

Strong and safe communities – effective interventions for adult victims of sexual violence

Report on hui with Māori practitioners and researchers in Hamilton

Background

- 1 On 14 December 2007, the Ministry of Women's Affairs (MWA) held a hui with Māori who work in the area of sexual violence. The hui was organised with the support of Te Whakaruruhau in Hamilton. Te Puni Kōkiri and the Ministry of Social Development provided participants' contact details.
- 2 The purpose of the hui was to outline the sexual violence research project's (the project) scope and aims and to hear the views of Māori service providers on the project. Seven Māori women attended from four organisations. A list of participating organisations is attached (Appendix A).
- 3 Participants talked about Māori women as indigenous people, as first nation people, as part of a collective of whānau, hapu and iwi with full rights. They viewed sexual violence as a violation of whānau, hapu and iwi, of one's whakapapa. They argued that sexual violence is not just about equity and equality; it is also about the rights of indigenous peoples of this land. The participants viewed issues from a rights-based approach.

A rights-based approach

- 4 The participants felt that globally the rights of indigenous women are violated on a daily basis. Discrimination occurs, racist behaviour is exhibited, and indigenous rights are not acknowledged or recognised. Participants cited the case of the rape of a seven-year-old Australian Aboriginal girl in November 2007 as an example of racist behaviour being seen as acceptable and violence being considered a norm amongst indigenous peoples. There was a concern that New Zealand may have similar racist behaviour towards Māori. They expressed their concerns about the impact of colonisation in New Zealand, operating alongside institutional racism that is linked to a high number of Māori children still in state care.
- 5 The participants' experience is that there are clear cultural differences in the way that diverse groups of women express themselves and talk about violence. They felt strongly that a cultural paradigm would provide a context where these cultural differences would be apparent. One shoe will not fit all.

6 The table below is useful to consider in developing research paradigms. For instance, it was the participants' experience that Māori women are explicit in talking about sexual violence. Māori women will tell it as they see it and use vivid and detailed language. Non-Māori women will talk about sexual violence without defining the behaviour. This can be construed as violence against Māori women being more severe, or as the women themselves being more violent. This may not be the case at all; rather, indigenous perspectives need to be contextualised and questions and responses need to be carefully analysed.

Māori women	Non-Māori women
Explicit and graphic about sexual violence, including a high level of violence. For example: <ul style="list-style-type: none"> • spat at • urinated on • held against the wall and could not breathe 	Do not divulge or define explicit violence – just saying 'I have been abused' is enough <ul style="list-style-type: none"> • battered women • abused
Māori women are the oppressed	Pākehā women are the oppressor
Will look to protect the whānau	Will look for justice for the crime
Will be the advocate	Will look to download and get help
Will look for the tools and skills to ensure whānau are safe, protected, fed, sheltered, independent	Will look to oneself to build resilience
High acceptable level of violence	Low acceptable level of violence

7 This suggests the need for researchers to develop an analytical framework that takes into account cultural paradigms across gender. For instance, it may be preferable to talk about health inequities in discussions with indigenous women, as outlined in the following extract.

*'Equity, like fairness, is an ethical concept based on a model of justice where distribution of resources ensures everyone has at least their minimum requirements. It does not necessarily mean that resources are equally shared, rather, it acknowledges that sometimes different resourcing is needed in order that different groups enjoy equitable health outcomes. Health equity is defined as "the absence of systematic disparities in health (or in the determinants of health) between different levels of underlying social advantage/disadvantage – that is, different positions in a social hierarchy" (Braveman and Gruskin 2003, p. 254).'*¹

Sexual violence research – concerns and suggestions

8 The participants felt that, while non-Māori women will use 'the system' but will experience barriers, the research might itself provide an alternative system that will better accommodate Māori women.

¹ Hauora: Māori Standards of Health IV; A study of the years 2000 – 2005, p.4

- 9 They raised some questions to consider as part of the research:
- How can Māori women re-establish links?
 - How can Māori women re-establish balance?
 - How can Māori women progress as healthy members of society?

Interviews with victims

- 10 They did not believe there should be a prescribed interview process with victims.

Key informant survey

- 11 In the main, women do not go directly to agencies that work with survivors of sexual violence. To identify best practice, the research needs to cover a range of key informants in agencies that do not specifically deal with sexual violence. These include:
- pharmacies – women go to chemists to get help because they self-diagnose. They do not go to GPs.
 - hairdressers – women seek refuge at their hairdressers.

Participants

Non-government organisations

Family Violence Technical Assistance Unit
Centre for Māori and Pacific Research, Waikato University
Te Whakaruruhau
Mana Social Services, Rotorua

Government agencies

Ministry of Women's Affairs