

## Chapter 4

# Indigenous Sexual and Reproductive Justice in Aotearoa New Zealand: Mitigating Ongoing Colonial Harm in the Revitalisation of Māori Sexual Violence Prevention Knowledge, Expertise, and Practice

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Sexual violence victimisation remains a pervasive sexual and reproductive justice issue for Indigenous women globally (UNFPA and CHIRAPAQ 2018). In Aotearoa New Zealand, Māori (Indigenous) women are twice as likely to be impacted by sexual violence than other women (Fanslow et al. 2007), and it is estimated that around one quarter of young Māori women have experienced some form of forced sex by the age of 18 (Clark et al. 2016).

Research has also noted concern about non-consensual sex experienced by takatāpui<sup>i</sup>, and vulnerability associated with being newly “out of the closet” within wider gay networks (Aspin et al. 2009). This issue is overlooked and overshadowed by dominant blaming discourses that suggest Māori youth are “problematic” (Moewaka Barnes 2010).

Psychological impacts of sexual violence are often severe, wide ranging, potentially traumatising, and shape people’s lives in complex ways (Gavey and Schmidt 2011; Le Grice 2017).

The pervasive presence and extensive impact of sexual violence on Māori occurs against a backdrop of individualising and cultural deficit explanations that blame Māori culture and individual victims (Le Grice 2019). The harms of historical and ongoing colonisation are oft denied in national narratives (O’Malley and Kidman 2018) and rarely understood in contextualising Māori experiences of sexual violence (Cavino 2016; Pihama et al. 2016). If unaddressed, sexual violence is a serious public health and social issue. Yet, racism pervades

support and justice systems, preventing Māori from reaching out for assistance in contexts of interpersonal harm (Le Grice 2017). Meaningful, effective, and tailored interventions to support Māori are required to not only mitigate impacts and prevent further harm, but to support the development of satisfying, safe sexualities and lives unhampered by negative psychological and relational impacts of sexual violence, thereby allowing victims and survivors to reach their full educational, economic, social, and whānau<sup>ii</sup> potential.

Indigenous (Māori) self-determination in sexual violence prevention, intervention and healing in Aotearoa New Zealand is facilitated by specialist practitioners, and wider community investment in the wellbeing of current and future generations. While sociocultural, institutional, and material continuities in the perpetuation of colonial harm across generations remain, the cultural principle of whakapapa (ancestral connections) affirms Māori aspirations for the wellbeing of future generations. In this cultural context, the amelioration of sexual violence and associated impacts upon Māori is an important reproductive justice praxis. In this chapter, we report on a kaupapa Māori (Māori-led) qualitative interview-based study with 23 key stakeholders in sexual violence prevention. Drawing on a pūrakau<sup>iii</sup> approach to analysis that invited reflexive elaboration, we explore tensions associated with recent gains to push back against the dominance of Eurocentric knowledge and systems of practice, and recentre forms of practice derived from Indigenous ways of knowing, being, and healing from colonial histories and contemporary sociocultural contexts. Drawing on our context in Aotearoa New Zealand, we argue that Indigenous self-determination of knowledges, expertise, and ability to enact and practice them is a crucial issue for sexual and reproductive justice for Indigenous peoples.

## The Impact of Colonialism in Shaping Social Contexts of Sexual Violence

The impact of settler colonialism on shaping social contexts that have rendered Māori vulnerable to sexual violence cannot be overstated. As Hayley Cavino (2016) writes:

The accumulating factors of settler patriarchy, colonial knowledge systems, and land alienation produce a form of violence which manifests as a forced separation between people of Māori descent and the ‘content’ of what it might actually mean to be Māori, including knowledge of our whakapapa, tikanga<sup>iv</sup>, language, and ancestors—in short, our understanding of ourselves and our place in the world (6-7).

While colonialism has gutted Māori ways of knowing and being from the corporeal realities of many Māori living in contemporary contexts, some of the specific drivers and causes of sexual violence have been more subtly shaped. The predominance of colonial notions of nuclear family at the expense of more expansive notions of whānau held by Māori has isolated victims from intergenerational networks of support through which the values that supported tikanga and relationships would be transmitted, and a perpetrator of sexual violence held to account (Cavino 2016; Kruger et al. 2004; Pitman 2013). Fluidity in gender norms was replaced by entrenched binarised gender roles within households and domestic settings, and economic stability was undermined by stolen land bases (King and Robertson 2017). An assault on the ingenuity, innovation, and economic base of our communities, particularly in the North of New Zealand, occurred through Crown violations of the relationship established with Māori through Te Tiriti o Waitangi<sup>v</sup> and He Whakaputanga<sup>vi</sup> (Johnson 1996). Māori rangatiratanga<sup>vii</sup> and governance across all aspects of our lives continues to be undermined by the government in terms of decision-making power, inequitable access to resources and services, and inequities in health, social, and justice system outcomes.

While colonisation disrupted connections between Māori people and Māori knowledge systems (Cavino 2016), the status of mātauranga Māori<sup>viii</sup> has not always rested comfortably in the context of Eurocentric approaches to knowledge production as legitimated within the academy (Groot, Le Grice, and Nikora 2019; Ruru and Nikora 2021; Smith 1999). Yet, gains continue to be made in situating Māori knowledge bases anchored in traditional Māori approaches—as well as new Māori innovations—on equal footing with those derived from Eurocentric traditions and innovations (see Crocket et al. 2017; Kingi et al. 2018; Nairn et al. 2012; NiaNia, Bush, and Epston 2016; Waitoki and Levy 2016 for examples). Māori knowledge forms in sexual violence prevention and intervention have also been reinvigorated by sexual violence specialist practitioners (Te Wiata and Crocket 2017). Indeed, the support and retention of Māori sexual violence specialist academic and community researchers who are consolidating a knowledge base to support, extend, and develop Māori sexual violence prevention initiatives are important to a Sexual and Reproductive Justice agenda in Aotearoa New Zealand.

Existing sexual violence research with Māori has demonstrated how in the aftermath of sexual violence, meaning-making and giving testimony is often intertwined with the harms and impacts of settler colonialism (Cavino 2016; Nga Kaitiaki Mauri 2015). For instance, like the violences of colonialism, sexual violence can disrupt whakapapa—the connective tissue between kinship groups, and a collective consciousness that moves across time from the past, present, and future. It can disrupt cultural concepts that connect the individual’s spirituality to the broader collective (Pihama et al. 2016). Māori-derived therapeutic approaches often go beyond individualising, Eurocentric mainstream approaches of working solely with a victim-survivor, to instead include working with a whānau (see Te Wiata, Smith, and Crocket 2017). Therapeutic approaches may be oriented to individuals and whānau with a view to “repatriate whānau to their mana motuhake<sup>ix</sup>, to their own greatness” (from Te Korowai Aroha o

Aotearoa, cited in Ngā Kaitiaki Mauri 2015, 34), and recognising who they are, alongside the narrative of what has happened to them (Pitman 2013). Restoring cultural constructs can also be drawn upon as practice tools when working with whānau in the context of sexual violence. Further invigoration of Māori insights may be derived from Māori language terms that lattice psychological meaning and convey the depth of cultural significance of intertwined experiences of sexual and colonial violation (Kruger et al. 2004).

### Māori Specialist Sexual Violence Services and Community Engagement

In Aotearoa New Zealand, *Te Ohaakii a Hine: National Network Ending Sexual Violence Together* (TOAHNNEST) is an organisation comprising sexual violence specialists who maintain a relationship with government, with a view to strengthen policy, research, practice, and programme evaluation. The organisation interweaves a range of initiatives and areas of intervention in the pursuit of ending sexual violence. It includes specialist representation from people working in sexuality education, therapists working with people who sexually harm, and therapists working with victims/survivors of sexual violence and their whānau. Across these domains are further areas of specialism including ameliorating violence against women, and the unique needs of migrant, Pacific, men, queer survivors, and survivors with disabilities.

TOAHNNEST operates through a Tiriti o Waitangi partnership between Māori and Tauwi,<sup>x</sup> allowing distinctive priorities and initiatives to be led from each caucus, as well as scope for collaborative projects and advocacy. This structure yields a space for *Nga Kaitiaki Mauri*, the Māori caucus of TOAHNNEST, to determine aspirations, processes, and actions that directly benefit Māori people, communities, and organisational structures. *Nga Kaitiaki Mauri* is engaged in vital work to increase recognition of colonising harms, harmful social norms and practices as forms of violence that contribute to current high rates of sexual

violence. *Nga Kaitiaki Mauri* also supports community engagement and capacity building to engage in sexual violence prevention, and therapeutic practices that are sourced from mātauranga, tikanga, and te reo Māori (Nga Kaitiaki Mauri 2015).

### Māori Sexual and Reproductive Justice

Addressing sexual violence and associated impacts on Māori is vital reproductive justice praxis. We might imagine ways to disrupt intergenerational trauma from sexual violence, and intersecting harm created by colonisation, to instead create pathways for Māori to be born into the world safe from harm. We might imagine thriving communities, and well-resourced services. Yet, how do aspirations for sexual and reproductive justice hold in the context of ongoing struggles for Māori self-determination in the context of ongoing colonialism?

Research documents this challenge in related sectors. In Mental Health Services, for instance, a recent report based on a government enquiry identified several challenges faced by kaupapa Māori services. These included: (1) not being recognised and considered as legitimate in the context of Eurocentric health service provision, (2) having to work around Eurocentric, individualised, deficit and illness focused models of practice, (3) inequitable financial investment, and (4) existing service mechanisms constructing barriers to service access (Russell, Levy, and Cherrington 2018).

Similar issues are documented in services working with children and youth. Research has explored how sociocultural tensions impacting young Māori men coalesce in coercive and punitive engagements with health or forensic systems, rather than pathways that facilitate their self-determination into services that support them to wellbeing (Hamley and Le Grice 2021). Research into the State removal of Māori children from their whānau following assessed risk of harm, highlights how removal exacerbates intergenerational colonial harm, is predicated on assessment tools far removed from Māori cultural contexts, *and* places children

at risk of abuse in care (Tupaea 2020). Tupaea (2020, 46) points to “appropriations of mātauranga and tikanga Māori in state sanctioned practices, under the guise of biculturalism”: the effect of invisible colonial norms that result in selective, strategic, and shallow utilisation of mātauranga Māori in structures of state care. The rhetoric of an equitable bicultural relationship between Māori and the Crown is merely a façade that pivots Māori people, knowledge, and culture on a Eurocentric axis.

Given the importance of eradicating sexual violence, as important sexual and reproductive justice praxis, the layered issues of colonisation, intergenerational trauma, and systemic bias in the experiences of Māori who seek support for sexual violence; and the tensions with legitimating Māori knowledges in academic and institutional contexts, what challenges are encountered by Māori sexual violence specialist practitioners, and community, engaged in sexual violence prevention?

## Methods

In this chapter, we report on data generated from a larger project supported by Cheryl Turner from Pakanae marae, funded by the *Health Research Council of New Zealand*. The project has progressed across three phases: (1) interviews with 23 key stakeholders, (2) interviews with 30 young Māori, and (3) development of a set of educational resources for Māori youth (underway) that address themes raised across each set of interviews. This chapter is based on data generated in the interviews with key stakeholders who were recruited through Jade’s and Cheryl’s networks in the Northland region of Aotearoa New Zealand.

A Kaupapa Māori research methodology (Smith 1999) was utilised in the research conceptualisation and design, relational engagement with participants, and analyses of the study. This methodology informed an approach that sought to situate the issue of sexual violence within a colonial sociocultural context and to identify barriers and strategies for

Māori self-determination in sexual violence prevention. Further, as kaupapa Māori research is Māori-led, the architecture of the research is informed by those who have been subject to colonisation, have been nurtured in Māori sociocultural contexts, and have lived experience of being Māori.

We sought views from a range of different people working in community settings who were involved in primary prevention of sexual violence through sexuality education and secondary and tertiary prevention through their work in supporting victims and survivors of sexual violence, their whānau, and the rehabilitation of those who had sexually violated or harmed another person. Interviews included nine clinicians, eight kaumātua<sup>xi</sup>, two educators, three public servants, and five community volunteers; some participants had more than one role. The average participant age was 61 years, ranging from 35 to 80 years of age. Sixteen women and seven men were interviewed. Twenty-one of the participants were Māori and two were non-Māori who had been recommended by Māori in the community. However, all extracts reported in this article are from Māori participants.

Participants were engaged into the research through manaakitanga<sup>xii</sup>, utilising a qualitative interview design, allowing dialogue between an interviewer and participant to generate rich and detailed descriptions of participants' lived experiences and the meanings attributed to them (Denzin and Lincoln 2005). Semi-structured interviews allowed us to explore textures of possibilities, challenges, tensions, and opportunities derived by the sociocultural context the participants were speaking from across different topics of interest. We also note the potential for dialogue to inform deeper conversation, where knowledge exchange can occur between researcher and participant, rather than a one-sided exchange. All the interviews were conducted between 2018 and 2019 by Jade who is Māori, from the tribes Ngāpuhi and Te Rarawa in the far north of New Zealand. She is a survivor of intergenerational trauma, childhood sexual abuse, rape, and intimate partner violence as a teenager (see Le Grice



2017). She is a member of *Nga Kaitiaki Mauri*, invested in improving outcomes for Māori victims of sexual violence, and preventing the occurrence of sexual violence, particularly for those in rural areas that are difficult to access.

A pūrakau approach was utilised in assembling and analysing the data (Lee 2009). The analysis was informed by Māori epistemology and ontology, as a kaupapa Māori project that takes Māori ways of knowing as the normative starting point for analysis (Moewaka Barnes 2000). Kaupapa Māori research may also be informed by critical theory (Hoskins and Jones 2017) that aims to delineate how colonisation and other vectors of marginality shape and constrain Māori agency (Le Grice 2017). Sociocultural contexts informed by Indigeneity and Coloniality are explored in the interpretation and analysis of stakeholders' contributions. Each participant's interview was analysed independent of the broader dataset by the first author, with analytic insights presented alongside selected extracts to participants in a summary report for their review (Nikora, Masters Awatere, and Te Awekotuku 2012). Participants were given the option to be named in relation to quoted extracts, and contacted to confirm they approved being named after sighting quoted material in narrative context of the chapter. Participants whose interview extracts appear in this chapter are noted in order of appearance, in table 1.

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In preparing the summary reports, participant interviews were transcribed verbatim, extracts relevant to sexual violence prevention selected and edited for readability, and checked for integrity in a holistic appraisal of their interview. These were structured by initial analytic codes that indicated how they might be utilised in analysis, and participants were given an option to review their summary report to ensure they were comfortable with the researcher's interpretations, and to allow reflexive elaboration (Tracy 2010). Through initial inductive analyses of participants' summary reports a clear thread became apparent about

*how* participants' professional practice was often curtailed in various ways. This initial insight shaped an abductive basis for the research question explored in this chapter, namely: how are the efforts of an Indigenous community engaged in sexual violence prevention marginalised or curtailed in a colonial context? How might academic knowledge production be complicit in this process?

## Results

This pūrakau (Māori narrative) outlines three broad areas where Indigenous approaches to sexual violence prevention are undermined: (1) curtailing Māori community agency in responding to sexual violence, (2) overlooking Māori innovators and expertise, and (3) disconnecting Māori ingenuity from originating people and place.

### Curtailing Māori Community Agency in Responding to Sexual Violence

Under-resourcing of kaupapa Māori services was an issue in sexual violence specialist services, as also identified in mental health services (Russell, Levy, and Cherrington 2018). Phillipa Te Paea Pehi, a clinician, spoke about issues with workforce capacity to support people affected by sexual violence.

*Extract 1, Phillipa Pehi (clinician, woman)*

Up here, there's very few of us who are qualified and are accepted as qualified by ACC<sup>xiii</sup> to work with people. I feel, there's a lot more in our community, like [name of mutual connection]. You know? She'd be great! Does she have the qualifications to do the ACC work? No. [Pause] But those are the sort of people that have access, love, and care, and understand the cultural milieu and everything else. And they're the ones that get missed out all the time, because they don't have these bits of paper. And

there's the burnout for those of us that are in it. So, there's so many levels of work, when you talk about prevention.

Speaking of issues with a lack of sexual violence specialist practitioners in a rural area, Phillipa also points to the capacity within the community: Māori with excellent skills could be supported by receiving further specialist training. Public funding for counselling for victims and survivors of sexual violence is available, but contingent on the availability of specialised practitioners to deliver therapeutic approaches of this kind. While pathways have been recently created from iwi<sup>xiv</sup> practice-based qualifications to full accreditation, there remains further work to build capacity of the Māori specialist sexual violence practitioner workforce. Demand for sexual violence specialist practitioners in rural Northland remains, and access to important services may be hampered by long travel distances. Community members step into support roles and bear witness to narratives of sexual violence disclosures out of necessity or mahi aroha (work that is done for love), but are not often compensated and must manage this work alongside other responsibilities.

Like Phillipa quoted above (see extract 1), several participants spoke of the burden placed on the few sexual violence specialist practitioners in the area. This burden may result in burnout, compounded in contexts with few people in connecting support services and underfunded volunteer services. As stated by another participant “*The resources we have up there are very bloody limited without a doubt*” (Woman, clinician). Another outcome is vicarious trauma resulting from the complexity of working with intergenerational colonial harm and the effects of sexual abuse and victimisation. This trauma may be intensified when understaffing means that practitioners have whānau connections to those they are working with.

Despite difficult, under-resourced contexts, and limits imposed by Eurocentric approaches to sexual violence victim support, Māori self-determination in specialist and community

approaches to sexual violence prevention is nevertheless forged. Meanwhile, broader national conversations about sexual violence create further barriers to Māori self-determination. This is illustrated in the following quote in which Lorene Royal, a community volunteer, refers to the role played by the wider sociocultural context in which conversations about sexual violence occur.

*Extract 2, Lorene Royal (community volunteer, woman)*

An impact (perhaps intentional and indirect) of colonialism is that Māori are disenfranchised from ownership of the conversations and solutions in addressing sexual violation – at the heart of it is perhaps a “cultural” conflict and [the] hegemony of Western beliefs based on revenge and tepid, if anything, attempts at rehabilitation with the dominant society acting like there is no redemption – once a paedophile, always a paedophile.

Here, Lorene describes the politics of knowledge production and the privileging of dominant Eurocentric approaches in ways that overlook approaches preferred by Māori. For instance, she describes how the dominant retributive approach favoured by Eurocentric interventions often forecloses possibilities for rehabilitation. Māori sexual violence specialists and communities are often required to advocate for approaches that go beyond what is normatively considered realistic or desirable in mainstream discourse. Māori community agency and self-determination becomes critical to intervention and forging new pathways and possibilities that serve the needs of their communities. While Sexual and Reproductive Justice foregrounds the importance of ensuring safe, violence-free lives, this extends to supporting Indigenous people’s agency to lead the development and innovation of therapeutic approaches, knowledges, and policies that are responsive to the realities, concerns, and contexts of Indigenous people’s lives.

## Māori Innovators and Experts Overlooked

Despite being in high demand, thin on the ground, and facing demanding workloads, Māori specialist sexual violence clinicians described instances where their expertise were overlooked. This included specialists holding dual roles as kaumātua, with specialism in a clinical role alongside expertise and proficiency in mātauranga, tikanga, and te reo Māori<sup>xv</sup>. Māori psychological models of practice are often invalidated in mental health settings in favour of individualised, deficit and illness focused models (Russell, Levy, and Cherrington 2018), which privileges a non-Indigenous workforce through a focus on clinical expertise (Pihama et al. 2018). This is also true within the context of specialist sexual violence practice, as indicated by clinician Penni Norman, in the following quote.

*Extract 3, Penni Norman (clinician, kaumatua, woman)*

That's something we're battling. Being Māori and working with Māori, we have different ways of working. We have different tools and models. Who defines what's best for Māori? Who determines what an expert is when you're working with Māori? That's my biggest gripe. Because you have all these psychiatrists, psychologists, psychotherapists who are not Māori... I think the biggest thing is not acknowledging Māori practitioners in the field, who are using our own therapeutic models. These are not really recognised.

Penni describes the prioritisation of non-Māori clinicians' assessment and evaluation of a Māori sexual violence survivor, as shaped by the complexities of colonisation, over-and-above a Māori clinician and kaumātua who has lived experience of this social context. In a similar vein, other participants spoke of requiring sign-off for work by a non-Māori clinical psychologist. Frequently, these clinicians had no training in Aotearoa New Zealand and were ignorant of Māori culture, knowledge, and colonisation, yet their decisions carried weight in ways that overrode the work of the Indigenous sexual violence specialist.

Similar issues arose for Māori specialist sexuality educators whose expertise (and specialist training overseas) was often overlooked in favour of outside and overseas colleagues, as described by educator, Sheree George, quoted below.

*Extract 4, Sheree George (educator, woman)*

There have been multiple occasions where my skillset has been overlooked in favour of others regarded as having more “expertise”. For instance, I visited [an] institution to learn from a senior psychology advisor – yet the [workplace] then paid a woman from overseas with “expertise” to run a workshop, rather than recognise my knowledge to train colleagues... I’m often not seen in relation to my full skillset, but rather, a particular skillset that fits a defined role. It seems like it isn’t enough to prove you have skills in te ao Pākehā<sup>xvi</sup> but also te ao Māori<sup>xvii</sup>, and you can be overlooked for selection to senior management roles without fluency in te reo Māori.

Not only are Māori models of practice overlooked, but participants described how those with expertise and skills to develop and innovate these from a broader basis of mātauranga Māori are denied recognition of their talents in shaping positive therapeutic outcomes by colleagues and managers. While imported programmes are often valorised over locally derived initiatives (Pihama et al. 2018), even Māori who have been trained in these international modalities can have their “expertise” overlooked. This can have further intersectional implications. For instance, managers deny opportunities in organisations to Māori not fluent in te reo Māori. Yet, even those who are fluent and want to innovate therapeutic approaches on the basis of mātauranga, tikanga, and te reo Māori can be curbed by Eurocentric policies and decision-making that does not recognise the value in Māori work.

In this vein, some participants described how a marae setting was not endorsed as a space for therapeutic work with clients, curtailing the possibilities for working in an innovative, and multidimensional way that carries deep and important cultural resonance and insights.

Alongside this invalidation of Māori-informed practice to group-based facilitation, one participant, Kare (pseudonym) described how an outside sexual violence prevention service was funded to run a restorative justice programme that overrode prior kaupapa Māori work with a whānau.

*Extract 5, Kare (community volunteer, woman)*

I was involved as an observer as part of the group that I was working with at the time, this would have been about 4 years ago in a case where a young boy violated a young girl at a marae. At the time, they brought in sexual violence services from outside of the area to deal with the offender and the victim. And the kaupapa Maori services were still emerging here. So part of the group that I was working with, with the kuia<sup>xviii</sup>, had been working with the young man and his family over a period of time, and also the young girl's family, 'cause they were well known from the same community. The kuia made the comment at the end of the hui<sup>xix</sup>, that we basically had non-Māori people coming in and not fully understanding the dynamics and the contexts we were working in and imposing a style of mediation or an attempt at restorative justice. And the kuia made the statement, if he [the boy] wasn't a paedophile before this, he certainly would become one if this continued. So, it was a complete and utter insensitivity or ineptness of the facilitator to see the relationships between the two families and who the key players were to effect healing... It felt to me like it was a new industry about to break into the area and it was going to have a white face.

Kare contrasts the depth of the kuia's knowledge about the dynamics of a particular whānau and wider community and a healing-focused approach, with the outside experts contracted to deliver an intervention without engaging her or others in a position to offer guidance. Living in a community across generations brings familiarity and understanding of whānau members,

having seen children grow and become parents themselves. Here, an investment in the future wellbeing of these children goes beyond a service contract, moving from an awareness and memory of relatives who have passed on, and extending out into the whakapapa forever. Sexual and reproductive justice takes on new meanings in these complex, intergenerational whānau dynamics—and extends towards the capacity to hold space for Indigenous people to heal, individually, intergenerationally, and collectively.

### Māori Ingenuity Disconnected from Originating People and Place through Cultural Appropriation

When Māori expertise and innovation were acknowledged by government or others, participants reported how this created further risks, worsening existing issues related to under-resourcing, and curtailing Māori agency. For instance:

*Extract 6, Penni Norman (clinician, kaumatua, woman)*

I think we're quite cautious too because of when we (Penni, husband Mike and Mere Naera) set up the idea of a One Stop Shop in the Hokianga [Northland], in the mid-90s. We called it that because we had all the services coming in, because there is no public transport out this way and people were getting fines. We knew the trends that were happening in our community, so we set up all these organisations. We had legal services, we had Māori land courts, we had WINZ [Work and Income New Zealand], we had *Child Youth and Family*, we had *Housing New Zealand*. So, we had all these organisations coming in on certain days for families to make appointments. Then the government heard about it, they came up and saw what we were doing and how well it was working. Well one of those people went back and set up *Heartlands* services and took all those services out of here and put them in places like Dargaville



[Northland], under *Heartlands* service. That's why we don't like passing anything on to anybody.

While the success and positive outcomes of the work by Penni and her partner were acknowledged—such that it drew attention of the government—the net effect was the removal of the services for the community where the programme was developed. While some might consider national acclaim as an endorsement of capacity, standing, and ingenuity, the success and accolades were never able to be fully enjoyed by the innovators and their community. Their knowledge was simply transported to other contexts and the material reminder of their work abandoned and neglected by the government. This follows a historical pattern of Crown abandonment and neglect of Māori in rural Northland following Māori contestation of the Crown's violation of Te Tiriti o Waitangi and He Whakaputanga agreements (Johnson 1996) to support Māori rangatiratanga. It also raises issues of appropriation and theft of Māori intellectual property by the government and, as noted by Penni, curbs possibilities for wider collaboration in favour of prioritising community needs in under-resourced contexts.

Penni's partner, Michael, describes another such incident. A school-based intervention based in mātauranga Māori that he developed to support Māori youth wellbeing was appropriated by an assessor from the Ministry of Education and adapted in ways that decontextualised it from its Indigenous foundations. Below he describes speaking to one of the assessors about what had happened.

*Extract 7, Michael Norman (clinician, kaumatua, man)*

They had these people there, including a Pākehā fulla [fellow/man] who was one of the assessors. I said to him, "I'll put it like this. I had my car stolen. The one who stole it, did it up, painted it, sold it on to someone else. They did the motor, painted it up, reconditioned it. About seven owners later it's a classic car, goes to shows and

that.” I said, “Now tell me, who owns that car?” He said, “Oh I knew you were going to say that.” I said, “Who owns that car?” [pause] He knew. I own it.

Māori are able to create, initiate, and innovate. We are people with capability and potential. However, appropriation or *theft* of Māori property is a cornerstone of the colonial process and Crown assumption of sovereignty over Māori. National narratives continue to justify and excuse the violation of Māori in the development of the nation as we know it and race relations, denying the extent of harm, and labelling Māori “troublemakers” for seeking restoration of their status as afforded by Te Tiriti o Waitangi (Wetherell et al. 2015). While the appropriation of land, demographic swamping<sup>xx</sup> (see Robson and White 1980 for an account of the first author’s whānau), and warfare between Māori and the Crown (see Northern Wars, Johnson 1996) speak to issues related to historical and ongoing intergenerational impact, the legitimacy of Māori concerns and dynamics of this relational violation remain present and enduring in the present day.

The appropriation of Indigenous knowledge, in ways that decontextualise and remove it from those by/for whom it was developed, conforms to Eurocentric engagement with Indigenous knowledge more generally. Value is ascribed on the basis of how well this knowledge can be applied to an (in this case New Zealand) assumed European subject. The ingenuity of Māori practitioners is disregarded as is the genuine need for Māori people to have approaches designed with and for them. The process of academic knowledge production, and journal articles that attribute expertise to academic authors rather than shared among community, further devalues the expertise and role of Māori sexual violence specialist practitioners. This also entrenches power in non-Indigenous expertise, particularly in professions of psychologists and psychiatrists. Non-Indigenous clinicians are authorised to work with Indigenous people over and above Māori sexual violence specialist practitioners, simply by claiming to have read about Indigenous knowledge, rather than living and

breathing the experience of *being* Indigenous. A key issue for sexual and reproductive justice for Indigenous peoples remains the self-determination of their knowledges, expertise, and ability to enact and practice them.

## Discussion

This article has presented a pūrakau, or Māori narrative, of the pressures and challenges faced by Māori sexual violence specialist practitioners working in a rural Northland community in New Zealand. While community services were generally under-resourced, and Māori sexual violence specialist practitioners were thin on the ground, participants spoke to the untapped potential for local Māori who had important and relevant skills, to be supported and trained or resourced to be part of the sexual violence prevention workforce. Māori self-determination in this context is critical to mobilising approaches and interventions that centre the validity and innovation of Māori approaches to sexual violence prevention. Yet, Māori practitioners were often undermined and overlooked in favour of those whose methods aligned with Eurocentric understandings of expertise and knowledge. Despite local insights, te reo, mātauranga, and tikanga Māori, Māori practitioners were often side-lined in favour of overseas experts, and those with titles such as psychiatrists, psychologists, and psychotherapists by workplaces, and government policies.

Failing to value Māori specialists for who they are and the knowledge they have innovated and developed risks appropriation and abstraction of meaning from the people and communities who the knowledge genuinely belongs to. The abstraction of Indigenous knowledge from lived experience of Indigenous life has implications for the ways that it is written about, interpreted, analysed, and applied. In these situations, Indigenous expert practitioners who developed this knowledge may be overlooked or mistaken for “recipients” of the knowledge that the government holds itself as the “authority” over. The abstraction of

Māori words from Māori people, communities, and land further exacerbates a sense that we Indigenous people are interchangeable in the eyes of the Crown; this is particularly risky when the specific domains and skillsets for sexual violence prevention become subsumed across broad domains of health, education, social or justice systems.

To avoid the dangers of appropriation, it is crucial to attribute and situate Indigenous knowledge in relation to the people and places it originates, and by whom this is innovated. The methodology of the present study, located within a specific region of Aotearoa New Zealand offers a process that *can be* attentive to protecting and safeguarding written accounts of Indigenous knowledge. However, how do we ensure Indigenous rangatiratanga (chieftainship/authority) over these knowledges and theories in policy and practice? How do we understand and genuinely honour Indigenous expertise? While there has been a recent “turn” to situate mātauranga Māori as a core aspect of being and doing research and therapeutic practice in Aotearoa New Zealand, there remains further work to dismantle existing colonial tensions that undermine Māori agency and self-determination in regards to how this is put into practice to further sexual and reproductive justice. We may see initiatives that appear to be a step in the right direction on the surface—but how do we ensure this progress does not become easily deployed in ways that go against any semblance of the intent? How are the government’s standards for engaging with mātauranga Māori evaluated? Who evaluates the government on their ability to honour their relationship as a Tiriti partner to Māori? With an ongoing denial and minimisation of the government’s own complicity in the marginalisation of Māori, what kind of message does that send for those working to alleviate the harms of sexual violence in a colonised world? While colonial histories and ongoing harms are uniquely situated and configured across different global contexts, Reproductive Justice demands that we take Indigenous leadership and self-determination,

seriously in the pursuit of protecting future generations of Indigenous people from sexual violence.

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<sup>i</sup> Māori who identify with diverse genders, sexes, and sexualities.

<sup>ii</sup> Extended family, networks aligned by kin, friendship, or purpose.

<sup>iii</sup> Māori narrative approach.

<sup>iv</sup> Traditional practices.

<sup>v</sup> Te Tiriti o Waitangi was signed in 1840 by Māori leaders and representatives of the British Crown. This guaranteed Māori undisturbed rights to access resources, and sovereignty over their own people. See Healy, Huygens, Murphy (2012) *Ngāpuhi Speaks* for a fuller account.

<sup>vi</sup> The Declaration of Independence of the United Tribes of New Zealand was signed between 1835 and 1839 by Māori leaders, asserting Māori sovereign power and authority over land in Aotearoa New Zealand.

<sup>vii</sup> Māori collective self-determination.

<sup>viii</sup> Māori approaches to knowledge, situated in terms of people and place.

<sup>ix</sup> Sovereign authority.

<sup>x</sup> Non-Māori.

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<sup>xi</sup> Esteemed Māori elders, who hold important roles and responsibilities within the Māori world.

<sup>xii</sup> Practices that enhance the mana of another person or people, such as hospitality, and care practices.

<sup>xiii</sup> Accident Compensation Corporation funds counselling for those affected by sexual violence.

<sup>xiv</sup> Large kin-based grouping across a geographical region.

<sup>xv</sup> Māori language.

<sup>xvi</sup> The world of New Zealand European people.

<sup>xvii</sup> The Māori world.

<sup>xviii</sup> Woman elder.

<sup>xix</sup> Gathering, meeting.

<sup>xx</sup> This occurs when one or more cultural groups reproduces individuals faster than other groups in the region.