Moving from *Te Po* (Night) and into *Te Ao* (Light):

An Indigenous Framework to support *Māori* males who have been sexually abused in New Zealand

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A Practice Project Paper (589600) submitted for the degree of

Masters in Health Practice (*Māori* Health)

at Auckland University Technology (AUT), Auckland,

New Zealand

Date: 10 /10 / 2014

In November 2014 after this practice project paper was formally submitted for the degree of Masters in Health Practice, the name "Te Ao Marama" (the natural world) was gifted to me by Mrs. Marama Hetaraka. Marama has worked in the area of sexual violence for over eight years in both a counselling and social work capacity.

***"One day I'll remember, remember everything that happened. The good, the bad….Those who survived... and those who did not**."*

(Fran Walsh, 2014)

Whakaihi / Dedication

This Masters is dedicated to my spiritual brother *Carlos R Toalii* who continues to demonstrate that even the humblest person can change the course of the future.

Thank you for your continued support and faith in me.

Māori Tauparapara / *Māori* Chant

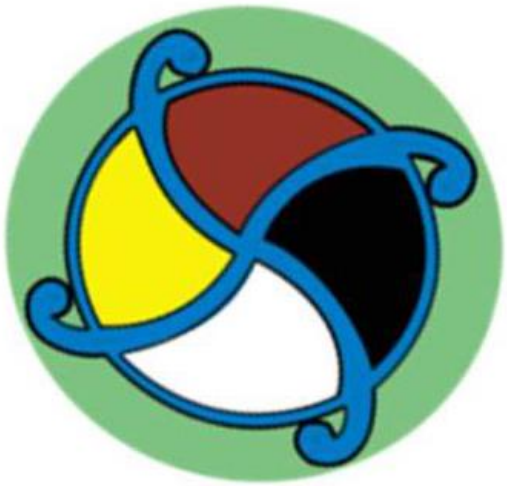
Tenei au, tenei au	Here am I, here am I
Te hokai nei i taku tapuwae	here am I swiftly moving by
Ko te hokai-nuku	the power of my *karakia* for swift movement
Ko te hokai-rangi	Swiftly moving over the earth
Ko te hokai o to tipuna	Swiftly moving through the heavens
A Tane-nui-a-rangi	the swift movement of your ancestor
I pikitia ai	*Tane-nui-a-rangi*
Ki te Rangi-tuhaha	who climbed up
Ki Tihi-i-manono	to the isolated realms
I rokohina atu ra	to the summit of *Manono*
Ko Io-Matua-Kore anake	and there found
I riro iho ai	Io-the-Parentless alone
Nga Kete o te Wananga	He brought back down
ko te Kete Tuauri	the Baskets of Knowledge
ko te Kete Tuatea	the Basket called *Tuauri*
ko te Kete Aronui	the Basket called *Tuatea*
Ka tiritiria, ka poupoua	the Basket called *Aronui*.
Ki a Papatuanuku	Portioned out, planted
Ka puta te Ira-tangata	in Mother Earth
Ki te whai-ao	the life principle of humankind
Ki te Ao-marama	comes forth into the dawn
Tihei mauri ora!	into the world of light
	I sneeze, there is life!

Author unknown

Whakapapa / Genealogy

Ko *Ngatokimatawhaorua te waka*	My ancestral canoe is *Ngatokimatawhaorua.*
Ko Hokianga te awa	My ancestral water is the *Hokianga.*
Ko Taiore te marae	My ancestral *marae is called Taiore.*
Ko Mangataiore te manga	My ancestral mountain is called *Mangataiore*
Ko Ngapuhi, Ngati Kahu, Waikato te iwi	My tribal connections are *Ngapuhi, Ngati Kahu, Waikato*
Ko Heta Tipene te tupuna tane	My grandfather is Heta Tipene
Ko Florence Nopera te tipuna wahine	My grandmother is Florence Nopera
Ko Alexander Windsor Stevens te papa	My father is Alexander Windsor Stevens
Ko Alison Ellen Holt te mama	My mother is Alison Ellen Holt
Ko Alexander Windsor Stevens II ahau	I am Alexander Windsor Stevens II

Whakarāpopoto / Abstract



Sexual abuse is a public health threat to the wellbeing of all people in New Zealand. The costs of sexual violence have been estimated by New Zealand Treasury in 2006 to be over a billion dollars a year. Current statistics suggest that females are more likely to be sexually abused than males. However research has indicated that men (in general) have separate challenges coming forward to discuss being sexually abused. For indigenous males the challenges are even more demanding than *tauiwi (non-Māori)* men. Excluding ethnicity, male experiences of being sexually abused in general are under reported in New Zealand. This can mean men present with on-going problems that may damage them physically, mentally, emotionally and spiritually. When indigenous men access health or social services *Māori* and Pacific frameworks are often used to ensure culturally appropriate care is given. This can include *Te Whare Tapa Wha* and *Te Wheke*.

However there are limitations to these indigenous frameworks when sexual abuse is factored in. Given this a new approach is needed to understand the complexities of being sexually abused, and to find culturally appropriate ways forward. Effectively finding solutions that deal with prevention and recovery from sexual abuse will greatly reduce the mental health and addiction burden in New Zealand. To meet the gaps identified the researcher has developed a framework and tool based on ancestral knowledge of both *Māori* people (the indigenous peoples of New Zealand) and the *Ojibwa* people (one of the largest groups of indigenous people that are divided between the United States and Canada). The results of the project suggest a positive way forward, towards healing and recovering from sexual abuse. This will be used as the basis for on-going exploration and study.

Whakamihi / Acknowledgements

I express gratitude and acknowledge those people who have and continue to openly discuss the devastation caused by sexual abuse in New Zealand. Such a topic is fraught with challenges and at times it feels that hope has died when so many barriers stop our indigenous men coming forward to get help they rightfully deserve.

However I have learnt hope has a wonderful way of holding its own ground. This is helped by those people who support it being kept alive, who nurture it, guide it and protect it. With this in mind I give a special note of appreciation to the following people who have contributed to this masters' and have sparked a renewed hope that my research will make a difference in our communities, now and in generations to come.

- Dr Helen Warren (Primary supervisor, AUT Faculty of Health and Environmental Sciences). Your support is deeply appreciated. Thank you for being such an amazing person, mentor, guide and friend.

- Dr Ella Henry (Second supervisor, AUT Te Ara Poutama, the Faculty of *Māori* and Indigenous Development). Aroha (love) is given for your support to develop this indigenous framework further.

- Dr Jean-Paul Restoule (The University of Toronto, Canada) for providing a free online course on Aboriginal Worldviews and Education. The information that you generously gave on the Medicine Wheel is deeply appreciated.

- Sandra Dickson, Aimee Stockenstroom and Maui Hudson whose specialised expertise and skills and experiences have helped shape the foundations of this work. Thank you.

- Special thank you to Marama Hetaraka, Kate Butterfield – Reese, Miriam Sessa, Veronica Marwitz and Rebecca McFadgen who were my former work colleagues and support crew at Rape Prevention Education, Auckland, New Zealand in 2011.

- Finally to Nigel Petersen and Albert Jackson for encouraging me to complete this Masters and to go on to a PhD.

Glossary of terms

The following definitions came from *Te Aka* Online *Māori* Dictionary, (2014).

Word	**Definition**
Aotearoa	Used as the *Māori* name for New Zealand.
Kaupapa Māori	*Māori* ideology - a philosophical doctrine, incorporating the knowledge, skills, attitudes and values of Māori society.
Manaakitanga	Hospitality, kindness, generosity - the process of showing respect, generosity and care for others.
Māori	*Māori*, indigenous person of *Aotearoa* / New Zealand.
Mihi	To greet, pay tribute, acknowledge, thank.
Pākehā	A term used to describe a New Zealander of European descent
Tangata Whenua	Indigenous people of the land
Tauiwi	A term used to describe Non-*Māori* (including *Pākehā*)
Tūpuna	Ancestors
Whaikōrero	Formal speech […] using imagery, metaphor, relevant *whakapapa* and references to tribal history.
Whakawhanaungatanga	Process of establishing relationships, relating well to others.
Whakapapa	Genealogy.

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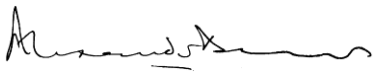
I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

Signed  Date 10/10/2014

Chapter 1: *Kupu arataki* / Introduction

> **"*No matter how dominant a worldview is, there are always other ways of interpreting the world. Different ways of interpreting the world are manifest through different cultures, which are often in opposition to one another. One of the problems with colonialism is that it tries to maintain a singular social order by mean of force and law, suppressing the diversity of human worldviews. The underlying differences between Aboriginal and Eurocentric worldviews make this a tenuous proposition at best. Typically this proposition creates oppression and discrimination,"***
>
> (Little Bear, 2000, p 1).

1.1 Development and Scope of project

The development of this research project arose out of the perceived need for a specific indigenous framework to help *Māori* men who had experienced sexual abuse as children in New Zealand. I chose *Māori* males who had experienced sexual abuse as the central research issue. My background in relation to this topic is, as a Counsellor and Addictions Clinician. I have spent over fifteen years working collectively in the areas of addictions, gender and sexuality, mental illness, suicide prevention, adult tertiary education and sexual violence prevention. In my professional roles I identified a gap that showed that there are no specific indigenous theoretical frameworks that focus on recovery from sexual violence from childhood. The scope of the project is to determine whether the framework developed out of this study could be relevant to *Māori* men, on their journey towards understanding what happened as a child and to find a way forward with the healing process.

1.2 Historical and other contextual issues on topic

This section describes in brief contextual issues *Māori* face as a community, before specifically focusing on sexual abuse. The importance of this section is to acknowledge the complexities of *Māori* social, health and community issues, – including sexual abuse.

Māori like many aboriginal peoples the world over experienced colonisation, which has resulted in indigenous groups being relatively politically disempowered (Hirini & Collings, 2005, p 3). This understanding is also shared by Langford, Ritchie and Ritchie, (1998) who states, as a result of colonisation there has been a loss of ownership of and authority over traditional lands and of the use and recognition of the indigenous language. Colonisation

also resulted in a loss of cultural practices and other traditional concepts, and the effects of this loss were exacerbated by a massive migration (rural to urban), and policies of assimilation (Lawson-Te Aho, 1998; Tatz, 1999).

Māori continue to face systematic processes that work to exclude them from equitable participation in society. Recognising this is considered important to health outcomes, (Jones, 2000; Ajwani, Blakely, Robson, Tobias, Bonne, 2003; Medical Council of New Zealand, 2008; New Zealand Council of Christian Services, 2014). However unlike many indigenous populations around the world, *Māori* have an historical relationship with the Crown (Government). This is laid down in The Treaty of Waitangi / *Te Tiriti o Waitangi* and its implementation give *Māori* specific rights. This includes self-determination and equitable access to appropriate health and social care. Given that, "*Māori* having equal access to culturally appropriate health care is a ***right***, not only a matter of good practice," (Todd, 2010).

Despite this Treaty relationship *Māori* continue to lead inequalities in health including mental health, addictions and suicide, (Ministry of Health, 2014; Ministry of Health 2008). Hirini and Collings (2005), report people in this vulnerable state may be more likely to be part of an environment of dysfunctional families, characterized by violence and abuse, and manifest poor mental and physical health. Given all these disparities, it appears from the literature that the issue of *Māori* males experiencing sexual abuse has not been a prominent subject to be researched or discussed amongst *Māori* or *Tauiwi* (non-*Māori)* communities. This is despite the fact that international research has indicated that there are strong links between male sexual abuse, mental health, addictions and suicide. This is discussed in detail in Chapter Two.

Statistics on males who have experienced sexual abuse vary in New Zealand. Rape Prevention Education states one in four females and one in eight males will most likely experience some form of sexual violence in their lifetime, (Rape Prevention Education, 2011). The New Zealand Crime and Safety Survey (2006), written for the Ministry of Justice, suggests that approximately 29% of women and 9% of men had reported they have experienced unwanted and distressing sexual contact over their lifetime (Mayhew and Reilly, 2009). However as there is no consistent method of recording the rates of sexual abuse, such estimates should be treated with caution, as they do not take the full account of sexual violence committed due to underreporting, marginalisation and stigma. To further

assist in understanding how complex this problem is, Singer (n.d) has outlined a number of 'myths' which are considered by many people in society to be true:

1) Women are hurt more by sexual assault than men;
2) Sexual abuse is less harmful to boys than girls;
3) Men who were sexually abused were too weak to stop it happening;
4) Boys abused by males must have attracted the abuse because they are gay or they become gay as a result;
5) If a female used or abused a boy, he was "lucky," and if he doesn't feel that way there's something wrong with him;
6) Boys who are sexually abused will go on to abuse others.

Singer (2014) also states these myths are perpetuated in society as "truths" which "increases the power of another devastating myth: that it was the child's fault. It is never the fault of the child in a sexual situation," (para. 41).

Another issue that has been identified is the reluctance for "Professionals" and "help services" (defined as organisations and people qualified in the health and social sectors) to discuss sexual abuse. Research in New Zealand shows that many clinicians still do not routinely inquire about abuse because "at times this will be a conscious decision and at other times it may be an oversight," (Young, Read, Barker-Collo, Harrison, 2001, p.1). In the same research, a questionnaire was completed by sixty three psychologists and fifty one psychiatrists in New Zealand. Young and colleagues research revealed that there were many factors related to professionals feeling reluctant to ask about sexual abuse. This included "more pressing issues, fear of disturbing clients, a diagnosis of schizophrenia, biological etiology beliefs, and fear of inducing "false memories," (p.1). In the United Kingdom a study to determine whether professionals were asking male patients about histories of sexual abuse was conducted by Lab, Feigenbaum and Silva, (2000). Out of a total of 197 questionnaires that were given to nurses, psychologists and psychiatrists, the results found 5% of nurses, 10% of psychologists and 24% of psychiatrists said that they take no action when a male client discloses childhood sexual abuse. Moreover in the same study "2/3 of staff report having had no specific training in assessment / treatment of sexual abuse and a similar number do not feel sufficiently trained to be able to inquire about sexual abuse in male patients," (p.1).

Wilson and Webber (2014) support this finding stating that "New Zealand's public, professionals and frontline workers generally lack knowledge about child abuse and domestic violence, (p.12). Read and Fraser (1998) and Agar and Read (2002) found health professionals did not offer […] information to their clients or refer people to counselling. Read, Hammersley and Rudegeair (2007) contribute to this discussion, citing that concerns from the perspective of the health professional's include "vicarious dramatization," "past and current safety issues (harm to/ from self/others)" and "fear of inducing false memories," (p.12). In the same research discussions were also held with male professionals feeling uncomfortable hearing sexual abuse disclosures from male clients.

Consequently an indigenous framework that seeks to work with these complex issues needs to be considered for engaging with indigenous men and professionals regarding addressing issues around sexual abuse.

1.3 Indigenous framework

This research project seeks to engage in a process of finding a way forward from sexual abuse, and also address cultural balance and harmony between *Māori* and *Tauiwi* worldviews. It can be argued that many of the frameworks discussed in the literature review have limitations to them in understanding, the effects of being sexually abused and the absence of acknowledging the interconnections that have been damaged, or severed between self, community and wider environment. From an indigenous Canadian perspective, the aim of an aboriginal framework is to support "foundational cultural understandings of wholeness, interconnectedness and balance," (National Collaborating Centre for Aboriginal Health, 2009a, p 28). Hart (2002) explains this concept of "balance and harmony within (the persons) physical, emotional, mental and spiritual humanness, with others in their family, community and nation, with all other livings things, including the earth and natural world," (p.46).

The Atlantic Council for International Cooperation (n.d) states that such thinking "encourages us to include groups and individuals who are indirectly / directly affected […] but are commonly left (out of the process)." This can include partners, family members, friends and the wider community. Given this, an indigenous framework to address complex themes is needed. Objectives of the study will now be discussed.

1.4 Objectives of the study

The objectives of the study are:

1. To understand the complexities of sexual violence from a *Māori* worldview.
2. To develop a new indigenous framework to contribute to recovery from sexual violence in New Zealand by *Māori* men.
3. To obtain feedback on the tool / framework from people who are regarded as experts in the field of sexual violence recovery / prevention and *Māori* Health.
4. To use this preparatory work to inform further study.

1.5 Research questions for project

The questions that will be answered from the secondary data in Chapter 3: (Literature review) are:

1. What are the gaps in the literature that have been identified regarding indigenous males being sexually abused in New Zealand?
2. How effective are *Māori* health frameworks when working with indigenous males affected by sexual abuse?
3. What are other possible outcomes that may emerge from this research?

The primary data that will be sought from the experts to answer the questions around the framework are:

1. How effective are the suggestions put forth in this framework?
2. What changes would the experts recommend to this framework?
3. What do the experts think about the framework meeting a client halfway through participation, protection and partnership?
4. Do the experts believe they could work with this framework from their own cultural and professional worldview?
5. Do the experts believe this framework has viability for future research in a PhD?

Chapter 2: *Tukanga* / Method and methodology

> ***"Drawing on the wisdom of our Tūpuna (ancestor) and traditions is not to return us to a mythic past or golden age – our people have always adapted to new circumstances and experimented with new technology. Rather it is to understand and be guided by the symbols, values and principles that can enhance our capacity to live together peacefully as whanau (family) and communities. Our capacity for resilience as an indigenous people is fed and nourished by our language, traditional practices and oral traditions."***
>
> (Cited in Te Puni Kokiri, 2010, p. 21)

2.0 Introduction

This section provides an overview of the methodologies and methods used in this project. I acknowledge that my work and thoughts within this dissertation need to be accessible and relevant to meet diverse population groups for varying purposes. As an example this dissertation must meet the academic criteria for a Masters in Health Practice. At the same time it may also be accessed by external *Māori* and *Tauiwi* individuals, or community agencies seeking information around *Māori* male experiences of sexual abuse. This raised the question, how do I navigate between *Tauiwi* and *Māori* world views that are often in opposition to one another? Stokes (1985), states that "such researchers may be *Māori* or *Pākehā* (a New Zealander of European descent), that racial or biological origin or skin colour is less important. What is important and essential is that the researcher can operate comfortably in both cultures, is bicultural and preferably bilingual," (p.9). Cram, (n.d) adds to this discussion stating that "naturally it will be easier for a *Māori* person to fulfil these criteria as biculturalism is essential for their survival," (p.29). In working through this question and reading *Kaupapa Māori* literature, I wanted to explore and use indigenous research methodologies. The objective was to work towards decolonisation and empowerment of validating indigenous practices. As a result I used both *Kaupapa Māori* theory, and the indigenous methodology of the Medicine Wheel. The rationale for implementing these approaches was to demonstrate health care practices with *Māori*, which aligned with my own *tikanga* (values) as an *Ngāti Kahu, Ngā puhi* male. Secondly I also wanted to advocate "the value of research for indigenous peoples and the need to retrieve spaces of marginalization as spaces from which to develop indigenous research agendas," (Wilson, 2001, p.216). Moreover I wanted to work towards *Māori* men having their voice heard and to reduce the suppression by the continuing process of colonisation.

For example “western culture has frequently identified itself as the ethnocentric center of legitimate knowledge,” […] as a result it “fails to recognise indigenous belief systems and knowledge’s”, (Wilson, 2001, p. 215). The next section outlines how both methodologies were implemented.

2.1 Methodology used in the project

This section describes how the indigenous methodologies of *Kaupapa Māori* and the Medicine Wheel were applied. *Kaupapa Māori* as stated by Bishop, (1996), Cram, (2001), Powick, (2003), Smith (1990) and Smith (1999) was to use “a philosophy that guides *Māori* research and ensures that *Māori* protocol will be followed during the research process.” The following three key elements or principals of *Kaupapa Māori* research are now outlined. Firstly *Tino rangatiratanga* described by Smith (1990) as relating to “sovereignty, autonomy, control, self-determination and independence, [while] allowing *Māori* to control their own culture and, aspirations and destiny,” (para. 3). In a practical application, this would mean that information gathered would be resting with a *Māori* researcher who understands the culture, its practices and ensures the information collected will aid *Māori* in moving towards individual autonomy.

The next principle is *Manaakitanga.* Marsden (1975) states that “*manaakitanga* is a core concept for understanding how *Māori* practice being in relationships with others and entails *tangata whenua* (people of the land) showing hospitality, respect, kindness, care, generosity and *aroha* (love) towards *manuhiri* (guests), (p. 189). This is supported by Mead (2003) who similarly defines *manaakitanga* as “nurturing relationships, looking after people, and being careful about how others are treated” (p.13). Additionally Royal, (1998) describes *Manaakitanga as* “the art or process of uplifting *mana* (defined as power, authority or prestige) in a reciprocal relationship,” (p.5). In this research I am inviting people into this research through interviews, and networking with community groups and government agencies. Given this need I to uphold the principle of *manaakitanga* towards those people (guests) involved in this research.

Kaupapa is the third principle. Smith (1990) states *kaupapa* refers to the collective vision, aspiration and purpose of *Māori* communities. Larger than the topic of the research alone, the *kaupapa* refers to the aspirations of the community. The research topic or intervention systems therefore are considered to be an incremental and a vital contribution to the overall *kaupapa*, (para. 7).

The rationale for working with these principles is to ensure that *tikanga Māori* begins at the very first instance and continues throughout the research. This works toward ensuring the cultural safety for all involved in the process. By applying *Kaupapa Māori* principles that underpin this research, I am also actively practicing *Māori* ways of being. This is summarised by Bishop and Glyn (1999), p. 169 who state that *Māori* researchers need to;

> […] understand themselves to be involved somatically in the research process; that is physically, ethically, morally and spiritually not just as a 'researcher' concerned with methodology. Such positioning's demonstrated in the language / metaphors used when the researchers are recollecting their experiences.

In understanding of self, I believed that I needed another indigenous paradigm that could work in partnership with *Kaupapa Māori* and my research topic. I reasoned from my clinical experiences that *Kaupapa Māori* on its own would not have been able to bridge *Māori* male experiences of childhood sexual abuse. The literature review also supported this notion. Given this I researched other indigenous cultures that had used their own indigenous methodological approaches to centre indigenous knowledge and ways of being. The objective of this approach was to also find literature that critiqued normative assumptions of other theoretical perspectives and to explore relationships between indigenous ways of knowing and professional practice. This identified the methodological approach of the Medicine Wheel. By uniting *Kauapa Māori* and the Medicine Wheel, I created an untested framework to understand the research topic at a deeper level. This is discussed in Chapter 4. The next section establishes the Medicine Wheel as another methodological approach.

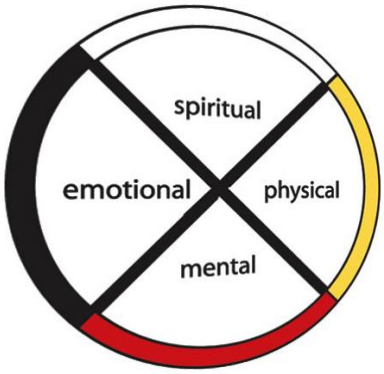


Fig 1, The Medicine Wheel, image taken from Bryan, (2014).

This aspect of the research discusses the Medicine Wheel methodology. It is important to note that from tribe to tribe, the details of the Medicine Wheel methodology may differ (such as colours and assigned components in each section) but the basic teachings are the same, (Pitawanakwat, 2009, para. 1). Verniest, (2006) describes this methodology as encapsulating "four components (quadrants) of the human experience which are referred to as states of being. The components of the Medicine Wheel are spiritual, emotional, physical, and mental wellbeing," (p.1). In addition each quadrant is represented by four cardinal points and four colours. They are North (white), East (yellow), South (red), West, (black), (Pitawanakwat, 2009, para. 2). Walker, (2001), p.19 states;

> In the Medicine Wheel methodology the East represents the Spiritual aspects of experience. In the East, researchers acknowledge their interconnectedness with the research participants and the wider community. Research from the Eastern position integrates a wide range of senses in coming to know. The South represents the Natural World. In the South, researchers honour and utilise emotional experience, speaking from the heart, with authenticity.

Bopp, Bopp, Brown, and Lane, (1989) describe the West as representing the bodily aspects of knowing. In the West, researchers are encouraged to go within themselves, discovering what is important in relation to the connections between self, others, nature and traditional teachings, (p.8). The North as defined by Huber, (1993) and Bopp and colleagues (1989); represents the mental processes of balancing intellect with wisdom. In the North, researchers work within the community to find solutions that are balanced and restore harmony to the community as a whole.

From a counselling and social work lens, Verniest, (2006) detailed how the methodology from the Medicine Wheel can be used in action plans for social work practice. This was achieved by dividing each quadrant within the Medicine Wheel into practitioner, educator, facilitator, and advocator (p.1). Each role worked within their space but also worked together to ensure the individual quadrants where supporting the whole. In utilizing this approach the resulting action plan […] uses a structural approach, anti-oppression, stance that complements the Medicine Wheel model. Verniest, (2006) further suggests that the Medicine Wheel model is particularly pertinent to use, when the client is Aboriginal and for whom these principles may seem more natural. When social work practitioners use worldviews and models tailored specifically for the client's worldview, they are practicing appropriate, respectful and culturally competent social work with their clients (p.1).

For the purposes of this research, I felt that this reflection of the Medicine Wheel methodology complemented *Kaupapa Māori* discussions previously mentioned. From a post treaty view, "indigenous scholars emphasise the circular and cyclical nature of methodologies embedded in postcolonial indigenous cultures. This circular and cyclical characteristic emerges from a worldview that recognises the interconnectedness and interdependence of all things […] and (experiencing this) as valid ways of coming to know a reality," (Chilisa, 2012, p.184). Jojola (2003) supports this perspective stating "this close relationship to land and the recursive functions of nature have established indigenous knowledge as functioning on circular, integrated dynamics, rather than the linear, extrapolative dynamics of (Western) "scientific" knowledge." In this blend, the potential benefits of having the Medicine Wheel working in partnership with *Kaupapa Māori* could suggest a culturally safe practice that is usable by both *Māori* and *Tauiwi* to a nuanced understanding of how we can coexist as peoples.

2.2 Setting and Data collection procedure

This study was conducted in Auckland New Zealand using a literature review to inform and develop the framework discussed in Chapter 4. The framework was then reviewed by three experts, in separate one-off interviews. A focus group of all the experts in one space was not possible due to living in different locations across the North Island of New Zealand. The locations of each interview took place in Auckland, Hamilton and Wellington.

2.3 Profile of experts

Potential participants were identified using the process of *whakawhanaungatanga*. *Whakawhanaungatanga* can be defined as networking "or relationship building […] but where networking often carries an ambivalent or negative connotation, *whakawhanaungatanga* is usually framed in positive terms," (Brandt, 2013, p. 138). In this example I contacted ten people working in the sexual violence prevention sector to seek guidance on who should be considered as an expert for this research. Two names were consistent with every person I contacted. They are Aimee Stockenstroom and Sandra Dickson. Finding a *Māori* male counsellor to review the framework was important to me. However despite an active effort to locate a person through the same process (as above) I was unable to find anyone. However a name that consistently came up as an expert working within Maori communities and having an expertise in ethics was Maui Hudson. A decision was made to utilise his skill sets and expertise. Brief summaries of these experts have been given below with consent to be named in this research. This is to provide the reader with an understanding of their various backgrounds and expertise. They are named in order of being interviewed.

2.3.1 Aimee Stockenstroom

Aimee Stockenstroom is the Crisis Services Manager at HELP Foundation where she manages the 24/7 crisis line, call-out, brief intervention and justice services. She holds a Master's in Social Work and a license in Clinical Social Work, currently inactive. She has 15 years of experience, both within New Zealand and United States. This includes working in the field of sexual and domestic violence providing crisis counselling and support, individual and group therapy to survivors of sexual and/or domestic violence. Additionally she has supported the development of prevention programmes on university campuses and to young people in high schools, advocacy and information, consultation and education to professionals. She previously worked as the Programmes Director at Rape Prevention Education and currently sits on the tauiwi caucus of *Te Ohaakii a Hine* – National Network Ending Sexual Violence Together, (TOAH-NNEST) Prevention Advisory Board and the Auckland Council's *Tauiwi* Caucus working group for the Regional Violence Prevention Plan.

2.3.2 Maui Hudson

Maui Hudson is from *Whakatōhea, Ngāruahine* and *Te Māhurehure*. He is a Justice of the Peace and lives in Hamilton, New Zealand with his wife Brandi and their three children, *Koare*, *Te Amai* and *Rakaea*. He is a member of the *Whakatōhea Māori* Trust Board, the Whakatohea Fisheries Trust and a director on the Iwi Health and Social Services Company. Maui has qualifications in Physiotherapy and Ethics and is currently enrolled in a PhD looking at the place of Indigenous Knowledge in Post-normal Science. Maui has extensive experience in the research sector with roles at the Institute of Environmental Science and Research Ltd and the University of Waikato where he has supported scientists and researchers to develop collaborative projects with *Māori*.

Maui has been a member of a number of national and institutional ethics committees and was part of the team that developed *Te Ara Tika*: Guidelines on *Māori* Research Ethics – A framework for researchers and ethics committee members. Maui currently holds Senior Research Fellow roles in the *Māori* and Indigenous Governance Centre, and the Environmental Research Institute at the University of Waikato and works collaboratively across a variety of research fields from ethics and new technologies to traditional medicine, *Māori* economic development to science communication, and Iwi transformation to indigenous agroecology. Maui is the Principal Investigator of a multidisciplinary research team for a HRC funded project exploring *Māori* views on Bio-banking and Genomic Research and also co-leads a MBIE funded project on Sustaining and Enhancing *Wai Māori* and *Mahinga Kai*.

2.3.3 Sandra Dickson

Sandra Dickson identifies as a *Pākehā* feminist of Scottish and Canadian descent who has been working for more than twenty years in the domestic and sexual violence prevention and intervention sectors in the United Kingdom and *Aotearoa* New Zealand. In both countries she has held both local community and national violence prevention roles. She has developed primary and tertiary violence prevention programmes, researched primary prevention in New Zealand, coordinated pilots to adapt programmes for New Zealand audiences, and delivered sexual violence prevention programmes in a range of contexts. Sandra has worked in *tauiwi* roles in bicultural national organisations in *Aotearoa*

New Zealand, including *Te Ohaakii a Hine* – National Network Ending Sexual Violence Together which represents the specialist sexual violence sector. Sandra has a Bachelor of Science in Psychology and Mathematics, a Bachelor of Arts in Sociology, a Masters in New Zealand Studies and a *Mauri Ora* Certificate from *Te Wananga o Aotearoa*.

2.4 Interviews

Each interview process began with the same format beginning with a *mihi* (formal greeting) and *pepeha* (formally identifying myself). Identification of the topic and context was then given, followed by my working background to provide a positioning to the research. At the end of the presentation experts were asked their perceptions of this tool and were able to give feedback and ask questions or give responses to materials produced, (e.g. PowerPoint Presentation, literature used, cultural considerations and other contributing factors). Interviews were transcribed by myself. Each participant was then emailed a copy of the transcript, for their own review, to ensure the information that had been written was correct and that it communicated its intended meaning.

2.5 Data analysis and representation

Considerations were given to individual expert's accounts and how that reflected with the overall feedback from the group of experts. It was also decided to take the feedback given at face value because of their expertise. Hirini and Collings, (2005) describe face value "as the observable unities of data, rather than using a discourse-analytic approach of considering the underlying layers and meaning texts." I also wanted to focus on points of agreement and points of difference between each interviewee and also identify these themes with the literature review. At all times a conscious effort of following *Kaupapa Māori* practices was made.

2.6 Limitation

This section identifies two limitations to the research. Firstly it is acknowledged the views expressed by key experts in this research may not reflect other experts in the field. Despite this, the feedback does provide a useful benchmark for further exploration of this topic in New Zealand. Secondly the research has focused on male experiences of being sexually abused as children, not as adults being sexually abused in adulthood.

2.7 Special note

There are two special notes regarding this Masters dissertation;

Firstly the term **"victim"** and **"survivor"** are used in the sexual violence sector to describe people's experiences of being sexually abused. However I have not used these terms as I have not found literature from a *Māori* male perspective to support this view. Instead the term "*Māori* men with historical experiences of childhood sexual abuse" will be used.

Secondly ethical approval for this research was not necessary as the proposed research met the exceptions to activities requiring Auckland University of Technology Ethics Committee (AUTEC) approval (6.6):

> A one-off interview of limited scope and depth with professional persons, authorities or public figures, (for example. politicians, scholars, prominent authors) in the area of their expertise.

Further information pertaining to this process can be accessed via the AUT website. A reference to this has been provided in the reference section (p.44). The literature review will now follow.

Chapter 3: *Kete aronui* / Literature review

> ***"We cannot simply think of our survival; each new generation is responsible to ensure the survival of the seventh generation. […] What we do today will affect the seventh generation and because of this we must bear in mind our responsibility to them today and always,"***
>
> (Clarkson, Morrissette and Régallet, 1992, para. 1)

3.0 Introduction to literature review

Research on the topic is very limited in the New Zealand context, therefore international research has largely been drawn upon, focusing on the effects of sexual abuse and barriers to males coming forward. There are four sections to this review:

1) Defining sexual abuse.
2) The effects of sexual abuse.
3) What stops men coming forward.
4) Indigenous frameworks of wellbeing.

3.1 Defining sexual abuse

The literature indicates there are many definitions of sexual abuse. This of course will be determined by the lens through which sexual abuse is viewed. For example international definitions include research from Coker, Davis, Arias, Desai, Sanderson, Brandt & Smith (2003) that sexual abuse is seen as an expression of power and control. Hunter, (1990) defines it as "an act of vengeance which comes masked as an act of love," (p.3). The American Psychological Association (2013) defines sexual abuse as the "dominant position of an adult that allows him or her to force or coerce a child into sexual activity." Basile and Saltzman (2002) define sexual violence as "any sexual act that is perpetrated against someone's will […] encompasses a range of offenses, including a completed nonconsensual sex act (i.e., rape), an attempted nonconsensual sex act, abusive sexual contact (i.e., unwanted touching), and non-contact sexual abuse." The World Health Organization (2012) defines sexual abuse as;

> […] sexual actions and threats that are experience as invasive to the body and violate bodily integrity. It is any sexual act, attempt to

> obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work.

3.1.1 Indigenous definitions of sexual abuse

From a post Treaty perspective, *Māori* worldviews of defining sexual abuse can be seen in terms of a violation of relationships and connections not only with the physical world but also with the spiritual realm. Webb and Jones, (2008) discuss post-colonial *Māori* concepts and the relevance they have in understanding sexual abuse in current times. They argue that sexual abuse can be defined as a breach of *Māori* values such as *Tapu and Mana.* As concepts, especially *Māori* concepts, *Tapu and Mana* cannot easily be translated into single English terms. This is due to *Tapu* and *Mana* taking on a whole range of related meanings depending on their association and the context in which they are being used (Ministry of Justice (a), n.d). In spite of these complexities an explanation will be attempted in understanding how these concepts define sexual abuse in the *Māori* worldview.

In this review *Tapu* is defined as a concept which "acts as a corrective and coherent power within *Māori* society," (Moorfield, 2012). *Mana* is defined as "the enduring, indestructible power of the *Atua* (spiritual powers) and is inherited at birth," (Moorfield, 2012). Marsden, (n.d) on the other hand defines *Tapu* and *Mana* as being in all natural things of this world. Human beings *Tapu* and *Mana* is linked with ancestors and is genealogical. To understand this concept the following abstract is given from the Waitangi Tribunal: The *Whanganui* River Report, (1999, p. 39).

> The relationship for *Māori* is first and foremost genealogical. Ancestral ties bind the people and the (environment). Just as land entitlements, personal identity, and executive functions arose from ancestral devolution, so also it is by ancestry that *Māori* relate to the natural world. Based on their conception of the creation, all things in the universe animate or inanimate have their own genealogy, genealogies that were popularly remembered in detail. These each go back to *Papatuanuku*, (the mother of earth), through her offspring gods. Accordingly, for *Māori* the works of nature the animals, plants, rivers,

> mountains, and lakes are either; kin, ancestors or primeval parents according to the case, with each requiring the same respect as one would accord a fellow human being.

Tapu and *Mana* guide behaviour acknowledging that one's actions are reflected and affect ancestors going back to the creator and everything natural that surrounds the person. *Tapu* and *Mana* also placed a responsibility and obligation to abide by the norms set out by one's own descendants, (Shirres, 1997). This is only a brief insight of understanding how sexual abuse can be seen in a *Tikanga Māori* worldview. The next section reviews sexual abuse from a legal perspective.

3.1.2 Legal definitions

Sexual abuse in New Zealand is defined under section 128 of the Crimes Act of 1961, (Parliamentary Council Office, (n.d) as:

> […] act of a person who—(a) rapes another person; or (b) has unlawful sexual connection with another person. (2) Person A rapes person B if person A has sexual connection with person B, effected by the penetration of person B's genitalia by person A's penis, — (a) without person B's consent to the connection; and (b) without believing on reasonable grounds that person B consents to the connection.

The Act originally focused primarily on male and female encounters, rather than same gender abuse. Recent changes to the Act (2005 No. 41) now cover male and female sexual assault. This subsection states;

> Person A has unlawful sexual connection with person B if person A has sexual connection with person B — (a) without person B's consent to the connection; and (b) without believing on reasonable grounds that person B consents to the connection. (4) One person may be convicted of the sexual violation of another person at a time when they were married to each other.

This definition allows movement to cover male to female, female to male, male to male and female to female. The act of sexually connecting can include "anal and genital penetration of one person by any part of another or by an object held or manipulated. It also includes oral sex, which is the touching of the lips to the genitals (either giving or receiving)," (Rape Prevention Education, 2011).

Considering this definition other countries that come under the British Commonwealth have also been reviewed to determine whether definitions of sexual abuse were similar or different. From this search Australia and Canada were chosen. The rationale for this was due to those countries having been based on "the common law, which is a body of law built up from decisions made in the United Kingdom, (Ministry of Justice (b), n.d). Secondly both countries have indigenous aboriginal peoples which have also been negatively affected by colonisation.

In Australia the legal definition of sexual abuse changes depending of the state and territory in which the offence occurred (Fileborn, 2011). Common overlaps do occur and are referred to as "sexual activity" defined as "without the consent of the other (non-assaulting) party", (Fileborn, 2011). The Australian Justice and Attorney Office (2013) define sexual assault as "when a person is forced, coerced or tricked into sexual acts against their will or without their consent, or if a child or young person under 18 is exposed to sexual activities."

Likewise, the Department of Justice Canada (2006) define sexual abuse in similar terms, stating:

> […] any sexual activity perpetrated against a minor by threat, force, intimidation, or manipulation. The array of sexual activities includes fondling, inviting a child to touch or be touched sexually, intercourse, rape, incest, sodomy, exhibitionism, or involving a child in prostitution or pornography.

A review of how indigenous peoples of Australia and Canada define sexual violence was sought. However no literature or research was located in the same way it was for *Māori*. Anderson, (2011) suggests this is due to colonial powers in Australia, which have diminished the systems of indigenous peoples to operate their own customary practices. Complementary to this, Watson (2014) shares a similar view that "colonization is a violation

of the code of political and social conduct" for aboriginal peoples," […] that have "violated First Nations own principles of natural responsibility to self, community, country and future existence." Given this it could be argued that, like New Zealand, knowledge of the topic of sexual abuse from an indigenous lens is limited. What are the effects of sexual abuse experiences for men from other sources of western literature?

3.2 The effects of sexual abuse

International research indicates the nature of sexual abuse is damaging over the life cycle of the individual. When boys with a history of sexual abuse become men, the research suggests it is likely to create males with on-going psychological problems that can damage them physically, mentally and emotionally. In the Coker and colleagues (2003) study the results found that for men, "victimization was associated with increased risk of current poor health; depressive symptoms; developing a chronic disease and injury. Mullen Martin and Anderson (1993); Boney-McCoy and Finkelhor; (1996) and Kendler, Bulik, and Silberg; (2000) concluded similar findings including depression, anxiety disorders, post-traumatic stress disorder (PTSD), eating disorders, substance misuse, sexual dysfunction, personality disorders and dissociative disorders. O'leary (2003) stated males affected by sexual abuse were almost four times more likely than females to die by suicide (with men in the age range of 30-44 being most at risk). Krugman, (1995) linked suicide in men to a bypassing of shame stating: when "males are faced with unbearable shame, (they) move into action to discharge the tension and escape the profound sense of despair," (p. 120).

3.3 What stops men coming forward?

From a New Zealand perspective, the Ministry of Justice; Sexual Violence Taskforce, (2009) states 90% of sexual assaults (both men and women) are not reported to the police (p.44). This is concerning when the New Zealand Police state that they take "sexual assaults/abuse […] seriously," (New Zealand Police, n.d). What could explain the barriers to disclosing being sexually abused? International evidence suggests there are many internal and external factors that stop men coming forward. Keating, Grossman, Sorsoli, and Epstein (2005) state "the (sexual) experience stands in stark contrast to the notion of […] men's sense of power, control, and invulnerability," (p.182). Kindlon and Thompson, (2000) argue family dynamics also play their part where parents raise boys into masculine roles which requires men to avoid emotions and vulnerability. Rogers and Davies (2004) discuss

judgments by the community towards male victims of sexual abuse being abused by males. They report the perception that for a male to offend against another male implies at some level that they (the victim) are gay. Further; Rogers and Davies, (2004) and Kite and Whitley, (1996) found that heterosexual men are more homophobic than women. As a result of this perception, judgements that male heterosexual victims are gay may stop them coming forward. Additionally gay men who were victims are impacted even more severely. Mitchell, (1999) found that perceptions existed in the heterosexual community that gay victims of sexual abuse found it pleasurable and less traumatic than heterosexual victims. In cases where females were the abusers, Hetherton and Beardsall (1998) attribute men not coming forward to report offending, as it is not taken as seriously as male perpetration of sexual abuse (p.1265). Elliot, (1993) and Lisak, (1994) discuss social perceptions that being abused by women is not sexually abusive but rather "an exciting opportunity that no man should let pass by." Munroe, (2012) also states this can lead men to be locked into silence, shame and self-loathing.

At this point it is important to understand these factors fail to reflect the added challenge of ethnicity, specifically if you are *Māori* living with the historical impacts of sexual violence and on-going and historical impacts of colonisation. The next section reviews indigenous frameworks of wellbeing utilised in health and social sectors.

3.4 Indigenous frameworks of wellbeing

There are several models that have been developed that describe a *Māori* view of health including 'Te Whare Tapa Wha', 'Te Wheke', and 'Nga *Pou Mana'* (Dyall 1997). These models work towards an understanding of *Te Ao Māori* (*Māori* worldviews), (Dyall 1997). Of the models that exist, *Te Whare Tapa Wha* is the most well-known and used in the health sector, (Ministry of Social Development, 2009). In its most basic form *Te Whare Tapa Wha* is a house with four sides that acknowledges the connection between the *tinana* (physical), *wairua* (spiritual), *whanau*, (family) and *hinengaro*, (emotional) (Todd, 2010, p.30). The focus of *Te Whare Tapa Wha* is acknowledging that all areas are connected and support each other. Where one area is affected the balance of the other three will also be affected. However there are limitations to *Te Whare Tapa Wha,* as well as other *Māori* indigenous frameworks when sexual abuse is factored in. This is now discussed.

Firstly the environment in which *Te Whare Tapa Wha* is situated is missing. Environment is an important factor to consider and is defined by The World Health Organisation (WHO), (2014) as;

> […] all the physical, chemical, and biological factors external to a person and all the related factors impacting behaviours. It encompasses the assessment and control of those environmental factors that can potentially affect health. It is targeted towards preventing disease and creating health-supportive environments.

Given the absence of this component it would not be known what the client's environment is when seeking help to find a way forward from the sexual abuse. Another area of concern when reflecting on the different impacts that can occur with sexual abuse is the length of time that the person has been affected.

From an indigenous perspective, it could be argued that time is more than hours, minutes and seconds, past, present and future. Ende, (1999) states "calendars and clocks exist to measure time, but that signifies little because we all know that an hour can seem as eternity or pass in a flash, according to how we spend it." Sefa Dei, Hammersley, and Rudegeair, (2011) discusses "our metaphysical; experience of time as relating to something experiential, not just physically quantifiable. Certain events disconnect us from a conscious awareness of the passage of time," (p. 302). In one sense time for some people can go by fast while for others can drag, (Sefa Dei and colleagues, 2011, p.302). Durie (1999) discusses the metaphysical fluidity of time in relation to the *marae* (meeting house).

Durie, (1999), p.68 states:

> Because of the customary practices which prevail on a *marae,* time acquires its own distinguishing significance. It is concerned less with the predictable completion of tasks in set time-frames, or punctuality, but, as with the domain of space, it is about defining relationships and adding validity to experience.

The passing of time has many meanings dependent upon the person and how they perceive and experience it. This is an important factor to consider when working with *Māori*

men who have experienced sexual abuse. Finally *Te Whare Tapa Wha* does not consider the notion of going backwards and forwards from relapsing, for example a person abstaining from alcohol or drug use. Given the rates of alcohol and drug use for men who experienced sexual abuse, other frameworks are required to work with the complex factors. With this in mind consideration to address relapse using Prochaska and DiClemente's (1984) Stages of Change Model should be considered. This model describes five stages that people go through on their way to change. They are pre-contemplation, contemplation, preparation, action, and maintenance (Prochaska & Prochaska, 2009). The model assumes that although the amount of time an individual spends in a specific stage varies, everyone has to accomplish the same stage-specific tasks in order to move through the change process (Prochaska & Prochaska, 2009). Although the "Stages of Change" model was identified and developed during a study of smoking cessation (Prochaska & DiClemente, 1984), the model has been applied to and studied with numerous bio-psycho-social problems, including domestic violence, HIV prevention, and child abuse (Prochaska & Prochaska, 2009).

When considering the gaps identified in this literature review, it can be argued that *Te Whare Tapa Wha* alone is not appropriate to work with *Māori* men who have experienced sexual abuse. Given this, what other aboriginal frameworks would be of use to support this gap? The answer may lie with another indigenous culture (the *Ojibwe* people) that uses the, the Medicine Wheel. The Medicine Wheel is considered to be ancient knowledge passed on from the ancestors (Whiskeyjack, n.d). The wheel consists of four quadrants which move in a clockwise direction (Whiskeyjack, n.d & Four Directions of Learning, 2006). The wheel acts as a guide to understanding cycles of time, life and death, seasonal changes, as well as acknowledging environment, physical, spiritual, emotional and mental wellbeing. It also acts as a guide to understanding self, creation and one's own duties, (Whiskeyjack, n.d & Four Directions of Learning, 2006). Everything within the wheel is interrelated, and the goal is that these interconnected elements are in balance with each other. The parallels between the de-colonising work being done by *Māori* in New Zealand and the *Ojibwe* people of the Americans are striking. Both are clear about the damage done to their people and the need to reclaim many of their traditional values and practices in order to restore health to their communities. This particular approach of the Medicine Wheel appears to address the limitations of *Te Whare Tapa Wha* and support The Stages of Change model.

3.5 Summary

Overall the literature review has identified that sexual abuse is a threat to the wellbeing of people it affects as well as their families and communities. The outcomes of sexual violence are many including drugs, alcohol and suicide. From a *Māori* worldview the literature indicates that sexual abuse severs connections between the individual, their environment as well as physically and spiritually. Current *Māori* frameworks identified do not allow for the complications of sexual abuse to be fully explored. Given this, other frameworks used in indigenous and health sectors suggest a positive way forward. The next chapter discusses how the gaps discussed may be overcome in a new framework.

Chapter 4: Description and design of the model

"[…] I know. It's all wrong. By rights we shouldn't even be here. But we are. It's like in the great stories, […]. The ones that really mattered. Full of darkness and danger, they were. And sometimes you didn't want to know the end. Because how could the end be happy? How could the world go back to the way it was when so much bad had happened? But in the end, it's only a passing thing, this shadow. Even darkness must pass […]

(Walsh, The Two Towers, 2002)

4.0 Introduction

The creation of this framework, is based upon the experts evaluations and current literature that has been collected from the fields of indigenous knowledge, health science and social science in New Zealand and internationally.

It is designed to support *Māori* men to find a way through the experience of sexual abuse and a life after therapy. To strengthen the discussions held in this section a number of key themes were interwoven into this framework. This was to ensure that it was legal, ethical, culturally appropriate and safe for use. In this way it would have the potential of being successfully used with any future projects that worked with Government, non-government agencies and *Māori* communities. The support documentation for this framework includes;

1. The Treaty of Waitangi.
2. The Health and Disability Commissioner Act (1996), (The Health and Disability Commission, 2009).
3. *Kaupapa Māori* Principles.
4. Accident Compensation Corporation (ACC). (2008). Sexual *Abuse and Mental Injury: Practice Guidelines for Aotearoa New Zealand.*
5. Medical Council of New Zealand. (2008) (*Maura Ora* Associates): *Best health outcomes for Māori Practice implications.*

The framework also supports King (2000) and The Ministry of Health, (2001) discussions on the need for inter-sectorial and intra-sectorial collaboration as being essential to implementing holistic models of care and wellbeing. The approaches suggested in this document are also consistent with "contemporary public health practice, where the cultural and social context of individuals is regarded as an important determinant to health related behaviour," (Hirini & Collings, (2005).

One of the defining attributes of this framework is that it has been constructed in a cross cultural paradigm. Cross cultural can been seen as the relationship between *Māori*, *Pākehā* and other cultures (Boyd, 2011). In applying this approach the aim is to work towards a participation approach across multi-sectors of health, social and other community services, in a way that contributes to indigenous development in New Zealand.

At this point it is important to acknowledge there is no single way of being *Māori*. This is best summarized by (Todd, 2010, p.26).

> The concept of a *Māori* people" emerged in contrast to the presence of European colonisation and exists often in the context of the relationship with *Pākehā*. For many, identity arises from genealogical links within whanau or family, *hapu* and *iwi*. […] People of *Kai Tahu* would see themselves as different from *Ngati Porou*. […] People differ in the extent to which they blend *Māori* and *Pākehā* values, beliefs and practices. […] It is therefore important to appreciate and respect the diverse way in which a person may experience and express their identity.

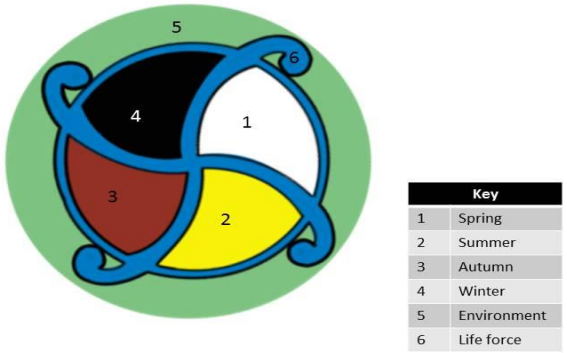
Acknowledging the diverse worldviews of *Māori* this framework may not be appropriate for every indigenous person seeking answers from being affected by sexual abuse. But it is hoped that its use will provide a way forward for both indigenous people and people working with them to find sense in their experiences in a culturally appropriate and safe manner. This can be seen visually in the next section.

4.1 Overview of the framework

This section provides a visual representation for the framework, which has its own *whakapapa* (genealogy) based on *Te Whare Tapa Wha,* The Medicine Wheel, and The Wheel of Change discussed in the literature review. This can be seen in Figure 2 (below). A visual genealogy for the framework is located in Appendices B, (p. 59).

4.2 The Positive Wheel

Figure 2
Overview of the Positive Wheel



The positive wheel aims to show the person seeking support how it could be possible to work through their experiences of abuse and trauma one season at a time. It should be emphasized at this point that this framework has been developed to be easy-to-understand and at the same time has many layers for both the person seeking support and those people providing it. In this sharing of meaning and knowledge it is hoped that the teachings obtained, will firstly create a positive way forward for *Māori* men understanding and recovering from sexual abuse. Secondly, to increase understanding of the specific needs of *Māori* men from a health or social professional perspective.

This journey begins by working first with the Environment (Green), Spring (White), Summer (Yellow), Autumn (Brown), and Winter (Black). Water (Blue) is the life force that flows between the environment and connects each season which nourishes the individual and allows them to be at the centre gaining the benefits of all seasons at the same time. There are many sub teachings to this framework. For example each aspect has an assigned wellbeing. They are Environment (Greater Community), Spring (Intellectual Wellbeing), Summer (Social Supports), Autumn (Mental Health), and Winter (Physical health). Note how

the Water (Life force or Spirit) follows in a clockwise direction supporting natural law, that is to say that each season occurs in this order spring, summer, autumn and winter. In this section I focus on two areas. They are what *Māori* men could be thinking about when looking for help. Secondly what professionals should be considering in addition to therapeutic assistance.

In each section of the framework there is an active process for both parties to engage in the participation process. This participation seeks to work towards creating a respectful partnership that aims to provide the client with "services that take into account the needs, values, and beliefs of different cultural, religious, social, and ethnic groups, including the needs, values, and beliefs of *Māori*," (The Health and Disability Commissioner, 2009).

Additionally the following rights from the Code of Health and Disability Services Consumers, (1996) is also upheld.

1) RIGHT 1 (Right to be Treated with Respect).
2) RIGHT 2 (Right to Freedom from Discrimination, Coercion, Harassment, and Exploitation).
3) RIGHT 3 (Right to Dignity and Independence).
4) RIGHT 4 (Right to Services of an Appropriate Standard).
5) RIGHT 5 (Right to Effective Communication).
6) RIGHT 6 (Right to be Fully Informed).
7) RIGHT 7 (Right to Make an Informed Choice and Give Informed Consent).

When considering the literature review regarding the damage caused by sexual abuse, it is important that trust is fostered. This could be created by nurturing relationships through the caring of the environment and those people in it using *Maanakitanga*. By ensuring a safe environment through this process, the ability to foster respectful relationships should allow the client, a feeling of being safe (protection) to engage in the counselling process. The resulting outcome of this relationship building ensures the principles of the Treaty of Waitangi (participation, partnership and protection) are adhered to. In the process of creating trust by balancing *mana*, and *tapu, Kaupapa Māori* Principles are also being adhered to. This allows a cross cultural relationship to occur. The next section outlines the environment section of the framework.

Stage 1: Environment: Environmental Wellbeing

The first stage is to ensure the environmental safety and wellbeing of the client. The definition of environment as define on the WHO website and restated from the literature review is

> […] all the physical, chemical, and biological factors external to a person and all the related factors impacting behaviours. It encompasses the assessment and control of those environmental factors that can potentially affect health. It is targeted towards preventing disease and creating health-supportive environments.

This is the most crucial stage as two worlds (client and professional) come together and investigate whether the environment is safe for both parties to engage. This is similar to a *pōwhiri* "a process whereby the host people welcome visitors on the *marae* (greeting house)," *Te Aka* Online *Māori* Dictionary, (2014). Kidman, Te Rito and Penetito, (2005) outline the *pōwhiri* in more detail;

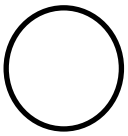
> When hosts welcome visitors, they engage in a *pōwhiri* which includes a *wero* (a ritual challenge to determine whether the groups will meet as friend or foe), *karanga* (calls of welcome and acknowledgement), *whaikōrero* (formal speechmaking), and the *hongi* (traditional pressing of noses signifying the integration of the visiting group), (p.51).

This process assists in keeping *Māori* values to the fore. Additionally the imagery of host (counsellor) and visitor (client) communicating to meet each other's needs is an appropriate metaphor for my research when *Māori* are walking into environments of which they may not be familiar with. To empower both the client and the professional, the following recommendations have been written to support both parties in the environment section.

Environmental Wellbeing
Clients considerations for engaging with a help service
What kind of service are you looking at when discussing sexual abuse? Example: a specific cultural service or a generic service?
Get familiar with your legal rights when accessing heath care to allow you to feel more in control of your journey. Example: Code of Health and Disability Services, Consumer Rights.
Consider asking about professional associations that the Counsellor, Social Worker belongs to and what this means for you in terms of safety and practice.
Once identified, work with the service to understand what you are hoping to achieve.
Reflect on what resources may be needed at the moment to assist in having or creating a stable environment for recovery?

Environmental Wellbeing
Help service considerations for engaging with clients
Ascertain whether the client's environment i.e. home, workplace is safe from further and on-going abuse / harm.
Ascertain whether ethnicity, religion, gender age, sexual orientation, gender identity, is important for the client's recovery and are these needs able to be meet / whether these needs are able to be met.
What resources are needed to assist in having or creating a stable environment for recovery?
Involve other agencies as necessary if they present with multiple concerns. E.g. Mental Health, Addictions. This may include other health and social service providers.
Acknowledge boundaries and limitations of Professional's understanding of themes people present outside Professional norms e.g. *Māori* world views.
Work with client to monitor safety.
Continue to identify safety needs as they arise.
Regularly assess changes in the client's environment or context to ensure service provided remains focused and effective for recovery.
Monitor any changes to environment such as change of relationships, job and housing. Follow up with these changes as required carefully.

The next part of the process (and subsequent sections hereafter) outlines the same process of navigating each section using the support documentation discussed in the introduction of this chapter.

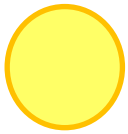


Stage 2: Spring: Intellectual wellbeing

Spring is a time of birth and renewal the land is free from winter and new life is growing, (McCue and Associates, 2010, p. i). Spring in this framework is the time to encourage intellectual wellbeing by metaphorically "digging into the mind" to understand what has occurred in the past. Using another metaphor of planting seeds the client is encouraged to participate in partnership with the help service to plant new ideas to create a road of healing from sexual abuse.

Intellectual wellbeing
Clients' considerations for engaging with a help service
Work with help service and understand that this process can be challenging but also an opportunity for inner learning and healing.
Continue to ensure your environment allows you to be able to grow.
If you feel uncomfortable about any of the process let the help service know.

Intellectual wellbeing
Help service considerations for engaging with clients
Work with client to understand the recovery process from sexual abuse and what they could expect.
(If applicable) Develop their understanding on concerns about sexuality, shame associated with being a victim and feeling less of a man. Shame about normal male physiological responses and not being taken seriously.
Discuss the vicious cycle and the normalities of being triggered and potential relapse of recovery.
Ensure professional boundaries are firmly in place.
Demonstrate how to build effective relationships that have trust, empathy, hope, honesty, openness, non-judgemental practice and respect.
Ensure client and service are working towards mutual goals
Create encouraging modest goals with the client to work towards.
Decide on and prioritise goals according to what is important to the client, even if they appear immediate or limited in scope.
Ensure goals are realistic, relevant, valuable and obtainable.
Check in with client to ensure they feel comfortable with the process.

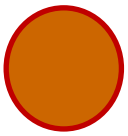


Stage 3: Summer / Community wellbeing

Summer represents the third stage where seeds planted in spring have grown and develop into opportunities that can be seen, felt and experienced in other meaningful ways for that person. It is during this stage a person may seek additional social support from family, friends, online services and professionals to help them manage and deal with what has been learned from spring. These social supports may be identified during this time or planted in spring and are planted and worked on to the point where in summer they are fostered and encouraged to grow stronger and provide comfort and shade for the person. From the literature review, as they seek answers, they may feel triggered as they remember past memories and experiences. Social supports work to ensure the person is able to hold the knowledge they gain and work with it acknowledging, like the seasons, it takes time to change and adjust.

Community wellbeing
Clients considerations for engaging with a help service
Undertake a review of the progress in “Spring” and determine if objectives are still mutually the same.
Work with help service to explore idea of family support or other support you feel comfortable with.
If you wish identify “Safe” support with friends / work colleagues that would be able to provide support on this journey.
(If applicable) review recovery process and how this is affecting partner, children, family, work and social environment.
Discuss any concerns and identify a way forward. This may involve working with the “Spring and Summer Cycles at the same time.”
If you feel uncomfortable about any part of the process let the help service know.

Community wellbeing
Help service considerations for engaging with clients
Undertake a review of the progress the client is making by reviewing goals in “Spring” identifying obstacles and determine if objectives are still mutually the same.
Explore idea of family support (dependent upon timing, client readiness, expertise, and cultural safety).
Work collaboratively with client to identify “Safe” support with friends / work colleagues that would be able to provide support on this journey.
(If applicable) review recovery process and how this is affecting partner, children, family, work and social environment.
If working with client and partner. Discuss any concerns and identify a way forward. This may involve working with the “Spring and Summer Cycles at the same time.”
Check in with client to ensure they feel comfortable with the process.

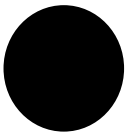


Stage 4: Autumn / Emotional Wellbeing

Autumn signals that the journey of recovery is coming to a point where the goals (seeds) in spring have been grown (summer) and are now ready to be collected, used and also stored for future seasons. It is the time to acknowledge that a season of winter is approaching and the knowledge grown between parties is sufficient to protect the client in the winter season.

Emotional Wellbeing
Client's considerations for engaging with a help service
Review the progress with the help service with each season thus far.
Work with the help service on the next stages of your recovery.
If you feel uncomfortable about any of the process let the help service know.

Emotional Wellbeing
Help service considerations for engaging with clients
Review the progress of the client with each season thus far.
As sessions continue prepare client that the end of the therapy process is approaching.
Empower the client through feedback. Use feedback as an opportunity to covey beliefs in self in being able to move forward with progress.
Obtain other feedback from client such as an honest reflection of what's been happening and what changes have come out of "Environment" "Spiritual" "Spring" and "Summer."
Address any queries they have about their experiences thus far.
Emphasis new changes that have been discussed and are being used by client.
Reassess their safety and wellbeing.



Stage 5: Winter / Physical Wellbeing

Although winter can be cold, abrasive and challenging in this framework it is a time for reflection such as what has worked well in the recovery process and what hasn't? This will come from the goals stored from autumn. Winter encourages a person to consider their physical wellbeing and a time of healing before they continue to a new season. This is also the season where new ideas (seeds) are created and ready to be planted as well.

Physical Wellbeing
Client's considerations for engaging with a help service
Review the progress with the help service with each season thus far.
Work with the help service on the next stages of your recovery.
If you feel uncomfortable about any of the process let the help service know.
Identify the importance of physically looking after self as you work toward future goals. This could include walking for 30mins a day.

Physical Wellbeing
Help service considerations for engaging with clients
Identify the importance of physically looking after self as they work toward future goals. This could include walking for 30mins a day.
Have clients identify other realistic physical goals they can do by themselves and with other people in their support group discussed in "Summer Season".
Identify if they are taking care of their other physical needs that you or the client have identified.
Are they demonstrating levels of independence such as creating sustaining relationships?
Review journey including setbacks and how the client dealt with them.
Discuss with client that the end of the service provided is not an end to the client's journey. Use metaphor language such as a new direction in a life's journey.
Ask the client to reflect the skills they have used.
Assess what goals from "Spring" have grown through the journey and what goals did not. Establish an expectation with the client that some of the goals may not be accomplished until the next cycle.
Assess the environment they are in. Is this environment able to support the next journey?
To prevent dependence occurring refer to other services if need be.

Stage 6: Water: Spiritual Wellbeing

Spiritual wellbeing can be seen in *Māori* terms as *wairua*. From *tauiwi* translations '*wai*' literally, is the *Māori* word for *water* and '*rua*' the word for *two*." "*Wairua* is thus a word referring to the '*two waters*' that flow within; the pure and polluted, the positive and negative, […] here is no division between the human world and the natural world," (University of Otago, 2012). From a health perspective, "*Wairua* (the spirit) is intrinsically connected to health, and many *Māori* regard *karakia* (blessings or prayer) as an essential way of protecting and maintaining spiritual, physical and mental health," (*He Kamaka Oranga Māori* Health Auckland District Health Board, 2003, (p.5). From a *Te Ao Māori* worldview, Edwards, (1990) explains, "*wairua* emanates from the beginning of time and never changes. Everything and every person have *wairua* and *mauri* (your spirituality and your life force). They are something you are born with," (p.55). Marsden (2003) contributes to this discussion stating that *wairua* is central to a *Māori* worldview, perceived as "the source of existent being and life," (p.47). Alternatively, Royal (1998) states *wairua* as an idea or concept that moves from the realm of the unconscious or *taha wairua* and into one's consciousness, (p.10). However, despite a prevailing consensus regarding the importance of *wairua* for healing practice (Durie, Potaka, Ratima and Ratima 1993; Jones, 2000; McGowan, 2000), note this dimension is difficult to interpret in western medical practices.

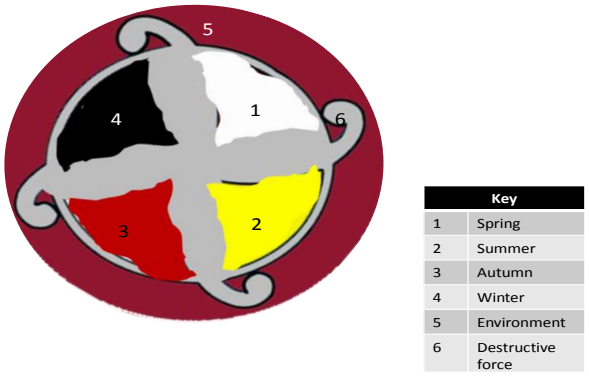
In this framework spirit is the life-force of the person and its connection to each season and the environment. In Fig 2 you can see that spirit influences and connects each part together in a very visible way. In doing so it provides a visual image of how we are connected to our environment and one another. Water shapes the direction of the season's clockwise working with each component in harmony. This section also represents time and change. This can be seen as a wave beginning each season. It is a reminder that each season has a certain amount of time for it to exist and learn from and cannot be rushed. Spiritual health teaches us that there are forces both seen and unseen that create the environment that we live in and that change is possible. It also allows us to reflect on whose water we share and what consequences can take place if our water is contaminated by other people.

Spiritual Wellbeing
Client's considerations for engaging with a help service
Identify triggers that maybe wanting you to engage in harmful behaviour such as drugs, alcohol, suicidal thoughts.
Find a place that you feel safe where you reflect on the changes that are happening for you. Example: Beach, Forest, Park.
Be mindful that change takes time and like the seasons cannot be forced.
Connect with other likeminded people who may share similar spiritual points of view.
If you feel uncomfortable about any of the process let the help service know.

Spiritual Wellbeing
Help service considerations for engaging with clients
Enquire about any triggers, support clients with suggestions and other services if need be.
Acknowledge that change can be painful but also an opportunity to begin again.
Clients can feel that no progress is being made or is slow and not fast enough. Give guidance to the client that like the seasons recovery cannot be forced. Each season requires time to adapt.
Provide clients with skills dealing with change from each season.
Identify potential setbacks and acknowledge relapse is part of the process.
Identify places that they may feel some kind of spiritual connection with.
If appropriate the use of prayer for the client when meeting them and or when shifting from each season.
If appropriate identify places that clients can reconnect with nature by themselves or with other people to support their spiritual wellbeing.

4.2 The Destructive Wheel

Figure 3
Overview of the Negative Wheel



The negative wheel is a reverse image of the positive wheel. It is also divided into six areas. The six areas of the destructive wheel are Environment (Brown), Spring (White), Summer (Yellow), Autumn (Brown), and Winter (Black). Contaminated Water (Grey) flows in an anticlockwise direction. This creates a disruption to the flow of natural law where seasons work against the individual rather than for them. This can be seen as a negative experience however, like the Positive Wheel, there is also learning that can take place here to assist the person toward wellness and wisdom.

Akin to the Positive Wheel there are also sub-teachings in that each season represents an aspect of learning to help the person understand where they are positioned. They are Environment (Greater Community), Spring (Intellectual Wellbeing), Summer (Social Supports), Autumn (Mental Health), Winter (Physical health), and Contaminated Water (Spiritual damage).

The purpose of this negative wheel is to understand each component that the client may be in and ensure their needs are met. It is this stage the Professionals will be seeking to understand the breadth and depth of the challenges ahead. ACC (Accident Compensation Corporation) (c) (p. 45) state;

> Understand the client in the context of their life. This is an essential component to planning effective therapy, building a sound therapeutic

relationship and maximising the potential for a positive therapeutic outcome.

The benefits of the negative wheel are also to ensure that, at each stage they move forward they may be triggered (relapse) and subsequently want to go back. By identifying it early on, plans can be made to support the transition from the negative to the positive wheel. ACC (C), (2008) state, understanding the relationship between developmental stages and lifespan events can intensify or trigger effects of sexual abuse, (p.46). Therefore regularly assessing changes in the client's world will ensure "therapy remains focused and effective," (ACC (C), 2008, 46). It is suggested the negative wheel be introduced at the first stage Environment. A summary of the feedback and recommendations given by the experts discussed in Chapter 2, (p.11) will now be discussed.

Chapter 5: *He kupu Arotake* / Expert Evaluation

"Mehemea ka moemoea ahau, ko ahau anake.
Mehemea ka moemoea a tatou, ka taea e tatou.
If I dream, I dream alone.
If we all dream together, we can succeed."

(Speech from: *Te Kirihaehae Te Puea Herangi* (1883–1952), *Māori* leader)

The purpose of this section is to provide a summary of the feedback and recommendations given by the experts named in Chapter 2, subsection 2.2 (profile of experts). To assist the reader, the questions asked of the experts have been provided below. Responses to those questions are then given. Five questions from the primary data were asked. Recommendations were formulated by synthesising the interviews.

1. How effective are the suggestions put forth in this framework?

   Stockenstroom noted that the framework had logical progressions that were created by a step by step format. It was commented that the use of seasons to describe the state of wellbeing would be useful for people who may find it difficult to discuss how they are feeling; e.g. "I'm feeling like I'm in a winter cycle."

   Hudson stated four key points. Firstly the framework has an internal logic that makes sense to him. Secondly the sequence of stages could be beneficial for people who like structure. Thirdly the stages such as spring and summer allow people to respond to each season using metaphoric language that "*Māori* people often describe things in." Finally Hudson commented on the use of the waves in the framework (refer diagram, p. 30), and described it "waves that brings change."

   Dickson gave feedback in five areas. Firstly it encourages conceptualising issues using a holistic approach. Secondly it challenges dominating thinking within psychiatry and psychology fields which many tools are devised in the sexual violence sector. Thirdly it provides opportunities to be available for indigenous approaches that don't currently exist. Fourthly it brings fractured experiences of being *Māori* and sexually violated as well as other challenges together in one framework. Finally it makes *Kaupapa Māori* approaches accessible to a greater audience.

2. What changes would you recommend to this framework?

   Stockenstroom, provided input to the use of colours and words associated with each season. It was suggested the client be able to choose the particular stage words and associate them with the colour of their choice rather than having it predetermined. For example; spring is currently represented as "intellectual wellbeing." However a client may want "intellectual wellbeing" in winter instead of spring. Stockenstroom also noted that "clients may come in to a service and only want help for one season." The final comments made where the word "intellectual" is used in the disability community and may have negative connotations attached with it for some people.

   Hudson, on the other hand stated that the question "would depend on whether you were looking at it from either counselling or client perspective." An example was given. "A counsellor may have their own interpretation of where the client is at. The client may have a different position from the counsellor." "How would they ensure they are on the same journey?" Hudson also noted that as a client understands their position in the framework they would be questioning their internal and external relationships with self and others. "How would this sit in the space of the framework?" The third feedback was "what happens once the guy has his stuff cleared out?", "what does he do then?", "how would the framework help him with his next journey?" Finally reviewing the presentation in Appendix B, (p.61) it was noted that spirit should be incorporated through the sections rather than at the end.

   Dickson stated "at this point I have no recommendations as such." "The framework needs to be tested with *Māori* people who have worked in the field. Also consider working with *Kaupapa Māori* groups working with whanau who may also be interested."

3. What do you think about the idea of meeting a client halfway through participation, protection and partnership?

   Stockenstroom, commented this was a good approach towards recovery.

   Hudson noted that it would depend on the person applying the framework, (*Māori* or *Tauiwi*) and their active awareness of participation, protection and partnership. Hudson, also noted how meeting a client halfway could also include spiritual insights, which would

be led by intuition. Hudson commented; “Through the process of spirit and intuition an exchange occurs that sometimes does not have words but is rather felt.”

Dickson stated “this is my favourite part of the presentation.” “Too often we treat clients as clients.” “In the approach suggested, it brings an aligned partnership where 3 Ps are practiced in a transparent way. This allows for potential growth. Working in a colonised country it’s important we have more of this thinking in practice.”

4. Do you believe you could work with this framework from your own cultural and professional worldview?

   All experts interviewed agreed that the framework could be used from their own cultural and professional worldviews.

   Stockenstroom noted the framework could be “applicable to counsellors and social workers in general.” Furthermore Stockenstroom also noted that “the framework could also be used in areas outside of sexual abuse.” Hudson, also shared the same feedback stating “the use of the framework could be used in other spaces including; youth development, suicide, mental health and addictions.”

   Hudson also discussed the use of the Medicine Wheel in that it, “may meet resistance from the *Māori* community as it comes from another indigenous culture.” However he did note this could be tempered by changing the colours. He also commented that the framework created an awareness of relationships and connections. “These connections were not only physical but also spiritual which could bring resilience physically, mental, emotionally and spiritually.”

   Dickson noted they would work with the framework and would still seek additional cultural support, as “I want to ensure I can meet their needs. It been my experience that white people think they can work with other people’s cultures. I don’t believe this is true. If a *Māori* or other client wanted to work with me I would make sure they were comfortable with me first and then engage with the framework.”

5. Do you believe this framework has viability for future research in a PhD?

   All experts interviewed agreed that the framework had viability for future research in a PhD study. No further comments were given.

5.0 Recommendations & Summary

There have been a number of gaps in the literature review identified in this master's thesis. To overcome these barriers, concretive efforts to access expert's best opinions has been valuable to find a way forward. This section summarises five key recommendations based on the experts feedback to develop the framework further; (note that this is not an exhaustive list). Individual responses from myself are then given.

1) Change the colour of the seasons to reflect *Aotearoa* / New Zealand colours. To strengthen the framework further the use of New Zealand colours will be factored in a future PhD study.

2) Consider how to meet possible resistance from the *Māori* community regarding a blending of indigenous frameworks. To overcome the possible resistance of being accepted in New Zealand, the framework will need to be developed to incorporate *Māori* culture, *Te Reo Māori* and *Tikanga Māori*. These are all key components to a secure cultural identity. Tuhiwai Smith, (2000) states "health and cultural identity are intrinsically linked. For many *Māori*, health is a *taonga* (treasure), which, according to the Treaty of Waitangi, was guaranteed protection and preservation," (p.25).

3) Review appropriateness of terminology used in each stage such as "intellectual wellbeing." This will be followed up by consulting with people in the *Māori* and *Tauiwi* disability, mental health and addiction communities.

4) Develop the framework further between client and environment as well as between client and counsellor. This will be developed further in consultation with counsellors and clients in the PhD study.

5) Find other ways of describing *wairua* / spirit in the framework specifically in each season. This will require building networks with *Māori* healers and consult with them in the next stages of the framework.

Overall the findings suggest that the framework has the ability to be used to assist in the recovery of sexual abuse and that it has good possibilities of securing and protecting cultural identity in the process. The future direction of the study is now discussed in chapter six.

Chapter 6: *Mutunga* / Conclusion

"I have a new destination. My journey is the same as yours, the same as anyone's. It's taken me so many years, so many lifetimes, but at last I know where I'm going. Where I've always been going. Home. The long way around."

(Cited in Moffat, Dr Who, 2013).

This work is an exploratory study and is by no way conclusive. Further research is required particularly in two specific areas of personal interest. The first is critically developing the framework in consultation with *Māori* men who have experienced sexual abuse. This is important as I want to determine how it may be of use to finding a way forward and what this would look like. Secondly the perceptions of this framework from a Counselling profession require further scrutiny. In the institutions that I work in, there is an active drive to use and implement culturally appropriate care. However understanding the views of those professionals and how the framework would affect their practice would help develop the framework further.

Reflecting on further study the way forward from a Masters towards a PhD will undoubtedly have a number of challenges both personally and professionally. The personal learning that I have taken from this study is acknowledging how heavy the topic of sexual abuse is. At times there were many days of not wanting to read any more literature on rape, molestation and sexual violence. I learnt during this process that strength and perseverance is necessary. Given this my thoughts for other researchers keen to explore this area is to make use of support structures such as counselling, external supervision, family and friends to draw strength on.

The complication of sexual abuse is dark and there are many challenges that it presents to people, notwithstanding there is hope. This small light of hope has given me further insight into how to support those who work in the sector; those in the community who know someone affected by it and of course those *Māori* men who live with the experience. For the latter I hope this research contributes to funding opportunities towards appropriate services that *Māori* men rightfully deserve in *Aotearoa* / New Zealand.

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Āpitihanga / Appendices

Appendix A: Participant Information Sheet.
Appendix B: PowerPoint presentation to experts.
Appendix C: Letter confirming presentation of research.

Participant Information Sheet

Date Information Sheet Produced:

23 June 2014

Project Title

Understanding sexual abuse from an indigenous lens

An Invitation

Kia ora koutou katoa my name is Alexander Stevens and I am student at AUT currently completing the Masters in Health Practice in Māori Health. I am inviting you to participate as an interviewee in the research component of the Masters programme. Participation in this project is voluntary and you may withdraw at any time prior to the completion of data collection.

What is the purpose of this research?

The purposes of this research are to give your expert opinion from your specialised field to evaluate a wellbeing tool that has been developed for indigenous men who have experienced sexual trauma. The tool is based on indigenous values, and aims to provide a resource for clients to assess the internal and external factors that contribute towards their well-being. A current examination of our most commonly utilised Māori and Pacific

'wellbeing' frameworks shows that they are difficult for both health professionals and clients to navigate. As a result of the research the researcher will graduate with a Masters in Health Practice in Māori Health. Presentations regarding this information will be presented at conferences and publications will also be written as part of the results from the research.

How was I identified and why am I being invited to participate in this research?

You have been identified as an expert with a relevant specialisation in the field. Your name has been suggested through community networks.

What will happen in this research?

You will be invited to take part in a one hour individual interview at a mutually agreed location. This research project will have a total of three interviews conducted. The purpose of the interview is to provide your expertise lens and provide feedback and input.

What are the costs of participating in this research?

Participation in this research is voluntary.

How do I agree to participate in this research?

Verbal consent is all that is required to participate in this research.

Will I receive feedback on the results of this research?

A copy of the written transcript will be given to the participants.

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Dr Helen Warren, Helen.warren@aut.ac.nz, (09) 921 9679. Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTEC, Kate O'Connor, *ethics@aut.ac.nz* , 921 9999 ext 6038.

Whom do I contact for further information about this research?

Researcher Contact Details:

For further information please contact me using the following information

Alexander Stevens
Mobile: 021 146 6719
Email: alexanderwstevens@outlook.com

Project Supervisor Contact Details:

Primary Supervisor

Dr Helen Warren (Community Health Development)

Phone: 64+ 9 921 9679

Email: helen.warren@aut.ac.nz

Secondary Supervisor

Dr Ella Henry (Te Ara Poutama)

Phone: (09) 921 9999 ext: 6097

Email: ella.henry@aut.ac.nz

Appendix B PowerPoint presentation to experts

Moving from surviving to thriving:
An Indigenous Framework to support Māori males who have been sexually abused in New Zealand

Presented by Alexander Stevens

Ko wai ahau? - Who am I?

Recovery from sexual abuse is possible

Equation:

$$R = E + Sp \times 4s$$

Background of research

A need that creates a framework specifically for understanding and recovery from sexual abuse.

Literature review results

1. Mental Illness
2. Addictions
3. Suicide
4. Behavioural problems
5. Violence (hyper masculinity)
6. Withdrawn
7. Isolation and avoidance of relationship
8. Confusion of gender
9. Complicated relationships

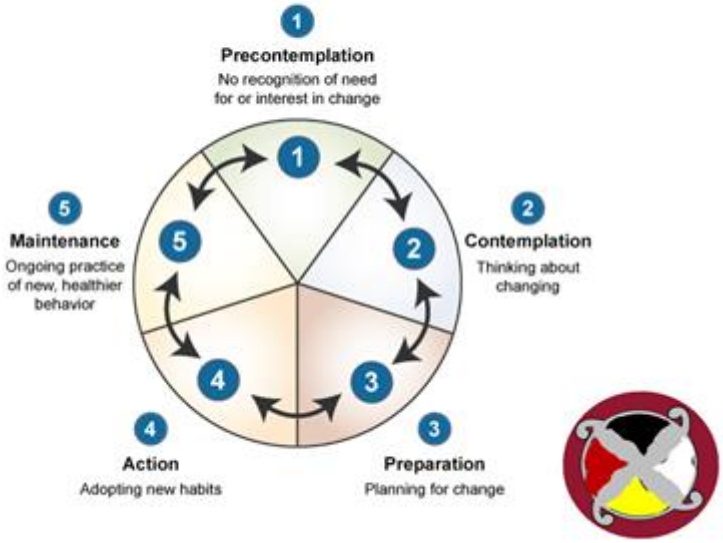
Te Ao Maori

1. A mans tapu is violated.
2. Mana is also affected.
3. Spiritual disruption occurs to the person and to their genealogy.
4. Spiritually speaking sexual abuse can be seen as a pollution of a persons wellbeing.
5. A person can be disconnected from whanau and other people in the community.

Description of framework

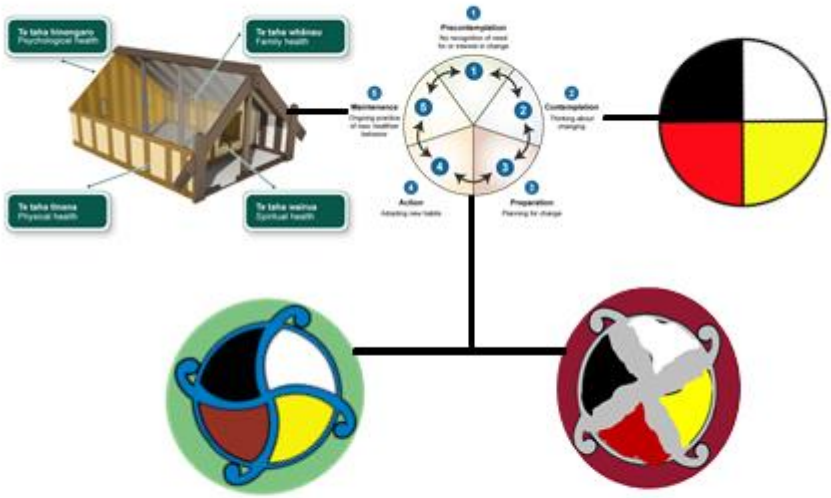
Physical	Psychological	Family	Spiritual
Violence	Mental illness	Complicated relationships	
Suicide	Addictions	Isolation and avoidance	
Isolation and avoidance	Isolation		
	Confusion		

Description of framework



The Medicine Wheel

Spring	Summer	Fall	Winter
Physical	Emotional	Mental	Spiritual



Description of framework

Stages of framework

ENVIRONMENT

SPRING

SUMMER

AUTUMN

WINTER

WATER

Stages of framework

Environmental Wellbeing

Intellectual wellbeing

Community wellbeing

Emotional Wellbeing

Physical Wellbeing

Spiritual Wellbeing

Description of framework

Questions

1. How effective are the suggestions put forth in this framework?
2. What changes would you recommend to this framework?
3. What do you think about the idea of meeting a client halfway through participation, protection and partnership?
4. Do you believe you could work with this framework from your own cultural and professional worldview?
5. Do you believe this framework has viability for a future research project?

Appendix C Letter confirming presentation of research

28 August 2014

Greetings Alexander Stevens

Abstract - International Pacific Health Conference 2014

Thank you for submitting an abstract to be considered for an oral presentation at the International Pacific Health Conference to be held in Auckland New Zealand at the Rendezvous Grand Hotel, 3-5 November 2014.

Your abstract ***Recovering from childhood sexual abuse: a indigenous framework for Maori and Pacific communities*** has been accepted for the Behavioural and mental health session.

At this stage the session is scheduled for the 4 November. The time for your presentation has yet to be confirmed. Please also advise other presenters/authors and note that there is a Welcome Reception on the 2 November at 6pm at the conference venue, that you are invited to attend.

For further information on the conference and programme please check the HRC website for regular updates. Registrations for the conference will be open soon and presenters are reminded that they are required to register for the day of their presentation.

I look forward to seeing you and others who may be coming with you at the conference.

Dr Nuhisifa Seve-Williams
Project Manager, Pacific Health

Level 3, 110 Stanley Street, Auckland 1010, PO Box 5541, Wellesley Street, Auckland 1141, New Zealand
Telephone 64 9 303 5200 Facsimile 64 9 377 9988 Website: www.hrc.govt.nz

Māori Karakia / Māori Prayer

Kia tau tā rangimārie	Let your peace reign
Ki runga i ngā iwi o te ao	On all the people of the world.
He körero whakamana – praise	Praise
He waiata ränei – or even a song:	Or even a song
Kia rite koe ki te totara	You are just like the *tötara*
E tü, e tü, e tü	Stand, stand, stand,
Te rangatira.	You are a leader.

An *Ojibwe* prayer of thanks

Miigwech manidoog iyaajig noodinong, iyaajig nibiing, iyaajig shkodeng miinwa iyaajig akiing.

(Thank you spirits of the winds, water, fire and earth.)