further challenge for Māori pracitioners working from both traditions, and similar to the above comments, is that there can be some resistance to the incorporation of orthodox psychological approaches into more 'traditional' Māori forms of intervention or healing among

some Māori. The implication for these Māori traditionalists is to consider that other models of intervention may enhance their practice and ultimately offer more effective intervention to whānau, and that the inclusion of these does not need to be in contest with Māori approaches.

The value of blended approaches. Blended approaches include the simultaneous appropriate use of Māori cultural practices and interventions alongside others which are useful, such as those of clinical and community psychology. The effective utilisation of blended approaches in the prevention and intervention of whānau violence is supported by this study. Consequently, this logically suggests that the academic environment would benefit from adaptation through adoption of a more blended training and teaching pedagogy, guided by an ongoing development of theoretical frameworks.

Included in this 'blending' example, is the essentiality of drawing upon the underlying empathy and harmonious relationships between community psychology and Māori cultural frameworks. The incorporation of these with clinical practice should help bring a national identity to the nature of psychological practice in Aotearoa New Zealand. As the profession matures within its Aotearoa New Zealand environment, the profession can reasonably expect that the incorporation of these blended approaches will become well respected norms.

The value of organisational and institutional capacity. The Ngāti Hine Health Trust was selected as a research site because of my natural connection to it, and also because it offered a wide-ranging set of organisational characteristics which suited the nature of the research. Setting it apart from other organisations in Te Tai Tokerau, is the scale of the Trust's operations. As the largest Northland private provider of various health, social, educational, and social housing services, the Trust provided a unique opportunity for a potentially wide pool of participants. Additionally, as the Trust is wholly Māori governed and managed, it therefore provided the opportunity to observe Māori practitioners within a Māori-owned and operated workplace environment, and also to invite their participation in the study.

Given that the Trust was founded twenty years ago, it can reasonably be described as a well established Northland institution of Māori intellectual and physical resources, which is committed to the delivery of diverse, high quality services to its multicultural clientele. The leadership of the Trust's Board and Senior Management is appropriately qualified, and the policy and practice frameworks are comprehensive, well-documented and readily electronically accessible. These

frameworks govern the practice protocols of practitioners within the organisation, and are firmly based upon a Kaupapa Māori foundation. This is an example of a blended approach to using managerial best practice complimentary to Māori cultural practice.

Furthermore, the senior management team is exposed to '360 degree' reverse reviews of their performance by all of the approximate 160 full-time and 230 part-time staff. This is a robust process which helps to keep the organisation focused on its commitment to staff morale, welfare, training and professional development. This contributes to what the Trust refers to as its 'learning environment' where all staff are encouraged to improve their professional learnings and capability. Included in this, is a unique set of performance measures which reward staff for their proficiency in Māori cultural practice, when dealing with whānau clientele. The review process also contributes to open and transparent relationships in the organisation which reflects itself in the quality of the relationships between staff and contributes to effective integration of service delivery to whānau. This in turn causes staff to model the whānau ora positives they seek to promote among whānau.

It is within this Māori owned and operated organisational environment that practitioners are well supported and can flourish. In this study, practitioners noted the positive aspects of organisational consistency, resource capacity and supervisory support. The regularity of the whanaungatanga sessions by which the working day is started, and which prevail throughout the organisation, were highly valued features of the organisational culture. As referred to above, the inception of the Trust, as a Māori owned and operated institution, ensures it has a Māori 'liberationist focus', which is facilitated by the scale of the Trust's operations and its earning capability. This provides practitioners with a secure employment within cultural frameworks which releases their ability to fully enact their Māori cultural practice capability.

This Trust, and others of a similar nature, provide the optimal institutional environment for the most effective prevention and intervention for whānau violence. While this study was not an evaluation of the Trust or its programmes per se, comments made by interviewees across all three groups reflected enthusiam in support of the model of service delivery made possible by the Trust's organisational culture. This model, therefore, may hold relevance for other hapū- and iwi-based services, and potentially other indigneous-based services, in terms of being a model of indigenous 'good practice'. Other non-indigenous organisations or institutions may also consider

exploring opportunities to incorporate aspects of this type of model, where possible, so as to create environments in which optimal support for Māori staff practitioners is present and may enhance their ability to carry out their 'craft' to their maximum potential.

The value of prevention. It is extraordinarily difficult not to be affected by the tragedy of whānau violence. The devastation and wreckage that occurs in the life of some whānau as a result of this is profound. Whānau violence not only negatively impacts whānau, but also hapū and iwi, as they are inextricably linked. The circumstances that lead to whānau violence often represent a harrowing pathway littered with a multitude of risk factors across many of life's contexts for the individuals and whānau concerned.

The alternative to this is prevention. To return to the ideas which introduced this thesis, prevention is the investment of love, care, teaching and guidance for children and mokopuna who are the legacy and leaders of tomorrow. It is the transmission of important knowledge, abilities and practices that will contribute to building and sustaining whānau ora in the future, that necessarily involves a commitment to the positive development of whānau today. This is the vision of 'mokopuna rising'.

Limitations and Strengths of the Study

This study was located firmly within a Kaupapa Māori research framework. I came to be undertaking this study as an 'insider' researcher; that is, as a Māori woman who ordinarily operates from a Māori worldview, and who also had whānau and hapū links to the research setting. This is a strength of the study as it enabled me to engage with participants and carry out this research in a way in which Māori values, beliefs and behaviours could be shared and understood. The central role whanaungatanga played in this was integral. Through these shared understandings, practices, and relationships, it is possible that I was able to gather information that might not otherwise have been accessible. Also important was the accountability and responsibility I had to all of those involved; that the study would be a collaborative project, which would ultimately be useful and of benefit to Māori, specifically to the participants, to the Ngāti Hine Health Trust, and to Ngāti Hine. The guidance of the Rangahau Whānau throughout this

study enhanced this. Accordingly, these Māori ethical requirements added strength to ensuring this study was conducted in a way that was best for Māori.

However, it is also possible that biases related to these shared values, understandings and relationships could have influenced the research processes. Influences may have also been present in terms of the prior knowledge and experience I took to the study as a clinical psychologist and academic. For example, I may have been more likely to attend to responses which confirmed what I expected to find. Additionally, the desire to gather information that would be useful and relevant for Māori may have made me more likely to attend to participants' responses which presented a positive view of the value of Māori cultural understandings and practices to the prevention and intervention of whānau violence. However, strategies were put in place to counter this. For example, I was committed to taking a critical stance about my influence on the study and made use of regular supervision, as well as input from the Rangahau Whānau, in order to enhance my awareness of my own values, attitudes and influence. To assist with this, I was also committed to maintaining a stance of being open to exploring all responses (including those contrary to what I might have expected to find). I also attempted to gather a broad range of responses by asking participants about unhelpful or negative aspects of their experiences or understandings, and was able to do so.

While having the potential to influence the study processes, the knowledge and experience I took to the study as a clinical psychologist could also be viewed as a strength. I was able to 'sit with', and respond to, the stories of whānau group participants in a way that respectfully acknowledged the difficulties they had endured, and was also able to identify and assist where further support was needed and made referrals back to practitioners in accordance with this. I believe that research with whānau about whānau violence would be so much more difficult to do without these skills. I was also able to relate to practitioners with a certain level of understanding, due to being a practitioner myself, and this may have enhanced the depth of the information gathered.

This study was carried out in a Ngāti Hine hapū environment in Te Tai Tokerau, and therefore the understandings attained are likely to be most relevant to that environment. However, not all participants had tribal links to Ngāti Hine, so it is possible that this study may also appeal to other hapū and/or wider Māori environments. Additionally, the people of Ngāti Hine are a large and

diverse group, and the number of Ngāti Hine representatives interviewed in this study was small. Accordingly, it would be perilous to claim that this study represents the view of all Ngāti Hine people, especially given the whakataukī '*Ngāti Hine pukepuke rau*' [Ngāti Hine of a hundred hills/a place of many leaders]. It does however, make a contribution by presenting some of the knowledge and understandings which exist within Ngāti Hine. It can also be considered a strength that this was a hapū based study on whānau violence, as this brings with it an element of uniqueness. To my knowledge, there are no other studies which have gathered hapū representative views on the prevention of whānau violence, and combined these with views from whānau themselves, as well as practitioners located within the same environment.

In a broader environment, the sample characteristics of this study may limit generalisability (albeit that generalisability is not commonly a goal of qualitative research). The numbers recruited were small overall – as is common in qualitative studies - and not representative of the Māori population, nor of the non-Māori population (as there were even fewer non-Māori). Additionally, the methods of recruitment may have resulted in sample bias, as those with certain attitudes, beliefs or preferences may be more likely to have been approached about participating in the study by practitioners (even inadvertently) or more inclined to volunteer to participate than others. In this regard, participants were therefore also not representative of all of the types of whānau who experience difficulties with whānau violence, nor of all practitioners who work in this field.

However, a range of thoughts, experiences and understandings were gathered in this research, and this reflected the fact that diversity among participants existed. Importantly, some of the whānau group participants commented directly on the value of being able to share their stories about their pathways to wellbeing. Reflecting on the significant and positive changes they had made, as well as hopes they held for the future, brought about a sense of achievement, and satisfaction that they were contributing to a study which aimed to benefit others. This study brought together a range of experiences and understandings from three groups: whānau, practitioners, and Ngāti Hine representatives, about whānau violence. Given the dearth of literature in the field, this study makes a humble contribution to the understanding of whānau violence for Māori today.

Future research

This study highlighted the need for further exploration in a number of areas. Firstly, in order to enhance the reach of this type of research to a broader range of whānau, future research could aim to recruit a cohort of whānau clients, at the point at which they enter programmes which address whānau violence. This will assist with creating opportunities for a more comprehensive, detailed examination of whānau violence, and therefore allow for greater understanding of the experiences of whānau who are dealing with these difficulties. Recruiting a cohort of whānau clients will also counter issues of selection bias.

Secondly, it would also be useful to explore the effectiveness of programmes with regard to both short- and long-term outcomes for whānau. This study explored experiences of programmes, as well as reflecting on past experiences of interventions, however this was not specifically an 'outcomes' study. Exploring outcomes for whānau in more detail, including what maintains positive changes within whānau following completion of programmes, could provide useful information for programme development, delivery and follow up, and well as for understanding the contributors to positive whānau development and whānau ora . In this regard, future research may consider recruiting whānau clients into a longitudinal study in order to create opportunities to better develop this understanding.

Thirdly, research which investigates in more detail the process and impact of decolonisation practices and reconnection with Māori values, concepts and identity, on whānau who are dealing with difficulties such as whānau violence, could be beneficial. Contemporary conventional wisdom asserts this as helpful, however there is little practice research on how these processes positively impact on whānau wellbeing. Gaining an understanding of this could assist with knowing how best to incorporate these processes into practice with whānau who are disconnected or alienated from their cultural identity and cultural knowledge.

Finally, research which contributes to the development of blended approaches to intervention with whānau could be useful. Continuing to develop these types of theoretical frameworks and practice approaches may further opportunities for development of improved interventions for whānau. Related research could also assist with the development of resource materials for practitioners who wish to utilise and/or teach blended approaches. Also important would be research which examines the efficacy of such approaches.

Overall, it is recommended that Kaupapa Māori approaches are utilised in future research about whānau violence. Ultimately research development should be guided by the needs and aspirations of those for whom the research will be of most benefit. The value of such approaches have been illustrated in this study and any further examination of this particular topic must ultimately be for the purpose of improving whānau ora. This study has been exploratory and provides a platform from which further research within Ngāti Hine could be developed. Such research could explore and enhance the ongoing work that Māori are engaged in, in that environment, because, as this study suggests, that work is worthwhile.

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Appendix A

Information Regarding Hapū/Iwi Status of Ngāti Hine

The Ngāti Hine hapū has traditionally been described as a hapū (subtribe, in this sense) of the Ngāpuhi iwi (tribe). However, there have been recent discussions among Ngāti Hine people, led by the Runanga (Te Maara a Hine-a-maru), about configuring as an iwi. The purpose of this would be to reflect that Ngāti Hine is a larger tribe, or extended kinship group, in its own right. This is due to the sheer size of the hapū, which has within it a number of marae of distinct whānau groupings that self-describe as hapū. Important to this discussion is that changing to iwi status would not sever links to the Ngāpuhi iwi, which are forever in place through whakapapa. Rather, becoming an iwi would recognise the growth and associated aspirations of Ngāti Hine, including the self-management of fisheries resources currently under the control of Te Runanga a Iwi o Ngāpuhi. Related to this, is that Ngāti Hine people are currently exploring opportunities to engage with other Ngāpuhi leaders for an alternative approach to negotiations of Tiriti o Waitangi/Treaty of Waitangi claims. These explorations reflect important development currently underway within Ngāti Hine.

Appendix B

Whānau Group Participant Recruitment Information Sheet

Tēnā koe,

Thank you very much for helping me to recruit participants for my research project.

For this part of the project I am hoping to speak with individuals and/or whānau who:

- Are adults aged 18 years and over.
- Are of Maori descent, and self-identify as Māori, or,
  - Are a non-Māori parent or grandparent of a Māori child.
- Have previously witnessed or experienced family violence.
- Have previously participated in (or are nearing completion of) an individual or group programme in which family violence was addressed, as follows.

- ❑ Completed the Family Start or SAGES programme over the six month period of July – December 2009, or, has been enrolled in the Family Start programme for at least one year.

- ❑ Completed either the Te Hurihanga or Te Waiwhenua Residential Alcohol and Drug programme during the one year period 2009 – 2010.

These are the criteria that I have ethical approval for.

When approaching people about taking part in the research:

- They need to be told that the study is about investigating the best ways for whānau to reduce and avoid violence in their whānau. They will be asked to talk about what their ideas are about this. Questions will be focused on topics such as "what has been helpful for you?" and "what do you think would be helpful for preventing whānau violence?". There are no right or wrong answers. They are not obligated to share any personal information they do not want to. I am hoping the interviews will be as relaxed as possible, like having a conversation.
- They need to be given the Participant Information Sheet (PIS) to take away and read.
- They need to be told that if they are interested they can:
  - Give permission (consent) for me to contact them (and give their contact details), or contact me themselves.
  - Feel welcome to have a support person/people present (e.g., whānau, friend, kaitiaki, kaimahi) when they are being interviewed, if they decide to take part.
  - Have a choice of locations for interview (e.g., I can come to their home or they can come to the Trust offices, etc).
- They will be offered a kapu ti and kai, and will be given a summary report once the research is finished.

Tēnā anō hoki koe,

Erana (phone xxxxxxxxxx)

Appendix C

Participant Information Sheet

THE UNIVERSITY OF AUCKLAND
NEW ZEALAND

Early intervention in whanau violence: A best practice package (Phase I)

Information Sheet for Potential Participants

Tena koe,

My name is Erana Cooper. I am of *Ngapuhi, Ngati Hine* descent. I am studying towards a PhD (Doctor of Philosophy) in Psychology at the University of Auckland. I am doing this research for the purpose of my thesis. You are invited to take part in Phase I of a study investigating the best ways to support people to reduce and avoid violence in their whanau. The aim is to find out what would be useful for whanau dealing with violence so that a 'best practice' model can be developed. Taking part in this study is your choice, and you have the right to not participate.

Who will benefit from this study?

It is hoped that whanau will benefit from this research by having their ideas heard about the support needed when dealing with whanau violence. It is also hoped that mental health and social services will benefit by learning from the recommendations that will result from this study about the best ways to help whanau reduce and avoid violence.

What does the study involve?

Ngati Hine hapu representatives, providers and experts in the field of whanau violence, and tangata whaiora who have attended whanau violence programmes will be invited to participate in this phase of the study. I hope to interview about 30 people altogether. During the interview you will be asked to talk about your thoughts and feelings on what type(s) of support whanau need most in order to reduce or avoid whanau violence. This might

include ideas based on your experiences in your own whanau, with others, and/or in your work. Your thoughts and feelings may relate to general ideas about this topic, specific cultural factors, specific clinical factors, or any combination of these. The interview should take between one to two hours, but this will depend on how much information you wish to share with me. You do not have to answer all the questions and can stop the interview at any time, either for a break or to finish completely. I need to take a few notes and audio-tape the interview, to be sure that I have a correct record of what you tell me. Please feel reassured that anything you say will be confidential and private.

Where will it be done?

The interview will be held in a place where you feel comfortable and where we can talk with privacy. I will travel to you for the interview, so you will not have to pay for any costs involved such as needing petrol money or a bus ticket. You are more than welcome to have whanau or friends present for support.

What will happen at the end of the study?

After our interview I will write-up the main themes from the audio-tape. You will have a chance to check the record of your interview. This will be a few weeks after the interview. You can take out, change or add to anything that you said in the interview. I would like to report the final results back to you and if you are interested, discuss them with you. No material that could personally identify you will be used in the write-up of the study. The university requires that the information you give me is kept in secure storage after the completion of the study. No one except me and my two research supervisors will have access to this information.

What are your rights as a participant?

If you do agree to take part, you can choose to withdraw from the study after the transcripts are sent to you. This also includes the right to withdraw the information you have given me. You would not have to give a reason for withdrawing from the research. You can contact either me, or one of my supervisors, with any questions or concerns that you may have at any

stage of the study. Their contact details are given on the back page. If you have any questions or concerns about your rights as a participant in this study and you do not want to ask me or my supervisors, you can contact a Health and Disability Consumer Advocate on 0800 423 638. If you want to make a complaint, you can address it to me, my supervisors, or the Administrator of the National Ethics Committee, at the address given on the back page.

Are there any risks involved?

Whanau violence/domestic violence can be very upsetting. There is a risk of becoming upset when talking about this topic, especially if you have had personal experience with violence. If you think the risk of becoming upset may be a problem for you, it may be better that you do not take part in this study. Alternatively, we can begin and then stop if you feel uncomfortable. You can have a break and then continue, or stop altogether. If necessary, I can help you to access support you might require. You are also welcome to discuss these issues with me. If any issues arise that suggest your safety or someone else's safety may be at risk, I will need to talk about this with someone that I think can help reduce this risk.

Where can I get more information about the study?

You can contact me by the phone number supplied below, leave a message for me and I will call you back as soon as I can. By replying, you are not committing yourself to the research. What you are agreeing to is giving me your contact details and allowing me to contact you to discuss whether you may like to participate. I would be very grateful if you could take the time to reply to me as soon as you have had enough time to think about this. This study has received ethical approval from The Northern Y Regional Ethics Committee.

Thank you for taking the time to read this information sheet and considering sharing your valuable knowledge with me. I hope I will hear from you soon.

Tena ano hoki koe,
Erana Cooper

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Director Operations (Northland)
Te Whare Wananga o Awanuiarangi
Private Bag 9019
Whangarei 0148

Other contact details:

Health and Disability Consumer Advocate
0800 423 638

For any queries regarding ethical concern please contact the Administrator of the National Ethics Committee:
Northern Y Regional Ethics Committee
P.O Box 1031
Hamilton
(07) 858 7021

APPROVED BY THE NORTHERN Y REGIONAL ETHICS COMMITTEE ON 25/07/2007 FOR A PERIOD OF 2 YEARS 11 MONTHS (UNTIL 04/07/2010); REFERENCE NTY/07/07/086

Kia ora
maori.org.nz
mo nga kowhaiwhai ataahua

Appendix D

Interview Schedules

Whānau Group Participants: Interview Schedule

(Semi-structured interview guide)

Karakia/opening

Preamble

All whānau have a range of experiences in their lives as whānau. At any given time whānau can be dealing with many things, both good things and things that are difficult. Dealing with violence within the whānau can be one of these difficult things. Before we start I want to acknowledge the strength and capability of whānau; this is something we hope all whānau will have. However, difficulties like whānau violence can make it very hard for whānau to be strong and capable. This research is about finding out what helps whānau to reduce and avoid (or stop) whānau violence, and also about what helps whānau to prevent this from happening within their whānau. This is so we can find out the best ways to help whānau who are experiencing these types of difficulties or prevent them from occurring altogether. These are the things I hope we can talk about today.

1: What is whānau violence?

- When you hear people say the words 'whānau violence', what you think they mean?
- How would you define 'whānau violence'?
    - What is it?
    - (clarify use of word 'family' if used)

- What do you think contributes to whānau violence?
    - What are some of the things that cause it?
    - Why do you think violence happens in whānau?

2: What helps whānau to reduce or avoid violence within the whānau?

- What helps whānau reduce or avoid violence?
- What has been helpful to you? And your whānau? Or anyone else you know?
- Can you give me some specific examples? about what you think is helpful?

- Thinking about the programme(s) you've received through the Ngāti Hine Health Trust:
    - What was specifically helpful?
    - Was anything not helpful?
    - Was there anything different about the support and help you've received through the Trust compared to other services you've been involved with?
    - Can you tell me about the involvement you've had with other services or supports?

3: What would prevent whānau violence from happening?

- What do you think would prevent violence from happening within whānau?
- What do you think can be done about whānau violence?

- Looking back on your life, are there times you can see when support would have been helpful? When might that have been? Can you tell me about that?
  - What might have prevented the difficulties you've experienced in the past with whānau violence?

- Looking forward to the future, what are your hopes and plans for your whānau? And your children/grandchildren? (in relation to wellbeing)
  - What will prevent whānau violence from happening in your whānau in the future?

4. General:

- Is there anything else you'd like say about all of this, that I haven't asked you about?
- Do you have any questions before we finish up?
- Is there anything you'd like to say about how this interview has gone? (feedback)

Thank you

Karakia/closing

Practitioners: Interview Schedule

(Semi-structured interview guideline)

Karakia/opening

Preamble

All whānau have a range of experiences in their lives as whānau. At any given time whānau can be dealing with many things, both good things and things that are difficult. Dealing with violence within the whānau can be one of these difficult things. Before we start I want to acknowledge the strength and capability of whānau; this is something we hope all whānau will have. However, difficulties like whānau violence can make it very hard for whānau to be strong and capable. This research is about finding out what helps whānau to reduce and avoid (or stop) whānau violence, and also about what helps whānau to prevent this from happening within their whānau. This is so we can find out the best ways to help whānau who are experiencing these types of difficulties or prevent them from occurring altogether. These are the things I hope we can talk about today.

1: What helps whānau to stop violence within the whānau?

- In your experience, what are the helpful practices or strategies which assist whānau to stop violence within the whānau?
    - Can you give me some specific examples?
    - From your current role? From any previous similar roles or work that you've done?

2: What is your current work?

- Can you tell me about your work? What do you do?
- Can you describe the different things that you do?

3. General:

- Is there anything else you'd like say about all of this, that I haven't asked you about?
- Do you have any questions before we finish up?
- Is there anything you'd like to say about how this interview has gone? (feedback)

Thank you

Karakia/closing

Ngāti Hine Representatives: Interview Schedule

(Semi-structured interview guideline)

Karakia/opening

Preamble

All whānau have a range of experiences in their lives as whānau. At any given time whānau can be dealing with many things, both good things and things that are difficult. Dealing with violence within the whānau can be one of these difficult things. Before we start I want to acknowledge the strength and capability of whānau; this is something we hope all whānau will have. However, difficulties like whānau violence can make it very hard for whānau to be strong and capable. This research is about finding out what helps whānau to reduce and avoid (or stop) whānau violence, and also about what helps whānau to prevent this from happening within their whānau. This is so we can find out the best ways to help whānau who are experiencing these types of difficulties or prevent them from occurring altogether. These are the things I hope we can talk about today.

1: What helps prevent whānau violence?

- What do you think would help prevent violence within whānau?
  - What would that involve?
  - Can you give me some specific examples?

2: Vision for the future:

- What is your vision for healthy Ngāti Hine whānau for the future?
  - And for the future of the hapū?

3. General:

- Is there anything else you'd like say about all of this, that I haven't asked you about?
- Do you have any questions before we finish up?
- Is there anything you'd like to say about how this interview has gone? (feedback)

Thank you

Karakia/closing

Appendix E

Consent Form

CONSENT FORM

(This consent form will be stored for a period of six years)

Project Title: Early intervention in whānau violence: A best practice package (Phase I)

Principal Investigator: Erana Cooper

I have read and understood the Participant Information Sheet for this project for volunteers taking part in the study designed to investigate the best ways to support people to reduce and avoid violence in their whānau. I have had the opportunity to discuss this study, ask questions and have them answered. I have had the opportunity to use whānau support or a friend to help me ask questions and understand the study, and have been given time to consider whether to take part.

I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without giving a reason. I understand that my participation in this study is confidential and that no material which could identify me will be used in any reports on this study.

I understand that my interview will be audio-taped and that I have the right to turn off the tape at any time. I understand that I can request the tape be returned to me after transcription has taken place (after the words on the tape have been listened to and written down) by contacting the Principal Investigator.

I understand that this consent form will be stored separately to any other data related to me. These will be stored in a locked filing cabinet in Associate Professor Fred Seymour's office at the University of Auckland for a period of six years.

NAME:

SIGNED: DATE:

Appendix F

Demographic Information Sheets

~ Information about you ~

Demographic Sheet

(For individuals and whānau)

This information is gathered to ensure that information about the people being involved in this research (participants) is accurately reported.

Name: _____

Please feel reassured that you will not be individually identified in any reports resulting from this research. None of the information below will be associated with your name. Instead it will be used to describe the groups of people who participated in the project. For example, "30 people aged 25 to 81 years participated in this research".

Age: _____

Ethnicity: _____

Iwi/hapū links: _____

_____

_____

Contact with NHHT (amount of time): _____

_____

_____

Contact details: _____

_____

_____

Thank you

Kia ora!

~ Information about you ~

Demographic Sheet

(For Ngāti Hine Health Trust, Ngāti Hine representatives and providers/experts in the field)

This information is gathered to ensure that information about the participants in this research is accurately reported.

Name: _____

Please feel reassured that you will not be individually identified in any reports resulting from this research and that none of the information below will be associated with your name. Instead it will be used to describe the groups of people who participated in the project. For example, "30 people aged 25 to 81 years participated in this research".

Age: _____

Ethnicity: _____

Iwi/hapū links: _____

_____

_____

Mahi / Role(s): _____

_____

_____

Years doing that work: _____

_____

_____

Thank you

Kia ora!