

Mokopuna Rising: Developing a Best Practice for Early Intervention in Whanau Violence

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In a very difficult meeting, an extremely unpleasant man was concerned about the possible loss of his power and the continuation of his plans and dreams for the future. And I said, yeah well, you should be worried, because according to your philosophy, when you're dead, you're dead. But when I'm dead, my mokopuna will be rising. (Personal Communication, Rob Cooper, 2007)

“Mokopuna Rising” is about claiming space for Maori to define best practice for reducing and avoiding whanau violence¹ It is research in progress towards a PhD, being carried out with the Ngati Hine Health Trust, in Te Taitokerau (Northland).

I found it challenging preparing this presentation about best practice in early intervention for whanau violence. Challenging because this topic is very current and present in many minds and lives, whether personally, in our whanau or friends, or on our TV or radio. It certainly feels ‘right here, right now’. Challenging also, because this research is still very much in development, and because I have thought about how presentations on research which is still developing often aim to be interesting and dynamic, visually stimulating and attention grabbing. And therein lay my dilemma. I know I have had my attention grabbed by recent (and not so recent) images of children whose short lives have ended in tragedy. I have been to presentations where pictures of those children were shown, so that by the end there was little doubt that every person watching understood, or at least felt something, about the magnitude of

family violence. I think those presentations were excellent in their effectiveness and they worked, like they should have. However, for this presentation I decided I did not want to grab your attention with those images. That is not to minimise the tragedy or pain represented by them, but rather to shift the focus slightly and instead share some interesting early ideas and discoveries of this research that I’m working on.

Mokopuna Rising

This research has come to be known as “Mokopuna Rising”, based on a story that was told while I was at the Ngati Hine Health Trust. There had been a discussion one day about what we valued about being Maori, about being who we are as a people and the positive aspects of that. There was a fair amount of agreement that it was great to have a sense of who you are, who you have come from, your history, your stories of the past that still live and breathe today, your whakapapa, your connections, your sense of belonging and shared knowings of how you understand the world. And of course the sense of passing on all of that, sharing it with those who are coming after you. There was also talk of those things that made us unique as Maori and wonderings about what it was like for people who didn’t share those beliefs and ways of being. At that point, a man told the story about how the differences between cultures/ways of being were often quite clear to him (quote cited at the beginning of this paper). I loved that story. I loved it because the man who said it was my father, and some of the mokopuna he refers to are my children. I loved it because to me, it captured some of the essence of who we are as a people, and it was rich in its meaning. I also loved it because there were many unsaid words that sat alongside “... my mokopuna will be rising”; words that were closely

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related to ideas of whanau being free from violence. Some of those words might have been, for example:

- I plan to invest in my mokopuna so that they may carry on some part of me, and who we are.
- My mokopuna are my legacy.
- I love my mokopuna.
- I expect my mokopuna to outlive me.

I think those are very positive messages for whanau. If all mokopuna grew up with a sense of 'mokopuna rising' within them, and all of their whanau honoured and treated them as such, wouldn't that be great? That basically summarises what this current research is about. What are the positive things we already do as Maori, as Ngati Hine for example, that help us with the prevention or intervention of whanau violence? What are the positive things we could do? If we had a good way of doing things (good practice/s), what would that look like? These questions are the many threads of the development of this research:

- What *are* we doing about whanau violence?
- What *could* we be doing?
- What do we *want* to do? *Can* we do anything?
- *When* should we do it? Should we focus on prevention, early intervention, late intervention, or all of the above?
- *Who* can do anything? Should I, should you, should our whanau, hapu, iwi, whole community, even whole country be doing something?

When all these thoughts collide it sometimes feels like 'to hell with doing this PhD – lets save the world!!' But basically, it is the recognition that whanau violence is a big topic. These thoughts are all there as part of this topic; some I have just begun picking up, some are laying there waiting, and others might still be in a mess in the corner until I can get to them. At this stage of development, this research is like a collection of thoughts forming (mine and

others'), that at some point, I believe, will come together in a way that is interesting and useful.

The Research Project

The volume of information currently available on family violence in New Zealand is large. There has been a massive growth in literature over the past few years, statistics have recently been updated, and there is a strong focus on media coverage/campaigns and new developments in the field. These will not be covered in detail in this presentation, suffice to say that if you are aware that family violence is a critical issue facing New Zealand, particularly Maori whanau, then you've pretty much got it.

This research is about looking at what we can do about this issue. More formally, it aims to develop, implement and evaluate a best practice package for early intervention in whanau violence, specifically in collaboration with the Ngati Hine Health Trust. It asks the question "What would a 'best practice package' for early intervention in whanau violence include"? It is unique in that it creates an opportunity for Maori to advance knowledge in this area, where little such literature exists. There are two stages to the project.

Stage 1 aims are:

- To explore and review existing indigenous (NZ and international) models of early intervention in family violence, in order to inform the research.
- To work collaboratively with Ngati Hine (and other) people to identify and define best practice models of early intervention in whanau violence, in order to inform the development of a best practice 'package'.

Stage 2 aims (at this point in development) are:

- To collaboratively implement the package.
- To evaluate the package post-implementation.
- To provide recommendations for a best practice package that could be delivered throughout the community setting, and potentially other community settings.

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These aims have already evolved since the project first began, and considering the collaborative style of the project, will likely continue to evolve as the research progresses. Each stage also involves consideration of the many ideas that arise. For example, it is fairly well documented that family violence intervention programmes for indigenous populations are successful if they are holistic, based on cultural imperatives, and are developed from a social, political, historical and cultural context². However, what does that specifically look like for Maori? For Ngati Hine? If we are looking at developing a best practice package, are we talking about a package for health organisations/ practitioners to use with whanau (therefore capacity building in the organisation) or for whanau capacity building, or more likely both? What do we need to consider in developing this thing? For example, how do we include the values of the Ngati Hine Health Trust? And more broadly the ideas of Ngati Hinetanga and tikanga Maori (and describe what those are?). And of course, being accountable, responsible and open to expectation (something useful will come out of this won't it?!). Also needing to be considered are the constant collisions of Western/ mainstream and Kaupapa Maori methodological approaches to this work. For example, justifying that 'hanging out' is actually research, and dealing with dilemmas of gaining consent when every conversation you have seems rich with wisdom, knowledge and information that will be useful to the project; and being respectful of that and having an understanding of who 'owns' that information.

Ngati Hine Health Trust

The Ngati Hine Health Trust (the Trust) is certainly a rich place to do this work. It is a big organisation with approximately 170 full-time and 260 part-time staff, most of whom are Maori. It is wholly Maori owned and therefore a Non-Government Organisation (NGO), which helps form part of the Northern Maori Health Alliance, a group which includes seven other Maori health providers, the Northern District Health Board and MAPO co-funder. It provides

a cluster of services including Hauora Whanui (Health Services), Whanau Whanui (Social Services), Maiaorere (Disability Services) and Matauranga Whanui (Public Health, Education & Training Services). It also has a Strategic Cluster, which incorporates Te Tari Mahi Whanau (Business Administration), Strategic Development Services, and Ngati Hine FM. The Trust is also a shareholder of the companies which run Northland's two largest Primary Health Organisations (PHOs), the Manaia PHO and Te Tai Tokerau PHO.

The Trust has this Te Mata Rehu (Vision):

He toa kei te kokiri – hei hapai i te oranga o te iwi

Through our combined strength and unity of purpose, the wellbeing and development of our people is assured

I like this as a starting point, and particularly as a point of focus for this research. The English translation is not literal, it is the paraphrasing of words spoken by our Ngati Hine tupuna, Mataroria, who shouted the battle cry "He toa kei te kokiri", which has a similar meaning to the command of 'Gather on me'. The second part of the phrase was added by the Trust; it is likely that the second part of Mataroria's call was a bit more feisty! As a vision however, it highlights the potential success that can be achieved by working together. It calls us to account to one another, for the collective good.

Working within the collective has already been, and will continue to be, a big part of this research. Even at this early stage there has been a lot of discussion about how this research may develop and be of use to our people.

Early ideas and discoveries

The following quotes came from people working within the Ngati Hine Health Trust Services Cluster, and were selected to represent some of the early ideas being discussed about prevention and intervention in whanau violence.

*We are called to account for our tikanga.
We need to apply our science (NHI).*

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The application of tikanga, our own customs, rules and right ways of doing things, is frequent in conversations about addressing whanau violence, including taking a critical look at what our tikanga actually is. For example, if we consider it right to treat our children as 'mokopuna rising' then we need to hold ourselves and others accountable to that, in the broadest sense. We need to be clear about what our responsibilities are, who our responsibilities are to, and how we can carry our responsibilities out. For example,

One day I'll be someone's tupuna. What do I want to have left behind for them? (NH5).

There has also been much discussion about the difficulties of this work, and the importance of acknowledging that, while also accepting a responsibility towards improving whanau ora.

Change takes time, but that doesn't mean we shouldn't start doing it now (NH5).

There is always hope (NH4).

Also frequent in conversations are the concepts of acknowledging that people are complex, made up of many parts, and that all of those parts should be attended to (for example, their physical and mental health as well as their spirituality, relationships with their whanau and wider community and environment). There is clearly a strong focus on whanau, characteristics of healthy whanau, and caring skills that are necessary for work with whanau. For example,

Develop a relationship with wairua ... it takes a more powerful force to break that barrier (NH3).

If a man loves himself, he is able to love. If he knows who he is and who's he is ... he has spirituality. And that starts in the home (NH4).

Whanau mana, whanau tapu (NH2)

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Working with whanau is about helping whanau to help themselves, to heal themselves. And it's the way you do it, you do it with aroha. You go to them with love (NH6).

So it is upon these beginnings that the defining of 'best practice/s' for intervention in whanau violence is emerging. I am so often humbled and awed by the sheer richness of the people involved in this research; I hope I have been able to share some of that with you.

There is no mistaking that whanau violence is a critical issue for Maori, and there is often a strong deficit approach to the topic. I think it is critical that we are able to determine and describe the positive things we already do and can do in the future, as Maori, taking responsibility for addressing this issue. One thing which is clearly indicative so far is the consistently positive attitude of the Maori practitioners I am working alongside. It's a 'contagion' of goodwill, of absolute belief and hope for change, and of Maori cultural affirmation. I think combining our skills as Maori and psychologists fits well with claiming space for Maori to define what works for us, and that in mainstream terms, we collaborate with others to determine what that is. Or, as Mataroria would have it, 'He toa kei te kokiri ...' – we gather together for the collective good. I hope that this research will be able to contribute to that. No reira, tena koutou katoa.

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¹In this paper the term whanau refers to family, incorporating both immediate (nuclear) and extended family members. Whanau violence, in this context, refers to violence occurring within Maori families.

² See Reference list

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