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HE ARA WHAKAORA I WHAIA E ETAHI WAHINE I TUKINOHIA

Long Term Effects of Childhood Sexual Abuse Among Maori Women:

A healing Path for Abused Women

by

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Abstract

He Ara Whakaora I Whaia E Etahi Wahine I Tukinohia: A Healing Path for Abused Women is a qualitative study of long term effects of Childhood Sexual Abuse among Maori women. Thirteen Maori women of diverse ages, sexual orientations, socioeconomic, religious, and tribal backgrounds shared their life experiences in a series of semi-structured interviews. The women describe the physical, social and emotional impact the sexual abuse had on them. Indepth case studies are used to explore how these women rallied their personal, interpersonal, and social resources to survive the abuse, and ultimately find a way of healing. A theoretical synthesis comprising Tikanga Maori, Ecological Psychology, Social Systems theory, and Feminist theory is used to shed light on the participants' narratives. They also identify characteristics of their perpetrators, most were male and all but one was a trusted individual. A culturally competent model of healing for Maori survivors of sexual abuse was generated from the collective survival and healing strategies described by the participants.

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TABLE OF CONTENTS

KUPU WHAKATAKI	
INTRODUCTION	1
CHAPTER ONE	
TIROHANGA WHANUI: AN OVERVIEW OF CHILDHOOD SEXUAL ABUSE	5
Childhood Sexual Abuse	5
Definitions Of Childhood Sexual Abuse	12
Prevalence of Childhood Sexual Abuse	17
Prevalence of Sexual Abuse In Aotearoa	20
Long Term Effects of Childhood Sexual Abuse	24
Self-perception	25
Social functioning	28
Emotional functioning	29
Interpersonal functioning	30
Sexual functioning	31
Conclusion	33
CHAPTER TWO	
MANA WAHINE: SEXUAL ABUSE AND MAORI WOMEN	35
Maori Women	35
Women In Cosmogony and Mythology	36
Women: Whare Tangata	37
The First Sexual Abuse	38
Mana Wahine	43
Maori Female Sexuality	45
Rituals of Encounter	47
Maori Definition of Sexual Abuse	52
Contemporary Maori Women	52
Assault Against Mana Wahine	55
CHAPTER THREE	
WHAKAARO RARANGA: THE THEORETICAL WEAVE	59
Theoretical Perspectives	59
Tikanga Maori	60
Aroha	63

Whanaungatanga	64
Manaakitanga	66
Wairua and tinana	66
Tapu and noa	67
Mana	69
Ecological Psychology	70
Social Systems Theory	71
Feminist Theory	72
Conceptual Framework	79
 CHAPTER FOUR	
NGA AHUATANGA O TE MAHI: METHODOLOGY	81
Methodology	81
Maori In Research	83
Qualitative Research	85
Qualitative Methodology and Sexual Abuse	87
Feminist Objectives for Interviewing Women	88
Personal Background	90
Getting Started	94
Participants	97
Research Procedures	97
Stress from Interviewing	102
Analysis of the Voices	104
Conclusion	105
 CHAPTER FIVE:	
NGA TAUNGA WAHINE: WOMEN'S EXPERIENCES	107
ANN	108
BETTY	116
CLARE	123
DIANE	129
ELLEN	134
FAITH	144
GAIL	149
HINE	156
IRI	163

JAN	171
KAREN	178
LYNN	184
MERE	191
CHAPTER SIX	
TE AHO WHAIWHAIKORERO: FINDINGS & DISCUSSION	199
Micro Level	202
Mezzo Level	209
Macro Level	213
Summary	217
CHAPTER SEVEN	
HE ARA WHAKAORA: A WAY OF HEALING	218
Models Of Treatment For Sexual Abuse	218
Voices of Maori Therapists	227
Counselling for Maori	230
Implications for Healing	233
Culturally Competent Framework For Healing	237
Stage One: Aroha	239
Stage Two: Manaakitanga	240
Stage Three: Whanaungatanga	241
Stage Four: Tapu and Noa	242
Stage Five: Mana	243
Conclusion	244
Limitations Of The Study	245
Topics for Future Research	245
References	246
Appendix One	276
Appendix Two	277
Glossary	278

KUPU WHAKATAKI

INTRODUCTION

Aotearoa/New Zealand has attempted to keep pace with other countries as far as public awareness of childhood sexual abuse is concerned. However, there continues to be a dearth of information regarding childhood sexual abuse among Maori. Research in this area is virtually non-existent. For example, there has not been any published research, either empirical or qualitative, dealing exclusively with childhood sexual abuse among Maori women. In fact, the only notable study that included a significant Maori population was Jane Von Dadelszen's (1987) study on sexual abuse among girls in the care of the Department Of Social Welfare. Just over half of the participants in her study were Maori which made this research one of the most inclusive completed in recent years. However, although the majority of Von Dadelszen's (1987) respondents were Maori, conclusions drawn specifically about Maori were limited.

One goal of this project is to offer accounts and perspectives of Maori women survivors regarding the long term effects of their childhood sexual abuse. It is hoped that the project is informative and healing to both readers and participants alike.

Another goal of this project is to reduce the scarcity of information about Maori women and sexual abuse. By bringing this information to light my hope is that it will create a springboard for further research and discussion among both academics and non-

academics.

This research will elucidate core dynamics that exist in the lives of many Maori women who are survivors of childhood sexual abuse. A definition of sexual abuse compatible with Maori perspectives is suggested, and a culturally competent paradigm for moving beyond simply 'surviving' to 'health' is discussed in detail.

As a Maori woman and survivor of childhood sexual abuse, my belief is that when Maori women recognise and come to terms with the pervasive and insidious effects of their childhood abuse they are better able to heal. They are also in a better position to empower themselves and their whanau [extended family] and avoid the cyclical patterns of abuse often found in families.

This thesis was written for an academic audience schooled in a paradigm of western higher education, whose job it is to review the merits of this project as my doctoral thesis. However, it is my hope that Maori women and others who are searching for ways to help themselves, their whanau members and friends deal with sexual abuse will find this work helpful.

I have written this thesis in the first person, thus making the work more accessible and readable and hoping that by doing so I invite as wide a readership as possible. Professional and cultural terms are used throughout the text where the nuance of the term provides the clearest explanation of the idea.

The structure of the project, the methodology of the research, and the style of presentation reveals my feminist beliefs and

personal style. I have chosen to adhere to the American Psychological Association (APA) writing style for the sake of uniformity and convenience. One drawback of this style is that only the surnames of authors are indicated in the paper and reference list, thus making it difficult to recognize the gender of the authors. However, even if given names were used, many names would not necessarily reflect gender of the author since many Maori names are gender neutral. The omission of given names is not intended to diminish the mana of women authors but arises from academic conventions and convenience of the author. Nevertheless I am committed to presenting Maori women's 'voices' and a high level of critical analysis in this work.

Maori words are only translated into English the first time they appear in the text. This avoids repetition and affirms the mana of Te Reo Maori. A glossary of Maori words and terms is provided to help the reader if necessary.

Chapter One provides an overview of childhood sexual abuse. Issues revolving around definitions, prevalence rates, and long term effects are presented.

Chapter Two discusses the role of Maori women in traditional and contemporary society. Maori female sexuality is addressed and a unique definition of sexual abuse is offered.

Chapter Three describes the theoretical foundation for this thesis. A synthesis comprising Tikanga Maori, Ecological Psychology, Social Systems theory, and Feminist theory is provided.

Chapter Four informs the reader of the research method used. Rationale for why qualitative case studies were deemed most appropriate with Maori sexual abuse victims is explained.

Chapter Five details survivors experiences in their own voices. The stories reveal the effects of the abuse, strategies for healing and personal strengths of the survivors.

Chapter Six discusses the similarities and differences of the women's experiences. Analysing these findings is kept to a minimum to allow the women to define their own experiences.

Chapter Seven details existing models of healing for sexual abuse and the elements considered important by Maori counsellors and academics for culturally appropriate models. The Koru model of healing for Maori sexual abuse survivors which is an outcome of this research is presented in detail.

CHAPTER ONE

TIROHANGA WHANUI: AN OVERVIEW OF CHILDHOOD SEXUAL ABUSE

My dad did so much damage to us kids. He abused everyone of us even the boys, and now we really can't stand him because of what he did. Each one of us has had problems . . . I think our problems are because of the sexual abuse. . . All of us have been divorced . . . Worse, my sister tried to kill herself. I think we're all pretty messed up. I think it was because of the abuse . . . (Anonymous, 1995).

Childhood Sexual Abuse

This scenario reflects the devastating aftermath of childhood sexual abuse on the lives of victims. It depicts some of the repercussions sexual abuse commonly has on the entire family. In this young woman's situation her father's behaviour not only jolted her and her siblings' lives but also the lives of their respective families. From her perspective the sexual abuse had a ripple effect that spanned three generations, literally undermining the very constructs of her individual personhood and diminishing family bonds.

This chapter will offer an overview of childhood sexual abuse using a variety of definitions found in current literature. It will address pertinent dynamics of childhood sexual abuse, the prevalence of the problem in Aotearoa/ New Zealand, and other parts of the world. The long term effects of child sexual abuse are discussed in detail. Finally, this chapter describes models of treatment most frequently used in relationship to child sexual

abuse.

Many little children are ravaged in their own homes by so called "loved ones." This reality dispels the common belief that this type of behaviour is usually perpetrated by a predatory stranger (Finkelhor, 1979, 1985; von Dadelzen, 1987).

Little boys, like little girls, are sexually abused as children and experience many far-reaching effects accompanying sexual abuse. A growing body of knowledge is developing, focusing on the sexual abuse of boys in the contemporary context. For example, some studies calculate a ratio of one in five boys are sexually abused as children, almost comparable to the ratio of girls abused as children (Timms & Connors, 1990). Although more work needs to be done in the area of sexual abuse among boys the focus of the present study is confined to looking at sexual abuse among Maori girls. There are several reasons for narrowing the focus, primarily for manageability of the project, the interest of the author, and a need to focus on an area where there is a scarcity of prior research.

Sexual intercourse between children and adults and inappropriate touching of children by adults are common defining factors of sexual abuse. It is a practice that has been around for a long time. Historians have documented the customs of people who allowed it (Demaue, 1991). Anthropologists have discussed the universality of it (Kroeber, 1939). Researchers have conducted statistical studies to determine the extent of it (Kinsey, 1953; Russell, 1984). Psychologists have theorized about it (Freud, 1896;

Brothers, 1988) and some sexologists have justified it (Eglinton, 1964; Symonds, 1984). The picture that emerges is that sex with children has been widespread and evident for most peoples at different times. Furthermore, the earlier in history one searches, the more evidence there is of various forms of child abuse (Demaue 1982).

A glimpse through history indicates that ancient as well as contemporary cultures were not strangers to childhood sexual abuse. In a well researched paper "Greek Homosexuality and Initiation" Kenneth Dover (1978) documents the proclivity of ancient Greek men for pre-pubescent boys. As noted by Kahr (1991), young boys were sodomized on a regular basis, and the practice was "very widespread, ritualized, and socially acceptable" (p. 195).

The Greeks' propensity for using young boys for sex was well documented; however, there is less reliable data about the rape of girls and small infants, although Kahr (1991) believes "we have no good reason to suppose that these atrocities did not occur as well" (p. 197). Kahr is of the mind that not only were little girls used for sex, they were more commonly the victims of ritualized infanticide.

Numerous sources also record sexual abuse of children in ancient Rome (Boswell, 1980; Dynes & Donaldson, 1992; MacMullen, 1989). In his article on the historical perspectives of child molestation, Kahr (1991) makes reference to a book by Petronius, 'The Satyricon' which contains, among others, a scene of a seven year old girl being raped by a youth and a group of older women

observing the situation and applauding. Although this book is considered fiction, Kahr feels justified in assuming these accounts are vignettes of Roman society as other works confirm similar sexual practices of both freemen and elite.

The Roman Emperor Tiberius was notorious for sexually abusing young girls and boys. He abducted young children, forced them into humiliating sexual activities, and murdered them. Kahr (1991) describes how at one point during his reign Tiberius commanded the slaying of many young girls, but Roman law forbade the 'strangulation' of girls who were virgins. In response, Tiberius ordered those carrying out his directives to rape the little girls, then kill them. Tiberius trained children to gratify his every sexual whim including nibbling at him as he swam. He called these children, who were usually pre-pubescent boys, his "minnows" (Boswell, 1980; MacMullen, 1989).

In other parts of the world there is a long history of sexual activity between adults and children. Katherine Mayo (1931) a physician and ethnologist who wrote extensively on India describes practices whereby "the Brahmin [have] been intensively cultivating, and with priestly authority handing on, a passion for immature girl children in sexual use" (p. 47).

Many of these children were drafted into prostitution for the sexual gratification of grown men (Mayo, 1927, 1929, 1931; Carstairs, M. 1967; Devi, 1977). This type of sexual preference has been in existence for so long that no one knows of its origins (Mayo,

1931).

In China there was rampant use of child servants and slaves for sexual satisfaction (Beurdeley,1969; Gregersen, 1983; Bullough, 1976). In early Japan girls would start working in brothels at five to seven years old (DeBecker 1899 cited in Demause, 1991).

In more recent history, accounts of sexual abuse of children by adults surfaced in spite of the repressive societal mores of Europe. In the nineteenth century several female patients of Sigmund Freud revealed that they were victims of incest. These disclosures motivated Freud to pronounce parent-child incest the etiology of hysteria (Freud, 1896). However, Freud later recanted, explaining his reason for doing so in a letter to Wilhelm Fleiss. Freud believed it was hardly credible that perverted acts against children were so general (Abraham,1907).

In part, Freud's reaction reflected a disbelief of how pervasive sexual abuse was in Viennese society, particularly among prominent families. So, although his patients described incidents of sexual abuse, Freud chose to deny these reports; instead he theorized that these accounts reflected a failure of the child to come to terms with sexual fantasies of a parent. Freud's denial of the actual nature of incest set in motion the pervasive social denial of incest. The period that followed his denouncement was called the "Age of Denial" (Armstrong, 1982).

During the 1930's and even as late as the 1950's a great deal of responsibility was placed on the victims for being sexually

abused. Victims were accused of employing seductive measures that often resulted in an incestuous situation (Bender & Bau, 1937; Bender & Grugett, 1952).

Well into the 1950's, although there was acknowledgment that incest occurred, residual denial still existed. Sexual abuse of children was viewed as virtually nonexistent. When it did occur it was believed to occur between "retarded seductive girls and inadequate, sociopathic fathers" (Cormier, Kennedy & Sangowicz, 1962).

In 1962 Henry Kempe and Brandt Steele coined the phrase "battered child syndrome," which drew public and media attention to abused children (Kempe et. al., 1962). Literature in the 1960's started to offer a more realistic picture of child abuse including sexual abuse (Cormier et. al., 1962; Lustig et. al., 1966). With the advent of the 1970's there was recognition of the likelihood that sexual abuse greatly exceeded reported accounts (Summit, Roland, & Kryso, 1978).

In the 1970's came a landmark work, 'Kiss Daddy Goodnight,' which was written by Louise Armstrong (1978) who shared her own story of surviving sexual abuse. 'Kiss Daddy Goodnight' raised public consciousness and dialogue about incest. Pioneers in research of childhood sexual abuse such as Herman (1977) and Finkelhor (1979) began focusing on various aspects of sexual abuse such as cause, prevention, treatment, effects, family relationships, and contributing factors of sexual abuse. Finkelhor carried out a study

to assess the effects of sex among siblings. He surveyed 796 undergraduate university students in New England U.S.A. His findings revealed that the larger the age difference between those involved in the abuse, and the greater the use of force accompanying the incest, the more likely the experience was seen as negative by respondents. The contributions of these modern pioneers influenced the work of others in bringing to light anecdotal, statistical, and definitional information about what we now understand about sexual abuse (Russell, 1986; Herman, Russell & Trocki, 1986).

Feminists believe there is a significant correlation between aggression and sexuality in androcentric societies because of tacit cultural permission for sexual violence (Brownmiller, 1975; Sanday, 1981; Sapiro, 1996). Societies that “delight in victory, idealise the warrior, and other forms of male supremacy” are most likely to “mistreat, beat and rape women” (Ritchie & Ritchie, 1993, p. 14). When women are defined as sexual objects and men possessing entitlement to them, this situation provides an arena for festering male aggression through sexual acting out.

Indicators of this entitlement mentality are reflected in the common terms that men “take” women, and women “give” themselves to men sexually (Komarovsky 1976; Harrison 1978). Designating males as the sexual initiators and women as the recipients of male power and sexual expression gives tacit approval of the sexual victimization of women. Men are, in large part, not viewed as responsible for their actions. (Collson, 1991; Burt, 1980).

The social and cultural norms that permit violence against women also contribute to child sexual violence. For example, the notion that adults have a right to control and impose their will on children is an extension of the belief that men have control over women. Sex with children is an extension of the concept that males should prefer smaller and younger sexual objects (Coulborn Faller, 1990; Finkelhor, 1984).

Definitions Of Childhood Sexual Abuse

An overwhelming agreement, among researchers and lawmakers in western countries, that sexual intercourse between a child and an adult is abusive has emerged. However, beyond that, there are vast definitional variations of childhood sexual abuse with very little likelihood of developing a universal definition.

Definitions vary from country to country, culture to culture and even from one social agency to another (Bachmann, et al., 1988; Wong, 1987; & Goodyear-Smith, 1993). The primary influences that differentiate definitions are generally grouped in the following ways; (a) the age of those involved, (b) what acts are deemed "harmful," (c) cultural perceptions of sexual behaviour, and (d) the social/moral climate that exists at a given time within a society.

Firstly, age disparity between perpetrator and victim influences definitions of sexual abuse. The greater the age disparity between the individuals involved in a sexual situation, the more likely the situation is termed abusive (Finkelhor, 1979). A case in point: if two four year olds engaged in a sexual behaviour the

behaviour is more likely deemed experimental. However, recently a case was reported in the media of a six year old boy in the United States who was suspended from school for sexual harassment because he kissed a female classmate. The general fervor of the incident was in response to the action taken by the school. Public opinion seemed to mimic that of the boy's parents who believed the incident to be an exploratory and developmentally age appropriate behaviour, particularly since there was no history of the boy engaging previously in predatory behaviour. In some parts of the United States certain behaviour is not deemed child molestation unless the perpetrator is significantly older than the victim (Russell, 1983). Usually a yardstick of three to five years age difference between victim and perpetrator is used to differentiate between sexual experimentation and abuse (Von Dadelzen, 1987; Finkelhor, 1979). Thus, if a six year old was being touched sexually by an 18 year old the behaviour would immediately be under scrutiny.

There is growing recognition that some children regularly prey on other children sexually (McGregor, 1994). This is a problem which adds to the already complex set of dynamics to be considered when defining sexual abuse. Sexual abuse perpetrated by children or adolescents on other children needs to be clearly defined and addressed but it is beyond the scope of this thesis.

Another age consideration in defining sexual abuse is the fact that legal age of consent differs from country to country. In Aotearoa and England an individual sixteen years of age can consent

to have sex (Ludbrook, 1991; Goodyear-Smith, 1993). However to further complicate things, in the United States the legal age of sexual consent varies from state to state (Paulsen, 1967; Daugherty, 1979; Bharam 1989).

The second definitional influence of abuse is the concept of what is deemed harmful sexual behaviour. Beyond intercourse there is little agreement about what is considered harmful. Some definitions only include physical touching of a child, for example, intercourse, touching a child's genitals, poking a digit or object into the vagina, anus or mouth of a child. These tactile behaviours are seen as harmful because of the physical intrusion which may likely cause both physical and emotional harm to the child. Broader definitions of sexual abuse extend beyond tactile experiences to include behaviours such as making lewd or sexual comments, displaying pornography and exposing children to sexual activity of others (Goodyear-Smith, 1993; Feinaur, 1989; Finkelhor, 1985; Heger, 1985). Kempe (1984) postulates that non-tactile sexual experiences can also be abusive to a child because the child is coerced and manipulated to participate in a sexual activity the child is unable to consent to due to developmental limitations because of undeveloped cognitive and emotional processes.

The third area of difference relates to cultural sanctions of sexual behaviour. What is considered "bad" sexual behaviour with children in one society may be regarded as "good" for children in another (Korbin, 1981). In different cultures adults may

affectionately sniff, blow upon, fondle, and praise or touch the genitals of young children of both sexes (Ford & Beach 1951; Fischer et al 1979; Olson 1981.) For example, Japanese mothers stroke their young children's genitals to put them to sleep (Smith & Wiswell, 1982; Haring,1956).

In other parts of the world adult and child sexual contact routinely takes place as part of initiation activities (Hayes,1975; Lyons,1981; Langness, 1981; Daly & Wilson,1983). In New Guinea various indigenous groups may include sexual insults, threats, fellatio, sodomy, as well as older men rubbing semen on young boys in initiation rights (Kelly, 1977; Langness, 1981.)

Lastly, definitions of sexually appropriate behaviour can also change depending on the social and moral climate at a given time. What was condoned or accepted in one period of history might not be socially acceptable in another period. A couple of good examples of this are masturbation and homosexuality. Between the latter part of the eighteenth century to the early part of the twentieth century many believed masturbation caused devastating diseases and a number of mental conditions (Goodyear-Smith,1993). The American Psychiatric Association considered homosexuality a diagnosable mental disorder until 1973. It was considered a mental illness by the American Psychological Association until 1975 (House & Tyler, 1992).

A vast array of definitional differences exists despite attempts made by some experts to formulate a collective definition

of sexual abuse. The following definitions are samples reflecting the broad breadth of definitions influenced by age, behaviour, culture and social/moral context. The New Zealand Mental Health Foundation defines sexual abuse as: Any sexual contact between an adult and a child. This contact can include touching and poking into the vagina, mouth, anus, or making the child touch the adult's sexual parts (Abbott, 1987). In her book *For Your Child's Sake*, Miriam Saphira (1987) offers the following definition: Sexual abuse occurs when a child is used by an adult in a sexual way. This may include touching of the genitals; penetration of the genitals with fingers, penis or object; rape; tongue kissing; genital exposure; the viewing of pornographic videos; and the coercion into nudity and masturbation for the adult's gratification (p. 3). The U.S. National Center of Child Abuse and Neglect defines sexual abuse as: Contacts or interactions between a child and adult when the child is being used for the sexual stimulation of that adult or another person (Kempe, 1984). Feinauer (1989) defines sexual abuse as follows: Forced or coerced sexual behaviour imposed on a female child by her father, grandfather, brother, mother, stepfather, a family friend or a stranger (p. 50).

In this thesis childhood sexual abuse is defined differently from definitions offered elsewhere. This study presents a unique way of viewing sexual abuse because it is based upon Maori tikanga [values]. Instead of defining sexual abuse based on familial relationship, age difference between the perpetrator and the victim, existence of violence, coercion, or frequency of incidents, sexual

abuse is defined here as the trampling of a person's mana [personal power and identity] through others' sexual comments and/or behaviours. Sexual abuse encroaches upon an individual's self-determination, wairua [spirit], hinengaro [intellect and emotions] and denigrates the tinana [body]--robbing them of their mana. This definition will be explored more fully in Chapter Two.

Prevalence of Childhood Sexual Abuse

It is difficult to grasp the full extent of sexual abuse because of the secretive nature of the problem, definitional difficulties, and the methodological variations of research. These factors inhibit a thorough picture of the problem (McGregor & Dutton, 1991). For instance, some girls and women do not disclose their abuse, regardless of the form of data collection used, as some may not remember their abuse and others may not define what happened to them as sexual abuse (Gilmartin, 1994).

According to Peters, Wyatt, and Finkelhor (1986) outcomes of prevalence studies depend on the extent of the questions posed to research participants. For example, if the study asks a general question such as 'have you ever been sexually abused as a child,' responses tend to reflect lower rates of abuse. Studies specifying the act, the relationship to the perpetrator, and age discrepancy reveal higher prevalence rates. To summarise prevalence rates of child sexual abuse, I discuss various community studies, surveys of university students, and clinical sample studies.

In a community study conducted in Great Britain researchers

found an extremely low rate of sexual abuse among children (Mrazek et. Al, 1983). Only three in one thousand children were reported sexually abused before age 16. A questionnaire was circulated to 1,599 family doctors, police surgeons, pediatricians and child psychiatrists asking them to suggest the frequency of sexually abused children seen by them during a one year period. Sexual abuse was defined in the following ways: battering of a child in the genital area, intercourse, inappropriate genital contact with an adult, and other inappropriate sexual activities. Although the definition of sexual abuse was specific, the findings seem conservatively skewed, possibly because of the following three reasons. First, criminal prosecution is the most common action taken once a child is recognized as been sexually abused. Second, families are probably less likely to reveal any abuse to professionals perceived as directly or indirectly linked to the judicial system [such as the participant population]. Third, the participants were only asked for estimates of frequency rates, so unless clients were seeing the professionals specifically for child sexual abuse they probably weren't aware of incidents of child sexual abuse in families (Mrazek et. al,1983).

A landmark community study of 930 women, conducted by Russell (1983) in San Francisco, concluded that 16% of the participants experienced incest before the age of eighteen and 38% experienced either incestuous or extrafamilial sexual abuse before the age of 18. The definition of extrafamilial child sexual abuse was defined as "sexual experiences with persons unrelated by blood

or marriage, ranging from petting (touching of breasts or genitals or attempts at such touching) to rape. The definition of intrafamilial child sexual abuse was defined as:

“any kind of exploitive sexual contact that occurred between relatives, no matter how distant the relationship, before the victim turned 18 years of age. Experiences involving desired sexual contact with a relative or a peer were regarded as nonexploitive, for example, sex play between cousins or siblings of approximately the same ages. An age difference of less than five years was the criterion of a peer relationship” (pg. 135-136).

In a non-random sample of university women enrolled in psychology classes at Auburn University, Fromuth (1986) found that 22% had been sexually abused as children. Fromuth included “noncontact” experiences such as exhibitionism in addition to forms of bodily contact such as sexual penetration in her definition of sexual abuse.

Finkelhor’s (1979) study, which included 530 women attending six New England universities, found that 10% of all students had been sexually abused as children. This percentage reflected women who were abused by relatives at least five years older than the victim. When no age differential between victim and perpetrator was considered, there was a dramatic increase to 28%. Bagley and King (1990) replicated Finkelhor’s study in Canada, and they determined that 19% of their sample of university students had been sexually abused as children.

Studies that include clinical samples of women seeking help for a variety of personal, mental health problems, and sexual abuse issues, exhibit prevalence figures dramatically higher than other populations. Briere (1989) found that 50% of the women requesting counseling at an out-patient crisis intervention center, and nearly two-thirds of the women seen at one psychiatric emergency room had been sexually abused as children.

To summarise, the disparate prevalence rates [from one in one thousand to 60%] of child sexual abuse depends on how abuse is defined, relationship of perpetrator and victim, and research methodology.

Prevalence of Sexual Abuse In Aotearoa

There has been an increasing momentum in acknowledging, reporting and researching childhood sexual abuse in Aotearoa/New Zealand. In the 1960's one study found that the incidence of incest in New Zealand was approximately one in one million; in retrospect, a very low figure, possibly due to a repressive social atmosphere at that time towards discussion of sexual matters (Medlicott, 1967).

The first national symposium on child abuse held in Dunedin in 1979 declared all forms of child abuse as a national problem. Unfortunately the topic of sexual abuse was not addressed other than including it in the definition of child abuse (Geddis, 1979).

By 1982 there was a significant increase of interest in the area of child sexual abuse. Miriam Saphira, a psychologist working in the area of sexual abuse, offered general information about

childhood sexual abuse at the second national symposium on child abuse. A representative from a Christchurch survivor's group also presented insights on how sexual abuse affected survivors' lives (Abbott, 1982).

In 1987 the Mental Health Foundation of New Zealand sponsored a conference focusing on prevention of child abuse. This conference was a follow-up to the second national symposium on child abuse. Conference papers addressed the development of child sexual abuse teams, researching sexual abuse, and treatment of families involved in sexual abuse (Abbott & Braun, 1987).

Nevertheless, there are still obvious deficiencies in the availability of up to date pertinent and comprehensive data on childhood sexual abuse in New Zealand. The prevalence of childhood sexual abuse in Aotearoa is still somewhat of an enigma because like other countries, it is extremely difficult to accurately calculate. However, a brief chronological overview of prevalence studies will lay out the findings in Aotearoa/New Zealand.

In 1979 a retrospective write-in survey conducted by Miriam Saphira was published in the New Zealand Woman's Weekly. The survey asked respondents to identify sexual experiences encountered as children. The incidents ranged from adults touching their genitals to sexual intercourse. The response to the survey of 315 people was significant for two reasons. First, the volume of the responses reflected the accelerating consciousness of child sexual abuse in New Zealand. Second, 90% experienced various forms of

sexual abuse as children, most of them (74%) under the age of 11 (Saphira, 1985; Flynn, 1988).

In 1985 Saphira published the second edition of her book entitled *The Sexual Abuse Of Children*. It was designed to give parents, counsellors, government departments, and victims “accurate information and statistics” of the sexual victimisation of children in New Zealand (pg. 5). Some of the statistics in Saphira’s text refers to those collected by members of The Sexual Abuse of Children Project in Auckland. These statistics indicate that nearly half (42%) of their selected victim population was abused in their homes, 71% were under the age of eleven years when the abuse began, and nearly 25% of the girls were molested for two years or more.

Von Dadelszen (1987) examined the histories of 136 girls in the care of the Department of Social Welfare to ascertain the extent of sexual abuse. Of the 15 and 16 year old girls interviewed over two-thirds had experienced an involuntary sexual incident that they viewed negatively, and included some form of genital contact. Approximately one half of the abusers were immediate or extended family members, and an additional one third of the girls knew their perpetrators. These rates of abuse concur with overseas clinical population studies.

Researchers focusing on the prevalence of intrafamilial sexual abuse in Christchurch, found that one in eight women or 13% experienced intrafamilial sexual abuse (Bushnell,1992). When

broader research parameters were used, Anderson et. al. (1993) found 26% of the participants from the general population were abused before age 12, and 32% before age 16. The percentages found in these New Zealand samples are similar to Russell's (1983) rates obtained from overseas.

In an Otago women's health survey one-third of the participants (36.2%) reported experiencing some form of sexual abuse. Approximately 12% reported childhood sexual abuse before age 16 (Martin et. al.,1993).

What emerges from the New Zealand statistics is that for certain populations, such as girls in social welfare care and women who have sought therapeutic assistance, about two thirds may have experienced childhood sexual abuse. For the general population, it appears the rate of child sexual abuse varies between 12 and 32 percent before age 16. Similar issues of definition and methodology that have arisen overseas also influence studies in New Zealand.

There are many indications that the rate of sexual abuse among Maori women is systematically absent in the literature for different reasons. One reason for this absence could be that the locations where studies have been conducted have extremely small Maori populations. Further, it may also be that Maori are very suspicious about participating in research projects perceived as conducted by Pakeha [people of European descent] academics in a Pakeha way. Another explanation for this absence of literature

could be victims' apprehension of discussing such a sensitive subject with a stranger.

Long Term Effects of Childhood Sexual Abuse

Recently, there has been an increased awareness regarding the impact of childhood sexual abuse on adult survivors. Despite this upswing, key researchers in this area conclude that the body of literature concerning the long term effects on adult survivors is still evolving. As recently as eleven years ago this field was described as in its infancy (Browne and Finkelhor, 1986).

Long-term effects are behaviours, emotions, thoughts and attitudes that are displayed years after a particular event or incident. For sexual abuse these symptoms are manifested or continue at least two years post abuse according to Browne and Finkelhor (1986).

What is understood about long term effects of sexual abuse is still emerging. However, clinical experiences and empirical literature present similar descriptions of psychological, emotional and behavioural problems exhibited by adult victims of childhood sexual abuse (Bass & Davis, 1988; Blume, 1990; Finkelhor, 1986). For example, Gold (1986), La Barbra (1984), Van Buskirk & Cole (1983), concur that women who were sexually abused as children suffer from low self-esteem or poor self concept. Many become passive and lack interest in others, which ultimately affects their interpersonal relationships. Some women constrict their feelings and emotions attempting to create order out of the chaos caused by

their abuse (Bass & Davis, 1988; Helm, G., 1990; O'Hare, J., & Taylor, K., 1983).

The following five categories of long-term effects will be described: (a) self-perception, (b) emotional functioning, (c) interpersonal functioning, (d) sexual functioning, (e) social functioning.

Previous research focuses mainly on the symptomology found within these categories (Russell, 1986; Courtois, 1988). However, the purpose of this section is to offer descriptions of these categories and identify how they relate to the everyday experiences and reality of survivors. It does not reflect a symptom-oriented approach to sexual abuse. Rather, as suggested by Briere (1989) and Morrow (1995) these broad categories act as a jumping off point to a broader perspective of core responses impacted by childhood sexual abuse.

Self-perception

Negative self-concept and self-esteem have been reported in both clinical descriptive literature and empirical studies as a long term effect of childhood sexual abuse (Forward & Buck, 1978). In Courtois's (1979) community sample, 87% of respondents reported that their sense of self had been moderately to severely affected by their experience of sexual abuse. In her clinical sample Herman (1981) found that 60% of incest victims had a negative self-image compared with only 10% of a comparison group of women whose fathers were seductive but not incestuous.

In Bagley and Ramsay's (1985) study, 19% of the child sexual abuse victims scored in the "very poor" category on the Coopersmith self-esteem inventory, compared to merely 5% of the control group. Only 9% of the survivors scored in the "very good" category of self-esteem compared with 20% of the control group.

Gold's (1986) study reinforced this phenomenon as it also found that a significantly higher number of female survivors of childhood sexual abuse reported themselves as having lower self-esteem in social situations compared to non abused women in the same study.

The low self-esteem that many survivors experience is intensified by their negative perceptions of their bodies, although their specific reactions to these negative perceptions vary. Some abuse victims exhibit innocuous behaviours such as wearing loose fitting clothing, deflecting attention away from their bodies. Other abuse victims engage in more physically injurious reactions such as eating disorders.

Eating disorders such as anorexia nervosa, bulimia, and compulsive overeating become a part of life for some sexual abuse victims (Brody, 1984; Goldfarb, 1987; Vanderlinden & Vanderlinden, 1993; Waller, 1993). Oppenheimer et. al. (1985) found that 70% of their eating disorder patients were victims of childhood sexual abuse. In a more recent study of bulimic women, Lacey (1990) reported 28% were sexually abused as children.

Anorexia is characterized by a distorted body image stemming

from a fear of being overweight. Anorexia is accompanied by feelings of inferiority, fear of intimacy, criticism, and achievement. People with anorexia virtually stop eating and may also compulsively exercise to avoid gaining weight (Brumberg, 1989; Levenkron, 1982; Orbach, 1982).

Bulimia is also a fear of becoming overweight. Bulimic individuals have excessive and demanding expectations about themselves and others. This problem is characterized by bingeing and purging after eating large amounts of food (Bauer & Anderson, 1989). Compulsive overeating is another eating disorder that plagues sexual abuse survivors. It is the consumption of excessive amounts of food coupled with emotional or psychological stress, dissatisfaction with body size, and weight (Kearney-Cooke, 1988; Sedney & Brooks, 1984; Ganley, 1989).

Two recurring themes become evident about the relationship between sexual abuse and eating disorders. They are reflected in the following comments made by two of my clients in private practice who were sexually abused as children. The first, "I feel safer from unwanted attention when I'm heavier." This statement reflects the fear survivors have that an attractive physical appearance may attract uninvited sexual attention. Obesity gives them a sense of safety and well-being, rather than a pervasive sense of powerlessness (Orbach, 1982; Bepko, 1989). The second theme follows the notion that food becomes a symbol of self-determination and personal power. This is reflected in the following

statement. “When I was a kid I didn’t feel like I had any power to make choices over anything except what I ate.” Goldfarb (1987) recounts a situation where twins were sexually abused by their father who would use “junk food” to make amends to the girls. On an occasion one twin discovered that by vomiting she could “pig out on junk food” and avoid guilt and weight gain. Eventually both sisters engaged in this behaviour, providing them with a sense of control, “albeit a false one.”

Individuals self-absorbed by their eating behaviours are wrapped up in maintaining the secrecy of their eating disorder. Unfortunately, this concealment reinforces the secret keeping dynamics associated with sexual abuse and ultimately influences the person’s social interactions.

Social functioning

Recent studies recognise positive skills survivors develop despite their abuse. These skills have less notoriety, however, they are still long term effects of sexual abuse. One skill is creative problem solving (Gold, 1986; Hall & Siobhan, 1989; Helm, 1990). Survivors cultivate the ability to think quickly and creatively to avoid threatening situations. Hall & Lloyd (1993) regard humour as another positive skill learned by survivors to sustain them through difficult times. Although humour may be used to distance or protect the survivor from others, it is also a method of emotional release. In an article entitled The Child Sexual Abuse Accommodation Syndrome, Summit (1983) provides valuable insight into the

disclosure process. He credits child victims with the skill to adapt to their abusive situation to the point they only disclose the abuse when there has been a breakdown of accommodation. Creative problem solving, adaptability, and humour have broad implications for social functioning of an individual.

Chronic substance abuse, self-destructive behaviour, and increased aggressiveness have been linked to incest and child sexual abuse (Bass and Davis, 1988; Browne and Finkelhor, 1986; Bagely & King, 1990). However Gilmartin (1994) posits that these behaviours likely reflect deeper issues the women are unable or unwilling to focus on, caused by sexual abuse. These underlying issues are “self-hatred, guilt, and shattered view of self” (pg. 135).

Emotional functioning

Depression is the most common symptom reported by adults who experienced childhood sexual abuse (Browne & Finkelhor, 1986). There are definite differences between non-clinical and clinical studies regarding the correlation between childhood sexual abuse and depression. In a community study conducted in Los Angeles by Peters (1984) a random sample of 119 women were interviewed. He found that when there was sexual abuse involving physical contact, victims related higher incidents of depression and, compared to non victims, they were also more likely to be hospitalized for their depression.

Other studies drawing from general populations confirm that depression is linked to the aftermath of sexual abuse. Sedney and

Brooks (1984), through a survey of undergraduate women, found that 65% of the victims in their sample group reported depressive symptoms compared to 43% of non victims. The study further pointed out that 18% of victims were more likely to be hospitalized for their depression compared with only 4% of non victims. Using a similar sample, Briere and Runtz (1985) surveyed 278 undergraduate women using the Hopkins Symptom Checklist which revealed that victims experienced more depressive symptoms during the twelve-month period prior to the study than non abused participants.

A New Zealand study conducted by Bushnell et al. (1992) that incorporated a cross-section of the general population of Christchurch, found that women who experienced intrafamilial sexual abuse showed clear evidence of depression. The depression was apparent even when statistical methods were used to weed out other familial dynamics that might have influenced the symptomology.

Interpersonal functioning

Adult survivors frequently report an impaired ability to trust others (Herman & Hirschman, 1981; Porter et al., 1982). This lack of trust has subsequent ramifications on their ability to establish close relationships with parents, partner and children.

Relationships between some adult survivors and their mothers has been characterized as hostile (Herman, 1981; De Young, 1982). These survivors may perceive their mothers with contempt for not

protecting them or not being supportive of them upon disclosure of the abuse.

In addition, victims report a sense of isolation and loneliness often resulting in a fear of men. These feelings influence the extent and quality of the relationships that victims form with others (Hall & Lloyd,1993).

Evidence points to the susceptibility that sexual abuse victims exhibit long term effects by becoming the mothers of sexually abused children. Goodwin, McCarthy, & Divasto (1981) found that 24% of victims of childhood sexual abuse had mothers who were also victims; a suggestive contrast to only 3% of mothers from a control group of non abused individuals. One explanation of how this happens is that a survivor's damaged self-perception influences her choice of partners. For example, she is likely to choose a partner who also has identity problems. Unfortunately a damaged or weak perception of self is a trait characteristic of sex offenders (Faller, 1990; Finkelhor,1984).

Sexual functioning

From a review of the literature sexual functioning appears to receive a great deal of attention from researchers. Most authors suggest that adult survivors experience sexual problems.

Research by Timms and Connors (1992) points to three reactions to childhood sexual abuse in the "sexual domain." The first is developing 'normal sexual responsiveness and expression'; the second is to 'shut down' one's expression of sexual feeling; and

the third is to become 'sexually promiscuous.'

Shutting down one's expression of sexual feeling is manifested as inhibited sexual desire and inhibited orgasm. Inhibited sexual desire occurs when one experiences a pervasive lack of interest in sex. This is a very difficult sexual dysfunction to resolve in therapy because of its complex psychological and emotional etiology.

Inhibited orgasm occurs when an individual is emotionally cut off from the sexual experience and therefore finds it difficult to be sexually aroused (Finkelhor & Browne 1986; Meiselman, 1978; Meiselman, 1980; Herman, 1981; Gold, 1986; Becker et al., 1984, Jackson, Calhoun, Amick, et al., 1990).

Sexual promiscuity associated with childhood sexual abuse is regarded as compulsive or addictive behaviour related to "attempting to control anxiety and repress powerful emotions associated with the original sexual abuse," (Timms & Connors, 1992, pg. 20).

Timms and Connors (1992) believe that survivors who are promiscuous are attempting to receive love and approval from their partners by sexualizing their relationships. However, these relationships based on sex do not fill their emotional needs. Eventually the strain placed on the relationship by the neediness of the survivor drive's their partners away. The survivor is left feeling alone and seeking another partner to fulfill the emotional void (p. 24).

Meiselman (1978), who reviewed clinical records of a

psychiatric clinic, found that 87% of her sample of incest survivors had sexual difficulties. The most common difficulties (80%) were the lack of sexual arousal and promiscuity. In another study, Courtois (1979) likewise found that incest survivors experienced sexual difficulties and promiscuity. These are interesting findings since lack of sexual arousal and sexual difficulties would seem to be opposites to sexual promiscuity. One could conclude that sexual promiscuity has little correlation to sexual enjoyment.

Fromuth (1983) measured the sexual promiscuity of abuse survivors compared to a control group. There was no significant behavioral differences between the two groups; however, survivors were more likely to describe themselves as “promiscuous” despite the number of sexual partners they had.

Utilizing a sample from a community health clinic, Briere (1984) found 45% of sexually abused women reported sexual dissatisfaction. In contrast only 15% of those in the control group reported experiencing the same difficulty. Sexual arousal was also problematic for 42% of the victim group, again compared to a lower rate of 29% of the non victims.

Gold (1986) found that survivors reported more symptoms of sexual dysfunction and less satisfaction with their current sexual relationships than the control group of non abused persons.

Conclusion

Chapter One presented a discussion about childhood sexual abuse based on a review of existing literature. The foundation of

these factors includes the notions that: (a) Childhood sexual abuse has been around a long time although the extent of the problem and what is considered sexual abuse has varied. (b) Childhood sexual abuse yields havoc, producing long term effects. (c) Various methods of treatment are available to survivors of sexual abuse. (d) There is a dearth of information about intervention methods founded upon Maori values, world view, and cultural practices regarding sexual abuse.

Subsequent chapters reflect the voice of Maori. Some of them are ancient and others are modern. Nevertheless, these voices are a guide towards motifs of healing.

CHAPTER TWO

MANA WAHINE: SEXUAL ABUSE AND MAORI WOMEN

One time there were a lot of us [females relatives] together peeling potatoes and carrots and getting the vegetables ready for the hangi [underground oven]. My uncle had just been convicted of sexual abuse of a child, someone who wasn't related to us... But he has abused or tried to abuse almost every girl cousin I know... Sad aye. Anyway it was on everyone's mind and then someone quietly mentioned she had been sexually abused too... And you know it was funny, not funny hah hah but funny that everyone except for one of us said she had been sexually abused by one of our relatives.... There were about 10 of us there. The oldest was a kuia who must have been in her 70's... The youngest would have been in her twenties maybe... But I found out later that a couple of my nieces and nephews who are now teenagers were also abused by some of their older cousins... The horrible thing is that we're all related... How can we ever get our mana back as Maori if we are doing this shit to each other (Anonymous, February 14, 1994).

Maori Women

This vignette typifies several dimensions that may exist in the lives of many Maori women. It subtly reveals the attachment between female relatives, roles of women, and a natural network available for survivors of sexual abuse. Additionally, it affirms the need to understand inter-generational dynamics of familial abuse and the implications for healing the survivor, the whanau [family], the hapu [extended family], and the iwi [tribe].

This chapter attempts to understand Te Ao Wahine [the world of women] by examining Maori mythology, Maori customary practices, and contemporary conditions. The significance of women as bearers of the womb or whare tangata [house of humankind] is introduced. The first sexual abuse depicted in Maori mythology is presented. Maori female sexuality is characterised, and a new definition of sexual abuse is offered.

Women In Cosmogony and Mythology

Even a superficial understanding of Maori society produces a sense of female power. At a glance one will see how the interrelatedness of female and male elements is laid out as the natural order of the universe (Kahukiwa & Grace, 1988; Mikaere 1995).

Papatuanuku [earth mother] the female element and Ranginui [sky father] the male element were created in the period known as Te Po [the darkness]. Te Po evokes strong female archetypal images of creativity, fertility, gestation, and growth. Like the womb, Te Po nestled immense creative potential in the bounds of darkness. In this womb-like sphere Papatuanuku and Ranginui created offspring who became the deities who populated the universe (Jenkins, 1992).

Maori legends and whakapapa [genealogy] abound with examples of powerful and influential women like Papatuanuku, Hineahuone, Hinenuitepo, Mahuika, Murirangawhenua, and Rona (Kahukiwa & Grace, 1988; Orbell, 1991; Jenkins, 1992).

These powerful female atua [gods] gave distinct gifts to

benefit humankind and without their willingness to be forthcoming, the world would have been deprived. Examples include Mahuika who made the knowledge of fire accessible to humanity and Murirangawhenua who gave her jawbone symbolizing the sharing of whakapapa knowledge. Rona became the great controller of the ebb and flow of the tides and also regulated the months of the year. Their sharing of these gifts enriched humankind often at the expense of their own personal inconvenience or sacrifice. This is an indication of their strength, character and vision for humanity.

Women: Whare Tangata

The Whare Tangata refers to the womb or the place that houses humankind. It is important to Maori because it ensures the perpetuation of the whanau [family], hapu [extend family] and iwi [tribe]. All three interdependent systems rely on each other for continued existence. Hence special significance and tapu [sacredness] was given to women as bearers of the whare tangata because of their key role in the perpetuation of future generations (Rickard, 1977; Pere, 1982; Mikaere, 1995).

The semantics associated with the reproductive process suggests that women were and are important to a fundamental cultural tenet. This principle recognises interdependence of humankind with both spiritual and physical worlds. For example, the word used for placenta [whenua] is also the word used for land. Like the placenta that nourishes the person growing within the whare tangata, it is the land that nourishes humankind. The word for

menstrual blood [atua] also means god and the word for pregnant [hapu] means extended family group (Mikaere, 1995). Therefore as bearers of the whare tangata, women inextricably link humanity to the physical and spiritual worlds and their role cannot be undermined in Maori society (Awatere, 1993).

The First Sexual Abuse

For Maori it is necessary to return to the beginning of time to see the first occurrence of sexual abuse. It appears in an age-old myth long handed down. It is important to note that myths are not just inconsequential stories; when closely examined they offer many motifs for coping with various life situations. Myths offer insights into situations such as family conflict, pursuit of knowledge, recognition, status, and problems of abuse. These oral traditions will be reviewed in depth because of the richness and relevance they have to Maori sexual relations today.

The first account of sexual abuse in Maori history depicts the reaction of a woman who discovers she has been in an incestuous relationship with her father. The story then describes the changes that come about for her and her family because she left the situation, not allowing herself to be abused again.

It was Tanemahuta [god of the forests and birds], who, with help of his siblings, became successful in separating the first Maori mythological parents Ranginui, Sky Father and Paptuanuku, Earth Mother. The parents were locked in a tight embrace that was confining to their children. This separation exposed the children to

the experiences of the world that they could not have had by remaining in the protective embrace of their parents.

It was also Tanemahuta who was credited for creating Hineahuone the first woman. Translated, her name means Woman-Fashioned-of-Earth, as she was fashioned from the rich clay at Kurawaka. Kurawaka is significant because it is the red clay from the tapu [sacred] pubic region of Papatuanuku from whence all humankind come forth. Tanemahuta, commonly known as Tane, then breathed the life force into the mouth and nostrils of Hineahuone and she came to life (Whatahoro,1913; Walker, 1990).

Upon the union of Tane and Hineahuone two karakia [prayers] were recited. There are stark differences of the two prayers. In the karakia recited by Tane he demands Hineahuone's total mental and physical fidelity towards him. On the other hand, Hineahuone's karakia details the female anatomy, reproductive power, and identifying body parts (Whatahoro, 1913). Tane and Hineahuone had children; the eldest was Hinetitama [The Dawn Maiden].

After a while, Tane co-habitated with Hinetitama and they also produced children. Not knowing that Tane was her father, Hinetitama enquired of him about her father. Tane's response was evasive as he told her to ask the posts of their house (Whatahoro,1913; Kahukiwa & Grace, 1984, Walker, 1978 in Te Ao Hurihuri). Interestingly enough, many families involved in sexual abuse communicate evasively to maintain the secret of the abuse. Since the posts of the house are made of wood and commonly called

'Nga Tamariki o Tane' [the children of Tane], she realized she was not only the wife, but also a child of Tane. She also realized that Tane was suggesting that she should check her whakapapa for the answer to her enquiry. In Maori meeting houses history, ancestry, genealogy and relationships are portrayed in the carved wooden posts. Hinetitama's epiphany was that her relationship with Tane was incestuous.

No one knows how long Hinetitama contemplated her situation; it could have been a short time or a long period. Regardless, processing traumatic events can take time depending on the individual's skills, support systems and previous life experiences. Therefore the period for healing from sexual abuse is different for each individual.

There are varying views of how Hinetitama felt when she found out that her relationship with Tane was incestuous. Whatahoro (1913) records that Hinetitama fled out of great pain and intense horror. However, some people believe she experienced feelings of shame and embarrassment (Kahukiwa & Grace, 1984). Others contend that Hinetitama "was as mad as hell" (L. Waimarie Nikora, personal communication, May, 1994).

Whatever her actual feelings were, they were profound enough to propel her into making an important decision. She decided to flee to the underworld of Rarohenga, the place where mortals go after death, where she would be permanently separated from Tane. She chanted a tupe [incantation or spell] over Tane and their children to

cause them to sleep, enabling her to flee uninterruptedly (Whatahoro, 1913). Tane awoke unexpectedly and followed Hinetitama to the entrance to the underworld of Rarohenga. At the entrance Hinetitama turned to find her husband pursuing her, weeping and begging her to return. She was resolute in her decision and bade him farewell saying, "Tane, return to our family. I have severed the connection with the world of light and now desire to dwell in the world of night" (Walker, 1990; Whatahoro, 1913).

It is improbable that Hinetitama committed suicide since she was an atua; however, the accounts are clear that she severed ties with her children, the man she knew as her husband, her siblings, and the only home she knew, a condition for Maori comparable to death. One wonders about the role Hinetitama's mother took in respect to her daughter's sexual relationship with her father, a question overlooked in the available literature. Mothers and other adults may or may not be aware of sexual abuse happening to family members by a husband or loved one. Therefore, victims cannot always rely on adults to intervene for them, as was the case with Hinetitama.

Hinetitama exerted her tino rangatiratanga [self-determination] and changed her existing situation. She took charge of what she had power over, and as difficult as it was to be separated from her family, she would not allow her relationship with Tane to proceed the way it had up to that point.

Hinetitama's exit from the world of light to the underworld symbolises a complete change from being a victim or merely a

survivor, to an empowered person of great mana. At the first opportunity she changed her situation, thus becoming a very powerful and significant figure in Maori mythology. She became known as Hinenuitepo [the great woman of the night] the principle guardian of all spirits who leave this existence upon death. Her new role was not without challenge; she was tested by Maui, a famous trickster of extraordinary power known for his remarkable exploits such as snaring the sun and introducing fire (Buck, 1958; Orbell, 1995).

Even though death had been decreed for humankind, Maui knew that the only way to defy this decree was to conquer Hinenuitepo by taking out her heart. Maui's plan entailed entering her womb through the vagina and exiting through her mouth. He shared his plan with his companions, the birds of the forest. According to Alpers, (1967) Maui and his friends knew that what Maui proposed to do, to invade the realm of Hinenuitepo with mischievous intentions, was of "great impiety."

Maui came upon his ancestress Hinenuitepo while she slept. He instructed his companions to be quiet as he carried out his plan and took the form of a lizard to make the penetration easier. However, as Maui began to enter Hinenuitepo, the fantail and his other companions began laughing and dancing at the sight of the lizard's tail writhing in the attempt to enter her. This commotion woke the Great Lady and she crushed Maui between her thighs (Whatahoro, 1913; Alpers, 1967; Best, 1954). Some believe that Hinenuitepo

killed Maui through an involuntary reaction from being startled in her sleep rather than out of an act of revenge for his attempt to enter her (Milroy, 1996). Regardless, this act which killed Maui meant that humankind would be forever subject to death. Thus, Hinenuitepo would not be cheated out of being the guardian to her offspring.

This legend incorporates several profound archetypal images for Maori women who have been sexually abused. First, sexual abuse is socially unacceptable to Maori. Hinetitama would not have felt ashamed nor a need to make such a drastic change if incest was acceptable. Second, as horrific as sexual abuse can be, adversity can make a person stronger. Again Hinetitama is a good example of how someone turns her adversities into strengths, [as Hinenuitepo she became the goddess of death]. Third, mana wahine is enhanced when women take charge of their situation. Fourth, a person can learn from previous experiences about how to protect themselves and others. In the example of Hinenuitepo, some accounts depict Hinenuitepo expecting Maui's intrusion. She took steps to protect herself by praying for her safety and having sentinels watching out for her. Fifth, the period of healing is different for various people. Sixth, support may not be forthcoming from loved ones.

Mana Wahine

Mana wahine is the concept of status, power, and authority of Maori women. It is an attribute derived from their common descent from Papatuanuku. Leonie Pihama (1993) described how a Maori

woman from a different iwi approached her and stated “we’re whanau” to which she replied, “but I’m not Ngati Porou.” The other woman answered, “Is Papatuanuku your mother?” For Maori women, their whakapapa line back to Papatuanuku is the source of their status and connectedness to other Maori women in traditional and contemporary worlds. It is through mana wahine that women’s influence and status operate.

The very survival of the whole was absolutely dependent upon everyone who made it up, and therefore each and every person within the group had his or her own intrinsic value. They were all a part of the collective; it was therefore a collective responsibility to see that their respective roles were valued and protected (Mikaere, 1995 p. 48).

Maori women’s roles were different but complementary to Maori men’s roles. Though the traditional mores of different iwi dictated how mana wahine was operationalised, their status paralleled the status of men (Pihama,1993; Jenkins, 1992).

Maori women were not only present at the historical signing of the Treaty of Waitangi [1840] as consorts and family members to male signatories, but several female rangatira also signed the Treaty. They included Te Rau O Te Rangi of Te Whare Kauri and Ngati Toa [1800-1850], Ana Hamu, Rangi Topeora of Ngati Raukawa and Ngati Toa [1790-1870], Rere O Maki from Wanganui (Sykes, 1994). Sykes (1994) is adamant that this act is evidence of the status and mana of Maori women in pre-European times for most, if not all, tribes. She is also resolute that the restriction by British

representatives of Maori female rangatira signing the treaty was a reflection of British male sentiment towards women, not Maori.

Maori Female Sexuality

In his classical work 'The Coming of the Maori' Te Rangi Hiroa gives insights into Maori sexuality. He recounts that Maori paid little attention to pre-pubescent nudity of children. Girls' menstruation commenced between twelve and fourteen years of age. Sex was discussed openly as an ordinary topic of conversation and children listened unimpeded to these conversations, so by the time they reached adolescence their knowledge of sex was quite explicit (Buck,1949).

Sexual relations with a variety of partners were common prior to marriage. Parents were permissive of the 'love affairs' of their single adult children, but generally frowned on multiple sexual partners after marriage. However, some men were allowed a punarua [second wife] and in some tribes some women were allowed to have a second husband (Buck, 1949; Makarite, 1938). Marriage for the rangatira class [chiefly rank in tribal leadership] was very formal regarding protocol and ceremony. However, for commoners if a couple desired to marry, they consulted their parents and if there was no opposition they slept together in one or the other's house. It was more customarily the man's parents' house (Makereti,1938; Best, 1924; Buck, 1949).

Maori women understood the power of their sexuality. For example, the account of Tinirau and Kae tells how Tinirau took

revenge for the slaying of his pet whale by sending his sisters to seduce Kae, and thus causing his demise. A graphic description of the enticing sexually explicit dance, the poteketeke, performed describes Tinirau's sisters exposing and manipulating their genitals, thus portraying their sexual knowledge and skill in achieving a strategic outcome (Johansen, 1958, pp. 152-153).

Female sexual prowess was evident among female rangatira. Many demonstrated control of their sexual relationships by their frequent initiation with various partners. One example is Rangi Topeora of Ngati Toa [1790-1870] who is well known for her battle strategies and "many marriages and other relationships" (Orange, 1991). Upon hearing that a former lover was inside a pa that was about to be taken over by Ngati Toa, Rangi Topeora [1818] demanded a truce, and that her former lover become her husband. Because another woman was interested in the same man, Topeora claimed him as hers by ensuring she was the first to cast her topuni [dog-skin mat] around his shoulders (Macdonald, Penfold, & Williams, 1991). A more recent example was Te Puea [1883-1952] a principal figure and leader in Waikato during her adult life. As a young girl Te Puea was confident of her sexuality and used it. Reports from those who knew her said "she had only to point her finger at a man and she got him" (King, 1990, pg 45).

Another example of female sexual power is the whakapohane, a deliberate display of one's genitals used for showing one's contempt (Salmond, 1976). In Stirling and Salmond (1980) Eruera Stirling

describes how his mother, Mihi Kotukutuku [1870-1956], a high ranking rangatira from Whanau-a-Apanui, was criticised and abused after speaking on a Marae in Te Arawa. According to Te Arawa tradition, women are not allowed to speak publicly on a Marae [ancestral meeting place, village common]. In a scathing response she raised her skirts and proceeded to remind her critics that it was from between women's thighs that they came into the world. No one took the discussion any further. "The whakapone is a graphic way of reminding men of the ultimate supremacy of female strength (Mikaere, 1995)." These examples show Maori women's awareness, comfort, and use of their sexuality.

Rituals of Encounter

In tikanga Maori relationships are deemed sacred. This attitude is apparent in a famous saying 'he aha te mea nui, he tangata, he tangata, he tangata' [what is the greatest thing of all, it's people, it's people, it's people]. Another manifestation of the importance of relationships in Te Ao Maori [the Maori world] are the elaborate and intricate symbolic rituals of encounter. The rituals lay the foundation and symbolic prototype for forming and maintaining appropriate relationships between individuals, families, and larger groups. One such ritual is that of the powhiri, the formal welcoming ceremony. In the powhiri very visible rituals still carried out today set the tenor of relationship between two groups of people. These patterns can also form a guide for appropriate personal relationships between individuals. A closer look at the

powhiri rituals can give us some clues about Maori perspectives regarding foundations and boundaries of appropriate relationships.

When manuhiri or visitors from one area visit another area for weddings, funerals or other occasions they go through a series of rituals before being received as welcomed visitors by the host group. These sets of protocol can vary from one tribe to another although there are core components common to each tribe. Initially a warrior from the host marae adept at the taiaha or spear is dispatched to challenge the manuhiri with a 'wero', a stylized show of strength and agility to intimidate manuhiri and determine the intent of the visitors. The warrior's initial assessment is conveyed to the hosts through a series of gestures and movements. His role is to portray that the host people possess mana and are not "easy pushovers." He places a token which could be a twig or a carved dart at the feet of the visitors. If the manuhiri hold their ranks and pick up the token it indicates they come in peace and wish to enter the marae of the host people. The wero sets a tone of caution taken in establishing relationships as those seeking interaction are checked out to see if their intentions appear genuine.

The first verbal exchange between two groups on a marae is the karanga or call of a kuia [older woman possessing status and mana]. The karanga carries the mana of the marae and is demonstrated by the fact that if the karanga is not given, visitors wait outside the marae until they are officially called by a woman to proceed (Tauroa & Tauroa, 1986; Salmond, 1975; Pere, 1986). The

fact that it is a woman who gives the first verbal exchange reflects the status and mana of women. Although this is still true, Maori feminists and others are engaged in lively discussions revolving around the significance of the karanga in relationship to modern changes to the rituals of encounter on the marae. For example, Pakeha men are allowed to speak English on the paepae [reserved seating for those making formal speeches] but Maori women are still excluded from speaking publicly on the Marae Atea (Irwin, 1992; Te Awekotuku, 1989). The women's call of welcome is extended to those seeking entrance along with the spirits of their ancestors. It is believed that if all family members, both those living and those who have passed on, are aware of and support the relationship, it is less likely to be a relationship of deception and abuse.

The next stage of protocol is that the visitors respond with a karanga and move closer in unison onto the marae. The visitors' karanga offers them an opportunity to clearly state who they are and what their intentions are. These verbal exchanges further allow the host to cautiously assess if this relationship should be furthered. (Walker, 1990; Tauroa & Tauroa, 1986). Each karanga allows the manuhiri to advance closer in intervals onto the marae.

As with marae protocol, at the beginning of personal relationships a series of reciprocal exchanges assists in setting initial boundaries for the relationship. For example, each person within the prospective relationship asks the other who and what their intentions are. If the responses are satisfactory to both

parties, the relationship is allowed to advance in progressive intervals.

The next stage of the powhiri ritual is the interchange of formal speeches delivered by men; these are kaumatua [elders] who volley verbal challenges, opinions, and responses back and forth. The speech making process is a check and balance method of establishing an informed, consenting, shared relationship between the two parties. Men delivering the whaikorero [speeches] provide a balance to the karanga offered only by women.

Following the speech making is the gift giving or koha by the visitors. The koha is offered to the tangata whenua [locals] from the manuhiri [visitors] as a means of deferring the costs of hosting. By giving to defer costs and help support their stay, the visitors symbolically demonstrate their desire and implied responsibility to reciprocate that which is given. Likewise, in non abusive personal relationships, rules of reciprocity are important and necessary to form a successful union.

The final part of the formal welcome is 'te tutakitanga' or the first physical contact between the groups (Tauroa, 1986). The hosts invite the visitors to hariru [shake hands], hongiri [press noses], and sometimes kiss on the cheek. After this ritual the manuhiri become accepted by the hosts as part of them. Both groups are then free to enter the whare tupuna [ancestral house], the most significant building on the marae. The whare tupuna is symbolic of one's origins as mentioned earlier in accounts of Hineticama. According to Hiwi

and Pat Tauroa (1986):

The tekoteko [carved figure] on the roof top in front represents the ancestor's head. The maihi [carved pieces from the tekoteko extending towards the ground] represent the arms of the ancestor... The tahuhu [ridge pole], which runs down the centre of the whare from front to back represents the backbone. The heke or wheke [rafters], reaching from the tahuhu to the poupou [carved figure] around the walls, represent the ribs of the ancestor (p. 91).

Metaphorically, entering the whare tupuna signifies a completion of the necessary steps of trust, allowing admission into the most inner sanctuary of the iwi. Being permitted to enter the whare tupuna is the culmination of developing one's relationship with the tangata whenua and obeying their prescribed kawa.

From the powhiri [welcome] ceremony one can see a blue print for establishing non abusive relationships. Similar to protocol on the marae, protocols in personal relationships should have clearly defined roles, rules, expectations, and goals between two equals. These boundaries are explicit and require consent from both people. An ongoing evaluation of the relationship is always taking place. At a powhiri, a tribe would not send a child to wero, karanga, or whaikorero. Children would not have the maturity or capability of negotiating on behalf of the iwi. In personal relationships, children likewise do not have the wherewithal to negotiate a sexual relationship with others. This does not include spontaneous sexual play between two children of comparable age and sexual experience. Spontaneous sexual play of children is more indicative of

developmental and exploratory stages rather than personal sexual gratification.

Maori Definition of Sexual Abuse

The rituals of encounter on the marae reflect a pattern of appropriate relationships, but when protocol is broken, the mana of those people is trampled on. Similarly, when sexual abuse occurs, the protocols of relationships are broken, "Takahi kiri tata, one abuses those close to you" (Wharehuia Milroy, personal communication, April 1996).

An individual subjected to childhood sexual abuse has experienced 'kua haehaetia te wairua' [the spirit has been torn] (Wharehuia Milroy, April 1996). This powerful description of abuse illuminates how sexual abuse violates a person's body and spiritual core. Not only is there an emotional, physical, social and psychological infringement, but also the spiritual side of the person is violated. Sexual abuse breeches the kawa [protocol] of a relationship. Infringing upon another's mana by breaking the kawa of a relationship through a sexual violation does not allow the victim to fully progress unimpeded through the stages of development. It often inhibits individuals' ability to sustain of their body, mind, and spirit.

Contemporary Maori Women

A glance at the literature on contemporary Maori women will reveal abundant negative statistics. These statistics portray Maori women badly in terms of health and economics in Aotearoa

(Horsefield & Evans, 1988; Department of Statistics, 1993).

Maori women's health is particularly poor regarding cervical cancer, heart disease, alcohol and tobacco consumption, respiratory diseases and obesity. Maori women are twice as likely to develop cervical cancer than non-Maori; this is attributed to higher rates of smoking (Pomare, 1980; Pomare & de Bore, 1988; Durie 1994; Department of Statistics, 1993).

Maori smoke twice as much as non-Maori. Approximately 58% are regular smokers and 69% of Maori women smoke during pregnancy. Other health risks also associated with smoking that are especially high in Maori are respiratory diseases and cancer (Pomare, 1980; Pomare & de Bore, 1988; Durie,1994).

Maori women are lower in income, education, and social status. The average income of Maori women was only 80% of the income of non-Maori women in 1981, but improved to 88% of non-Maori women. Approximately 47% of Maori women are totally dependent on social security benefits in 1981. The 1991 census indicated that 40% of Maori women were still dependent on the government for income. This percentage is almost double that of non-Maori women (Horsfield & Evans, 1988; Department of Statistics, 1993).

On the flip side, there are more than 2,000 businesses owned by Maori women today compared to approximately 200 in the 1980's (Awatere-Huata, 1993). One hundred percent of those businesses who procured initial loans from the Maori Women's Development Fund (MWDF) in 1987 are still in business in 1993 (Szasz, 1993).

Approximately 66% of Maori women over 15 years old have no educational qualification. Those who beat the odds and make their way to tertiary education are likely to do so at a technical institute or polytechnic (Horsfield & Evans, 1988; Durie, 1994). However, “there are more Maori women than ever before undertaking post-graduate degrees, and all of them are producing theses dedicated to the advancement of Maori . . . ”(Awatere-Huata, 1993, p. 38).

If one merely relies on conventional indicators to rate the present situation of Maori women it would be easy to conclude that they are not doing very well. It would be easy to assume that the root of the problem lies in the individuals and families who find themselves poor, under-educated, and in bad health. However, what the statistics do not reflect are the past and present failures of the larger social system to adequately respond to the needs of Maori. These statistics do not portray the long history of inadequate, even racist, social and health policies and services that have influenced several generations of Maori. Instead, these statistics reflect how Maori have been compared to pakeha on Euro-indices and standard measurements that have little relevancy and often present them negatively (Sykes, 1994; Awatere-Huata, 1993; McKinley, 1995).

A radical shift would be to develop measurements that would assess Maori adaptability, resurgence, initiatives, and development which provide broader descriptions of Maori (Durie, 1994). Maori women are flourishing in many areas of New Zealand society, though they face huge societal hurdles. Two notable examples that typify

their success are the initiation and development of kohanga reo and kura kaupapa Maori. Maori women initiated and developed a vast kohanga reo network that caters to 14,027 preschool children (Mc Kinley, 1995; Ministry of Education, 1994). The kohanga reo movement was the driving force behind kura kaupapa primary and secondary schools offering curriculum and language skills responsive to the needs of Maori children and whanau. These initiatives empower Maori women collectively and give them an organisation and network that has great potential to exercise significant political and social clout. Kohanga reo also provides a contemporary forum for asserting Maori language, social, emotional, cultural, and spiritual development that has broad impact on Maori whanau, hapu and Iwi (White, 1995).

Assault Against Mana Wahine

There are at least four ways mana wahine has been assaulted: through the marginalisation of women in cosmogony and mythology; by colonisation of Maori beliefs; the distortion and devaluation of Maori values, and the denigration of female sexuality (Mikaere, 1995). These attacks have had extensive ramifications on the position of women in Maori society, families, and sexual relationships, to name a few.

Mikaere (1995) contends that missionary efforts were synonymous to the colonisation process and the break down of Maori spiritual foundations and beliefs. This position is evident in the words of an early missionary, Reverend James Buller (1878) “the

gospel has destroyed as well as what it has bestowed. It had much to pull down before it could begin to build up a holy temple in the Lord” (pg. 325).

The advance of christian beliefs among Maori minimised the place of Maori female deity. The balance of male and female elements portrayed in Maori cosmogony were usurped and replaced by an assertion of a vengeful patriarchal male god who had no female partner but a divine male son. In essence, the conversion to the early missionaries’ view of christianity was void of the powerful, creative, and active female characteristics personified by Papatuanuku.

The importance of women in Maori culture was also marginalised in part because Maori mythology was reinterpreted by European male ethnographers (Mikaere, 1995; Smith, 1992; Te Awekotuku, 1991). Because of their own cultural bias and limited understanding of tikanga Maori, these ethnographers interpreted many Maori myths inaccurately. Often these ethnographers featured the male character in the “story” as the central figure, and relegated the female characters to insignificant and almost invisible positions (Best, 1924; Smith,1913). Examples can be noted in the recounting of the exploits of Maui who received various gifts or powers from women like Mahuika and Murirangawhenua. However, their mana and contributions were portrayed as secondary, rendering them as “distant and passive old crones whose presence in the story was to add interest to an otherwise male adventure” (Smith, 1992,

pg. 34).

The separation of Maori from land, language, and social structure resulted in a distortion and devaluation of Maori values. The welfare of the collective was replaced by individual desires and achievement. Cultural restrictions of tapu and noa regarding a variety of behaviours were no longer adhered to, and the significance of values such as whanaungatanga [connectedness to one's relatives], manaakitanga [caring for visitors], and mana [power and influence] became increasingly more difficult to maintain in a western context whose values were different from Maori values (Pere, 1982).

Perpetrators of sexual abuse devalue and distort basic Maori values in order to fulfill their own sexual gratification. For example, the Maori value of hospitality prescribes that visitors [most of whom are kin] receive the best treatment. If an aging male relative requests a young child to sleep with him to keep his back warm, the host is likely to take the request at face value, not wanting to breach the decorum of Maori hospitality. However, perpetrators manipulate the situation for personal gratification.

Assimilation of Pakeha values, language, and culture undermined the essential position of Maori women. They were no longer viewed as central to Maori spirituality, vital for the perpetuation of descent lines, or validated as "guardians and transmitters of knowledge" (Mikaere, 1995). Their position began to mimic that of their colonial counterparts, as property of men (Scutt, 1983).

With the devaluation of the status of Maori women came the denigration of their sexuality. The perception of women as sexual beings, knowledgeable and capable of using their sexuality to assert their mana and strength, was crushed. Instead, a subservient role developed. A man was afforded the right to sexual services from his wife upon demand; if these sexual services were not forthcoming a husband had the legal justification to assault his wife and this also extended to sexual assault (Scutt, 1983; Rhode, 1989). An extension of the “right” to sexual services of one’s partner is the right to sexual accommodation of one’s children.

The marginalisation, distortion, devaluation and disappearance of mana wahine sets up oppression for Maori women (Jenkins, 1992; Smith, 1992). Oppression takes many forms, such as negative stereotypes, inaccessibility of opportunities, alienation from decision making bodies, shame of oneself, physical and sexual attacks.

CHAPTER THREE

WHAKAARO RARANGA: THE THEORETICAL WEAVE

Recently, a young Maori woman who had just obtained a bachelor degree from the local university was walking home from her newly acquired job. A car full of young Pakeha men drove slowly and purposefully past her. Several of the young men stuck their heads out of the car windows and yelled, "you black bitch" (Anonymous, 1990).

Theoretical Perspectives

What has this vignette got to do with anything? Well that depends on one's perspective. Some people would see little significance in this situation other than a few immature men acting like 'boys', trying to appear macho and tough. However, from a differing perspective, this situation is an insidious attitude symbolic of a pervasive outlook of Pakeha in New Zealand society. Some people would draw little if any connection between this incident and sexual abuse, but to others it is a blatant case of sexual harassment, if not a form of abuse. Regardless, perceptions of events are relative to the position of the observer (Anderson & Carter, 1990).

Like the intricate hand weave taniko in which several strands of fibre are interwoven creating a unique design conceived by the weaver, theoretical perspectives are also distinct strands interwoven to enhance the strength, dimensions and description of the phenomenon being studied. Like the weaver who skillfully

crafts a design of elaborate beauty, it is the perception and skill of the researcher who expertly weaves perspectives together to bring to fruition a framework whereby one is able to understand sexual abuse among Maori.

Theoretical perspectives form the contextual framework of research from which conclusions are drawn about an experience (Patton, 1990; Ely, 1991). This chapter outlines in some depth a discourse of various theoretical underpinnings that weave together threads of relevant perspectives that influenced the conception, methodology, and presentation of this research. It is my hope that by exploring these theoretical perspectives I will offer the reader some insight into my conceptual framework.

The theoretical perspectives discussed in particular include: tikanga Maori, ecological psychology, social systems theory, and feminist theory. Furthermore, I proffer a synthesis of these perspectives that ultimately reflect my own unique point of reference about sexual abuse among Maori. I offer this thesis as the elaborate weaving together of my theoretical framework, my 'taniko.' I hope that this will contribute a new dimension to the understanding of sexual abuse among Maori.

Tikanga Maori

The first thread in weaving together my theoretical framework is tikanga Maori. Understanding how tikanga Maori influences the way I view the world involves understanding my background. Being an urban Maori from Whakatū [Nelson] in the South

Island of New Zealand, exposure to tikanga Maori was limited. Like other urban Maori I grew up speaking English and had no access to a marae. However, from childhood I felt an affinity and connectedness to other Maori. Every Maori I knew in our small town was related to me either by blood or marriage. This affinity was further strengthened by my frequently attending extended family functions and activities. As a child I played hockey for the Whakatu hockey club, the only Maori hockey club in Nelson. The team was comprised of my whanaunga [relatives] from the Nelson district. As a child I was cognisant that we were a Maori hockey team and related to each other. Iwi identity and relationships were reinforced by activities such as the annual treks between Whakatu and Porirua to compete against Ngati Toa [our relatives] in hockey and other sports.

Each summer of my childhood our family and various relatives left the city and returned to Matapihi, our papakainga [ancestral land] in the Marlborough Sounds, to muster and shear marino sheep which ran wild all year round. Some of the jobs we had as kids were to rousy [clean up] for the shearers, clean up the shearing sheds, and cut dags from the fleece. While there my brothers, sisters and I accompanied my mother on treks to the family urupa [cemetery] located on a steep hill overlooking some of the most pristine coastline of New Zealand. Our job at the urupa was to hack away at gorse which had overgrown the graves of our ancestors. While we worked, my mother told us as much as she could about each person in the urupa and how she was related to them. She felt a strong bond to

these people and her stories and memories of them in turn helped nurture in us a love and appreciation for our tupuna [ancestors]. Although my mother was brought up around Maori speaking people, she was not fluent in the language. However, a memory which stands out clearly in my mind which has had a profound effect on me was her love for her Maori language. She would always speak whatever phrases and words she knew; consequently we grew up knowing phrases like 'kua ki taku puku' [my stomach is full] and 'kaore au i te mohio' [I don't know] and others which developed a love for our language and culture which will always be with me.

Another way I observed and participated in tikanga Maori, was attending tangihanga [funerals] even though they were few and far between in my earlier years. These occasions made an indelible impression and lasting impact on the way I view the world and humanity. This was because through the tangihanga every aspect of Maoridom is observed.

As a child I thought that what my whanau [relatives] did during funerals was what both Maori and Pakeha did. I believed everyone brought the body of their deceased loved one back to their home [this practice was an adaptation to not having a marae]. The furniture was cleared out of the sitting room and mattresses were placed on the floor for those who would sleep next to the tupapaku [corpse]. Loved ones would gather for days talking directly to the deceased, conversing and comforting each other until the burial. I saw relatives automatically form efficient work gangs organised to

obtain kai moana, [sea food] and hua whenua [vegetables]. These work gangs also prepared the food and kept a constant flow available for the seemingly endless stream of visitors.

To me the tangihanga rituals reflect a series of Maori values. Aroha [love], whanaungatanga [kinship and connectedness], Manaakitanga [hospitality], Wairua and tinana [spiritual and physical domains], Tapu and Noa [sacred and non-sacred elements] and Mana [power, prestige, and authority]. These values were taught and reinforced in my childhood albeit in a contemporary urban Maori version. These experiences, values, and rituals are the ‘fibers’ within the tikanga Maori strand of my theoretical framework. I will give more details about the values that I perceive evident during tangihanga.

Aroha

Aroha is the first unmistakable value evident during tangihanga. It is unconditional love “that knows no bounds and is infinite” (Pere, 1991, pg 6). Aroha propels people to carry out acts of kindness without expecting something in return (Williams,1992). It is love for kin, for land, and for gods (Metge,1995). Simply put, aroha is affection and love in action without any strings attached.

The aroha felt by relatives for their deceased is expressed in many ways. When the deceased loved one lived away from his or her tribal area, representatives of his or her iwi form a delegation and travel to where the deceased is. The delegation requests the body of the deceased be returned to their people (Salmond,1990). The more

esteemed the person, the more distinguished the delegation. Some delegations consist of several car loads of people and some consist of several bus loads. Even in contemporary times aroha and tribal affiliation to the deceased still motivates Maori to claim the tupapaku. This was the situation when a respected Ngati Toa kaumatua Patariki Rei passed away. He had married and lived in Te Arawa for about half a century. Despite the fact he had lived away from Ngati Toa for an extended part of his life, he was still consistently involved with tribal affairs. Upon hearing of his death his people from Ngati Toa, in line with protocol, sent a delegation to Te Arawa requesting the return of his body to lay by his ancestors in his own tribal area.

Ngati Toa's actions reflected the respect they had for him which symbolically wove a cloak of aroha around him and demonstrated the connectedness of Ngati Toa to their deceased. Even though it was decided that Uncle Pat remain and be buried in Te Arawa, his mana as a Ngati Toa kaumatua remained intact.

Throughout the tangihanga experience people reaffirm their kinship ties (Pere, 1987). When Maori meet, one important goal is to establish relationship through whanau, hapu, and iwi links by way of a common ancestor. The process is referred to as whakawhanaungatanga.

Whanaungatanga

Whanaungatanga is a value derived from the most commonly used word for relative, whanaunga. Metge (1995) describes many

definitions of whanaunga. One definition of whanaunga refers to all those connected to a recent ancestor. However, another definition includes siblings but not spouses. Generally whanaunga refers to an extended family (Makereti, 1938; Metge, 1995; Walker, 1990).

When 'tanga' is added to the end of whanaunga making the word whanaungatanga an abstract concept is formed (Metge, 1995).

Whanaungatanga is a sense of belonging, of being part of an extended family or network. James Ritchie (1992) describes whanaungatanga as "the basic cement that holds things Maori together" (pg. 67). Part of the value of whanaungatanga is that it encourages Maori to think inclusively of others rather than exclusively. It demands that Maori reach out to others and embrace them as part of their whanau by sharing aroha and assistance.

A prime opportunity for displaying whanaungatanga is attending a tangihanga. Another means of establishing one's kinship is through formal speech making and karanga [ritual exchange of calls] (Walker, 1990; Makereti 1938; Williams, 1992).

Whanaungatanga also extends beyond blood kin to kinship through great aroha and long time association. Winika Jacobs [affectionately named Kui Wini] of Ngati Mahanga worked tirelessly for 11 years at Te Kohanga Reo o Tuhikaramea [a total immersion Maori language pre-school in the Hamilton area] since its inception. Upon her death her kohanga reo whanau requested that her body lie in state for a short period of time at the kohanga prior to proceeding to Papaorotu marae at Whatawhata. Her kohanga whanau paid their respects to

her at the kohanga where she invested so much of her time, talents, and energy. Then they joined the cortege which accompanied her body to her own marae.

Manaakitanga

On occasion, those who have tribal affiliations or links to the deceased may also request the body lie in state on their marae while they show their respect. Those people belonging to the hosting marae extend to the grieving family their manaaki, another value observed throughout tangihanga. Manaaki is respect, kindness, and hospitality (Pere, 1982). The hosts lighten the burdens of the grieving family by caring for and supporting them while they are on their marae. When the beloved Ngati Toa/Ngati Koata kaumatua, James Rongotoa Elkington passed on, and his body was being transported south to Porirua from the Waikato region, the people of Tuwharetoa hosted his whanaunga on the Hirangi marae in Turangi. Uncle Jim's daughter Terewai had married into the Tuwharetoa iwi and so they showed their maanakitanga by feeding and caring for her relatives on their long journey home (Alfred Grace, November 23, 1996).

Wairua and tinana

Two complimentary dimensions of wairua and tinana, or spiritual and physical domains, are also valued in tikanga Maori. Most Maori generally believe in the existence of both spiritual and physical realms. Within the spiritual domain is the existence of a supreme God and spiritual beings. Maori also generally agree, even

though they might not practise it, that the spiritual realm interfaces with the world where humans live, and humans should strive to incorporate spiritual aspects in their physical existence (Metge, 1995; Marsden, 1975). When my grandfather died, the spiritual and physical domains converged as relatives addressed him directly asking him to convey messages to other loved ones who had previously passed on.

Tapu and noa

Tapu and noa are also parallel concepts vital to the spiritual balance essential for survival and well-being of the whanau, hapu, and iwi (Mikaere, 1995). Traditionally there were two major categories of tapu. Intrinsic tapu is the inherent sacredness and value of each individual linked to others through their whakapapa. According to Barlow (1991) "everything has inherent tapu because everything was created by Io (Supreme God)" (p.128). The degree of tapu varied depending on factors such as birth order and tribal position (Henare, 1988). One example of intrinsic tapu is the situation with the legendary Hinemoa of Te Arawa whose father was the great chief Umukaria and mother, Hinemaru, was also a rangatira [chief]. Hinemoa was declared tapu at her birth due to the rank of her parents. This required her family to take great care in choosing a partner for her (Makereti, 1938). Therefore, choosing her own partner had a rippling effect for her whanau, hapu and iwi.

The other form of tapu was associated with protection and prohibition by way of ritual restrictions (Makaere, 1995; Metge,

1995). The restrictions or the application of tapu furnished social controls, discipline, and maintained law and order. These restrictions delineated appropriate boundaries between people and their property. For example, according to Pere (1982) "Whanau shared common property together, but were reluctant to use other people's garments or possessions" (p. 36). Additionally Metge (1995) believes: "Parts of the human body, especially the head and genital area were regarded as tapu and thus to be protected from inappropriate touching" (p. 85).

Vital to the effectiveness of restrictions imposed by tapu was the ability to remove those restrictions. Noa removed the power of tapu. The rituals associated with noa were usually carried out by senior women. Rose Pere (1982) in "Ako: Concepts and Learning in the Maori Tradition," describes how women reinstate a condition of noa. One example she gives is about a man who had taken part in a spiritual ceremony making him tapu. This man sought out his 'tribal' sister after the ceremony to have her remove the tapu. He placed his hand on her arm by which she absorbed the tapu. Then, by partaking of food which is noa, the woman removed the tapu she had absorbed.

In the situation of the tangihanga the body of the deceased is tapu, and people who are closely related become tapu. Because food is noa it is kept separate from things that are tapu. Therefore food is not brought near nor eaten near the body. This philosophy is not only spiritual but is also a practical way of maintaining good health

practices.

Mana

Mana is often referred to as spiritual power, prestige, and authority. For some people, mana is bestowed by contact with supernatural beings, inheritance, or personal achievement (Marsden, 1975; Williams, 1992; Mahuika, 1978; Metge, 1995). According to Ritchie (1992) each person has mana; it is individuality and identity that needs to be valued, and not “infringed” upon or “abused.”

Mana wahine is the status and power of Maori women derived through their direct descent from Papatuanuku (Jenkins, 1992). This is evident during periods of human transition such as birth and death. These transitions are accompanied by the tangi of women and depicts the importance of mana wahine. During tangihanga mana wahine is portrayed by the karanga of kuia at the arrival of the tupapaku and mourners onto the marae, and again upon the return of the physical tabernacle to the bosom of Papatuanuku.

I was almost an adult before I attended a non Maori funeral. In contrast to my experiences growing up, the Pakeha funeral was short; it was completed in a couple of hours. There was more tentativeness towards the deceased in that the family delegated most contact with the body to professional undertakers. It was then I realized that the funeral rites I experienced growing up were drastically different from the experiences of my Pakeha contemporaries. The tangihanga along with other significant childhood experiences granted me insight to tikanga Maori that I now

recognize as the foundation of my philosophical, cultural, and interpersonal perspectives.

Ecological Psychology

The second strand of my taniko is ecological psychology. The core of ecological theory is to understand what 'contribution' the environment has on human behaviour. This theory is a guide to how people make sense out of their surroundings. It recognizes that both environmental factors and internal processors are important in contributing to a person's skill dealing with various circumstances and experiences (Barker, 1968; Wright, 1967; Patton, 1990). It specifically details the process by which people create "niches" for themselves within their environment (Brower, 1988). The ecological view is based on the premise that human beings develop and change through their transactions with different parts of their environment. The environment consists of other individuals such as a significant other, small groups such as the extended family, and large systems such as their community, iwi, or society. The result of one's accommodation to the environment is commonly referred to as one's "niche" (Brower, 1988).

Once found, a niche is a state of homeostasis or balance. Therefore, in finding solutions to an individual's problems the ecological approach advocates reforming the environment or changing the person's behaviour as establishing a new niche. In fact, often balance occurs only when both the environment and individual adapt.

Clinicians using the ecological approach with clients, views presenting problems as reflections of the individual's attempt to negotiate their experience in the context of their environment. Intervention by clinicians focuses on enhancing client skills of assessing and then developing appropriate behavioural responses to their environment. In essence, ecological psychology views the person in the context of their environment (Zastrow & Kirst-Ashman, 1990).

Social Systems Theory

The third strand in the weave of my theoretical framework is a social systems perspective. Social systems perspective is a holistic way of forming a 'complete picture of how various social systems interrelate with each other and the environment in a coherent way (Anderson & Carter, 1990). Social systems theory maintains that a system cannot be understood by solely analyzing the parts of the system since the 'whole is greater than the sum of its parts (Olsen, 1968; Anderson & Carter, 1990; Hearn, 1969).' For example, if one observes the behaviour of each member within a family one would have some important information regarding each individual, but not necessarily a complete picture of the entire family, because a family is more than a collection of individuals.

A social systems perspective offers a multi-layered view of how interdependent parts are linked to each other and how they affect one another. Changes in social systems occur by way of energy exchange and feedback in the form of information and

resources between parts of the system and the system's environment. The fundamental dynamics of a social systems perspective is applicable to all sizes of social systems such as individuals, families, groups, organizations, communities, and societies.

A social systems perspective differs from ecological psychology in that social systems theory looks more at the reciprocal relatedness between social systems and the environment. This is commonly referred to as 'circular causality.' Circular causality suggests that the environment and an individual's behaviour can not be mutually exclusive.

Feminist Theory

The third strand of my taniko is a composite of feminist theories. My feminist views do not necessarily conform with all feminist theories nor any one particular school of feminist thought; rather, my feminist position is a synthesis of several ideas advanced by existing and developing feminist theories.

Feminist theories and practice are constantly evolving and changing in response to converging perspectives influenced by feminist writers, activists, and organizations of different types around the world (Sapiro,1994). The remainder of this section includes a range of feminist theories I consider benchmarks of feminist theories and their basic tenets.

Radical feminism believes that men set up patriarchal societies to benefit men. This school of thought believes women are

oppressed in these patriarchal societies by 'being dependent on men, serving their interests, and then regarding what they do as being in their best interest' (Moraga & Anzaldua, 1981; Jaggar, 1983).

Radical feminism calls for an overhauling of society (Sapiro, 1994).

Radical feminists characterize sexuality as the core of their feminist outlook. Since men are perceived as able to carry out their patriarchy through demanding heterosexual relationships some radical feminists advocate separatism as a strategy of liberation. They view a comprehensive separation from male culture, institutions, and heterosexuality as the key to success. (Moraga & Anzaldua, 1981; Jaggar, 1983; Bunch, 1987).

Liberal feminism contends that men and women do not differ in human nature but inequities exist in the opportunities to pursue their personal interests as individuals because of individual and institutional sexism. Liberal feminism calls for work within the social system to cause equal opportunity for women. The most common strategy of rectifying these inequities is to find out where they exist, and create greater opportunity for women. The particular focus of liberal feminists has been extending the rights of women in education, employment and politics (Sapiro, 1994; Anstey, 1995; Pateman, 1988).

Socialist feminism maintains that liberal feminism does not deal adequately with the source of inequity. Instead the feminist agenda is better served by changing the social structure and ideology that perpetuates the oppression of women (Sapiro, 1994; Anstey,

1995; Barrett, 1988). The core premise of socialist feminism is dealing with people within the context of both their historical and contemporary social relationships.

Multicultural feminism agrees with aspects of socialist feminism that personal experiences are reflections of the social and political environment in which experiences occur. Multicultural feminism also agrees with liberal feminists that women must be viewed in their historical and contemporary social relationships (Moraga and Anzaldua, 1981; Aptheker, 1982).

An important element of multicultural feminist theory is the ability to recognize that various feminist writers, activists, and organizations exist around the world and have little relationship or cohesion with each other. These various groups and organizations are developing their own form of feminism that addresses their particular social, cultural, political and economic reality.

Rather than looking for obvious similarities among women, multicultural feminism recognizes, understands and accentuates women's differences (Collins, 1989; bell hooks, 1981; Cott, 1987). This is a significant move in feminist thought, away from feminist theory and practice dominated by white, middle class, well-educated women who are often based in academia. Instead, feminists are invited to explore feminism in the context of divergent social realities of women. A basic tenet of multicultural feminism calls for understanding the part gender plays in peoples' lives in relationship to the part played by race, culture and class (Moraga and

Anzaldua, 1981; Aptheker, 1982).

The development of this multicultural perspective is particularly evident by feminist activism of poor women of colour. Rigaberta Menchiu (1984) and Elvia Alvaído (1987) are peasants from Guatemala and Honduras respectively. These women lead disenfranchised poor indigenous people in their homelands against social, economic, cultural and political oppression. They were both hurled into the international arena after publishing autobiographies which brought attention to the plight of their people. Both women eloquently describe the complexities of race, culture, class, and gender that set the parameters of their oppression.

Both women are dedicated to change the present conditions for the indigenous women of Guatemala and Honduras. However, neither distinguishes her struggle as solely for the benefit of women. They promote improving the conditions of families, communities and nations. The emphasis of their struggle is to eliminate all forms of oppression. Alvarado (1989) describes her relationship with the men she leads:

The men never complain that I'm a woman. I've never had that happen, and I don't think any of the other women organizers have either. . . . The men also understand that the women organizers are *companeras* in [the] struggle. . . . We're there to help them out, to work toward a change in our society (p. 89).

Multicultural feminism advocates a historical and contemporary analysis of oppression influenced by one's gender,

race, culture, and class. However, this broad analysis need not be at the expense of overlooking oppressive circumstance of the individual woman.

bell hook's (1981) brand of multicultural feminism examines specific kinds of oppressive situations women live with. Her focus is understanding how each individual woman is different, and how she is dominated.

I understand that in many places in the world oppressed and oppressor share the same color. I understand that right here in this room, oppressed and oppressor share the same gender. Right now as I speak, a man who is himself victimized, wounded, hurt by racism and class exploitation is actively dominating a woman in his life, that even as I speak, women who are ourselves exploited, victimized, are dominating children (p.120-121).

Maori feminist theory is a fairly new construct (Irwin, 1992). Kathie Irwin (1992) and Ngahuia Te Awekotuku (1989) are two highly respected Maori feminist authors who are developing contemporary Maori feminist theories. They accentuate the need to develop a Maori feminist framework 'grounded in the Maori world,' rather than one steeped in dislocated models from the United States and other places. Irwin declares that in order to conduct a true analysis of the realities of Maori women four central sources must be addressed.

te ao hou and te ao tawhito [the present and past]; te reo Maori, the Maori language; Maori women's herstories, stories of the lives of our women; and tikanga Maori, Maori customary practices (pg 6).

Irwin's (1992) premise is that Maori society, from the creation to the present, holds the fundamentals to the development of Maori feminist frameworks. She advocates, as do multicultural feminists, that a comprehensive analysis is necessary to illustrate the realities of Maori women. It is asserted that these realities are conveyed primarily through Maori customary practices, language, and life stories. However, to avoid asserting one accepted or dominant view of reality, iwi based variations of history, protocol, and personal experiences of women must also be considered (Pere, 1991; Mahuika, 1973).

Maori feminists recognise and celebrate the diversity of Maori women. Irwin (1992) acknowledges that Maori women differ from each other in the following ways:

tribal affiliation, social class, sexual preference, knowledge of traditional Maori tikanga, knowledge of the Maori language, rural or urban location, identification on the political spectrum from radical to traditional, place in the family, the level of formal schooling and educational attainments to name but a few (p. 2)

This diversity adds several exciting dimensions to evolving Maori feminist frameworks. There are several variables that help shape these differing paradigms; for example, there is Maori lesbian feminism, Maori Catholic feminism, and Maori feminists who may or may not speak te reo, and so on (Te Awekotuku, 1991; Irwin, 1992). Differences aside, the common denominators that emerge in the various frameworks are Maori women who are actively committed to ending oppression. As these paradigms 'emerge from under the

blanket of oppression,' Maori women are reaffirming their mana wahine.

The oral traditions of Maori women are a rich undeveloped resource of knowledge. Through oral traditions examples of mana wahine are portrayed and reaffirmed. One of many examples is about Hinepoupou, a kinswoman of mine. Although there are several different versions of Hinepoupou's story, these variations do not diminish her example of tenacity, physical prowess, spiritual strength and determination. Hinepoupou [1750 A.D.] was abandoned on a deserted island without food or water by her husband. She was determined to return to her people so she decided to swim home. Before setting out she said a karakia to give her strength to complete her journey that took her three days covering approximately fifty-three nautical miles (Baldwin 1990, Orbell, 1995). Because of her physical prowess, knowledge of ocean currents, and navigational skills, she was successful in returning to her people. Although accounts differ as to the demise of her husband, they all depict Hinepoupou seeking utu or revenge. Regardless, he is remembered for his despicable deed.

By retelling both oral traditions and contemporary experiences of Maori women, other Maori women can find a source of personal strength. They identify characteristics reflected in their own lives that reaffirm their own mana as wahine Maori.

My brand of feminism is grounded in the historical and contemporary social, cultural and political reality of Maori women.

It recognizes that race, gender and class are interlocking systems of domination. Embedded in my commitment to feminism is the eradication of exploitation and oppression of all forms. Resistance and struggle against domination must occur by changing ourselves and oppressive structures. Personal change comes about through raised consciousness and commitment to act on our awareness. In a culture of domination finding voice and speaking out are feminist forms of resistance. This action challenges oppressive structures and systems.

In this thesis Maori women speak out, they heighten our awareness of their realities, and strengthen our commitment to eradicate domination of women in private and public spheres.

Conceptual Framework

The conceptual framework for this project is grounded in the weaving together of the four strands of theory reviewed in this chapter. In a completed taniko a meticulously crafted pattern emerges when the strands of the weave intersect at carefully coordinated points. The first point of intersection in this conceptual weave holds the opinion that all human beings have intrinsic worth, regardless of age, race, ethnicity, religion, sexual orientation, and gender.

The second point of intersection is that all human beings have unique life experiences that deserve acknowledgement. Acknowledgement of these experiences, by sharing with others, connects people at various levels [emotional, spiritual,

psychological]. For women, children, and other exploited people these positive links create a supportive social context necessary to enhance or reclaim personal mana [prestige or standing]. Voicing these experiences in an accepting environment also has corrective properties with the potential of rectifying incomplete or distorted historical perspectives of women.

The third point of intersection is a commitment for continual evaluation and response to environmental constraints that impede or quell the well-being or value of individuals or particular groups of people [such as women]. This feminist tenet is necessary because the social and political environment is reflected in the personal experiences of its members.

The fourth point of intersection is the reciprocal nature of connectedness between multi-layered systems [individual, family, community, culture, society]. This perspective advocates a holistic view as optimal when assessing and intervening in social systems of various compositions.

I recognise my perceptions of myself, other people, and the environment in which we live may not reflect the realities of the lives of those I am perceiving. Nevertheless, by knowing something of my theoretical constructs the reader is better able to see why I made the conclusions that I did.

CHAPTER FOUR

NGA AHUATANGA O TE MAHI: METHODOLOGY

Methodology

A native Hawaiian friend and I participated on a panel comparing similarities and differences between Tangata Maori and Kanaka Maoli on sovereignty and domestic violence. Although our presentation and subsequent discussion received extremely positive reviews a Pakeha colleague voiced his discomfort with indigenous scholars using a panel format rather than presenting formal papers in a traditionally academic manner. To him, a paper is an enterprise which one systematically develops and presents by oneself and which stands up to rigorous questioning and helps open dispassionate discussion. In his view, panels are not as intellectually rigorous. They are too evocative and subjective and often lead to an emotional exchange between the presenters and audience, thus limiting the process of 'open dialogue.'

To me, my colleague's underlying assumption was that 'objectivity' is only found in a single framework of intellectual pursuit. However, although research often referred to as 'objective' primarily uses quantifiable and standardized instruments, the instruments are still designed by humans and therefore subject to the researchers' biases and perceptions (Patton, 1990). There is no absolute objective and value free research.

It seems my colleague's interpretation of what he considers subjective research methodology is something that evokes an

emotive response and is therefore less effective: He suggested my Hawaiian friend and I distance ourselves from those we research by employing language and methods that non indigenous academics could understand and be receptive to.

Rather than getting bogged down in a debate over what is objective and subjective research, or pigeonhole one paradigm as more objective than another, I prefer avoiding such value laden terms. Instead, I believe it is more productive for researchers to use terms such as quantitative and qualitative research, recognising both paradigms as having elements of objectivity and subjectivity (Patton, 1990).

It is also purposeful for researchers to identify their own methodological preference and 'prejudices' (Patton, 1988). By so doing the researcher is obliged to clarify why he or she chooses a particular method of research and the implications for using that method.

The conversation with my colleague, though at times heated, was nonetheless very interesting. It led me to take a closer look at methodological ramifications for me as a Maori researcher conducting research about my own people. It was not only the content of our discussion that motivated me but also the emotional intensity.

The following chapter examines research methods appropriate for Maori women survivors of sexual abuse. The rationale and procedures in which this research project was carried out are also

presented.

Maori In Research

Maori have a prolonged history of being researched and scrutinized by non-Maori academics and professionals. Their conclusions have been criticised by Maori academics as being “vicarious” and “subject to questionable processing” and often reflecting the colonial and patriarchal system from whence the researchers originate (Jackson, 1987; Te Awekotuku, 1991).

Authors such as Pere (1992), Mikaere (1995), and Te Awekotuku (1991) are revisiting such material, and offering distinct perspectives that come only from being connected to a whanau, hapu, and Iwi, that is, from being Maori. These authors agree with the position of Hirini Mead (1986) that:

. . . A vast body of knowledge was trivialised, misunderstood and misrepresented by viewing it through the concepts and cultural biases of Pakeha knowledge. In many instances such knowledge appeared to be defined out of existence although in fact what had happened was that matauranga Maori was put into limbo (p.2-3).

To ensure that Maori knowledge and realities are no longer left dangling in limbo, Maori are becoming the authors of their own experiences. Qualitative research is appropriate for Maori sexual abuse survivors because it allows those researched to derive meaning from their own experience. Qualitative research is also appropriate for research with Maori survivors because this type of research considers a wide range of influences on the individual. This includes influences that reflect both internal and

environmental conditions such as culture, relationships, physical condition, and internal processes (Erickson, 1986).

One challenge for me as a Maori researcher is to find ways of presenting the realities of Maori women filtered through a set of values and paradigms capable of making sense of their experiences. Meeting this challenge adds to the body of work that other Maori writers are engaged in. A framework is being established whereby Maori can share and interpret our own experiences and also develop our own methods of empowerment. This is particularly pertinent for Maori women because the outcome “will contribute to our . . . moving forward in our struggles for our people, our lands, our world, ourselves” (Irwin, 1992, p. 5).

The qualitative methodology implemented in this project reflects a framework that promotes the empowerment of Maori women by sharing their herstories with each other. It is a methodology which allows participants ample latitude to describe the complexities of the human experience, rather than subjecting them to a narrow framework of psychological research methodology such as that which relies on traditional quantitative techniques. In short, the methodology used here can be described as moving away from research methods that emphasize efficiency, separateness and distance (Riger, 1988).

Instead, qualitative research reflects my cognitions, emotions, and phenomenological dimensions and those of the women who contributed to this project. Furthermore, this methodology is

conducive to drawing upon important aspects of a person's holistic being: one's hinengaro [intellect], wairua [spirit], ngakau [feelings], tinana [body] are used in acquiring and disseminating knowledge. A reflection of this holistic Maori perspective repeatedly surfaced during this project. Both Maori survivors and experts related how various aspects of their lives pulled together allowing them to participate in the project. A renowned Maori woman said, "I'm meeting with you today to share these things because I should. . . If I wasn't supposed to share these things with you something would have happened whereby we wouldn't have met" (Anonymous, personal communication, April, 1996). This sentiment was shared by the majority of those I interviewed.

Qualitative Research

Qualitative research design has many strengths that were of value to the task at hand. First, it affords the luxury of working with a small group of participants and in doing so facilitates detailed analysis (Patton, 1990).

Secondly, the researcher is the instrument of validity and rigor. Because of the small number of participants the researcher can carry out the fieldwork without help from research assistants, thus offering a consistent instrument. By gathering data without preconceived notions of outcomes the researcher approaches the study from a discovery oriented perspective this reduces manipulation by the researcher. Although the researcher experiences numerous changing variables and situations any "loss in

rigor is more than offset by the flexibility, insight, and ability to build on tacit knowledge that is the peculiar province of the human instrument” (Guba and Lincoln, 1981, p.113).

The third strength of qualitative research is that case studies offer a deeper understanding of individual differences between one woman’s situation and that of another. It does not attempt to generalize behaviour to a large number of people.

Feminist psychologists and researchers Diana Scully (1988), Mary Belenky (1986) and others support the use of open-ended interviews as a means of allowing for a range of possible ideas and diversity between interviewees, interview styles, and interview settings as valued reflections of reality.

Versatility and variations in interviewing is the fourth strength in qualitative inquiry (O’Donnell, 1985). The flexibility that interviews provide break down formal structure and procedures of quantitative methods, very likely foreign to Maori participants. Interviews simplify the mode that participants use to communicate their experience of the world.

Interview styles vary within qualitative methods of research. They range from intensive interview/case studies where certain questions are included to test previous research, to open-ended interviews that Kaufman (1991) refers to as ‘structured conversations.’

The structured conversations or korero [conversation] style is familiar and comfortable for Maori women. When this woman-to-

woman talk is engaged in with prudence and esteem it typically enables the respondent to develop ideas using words that construct and reflect meaning for her (De Vault, 1987 & 1990; Reinhartz, 1992).

The fifth strength of using qualitative research in this study is its ability to identify the impact the environment has on the psychology of women. Feminist psychologists recognise that in order to get an accurate picture of the psychology of women, one is compelled to view women within the context of their social, political, cultural and relationship context, and use methodology that reflects those complexities (Firestone, 1970; Weisstein, 1971).

Qualitative Methodology and Sexual Abuse

There are several reasons why qualitative methodology in researching sexual abuse survivors was deemed most appropriate for this project. First, survivors are appropriately recognised as experts regarding themselves, their pain, and their healing. Qualitative methodology produces a wealth of detailed information about how the survivor interprets her own experience (Bass & Davis, 1988).

Secondly, this methodology allows survivors to deal with their abuse at their own pace. Compared with other methods, this process allows participants more control regarding the information given including follow up and qualifying statements. Participants are more likely to be at ease and thus open and direct. Interviews, therefore, are more likely to pick up unique differences that lead to deeper analysis and understanding of sexual abuse; increased

information will lead to more comprehensive forms of healing.

Third, dealing with sexual abuse may bring up frightening reactions the survivor is unprepared for. The reactions may go as far as feeling suicidal. In conducting interviews the researcher is more likely to become aware of these reactions and when needed, make a referral to a therapist, thus treating the participants responsibly, ethically and in a caring way (McGregor, 1994).

Feminist Objectives for Interviewing Women

Susan Geiger (1990) asks a very poignant question in her article entitled "What's So Feminist About Doing Women's Oral History?." Her point is that there is nothing inherently feminist about women doing oral histories unless the objectives of the research are feminist.

Geiger (1990) identifies the following as feminist objectives when conducting oral histories: (a) recognising that being a woman has contributed to a participant's specific life experiences. (b) getting women's stories is a "corrective," way to complement an incomplete historical picture. (c) accepting a woman's interpretation of her world as valid, and that her views and experiences can contribute to others' understanding. (d) desiring "to understand rather than control" the material by not using or manipulating the information shared. (e) avoiding imposing notions of "marginality," "representativeness" or oppression on the women interviewed.

I believe Geiger (1990) goes beyond the consciousness raising

efforts of asking the question, what is feminist research? She does not believe that research can be classified as feminist simply because the research is conducted or participated in by women. Instead, she challenges feminist researchers to explicitly conceptualise feminist oral histories in terms of: the impact gender has had on life experiences; acceptance and validation of women's interpretation of their own experience; correction of erroneous societal perceptions of women; and relinquishment of preconceived stereotypes by researchers.

The methodology of this thesis parallels the feminist oral history objectives presented by Geiger (1990) in many ways. The korero style interviews helped produce an atmosphere of acceptance and validation because participants chose the extent and depth of what they shared. By sifting and sorting through what they wanted to share, the women simultaneously reviewed and edited their own experiences.

A commitment to reduce control and manipulation of the material existed throughout this work. Participants had the opportunity to examine and revise transcripts of their interviews, and the survivors' experiences were presented in case studies to maintain the integrity of the women's voices. By presenting the survivors' voices directly to readers they can develop their own assumptions and derive their own conclusions about the lives presented through the voice of those who lived them.

Women with diverse sexual abuse experiences are included in the project to reduce the possibility that Maori survivors are not stereotyped. Many imagine Maori abuse victims as coming from a certain type of background and experiencing the same short term and long term effects. I believe the results of this study will challenge misconceptions, stereotypes, and cynicism regarding both sexual abuse survivors and Maori women.

Personal Background

My work in the United States as a clinical social worker and marriage and family therapist spanned ten years. Many of my clients were women who were sexually abused as children or men who were sexually abusing children; most of them had been victimised as children, and their families were struggling with the aftermath that accompanies disclosure of sexual abuse in the family. Many of the families I worked with were caucasian but some were indigenous.

When I enrolled in a doctoral program in Marriage and Family Therapy in the United States my research interest was geared towards working with extended families as the primary system of attention in relation to family problems such as violence and sexual abuse. However, I could not settle on a particular topic of study.

It was natural for me, because of my upbringing, that prior to embarking on any important endeavor to invoke through karakia the assistance of my tupuna and Io Matua [Supreme Being]. Shortly after one occasion of meditation and karakia seeking direction and guidance in regards to my doctoral research. I had a vivid dream in

which I was directed to focus my attention on sexual abuse in Maori families. In my dream my reaction to this direction was to plead with the messenger not to require me to conduct this topic because not only was it 'too difficult' but given time, distance and finances could see little possibility of my carrying it out. Notwithstanding my pleading, I knew this was the direction my tupuna were catapulting me towards.

Despite this momentous experience I did all I could to ignore the direction I received by way of the dream. Nevertheless, all my attempts at developing a different focus of study were to no avail. Subsequently I became disenchanted with the program of study, and eventually dropped out of the doctoral program. In essence, from my perspective, a path had been shown me but because I was not willing to follow the direction I was given, I was stuck and could not go forward.

A job opportunity then necessitated a move from the continental United States to Hawaii, where, incidently, there is a considerable Maori population. This move also brought me in closer proximity to Aotearoa. The closer I moved to home, the stronger the desire for instruction in tikanga Maori and te reo. I enrolled in a tikanga class taught through an adult education programme held at a local elementary school. These classes, along with frequent and extended visits to Aotearoa, generated a greater interest and commitment to contribute to Maori in some way.

At the time there seemed little or no relationship between

conducting research concerning Maori women sexually abused as children and studying Te Ao Maori [the Maori world]. However, in retrospect, I realize these activities reaffirmed my identity as a Maori and enriched my connectedness with other Maori women, particularly since I had lived away from Aotearoa for some years.

Although I was not yet ready to launch into my formal study of sexual abuse in Maori families, I carried out informal exploratory inquiry among Maori women. Upon informing a few women of my desired course of research several different acquaintances shared their experiences of sexual abuse with me. In turn, they told their friends, and many of them also shared their experiences with me. I did not tape these conversations but I recorded my impressions and some of their experiences in a notebook which developed into my field notes. I asked many of them if I could quote them at a later date; they unanimously agreed once I assured them of anonymity. Most of the quotes and vignettes found at the beginning of each chapter comes from these field notes. These conversations I had during the informal stage of the project form a rich contextual backdrop to the more formal interviews focused on in this study.

In 1990 I met Jane Ritchie who was on sabbatical at the East West Center at the University of Hawaii Manoa. I broached the subject of wanting to enrol in a D.Phil program at the University of Waikato to write a thesis on Maori women who are survivors of sexual abuse. Jane was encouraging and provided information I needed in order to apply to the University of Waikato to be accepted

as a D. Phil student.

Things 'fell into place' once I decided to proceed in the direction illuminated some years earlier by my tupuna. For example, I was accepted as a doctoral candidate at the University of Waikato and it became financially feasible because my husband was made redundant from his job and received a small monetary settlement. Upon returning to Aotearoa I was also awarded Maori scholarships which included Manaaki Taurira and Tumate Mahuta Memorial Scholarship. Having these scholarships available to Maori students from various disciplines enables Maori to carry out studies in their chosen fields.

Upon returning to Aotearoa in January 1994 for a year's sabbatical leave, my plan was to put some flesh on the bones of my research project which had informally commenced some years earlier.

The rich landscape of the Waikato region was where I launched my formal research project. The University of Waikato, located in Hamilton, is situated near the banks of the Waikato river, and home of the Tainui people. This region was ideal for engaging in this research project because of the concentrated Maori population in the area. It is also a central place where many Maori from other districts are attracted for educational and employment opportunities. Thus I was able to include women from a large cross section of the country. I have not made any reference in the text to the specifics of geographical origins because, for the most part,

identifying the location of where they were born and raised may give reference to a particular iwi.

Living in the Waikato region I was surrounded by my own whanau. In fact, I lived down the road from one sister, next door to another sister, a few houses away from an aunt, some cousins, and a few minutes by car from a brother. Living in the midst of whanau, again experienced an emersion in whanau dynamics. Births, weddings, opening of our marae in Whakatu, involvement in kohanga reo and bi-lingual schooling for my children helped peel away Pakeha perspectives that had built up over years because of little contact with Maori.

Getting Started

Contributors to the project became involved by word of mouth. I approached three resource people from diverse systems who are in contact with Maori women from all walks of life. It was my hope that these facilitators would refer women willing to collaborate in the project, and who reflected a wide range of life experiences. The facilitators were Sandy Morrison, then Maori counselor at Waikato University, Hiiria Hawea, a Kaiwhakahaere in Kohanga Reo, and Aroha Terry, counselor and Director of Kokona Ngakau, a training programme for Maori counselors of sexual abuse.

Usually when a resource person had someone in mind for me to interview she broached the subject with the woman; then, if she was interested in talking with me the resource person contacted me. I was either given a name and telephone number or given an

appointment time to meet the woman.

I interviewed thirteen Maori women who are adult survivors of childhood sexual abuse. All women had at least one unwanted sexual experience with a person at least five years her senior prior to age sixteen. Each woman had disclosed the abuse to at least one other person; however, further disclosure within her family ranged vastly. Some said, “everybody knows about it”, but others said “I can’t let it get out, it would kill my mother if she knew what he did to me”.

During the initial contact phase I found many similarities with the process of whakawhanaungatanga [to introduce, or make links with each other]. In the beginning there was an air of formality as we shared our tribal affiliations and links and also made connections to mutual acquaintances. We then engaged in a lengthy conversation that was not specifically connected to the research topic but seemed focused towards participants getting to know me as a person and my motives for carrying out the research. In each instance I recounted the process of my undertaking the project up to that point.

After rapport was developed, we then discussed the mechanics of conducting this research. The topics of consideration included the format for interviewing, the logistics of storage and care of tapes, transcriptions and confidentiality.

found stark differences between the Maori participants of this study and non Maori participants of other projects I have conducted. One difference is the depth of the introduction stage

prior to interviewing. This phase was superficial and shorter with non Maori participants, which consisted of imparting information regarding the project. No in-depth personal knowledge about the interviewer was discussed. Apparently the status of “researcher” projected credibility and competency that seemed sufficient. However, for Maori, confidence was not drawn from a knowledge of credentials or research parameters, but rather from a personal rapport with the researcher. This rapport unfolded in part from knowing where I am from, who my people are, and what links we share either through whakapapa or mutual acquaintances.

Once a level of trust was established with the participants in this study, the logistics of the project became secondary to them. On one occasion after I started to explain that I would send a copy of her transcript for accuracy and editing, one woman interrupted me and said, “ that’s O.K. dear I feel good about you. If you want to, that’s fine.” I later recorded in my field notes:

The feedback from the people involved in the ‘ethical review process’ was to give all the participants a copy of their transcripts to edit as a means of empowering the participants. A good idea since I welcome as much input as possible, but this is the third person who doesn’t seem interested in editing her transcripts (May 20, 1994).

A later entry:

Although I have sent each participant a copy of their transcript inviting them to edit it in any way they wish. I have not yet received any edited transcriptions . . . It doesn’t surprise me, I didn’t expect that they would (April 13, 1995).

The initial session or whakawhanaungatanga session usually lasted about an hour and a half. Light refreshments were usually served by the host, reinforcing the dual dimensions of tapu and noa within whakawhanaungatanga. The tapu component was sharing of ourselves, our whakapapa, and the noa component was the food that added a tone of familiarity and levity into our conversation.

Participants

The participants were from various regions of the country. All of them identified themselves as being Maori and able to link to one or more iwi. They were between the ages of 21 and 57 years old. Seven women were in long term relationships, one of them violent. Five women were single. Eleven of the thirteen women had children. Two women were lesbian, one in a long term relationship.

Formal educational background was diverse. Most of the women described dropping out of school at a very early age and going through 'the school of hard knocks.' At the time of the interviews three women were enrolled in full time university studies and three others were attending university or polytech part time. Two women were active in kohanga reo and formally learning Te Reo. Furthering their education and training in different ways was an important theme for all the participants.

Research Procedures

The interviews were held at various locations, for reasons of confidentiality, convenience, and personal safety, but all were in a comfortable setting. Interviews with two participants who were

full-time university students with hectic schedules were conducted, for their convenience, at the University of Waikato. A woman in a violent relationship requested that her interviews be held at my home, for the sake of confidentiality. Three women from other parts of the country were interviewed during a hui for Maori survivors of sexual abuse held in Hamilton. The rest of the participants were interviewed in their own homes located throughout the Waikato region.

The total length of interviews for each woman was between two and a half hours and eight hours long. The duration of each interview was usually no longer than an hour and a half but sometimes lasted a little longer at the request of the interviewee. The shortest interviews were with women who had not sought any form of therapy for themselves and had only disclosed their sexual abuse to a select few.

Each woman was interviewed between two and five times. The longer interviews tended to be the less frequent interviews. The number and length of the interviews depended mostly on the participants' availability.

In each instance the setting seemed conducive to genuine sharing even though it was also a working atmosphere. The mothers with young children had them play outside or watch T.V. while we sat at the kitchen table talking. The kitchen table seemed central to our work. My small tape recorder was placed on the table to one side of the woman. The recorder was voice activated and

multidirectional which meant once it was started it did not have to be adjusted, thus maintaining the momentum of the interview set by the woman.

The few times there was an interruption it was usually by a child. The mother would turn and give instructions to the child and then return to her train of thought without skipping a beat. The interviews flowed because of the familiar and natural settings. My newborn son often accompanied me to interviews. He was bundled up in his carry cot which was usually placed in one corner of the room where he slept the entire time. Having him along broke the ice, especially for those who first met me while I was pregnant. His presence had a calming and authentic influence on our korero. It fostered an air of one woman talking to another instead of one researching the other. Maori women have a long tradition of talking with one another while children sleep or play nearby.

On a couple of occasions when my son did not accompany me the women asked after him. One told me to bring him with me the next time, saying, "he's got such a gentle wairua." She acknowledged that, for her, his presence enhanced the atmosphere during the interview process.

The structured conversation format consisted of asking open-ended questions in the following areas:

Family of origin.

Relationship history.

Work history.

Educational History.

Health and medical issues.

Sexual history including sexual abuse experiences.

Chemical dependency or addiction.

Dynamics of disclosure.

Issues regarding healing.

These topics were guidelines for our structured conversations. They were chosen because they were common themes found in literature regarding sexual abuse. The topics were broad enough to allow the participants to say what they wanted to, and digress or emphasize any aspect of their life stories. There was no specific order of questions, thus allowing the women to set their own directions of conversation. Much important information was gathered this way.

Interviews were conducted in English because of my own lack of Maori language skills and the preference of interviewees. One woman was a fluent Maori speaker and the others were less skilled. Regardless, common Maori terms were often used at times for ease of shared understanding.

Body language had a particular role in the interviews. Raised eyebrows conveyed a message of attentiveness without interrupting the speaker. Shrugging of shoulders, heavy sighs, long pauses, welling up of tears, were noted in the transcripts to help capture the more subtle metacommunication transmitted.

The responses were varied. It was not unusual during the

interviews for a woman to become emotional as she recounted her abuse and other influences that have shaped her life. Some were calm and resolute as they spoke. Others spoke gently, uninterruptedly as tears trickled down. One whose abuse was particularly brutal paused during intervals as she composed herself after sobbing freely.

Each survivor was sent a copy of her transcript to give her an opportunity to modify it, and provide her with a copy for her own records. None of the women chose to edit their transcriptions, but two sent me letters expressing their encouragement and excitement about the project after receiving their transcripts. Two others talked with me by phone and one in person. One woman was concerned I had included all the uums, ahs, and pauses in the transcriptions. However, her concerns were abated when I explained that I transcribed the tapes verbatim so I could be more sensitive to the nuances of dialogue without having to continually refer back to the tapes. I edited some of the uums and ahs out of the text, but I attempt to maintain the participant's own voice through her own words.

At times grammatical errors were left unchanged to ensure the integrity of the woman's voice was conveyed. This was particularly necessary when changing the word might have changed the essence of the dialogue.

Pseudonyms are used to ensure the privacy of the participants. Some of the women have Maori names that are tribal specific;

therefore, I use pseudonyms that avoid unwittingly using names which have particular significance to a whanau, hapu, or iwi. I use a name beginning with "A" for the first participant and then proceed consecutively through the first thirteen letters of the alphabet in chronological order of the interviews.

Besides the identified survivors of childhood sexual abuse, interviewed five Maori counselors who work in this area. The interview process was very similar to those in the first group. Three of these women were fundamental in developing training programs for Maori counselors working in the area of sexual abuse. One woman who is of renown in Maori circles, the national arena, and internationally, was very willing to offer her perspective on this issue but did not want to be identified. She seemed unwilling to identify herself as 'an expert,' although her perspective is certainly thought of as coming from one who is very knowledgeable. I afford everyone the same right to privacy and do not refer to her by name. The interviews of the Maori counselors, and experts are an additional resource in understanding different dimensions to the problem. Excerpts from these interviews are presented in Chapter Seven.

Stress from Interviewing

Several authors describe stress associated with interviewing women with painful personal experiences (Thompson, 1990; Gordon & Riger, 1989; Rothman, 1986). For example, Becky Thompson (1990), who focused on women recovering from eating disorders in her

doctoral dissertation, describes interrupting her interviewees with various comments as a means of rescuing them from recounting their painful experiences.

I sometimes found myself trying to escape from the pain of their stories as they spoke. Many of the women have been multiply victimized including enduring poverty, sexual abuse, exposure to high levels of violence, and emotional and physical torture. One way I tried to escape the pain of their stories was by interrupting them . . . (p.285).

The stress associated with interviewing people with painful experiences also took a toll on me. At times the horrific accounts shared over the course of the interviews were surprisingly overwhelming. I found myself lost for words, very different from my experience as a professional therapist. After some thought, I came to the conclusion that although a seasoned therapist, my comparatively novice role as researcher disarmed me.

I felt disconcerted due to my desire to change into a therapist's role and help the women probe and explore issues from a therapeutic angle, a role I was comfortable with. At the same time I was frustrated because by doing so I would jeopardise gathering a wealth of information and limit my research. During those brief moments of feeling perplexed, I remained silent. Although this was intense for me, the women consistently directed the interviews in a meaningful way for them. Clearly, the contrasting roles of researcher and therapist collided, but when I relinquished my desire to be a therapist my anxiety associated with being a researcher

immediately dissipated.

Later in the research project I had another unexpected reaction to the interviews. When I began transcribing the tapes I found myself getting bogged down. My mind would wander back to the actual interview as if replaying it on a movie screen. I also found myself avoiding the painful experiences of these stories by falling asleep whenever I read or typed the transcripts. Sometimes it took great effort to type one or two pages of script. Consequently, transcribing took an inordinate amount of time. Eventually, I blocked out what was being said and concentrated on the words themselves. I listened to the tapes for content and analysis only after I had a transcribed version.

Analysis of the Voices

The analysis of the transcripts was consciously minimal because of the philosophical and methodological foundations described earlier in this chapter. From a feminist perspective accept a woman's interpretation of her world as valid. My commitment to understand the material rather than manipulate it was consistent with my attempt to reflect as much of each individual's voice as possible. However, information that was not directly related to the content of the research was excluded. In presenting the findings I grouped themes that were both congruent and incongruent in existing literature. For example in the literature obesity was identified as being a long term effect of child sexual abuse, however, two women dismissed their obesity as being

connected to their abuse. Rather they felt they were “big” like the rest of their family. I did not analyze what this meant but I felt their perception on this matter was important to report. The contribution of this observation is that it may lead to future research exploring how Maori survivors interpret their obesity compared to non-Maori survivors. The women’s voices speak for themselves and readers will draw similarities and differences to their own experiences.

I continue to be deeply moved by the aroha and maanaki of the women who shared their life experiences and thoughts with me during the course of this project. Each woman gave me a special taonga [treasure], a part of herself that I cherish. In return, I promised them that this work would be completed and shared with other women.

Conclusion

This chapter began by expressing differences in preferred methods of research. The conclusion offered here is that both quantitative and qualitative research methods have elements of objectivity and subjectivity and therefore the selection of a particular method should be based on the goals of the research, needs of those involved, and skill of the researcher.

Qualitative methodology was chosen for this project because it suited the sensitive and complex topic of sexual abuse; in addition it was suited to the familiar nature of this “talking” style for Maori women.

The foundations of this research which included a recognition of the phenomenological influences on human behaviour regarding this project were discussed.

Various details about participants, procedures and personal reactions of the researcher to the interview process were described. A rationale of why the analysis of the transcripts was minimal is also discussed.

Ongoing studies in the area of childhood sexual abuse among Maori, both qualitative and quantitative are needed. I do not presume this is the definitive work of sexual abuse among Maori; it is merely a beginning.

CHAPTER FIVE:

NGA TAUNGA WAHINE: WOMEN'S EXPERIENCES

The only way I can help stop sexual abuse of children is to start talking about what happened when we were kids even when some of my whanau don't want to hear about it. My brother and sister in-law are furious about any talk of sexual abuse because they have to take a close look at something very painful for them. . . but sharing with other people who understand what you've been through is very important (Anonymous, 1994).

In this chapter the women who courageously revealed their lives to me are introduced. For the most part, the women speak in their own voices but at times for the sake of brevity I add my voice. The narratives are placed here in the body of the text to attest that the survivors are the authors of their own analysis. Positioning their narratives in another place such as the appendices, would relegate them as “background noise” rather than centre stage. As hooks articulates (1989) “Moving from silence into speech is for the oppressed, the colonized, the exploited, and those who stand and struggle side by side a gesture of defiance that heals, that makes new life and new growth possible” (p. 9). Positioning narratives here reflects the nature and direction of speech that compels the voices be heard. Additionally, the narratives are given prominence because they complement an incomplete picture of Maori women's experiences, and are perceived as instrumental in contributing to the understanding of other survivors. The experiences are at times horrific but at other times they exact admiration and empathy.

ANN

From her soft spoken voice which I could barely hear on the other end of the phone, I pictured Ann as petite and scrawny. Instead she is taller than average and large for her height. Ann is articulate, intelligent, and particular about her appearance. In fact she is very attractive.

Ann was resolute about sharing her story, believing it would help her “feel better.” Our conversations always took place at my house midmorning after her husband left for work and her children had gone to school. Ann preferred the privacy of my home because she had whanau living with her and had not broached the subject of being interviewed by me with her husband. We sat comfortably surrounded by cushions basking in the temperate morning sun as we talked.

Family of origin

Ann is 35 years old, the oldest girl in a family of seven children, with two older brothers. Ann generally described her family as “very close and loving.” Until recently she was considered by family and friends as the strong, independent, and the capable one who took care of her siblings. “They always looked at me as being that way, [for example they’d say] take it to Ann she can do it.” Or “let’s see what she thinks, maybe she can do something with it.”

Ann was raised in a very religious Mormon family. Most of her family and friends were Mormon, including all the men who sexually abused her.

Sexual history including sexual abuse experiences

The first sexual abuse took place when Ann was almost 10 years old.

Like most Saturdays I was baby sitting my younger brothers and sisters and I had one of my younger sisters sleeping with me in my parent's bed. I didn't realize that it was her and me alone until much later. The phone rang and on the other end there was a familiar voice. He asked me questions which eventually led up to who was home and what we were doing. Because I liked him and trusted him I answered his questions and then fell back to sleep. It seemed like a few minutes after that I heard someone come through the house, come down the corridor and into my parents' bedroom.

I felt him close to me and I was too afraid to open my eyes, so I pretended to be asleep. He picked me up, he kissed me, and hugged me. Then he started to put his hands under the sweater that I had on. Although I was young I was fully developed, I was wearing a training bra. He touched me and fondled my breasts and then put his hands down my pants. He touched my genitals and then used his finger in my vagina.

I kept my eyes closed the whole time. I pretended to be asleep. I don't know how long it took but it seemed like a long time. He lay me back down and left.

My parents came home along time after that, and I was still lying there. As soon as they got home I took off on my brother's bike. I just rode up and down the street and I didn't go home until it was almost dark. When I did get home-- I got it. I didn't tell my parents, not straight away, I was too ashamed to tell them. He was close to them. I was afraid to think of ever seeing him again.

The next time Ann saw him was at her 21st birthday party. Just the sight of him upset her to the extent that she drew attention

from a number of people who are close to her.

I was so upset at seeing him again that my father took me aside and asked me what my problem was, so I told him that I didn't want to see him. But Dad said the least I could do was to say hi and give him a kiss. My father also said to me ah that was years ago, you should be over that by now. I shed a few tears. I never did go over and say hello to him.

The second perpetrator was her uncle who repeatedly sexually abused Ann while she was a young teenager living as a whangai [foster] child in his home.

There's a certain time in my life I just can't remember. I just I don't remember. I don't know if it's because I don't want to remember. I've tried to remember and I just can't remember very many details. But I remember him [my uncle] doing things to me, like I can remember him fondling my legs, going up under my dress, I remember him touching my genital area. It happened to me more than once. Ah. . I remember the first day cause I was in my uniform and it was a cold day and I suffered rheumatics, but I remember I DID NOT HAVE RHEUMATICS that day. I remember him beckoning me, putting his hands around my waist, pushing me down on the floor and putting my legs up on his knees, and massaging me. I remember feeling very uncomfortable and afraid to move. I tried to move, to pull my leg away but he was so strong, he was so strong just like this first person, so I didn't know what to do.

The third perpetrator also abused Ann when she was a teenager she remembered the details of this incident very vividly.

I remember having a pink nighty on. . . We were in one of my grandmother's bedrooms. . . She has a big house

and I remember being in the room sleeping marae style and I remember sleeping next to my mother because I have a horrible fear of the dark. . . and somehow he wound up next to me and that's how it happened. He just went up underneath my nighty over my bare skin and just played for what seemed like hours with my breasts. I do remember trying to move but he was part on me so I just pretended to be asleep. When I could I broke away.

For all these years, I'm 35 now, I've never put myself alone in the same room with any man except for my husband, not even my father. I've never ever been alone with those three men again, and I've never put my children in a position where that would happen either.

Relationship history

One of the most significant relationships for Ann has been that with her husband of eleven years. Ann describes their relationship as being fraught with violence. At the beginning of their marriage they were violent with each other. She stopped being violent towards him but his violence towards her has continued.

Those first couple of years things were rocky as we separated a hundred times. One night he told me how he felt when I hit him, me being a woman and him being a man--it really hurt his manhood. I thought wow! He couldn't even possibly imagine how I feel. Him being my husband! So from that day onwards I've only hit back at him once and that wasn't hitting back, that was just saving myself from being hurt really bad. I stopped hitting back after those two years, but it's been an ongoing thing for him. We've had a lot of violence in our marriage right up until I went to counselling last year. I firmly believed [up until counselling] that I got what I did because I deserved it.

Ann believes that most of her life she has been performing for other people in order to maintain the picture they have of her.

However, recently she has been feeling like “I have no more to give.”

Education and Health

Ann attended the fifth form in high-school. Some of her most vivid memories of high-school revolve around her health problems and low self-esteem. She experienced an extreme weight loss and migraines during the first six months in the fifth form.

I suffered with migraines and lost more weight than I have lost in my whole entire life. I had horrible eating patterns. I would go without for days and when I had problems with migraines I just was the smallest I ever remember being. I got really sick, I was so frail I couldn't walk, I couldn't get out of bed. I was so sick my mother took me to all these doctors, it seemed like I lived at the hospital. They couldn't find a thing wrong with me. In the end my mother took me to a German doctor who said, “she just needs to cut her hair it's too long for her genes.” So against my wishes my mother cut my hair short like a boy. I was eighteen then, she cut my hair like a boy. I still got migraines after I got my hair cut and I felt terrible about myself.

Ann describes being depressed, useless, and very lonely most of her life. She attempted suicide twice. On one occasion she describes:

My husband and I were having troubles all to do with our love life. He wasn't happy and I wasn't happy either, and things were getting worse. I thought he'd be better off without me. I got a knife and got in the shower and tried to slit my wrists. I got one wrist done and my husband kicked the door to the bathroom down.

The doctors said that if it had been lower I would have definitely died.

Ann recently had a 'nervous breakdown' and was hospitalised after struggling with depression precipitated by the death of her mother.

Work history

Ann has worked in clerical positions and other semiskilled jobs for most of her adult life. She and her husband also owned a small business for a short time. It was the first time Ann and her husband spent so much time together which she liked, but they were unable to keep the business profitable.

Chemical dependency or addiction

Ann has not had any problems with drugs or alcohol, nor with promiscuity.

Dynamics of disclosure

The first person Ann told about being abused was her cousin Nelly. She and Nelly were very close and Ann wanted to share with someone how frightened and confused she was about the whole situation.

I remember telling Nelly about the things that were happening because she and I were quite close. I remember telling her everything because I was so afraid and I needed to tell someone, so I told her. I remember where we spoke, I know we were in our uniforms, and I remember the time I told her.

Ann was an adult when she decided to get into therapy. It was during therapy that she decided to notify her religious leader of the

abuse committed by these men. However, seeking assistance within the Mormon channels of leadership was complicated because her religious leader is closely related to one of her perpetrators.

When I went to my church leader he promised me he'd do certain things and get back to me but he was also the son-in-law of one of the perpetrators and I didn't think that anything would come of it. I had no faith at that time that anything would be made right. . . . I waited for weeks just to see what action had been taken, you know, that these people had been approached or anything.

I ended up calling him back myself, and he said he couldn't do anymore because he [the perpetrator] couldn't remember. I said to him, so because he can't remember different things that's it? I said I know he abused me and it has had an effect in my life. I realize it now. I told him I felt betrayed.

Ann also asked the church leader:

If he goes to his grave without telling me that he's sorry and repenting of it, as we know you should in the gospel, what happens to him? Because I wanted to know. I love his wife and his family, and I would never want to think of my kids being without their father . . . in the Celestial Kingdom.

Mormons believe that by keeping Christ's commandments and repenting of sins, that individuals can live forever with family members in the presence of God. Ann was stunned that the perpetrator denied the incidents that took place jeopardising his eternal standing with God by not making amends to her and repenting for what he did.

Although Ann was raised a Mormon, and still considers herself a member of the church, she no longer attends except on special

occasions. She continues to be “very, very angry” with the unresponsiveness of church leaders. This inaction has caused Ann to lose confidence in her ecclesiastical leaders. She interprets this rebuff as a display of insensitivity and uncaring regarding her well-being.

Issues regarding healing

Ann believes her self-doubt stems from the abuse she experienced as a child. Her lack of confidence reached the point of undermining her own reality. She started to doubt her memories of abuse and wrestled with them, not sure if they were real or imaginary. However, after she began therapy Ann approached her cousin, whom she confided in as a child, to confirm her memories.

I wanted to know what she remembered, and after all these years she remembered. I was relieved. I cried when she told me she remembered [what I told her]. I said, gee after all these years you remember, I didn't think that you believed me or even understood.

Ann also experiences a pervasive lack of sexual desire. She does not enjoy sex or sexual contact of any kind. Then she feels guilty that she is unable to feel pleasure from sex. Ann describes experiencing little if any sexual pleasure during sex. “I have absolutely no feelings when my husband touches me sexually.”

Summary: Ann is a 35 year old woman raised in a practising Mormon family. She was almost 10 years old when she was first sexually assaulted by a man she referred to as “uncle,” then again by two other uncles. Ann has been married for eleven years to a man

who physically abuses her; however, she has no intention of leaving him. Because of her abuse, Ann does not trust men, and will not remain in a room alone with any man but her husband.

Ann completed the fifth form in college and then went to work. She has typically been employed as a clerk or receptionist. Ann has experienced many health related problems which include extreme weight fluctuation, migraines, unspecified gynecological problems, inhibited sexual desire and depression. She has not used alcohol or drugs, she attributes this abstinence to her religious beliefs. Ann first disclosed her abuse to a female cousin shortly after her uncle abused her. One significant process that helped Ann survive her abuse was that she disclosed the abuse to another person soon after the abuse happened. Having her cousin corroborate her perceptions of her childhood experiences validated her reality.

BETTY

Betty is a heavy set 37 year old woman with a deep, almost masculine voice and equally deceiving features. When I met Betty she was involved as a volunteer in Women's Refuge. She enjoys helping other women because it is also a means of satisfaction and support for her. However, she feels a bit uncomfortable talking with the other women about their childhood sexual abuse experiences, because many stories she hears are similar to those events from her own childhood, though she does not consider all that happened to her as abuse.

I interviewed Betty in her simple yet immaculate home. When

I arrived she would have the kettle boiling for a hot 'cuppa' and invited me to join her, "you're just in time." Our conversations took place around a well-scrubbed formica table. As we talked, Betty occasionally sipped from her tea and drew from her cigarette.

Family of Origin

Betty was raised in a one room house close to her marae until she was 12 years old when she moved with her family to a larger home closer to town. She is the mother of two boys and two girls ranging in ages from 5 to 18 years old. She has been with her husband for past 17 years. Even though Betty was raised in a one room home she did not see her parents or anyone else having sex. From what she could tell, her parents were different in that regard to many couples on the marae.

Relationship history

Sex among children of various ages was common on the marae where Betty grew up. It was called 'playing mothers and fathers'. Betty played mothers and fathers with several other children but she made a distinction with one young man. He seemed unusually more knowledgeable about sex than she and the other children.

He was a couple of years older than me but his knowledge and my knowledge was miles apart. This boy knew a lot more than what I did.

I think he knew a lot more because he'd been doing it for quite a while because of his family. This fella experienced it in his household because they had a lot of children and they were in a one bedroom place.

He kept hanging around me all the time saying it was playing mothers and fathers and all that shit. It

happened all the time--sex. We were having sex every time we played but to me it was part of playing mothers and fathers. That's the way it happened. I would have been nine or ten and it continued until I was 11 years old.

How it stopped was I found out about it at school. When kids told dirty jokes about it I felt wow! What we have been doing is wrong and they call it dirty.

There was a lot of people around having sex as you would call it, the young ones with the older ones. I never considered it wrong.

Control and sexual detachment pervaded Betty's adult relationships with men.

Later I had a lot of men friends but I didn't have boyfriends and when I did, I did the dropping and picking and the choosing, but I never had a permanent relationship.

I found that I could easily detach myself from my body when I was in bed with men. There was no feelings and sometimes I'd just lie there and say, oh come on get it over with.

The first permanent relationship Betty had was with her husband who is five years younger than she. Being older gave Betty a sense of control and safety in her relationship.

When I met my husband he was only a boy. He was 14 when I met him and he was different from all the other men I knew because he was a kid. He was the only one that made me laugh, we were good friends before we became lovers and got together.

But what was actually happening was, I was suppressing my husband and he knew it and he was letting me get away with a lot of it. My husband was relying on me. He let me decide on everything.

Educational History

Betty took pride in telling me she nearly completed a full year in the sixth form. She always enjoyed school and got good grades. Betty dropped out of the sixth form just before sitting her university entrance exam because her father told her he wanted her to be a teacher not a social worker as she had planned.

Work history

Betty was unemployed at the time of our interviews but she was pursuing her interests by helping with marae projects and volunteering at Women's Refuge.

Sexual history including sexual abuse experiences

Betty was between eight and nine years old when she was initially sexually abused by an adult. This first sexual encounter took place when Betty was sent to stay with her aunty who was ill for about four months. Her job was to help her aunt with house work and personal care.

I was staying with my uncle and aunty. My aunty was quite a sick lady, she had leukemia I think. She couldn't do anything and we were all living at the marae and so I used to help her with her mahi [work] and I stayed there with her because my uncle used to come back late. I slept on the floor beside their double bed. It was a one room place.

The first time my uncle came home drunk and they argued I can remember that he hopped in my bed and just cuddled me. At first he just lay there and cuddled me it didn't worry me. He just cuddled me then after a while he ran his hands over me, then it was full on after that. I didn't feel stink or anything I just thought that that's how it was.

I can remember my aunty telling me a couple of days later when he was doing that all the time that he was just showing me that he loved me.

The fondling progressed to intercourse about “three or four times.” Betty’s aunt seemed to give tacit approval to the fondling but may have disapproved of the intercourse.

I think it was only three or four times because after that I think my aunty just went off me. I couldn’t do anything right with my aunty after that. But she let it happen because she was in the bed next to me. My aunty was too weak to do anything because she was too sick, but I think she used to make me do some bloody horrible things like go down and get the water from the puna [spring] in the dark and rain. At one part the pathway was carved out of the bank and there was nothing to hold on to and I used to slip and slide. She used to make me do all those things, the worse things to do because I think she was angry.

The abuse was curtailed when Betty’s aunty’s health deteriorated to the point where a kuia took over her care. Betty returned to live with her parents but did not reveal what had gone on.

When Betty was eleven years old she was raped by a 19 year old cousin. She was walking home from the marae with two other girls when the young man ordered her companions to disappear.

I can remember it hurting and I started to cry and I remember saying to him it’s sore it’s sore. It was miles too sore. I remember crying. It may have been because I was scared it was dark and it was sore. He said he would tell everyone it was my fault, that I wanted it, so I didn’t say anything.

Chemical dependency or addiction

Betty's alcohol and drug use has decreased significantly over the past few years. Although she did not call her alcohol and drug use abusive, her drug use in her early twenties was heavy and regular.

My first try of drugs was when I was 15 and the only reason it was because I kept running down my brother who was a [pot] smoker. He said "don't poke anything until you've tried it." So I tried it and enjoyed the drugs. I smoked every weekend and at parties. I used to have days when I had gotten so drunk I'd hear about me kissing a guy in the corner, but not remembering it.

I wouldn't call it a problem although a lot of other people would call it a problem and self-destructive. I just wanted to learn everything.

Betty overdosed on prescription pills when she was twenty years old.

Dynamics of disclosure

After being raped by her older cousin Betty was so fearful to be blamed for what happened to her that she didn't tell any adults what happened to her. Instead, she told her two cousins who were her age. "I cried and went and told my two cousins and the three of us cried. We walked back to our place crying but we didn't say anything."

Issues regarding healing

Betty does not believe her childhood sexual experiences have affected her adversely.

We were brought up in our society on the marae. There was no such thing as sexual abuse. It was just part of living part of growing up. Now you come into the predominantly Pakeha European society and it's saying that all those things are off. For me when I was growing up there was no such thing as it being wrong. They are now trying to tell me that my childhood which I enjoyed was all wrong.

The only thing I have wrong is this. I don't know if it was depression but after a while I didn't want to be a girl because there was a lot of things happening to girls. I think I was between 11 and 12 years old when I started shaving. I was really mannish in everything that I did. I didn't have a boyfriend after that, in fact at one part there I was called a lesbian because I never had a boyfriend.

Betty is hesitant to label what happened to her as sexual abuse because she fondled a younger male cousin when she was 10 years old and he seven.

We used to go to bed--me and my little cousin and I played with his penis and we used to kiss. . . . Even to this day I don't feel wrong about it happening, I feel sad because I've been hit with all this abuse, but to this day I have no animosity to my uncle or my other whanau.

Summary: Betty is a 37 year old woman. She has been married for 17 years to a younger man who gave Betty a sense of safety and control in their relationship. Betty was raised on a marae where sexual among peers was common. She was first sexually abused at the age of approximately 9 years old, while a foster child with her aunt and uncle. When she was 11 she was raped by a 19 year old cousin. She told two female cousins immediately after it occurred. Betty

enjoyed school and was a good student. She nearly completed the sixth form. She is a homemaker, but still helps out at the marae and volunteering at women's refuge. Betty has used drugs excessively. She is in good overall health and claims no ill effect from extensive drug use. One issue regarding Betty's healing is her belief that most of the sexual experiences she had in childhood was normalised sexual behaviour on the marae where she grew up.

CLARE

Clare is a woman in her mid-twenties with three children. When I met her she had recently separated from her husband because of his infidelity. At the time she felt pleased she had asserted her will and asked him to leave the house; however, she had not figured out what she wanted to see happen with their relationship.

Family of Origin

What Clare remembers vividly about her growing up was her parents' messy divorce. Clare's mother never explained the divorce to the six children, nor her decision to alienate them from their father. Clare now believes it was partially because her mother was overwhelmed with work and dealing with her own issues associated with the break up of the marriage.

Clare's mother was a psychiatric nurse who worked long shifts. To Clare it seemed like her mother was:

. . . working, working, working, and when she'd come home we'd say, Mum we've got this going on, but she'd just jump down our throats. She'd say shut up, so we just gave up talking to her. There was no one for us. . . there was no communication, whatsoever.

Relationship history

Clare did not get along with other girls, she always felt closer to boys.

Because I'm not too bad looking I really couldn't get on with girls, they thought 'we'd better keep an eye on her she might take our man.' Well I had heaps of male mates, and that's what I thought of them--mates. When went to college boys were just hanging around me. I'd just click my fingers and get any one I'd like.

The first guy I went with I got tired of him after about three weeks. I wouldn't stay with fellahs I went with long because I wouldn't let them hurt me. I wouldn't have them around long enough to hurt my feelings. If I thought they were getting too attached I'd say 'sorry I'll see you later' and I'd always be looking out for someone new.

When Clare was 13 years old she entered into a sex for money relationship with a friend's father. She perceived this relationship as a harmless way of earning pocket money.

After her relationship with this man ended, Clare found boys her own age immature.

Some [guys my own age] were really nice guys. I met them at parties but they were so immature to me. don't know why, but I thought they were just kids. They didn't know nothing.

Clare was with her husband five years before they got married, they were together a total of ten years when she and I met.

I thought it was really sweet because he had never ever had sex before and I was his first one. In his books

we were married, but in my books he was just another one. So I went with someone else too. It wasn't a big deal to me but at the time it was a big deal to him.

After they got married Clare did not have any extra-marital affairs.

Educational History

High school was a tumultuous time in her life. Her mother kicked her out of the house because she was "living" with a guy and going to school covered with hickies. "I'd just go to school to eat my lunch anyway." When she was kicked out of the house she dropped out of school and went to Wellington with her boyfriend.

Health and medical issues

Clare's general health has been excellent. She almost attempted suicide once while she was in college. Clare was dealing with her sexual abuse, her parents were going through messy court battles, and her mother was unavailable because of work. Clare said "It just all got to me one day and I took rat poison to school and put it in my drink." She said she was resolute in carrying out her plan because "I felt life wasn't worth living, there was really nothing for me. I felt really alone." However, she told her girlfriend who convinced her not to go through with her plan.

Sexual history including sexual abuse experiences

When Clare was four years old an uncle who was staying with her family came in to her bedroom while she was sleeping. She woke up to find him licking her vagina. Several similar occurrences happened over a period of months. On the last occasion she was able

to speak out and say "No!"

It wasn't right and I didn't feel good about it at all. I was upset and angry at him for doing that, and once I said to him No get out! He moved out of the house the next day.

At the age of 13 Clare stayed over at a girlfriend's house. Her girlfriend asked Clare while she was having a bath if her father could come in and wash her back to which she replied no. He persisted in coercing Clare into a sexual relationship by repeatedly offering to pay her generously to clean his house. Once Clare was in his employ he reiterated his propositions until she entered a sex for payment relationship.

He asked me if I wanted a job, a part time job cleaning his house. I used to go around there and clean his house and he actually used to feel me up. I thought what the heck, he'd give me money for that.

Eventually it progressed further:

In the morning I would go out to the bus stop and I would hide in the bus stop while the rest of the kids jumped on the bus and I'd wait there and the bus would take off and he would come up and pick me up and we'd go. Sex was just sex there was no feeling. I thought choice! I'm going to get 20 bucks. I used to go to school and buy up large for my mates. I was the richest kid in school. Just to give this old buggar a root sort of thing. So I suppose you could say I was a prostitute. Clare was promiscuous as a teenager.

Once I went to a carnival and there was a guy that I was after, I was eyeing him up, but his brother came into the picture, he just shark[ed] on in and I went oh well--

we went into the park and just did the deed and that was it. That was more or less my life 'cause I just really didn't think much of myself or my body. I believed that was what men were all about just a fuck.

Chemical dependency or addiction

Clare experimented with marijuana once but became so violently ill that she never tried it again. She used to drink heavily at parties and with friends, but doesn't consider herself as ever having a drinking problem.

Dynamics of disclosure

When Clare attempted to disclose the abuse to her mother she was not surprised at her reaction, yet she was still disappointed.

Her attitude was like 'hurry up I got to go have a bath.' The way Mum came across was like 'what did you do to have this happen?' And I told her I didn't feel like it was my fault. Then she said, 'oh well I'm going for a bath.' It was more or less like it was shoved under the doormat.

Although the reaction from Clare's mother was less than desired, by revealing her abuse she opened channels of communication with other survivors in her family.

The first time was the hardest time telling someone, but it wasn't long after that [my sister] just started talking about it. She must have heard that I'd told Mum, and then hello I find out my sister went through it too and it hit me cause I thought it was only me. Only I'd been through that.

Issues regarding healing

For Clare who is part Pacific Islander and part Maori, a family taonga [treasure], a pounamu [nephrite jade] from the South Island, and her name are sources of strength she draws upon. This piece of pounamu holds a position of prominence in her home and is regarded as possessing soothing power. Clare was named after her tupuna [ancestress] and this has special significance to her. She feels the name she bears carries with it the characteristics of the tupuna she was named after. Clare feels that her tupuna are around her, are aware of her needs, and intervene on her behalf.

I'm always praying and I know I got my tupuna around me. There are people there looking after me, once my Koro nearly strangled my father when Mum and Dad were fighting. He [Koro] also came to my husband and actually said to him 'you tell her or else'--that he had been mucking around on me.

Summary: Clare is in her mid 20's and the mother of three children. She was sexually abused at the age four by an uncle who was staying with her family. Clare's parents divorce added to her feelings of isolation. She was sexually promiscuous from a very young age, and by the time she was 13 years old she was being paid for sex by a school mate's father. Clare was not very interested in school and left college to move to Wellington with her boyfriend. Clare describes her health as good. She has experimented with marijuana once but became so ill she has not tried it since. However, she has used alcohol extensively because she likes to "party." Significant to her healing has been her connection with her

tupuna who watch over her and protect her. Additionally, she attributes soothing, healing properties to a particular greenstone she was given.

DIANE

After explaining the research to Diane it took her about a week to decide whether to participate in the project. Her initial reservation revolved around the fact that she had only disclosed the abuse to a couple of people. She wondered if talking with me would raise issues she was unprepared to deal with. Because of these concerns, I reassured her that if she chose to participate in the project, she could withdraw at anytime. I also provided Diane with names of therapists who agreed to support any participant dealing with issues raised during the course of the project.

Diane decided to contribute to the research by being interviewed. Although she has never been in therapy for her sexual abuse, her decision was the result of her desire to start talking openly about her abuse. She felt by doing so she would assist other abused women in their journey. During our interviews Diane was cautious and did not expound much. My field notes reflected the following:

It seems that Diane is still in the process of 'disclosing' the sexual abuse to herself and her family. Her body language was closed during the interviews although I believe she wants to assist me by answering my questions. There is a noticeable difference between women who have been in therapy and those who have not.

Family of Origin

Diane is 21 years old with three children whose ages range between six and two years. She was raised in a family she describes as being “loving” though she perceives herself as not doing as well as her brothers and sisters. Both of her parents are well educated professionals. Her mother is Pakeha and her father is a nationally known Maori. She has lived overseas and travelled extensively with her parents.

Relationship history

In describing her growing up, Diane characterised her behavior as being erratic after the abuse. She had “fits” where she would not do “anything” for long periods of time, and then explode with violent outbursts. She said, “my family questioned my mentality.” Her brothers and sisters would say “I think you need to be in Tokonui” [a psychiatric hospital], or “I really believe you need psychiatric help.”

Diane became sexually active when she was 14 years old, and had two sexual partners before she became involved with John, her husband, whom she met when she was 15 years old. Diane and John became sexually active soon after they met, and when she got pregnant by him they married. Diane said, “although [the abuse] didn’t put me off sex, I don’t think I would have gone that course if I hadn’t been abused.”

Work history

Diane is busy working at a number of things. She has a job as a cleaner, helps her father with his business, and is active in Kohanga

reo fundraisers and activities.

Educational History

Diane dropped out of high school because she got pregnant and gave birth to her son when she was 15 years old. However, education has been a high priority in her family and she has a goal of continuing her formal education. In fact, shortly after we completed our interviews Diane was accepted to train as a nurse, something she had wanted to do for a long time.

Health and medical issues

Diane's weight is a lingering problem that plagues her self-esteem. She frequently made disparaging remarks to me about her body.

Just after the abuse happened I got anorectic and lost a heap of weight to the point of fainting. I was in hospital a while [two weeks] on the drip because I couldn't hold anything down and I was having blackouts and things. Just before I went into hospital I hadn't eaten for a couple of weeks other than a couple of apples.

I am definitely not happy with my weight. I range from being sick to being obese. I'm mostly obese now. I'd say I'm about 60 kgs overweight. I'm 110 kgs and I should be 64 kgs for my height and body shape. I feel really horrible, I feel awful, physically awful, emotionally awful, yet I know what I have to do and I know what I can do but it seems like I'm not allowing myself to do it. I eat, get depressed, eat, get depressed, and eat again. It's a vicious cycle.

Sexual history including sexual abuse experiences

Diane was sexually abused by two perpetrators who were friends of her parents. When she was seven, a 20 year old who was visiting her parents fondled her genitals. Then once when she was 11 years old she woke up to find a man she called uncle fondling her in the dark. This man was visiting Diane's parents from out of town.

I was all tense and just lying there and I wouldn't move and I didn't know what to do. After about half an hour he went away . . . I didn't move at all. I was tense because I was trying to pretend I was asleep. I remember being confused what should I do? I feel like I shouldn't have been lying there in the first place. I just let it happen, I didn't say no go away. I was saying no in my head but nothing was coming out.

Now when I see my uncle it triggers off all these mixed feelings. I wish I weren't there, I get really angry or I'll end up crying, and I can't have sex for about three weeks.

Chemical dependency or addiction

Diane has not had any problems with alcohol or drug dependency.

Dynamics of disclosure

The first person Diane disclosed the abuse to was a female cousin about the same age as she. To Diane her cousin's reaction seemed uncaring, so Diane never disclosed the abuse to her parents. She feared a similar reaction from them. The only other person she has disclosed the abuse to is her husband.

I told my cousin but she didn't seem to care, like it didn't happen or like I was making it up so I didn't say anything else. I told her and she said --oh yeah! I was really hurt by that, I needed a friend to talk to, to say it's all right don't worry about it but I didn't get that.

still haven't told my parents.

A field note after interviewing Diane:

Diane seems to be contemplating disclosing her abuse to her family of origin. She appears to be testing out the safety of disclosing with me and others. As Diane told her story to me she seemed to scrutinize my non-verbal and verbal responses.

Issues regarding healing

Diane believes that her childhood experiences affected her the most in the way she is in relationships today.

I always try to please people I do anything to make somebody happy. I jump to do something for anybody even when I'm telling myself I don't have to do it. I still go ahead and do it.

Summary: Diane is a 21 year old woman with three children. She was raised in a "loving" family whose parents were both well educated. Although Diane is intelligent she did not complete college as she became pregnant. Her first son was born when Diane was 15 years old. Diane is married to the man she became pregnant to, and they have been together for six years now. Diane was initially abused when she was seven by a young man who was a friend of the family. Then, when she was 11 years old, another close family friend she called "uncle" also fondled her.

Shortly after the second incident Diane disclosed to her cousin about the abuse. However, Diane interpreted her cousin's response as uncaring so she did not reveal anything further to anyone else

except her husband. Diane has not told her family about the abuse yet. According to Diane the abuse has affected her mostly in that she feels compelled to please other people, even at the expense of meeting her own needs.

ELLEN

My first impression of Ellen was powerful. She exuded confidence, charm, and charisma. As I explained the research project, Ellen listened intently without interruption. When I finished, she asked questions in order to get to know me better. Her line of inquiry reflected her desire to know about my own personal background. This was consistent with other women I had approached to participate in the project. After our conversation she consented to share her experiences with me.

Ellen has made her life's work helping abused and disadvantaged children. Prior to one of our interviews she had just returned from speaking to a group about sexual abuse. This seemed to have put her in a particularly pensive mood.

Ellen is 36 years old and has four children, one of whom died as a small child. When Ellen talked about the loss of her child she became tearful, though it was over 10 years ago.

Family of Origin

Ellen's biological mother died two hours after giving birth to Ellen. She and her siblings were victims of horrific physical and emotional abuse by both their father and stepmother. They were beaten, degraded, and whipped with curtain cords and other

household objects.

After a vicious argument over the care and custody of his children, Ellen's father was given an ultimatum by his second wife. He had to choose between her and her children or his kids from his previous marriage. The solution to the problem was to take Ellen and her older sister and brother to the family farm some distance out of town. The children took care of themselves and their father would bring supplies to them. Ellen's sister was the oldest child and she was 11 years old; Ellen, who was the youngest, was eight.

It wasn't a farm you could feel at home as a kid, it was old and he took us there. He gave us a lot of kai and told us we weren't to touch electrical things and that sort of stuff and left us there.

My sister was 11 and she was a pretty tough girl aye, she had to be to survive aye. She took care of us really well. She made sure she cooked a nice kai and that we weren't outside in the dark and when we wanted to go to the outhouse she would take us.

Relationship history

For much of Ellen's childhood and youth she was extremely angry and vengeful towards people who hurt her. "I learned after the rape I didn't want to communicate or have any relationships with anyone."

When she was nine Ellen attempted to follow through with her plan to get rid of her father and stepmother as retribution for their physical and emotional abuse. She plotted their deaths for a long time.

I was so excited I was going to kill them I went into the kitchen and there was this black bottle of stuff and my stepmother was cooking kai. It was a boil-up. When she left the room I poured the stuff in the bottle into the kai, mixed it all up and thought--'they are all dead'. [Later] they came and got me for kai but I said no I was still sick I didn't want a kai. So I was lying on my bed you know and I was happy, happy that they were going to be dead soon. I fell asleep and woke up and they were still alive and I couldn't figure it out.

Ellen had mistaken the vanilla essence she found in the cupboard for rat poison.

By the time I was 12 my body had grown quite big so anybody, any kid that hurt me, I used to bash them up. .

I was introduced into hookerism-prostitution, and began taking money for sex.

At 13 years old Ellen attacked her stepmother; she went after her with a stick, and then tried to strangle her. " I could have killed her." From then on, Ellen and her parents engaged in frequent "fist fights." When Ellen was 14 yrs old she took revenge on a teacher who added to her misery at school in a similar manner.

I still remember his name after all these years because he was such a bastard. He waited for the kids to go out and he'd grab me by the hair and threw me over the desks and he'd say to me--By the time I've finished with you, you will do everything I fucking tell you to do.

I would look at him and think--I'll get you, and when I was about 14 I got him and boy I felt good about it. I made no apologies for it.

I used to stalk him, my plans were to use a knife but I said nah I'll just bash him because by this time I was pretty tough, aye.

As her former teacher walked unsuspectingly around a corner Ellen beat him with a steel mesh rubbish bin which gouged his eyes and face. As he lay on the ground bleeding she said “I told you I’d fucking get you” and walked away. This type of behavior often got her in trouble. Eventually she was “run out of town by police,” especially after getting involved with the local gang.

Ellen was proud to be the first woman member of her gang at the age of 17 years old. However, she describes one of her roles in the gang was to be used for sex by all the gang members.

Work history

Ellen worked in a factory during the day and in the sex trade at night until she got married. Her customers were usually sailors and others who frequented the local pubs.

I met up with some girls that were also into it and we sort of teamed up and got into business. There were three of us that took money and one of our mates who we said was stupid because she’d come out with a box of fish [laugh].

Educational History

Ellen’s memories of her school days are full of lonely, unhappy times. She characterised those days by saying “I used to run from people.”

Going to school I’d sit there and watch the other kids with friends and see how kind friends could be and used to long for that. At the same time when they would approach me I’d curl up like a hedge hog, I’d be begging them to go away and leave me alone. I was terrified. I

used to stick my legs up on the chair and pull my skirt over my toes and curl my head into my stomach so they would leave me alone.

When I went to a convent school it was the worse time of my school life because of the racism. It was really cruel. That's when I started wishing I was white. I wasn't a clever kid and they used to put me in the back of the class and the nun was cruel. She used to whack me on the back of the knuckles with a ruler and when it was cold it seemed like she used to whack me worse.

I got my period there [at school] and I remember the humiliation of that because she made me walk across the classroom and she used to call me really horrible things. The other kids used to call me--stink Maori. 'You stink, you've got granny's clothes.' That's one of the things about my kuia's values, it wasn't having an expensive uniform, I wore the same colors as everybody else but just didn't have the same material or the same length so the kids mocked me.

The school had a sponsor program where families would take care of children if these kids didn't have support from their whanau. I'd be allocated somebody and they were supposed to look after me like for preparing for communion and stuff, but they wouldn't. never ever had any adult take care of me. Whenever my sponsors were supposed to show up it never happened.

Sexual history including sexual abuse experiences

Ellen was initially sexually abused when she was eight years old by her father's cousin whom she describes as "very creepy." She remembers him giving her "lollies and other goodies" before molesting her and then telling her "the old cliché words--and don't you tell." The specifics of that incident are unclear to Ellen although she doesn't think he had intercourse with her. Ellen is very clear

about how she felt after that incident.

I remember thinking what was that? What was that? My puna, my puku felt really really ugly and that was the beginning of a change for me. That was the beginning of taking away my childhood and esteem.

The second person to sexually abuse Ellen was her granduncle who lived near the farm where she was staying.

We had a horse there and one day my brother and sister took off on the horse. I stayed in the house and I was playing house.

The Koro turned up and I remember thinking--oh choice uncle's here. He came in and he asked where my sister and my brother were and I told him they were at the back of the farm on the horse. I knew they were a fair way back because I couldn't hear them. He was close to me and he started to walk me into the bedroom. As he was walking me he was talking, but I can remember feeling that what was going to happen wasn't good. My wairua [spirit] was telling me that, aye.

So we had gone back into the bedroom and I remember thinking it was a huge room, but in fact it's only a tiny one and in the corner of the room and that's where it all just happened.

I went through the motions of what he told me to do and as I was going through the motions I was also taking my wairua out. I had learned to do that through the upbringing of my kuia. She was very old and she used to talk to me about things like that. I could pop myself out when someone hurt me.

I was standing and taking my clothes off and I had to play with his penis and things like that. But as it got more and more sickening for me I gathered up more and more strength to get my wairua out quickly because I just instinctively knew this was going to be really bad. I recall going down on the floor and that was it. I recall

watching what was going on but I felt nothing.
remember him on me, I remember watching his face, his eyes, his smile and I could see my tinana [body] there.
remember not wanting to go back into my tinana but I didn't have any choice. I didn't have any choice with what was going on at the time.

The pain Ellen associates with re-entering her body after she was forced to have intercourse was intense.

The pain was excruciating, a pain that I will never be able to explain. It wasn't only the tinana pain that was getting me it was that it had got my mind-my hinengaro. I felt really devastated, absolutely devastated at what had happened to me.

After Ellen's wairua re-entered her body it was so painful she wanted to escape the pain permanently by leaving her body like she had done during the attack.

I didn't know how to do it. I didn't know how to die and that's what I wanted to know, how I could do it, how I could die. I thought if I got my wairua out that's what happened, but it wouldn't happen and I couldn't figure out why it wouldn't happen.

When this did not succeed she reconstituted quickly. She realized her Dad was due to arrive from town with supplies, and her siblings would return shortly.

I thought--what am I going to tell them because they didn't know what had happened, aye. I knew I had to clean up because I'd get a helluvah hiding so I went out to the outhouse and got the raggy things [underwear] and threw them down the outhouse.

One of the things I learned because my Dad was

cruel was that if a mess happened . . . You got a thrashing. He didn't ask how it happened he'd just give you a thrashing. That's all I could see--that I was going to get a thrashing. So I had to get myself up, try and straighten my hinengaro up and my wairua up.

I poured water on me saying to myself--you've got to be tough, you've got to be tough because if you get caught you're going to get a hiding. So I used the power of my mind to tell my tinana that it wasn't hurting.

Ellen was sexually promiscuous at a young age. As part of her gang life she slept with "most" members of the gang. Along with her day job Ellen earned money as a prostitute.

Health Issues

Ellen would often escape to the out of body state where she felt safe and experienced people comforting and reassuring her.

I preferred to be in my own little world my friends became the other people. I didn't realize that these other people I was talking to weren't actually there. I loved them and wasn't frightened of them. I used to get ridiculed. The kids used to get smart and say--there goes that crazy talking to herself again, but I soon learned to talk with my mouth shut. I didn't talk out loud; I'd just talk to them in my mind. They were the ones that kept me going.

Ellen's rage over the injustices she felt were done to her as a child was acute. She believes that her extreme rage was one of legacy of her sexual abuse that she carried with her into adulthood. As a child and young person, Ellen constantly ruminated on how she could hurt those who had hurt her. She kept a "hit list" in her head of the people she intended killing. They included her father and

stepmother, some of her class mates, a teacher, and the nun who humiliated her. However, the perpetrators never made her hit list because she felt they would always be more powerful than she.

Chemical dependency or addiction

Ellen has used alcohol and drugs over the course of her life to different degrees. When she was a gang member her alcohol and drug abuse was very intense. However, at present she does not abuse either drugs or alcohol.

Dynamics of disclosure

Shortly after the assault Ellen and her sister and brother went to live with their kuia. Her kuia sensed something had happened to Ellen but prodding and probing did not pry answers from her granddaughter. Ellen was unwilling to reveal what happened to her because she wanted to shield her grandmother from hurt.

There was no way I was going to tell her because the rapist was her brother. . . I learned a few years ago why he did that to me.

Ellen believed she was raped out of spite and vindictiveness related to personal and land disputes between her grandmother and the granduncle who raped her. Ellen later interpreted the rape as part of a ploy to hurt her and humiliate her grandmother.

The brother was quite devious. He had children with [my kuia's] daughter and that broke her heart and she lived with that shame until she died.

I feel I was the one that was almost like pay back. I think he thought that I would tell her but I would never tell my kuia, not even over her grave, because I couldn't bear to see what it would do to her. She knew, she even

asked me 'has he been doing something to you?' I lied through my teeth because I wanted to protect her. She didn't need anymore pain.

Issues regarding healing

Ellen is quite clear about what she learned from her childhood sexual abuse.

I know and understand the mamae [pain] that people carry. I have learned about empathy and about patience. I have learned about listening and analyzing well and I didn't go to university to do that. I've learned about survival. I learned about wairuatanga and about trueness. I have learned that when it comes to mamae it doesn't matter what colour, it doesn't matter if you're Maori or Pakeha it affects you differently. I also think that men who do this have some kind of mamae [pain], and when they realise that they are about to do something about it.

Summary: Ellen is a charismatic 36 year old woman who is now a professional counselor is dedicated in helping other sexual abuse survivors. She was raised in a severely abusive home. Her father and stepmother were both physically and emotionally abusive to her. She was sexually brutalised by a granduncle when she was eight years old. During the attack Ellen had a dissociative experience where she felt as if she was watching what was happening to her body but was not part of what was going on.

Ellen exhibited intense rage and hostility when she was young. She got into fights at school, was involved in a gang, and beat people whom she felt had wronged her. Ellen was also involved in prostitution and alcohol and drug abuse. According to Ellen, her

experiences [including the sexual abuse] has helped her become sensitive to other people's pain and suffering. Ellen thinks that her sexual abuse was linked to a family dispute. She believes her granduncle abused her as a means of revenge towards Ellen's grandmother. This is the main reason Ellen did not reveal to anyone that she had been sexually abused until after her grandmother had passed away.

FAITH

Faith is a vivacious, friendly person with a wide inviting smile. However, soon after we began our conversation she blurted out in the midst of tears that she is glad she does not carry her father's name anymore. In the recent past her father had been convicted of sexually abusing several children including the daughter of her friend. The proceedings of the case brought unwanted attention to her and her family.

Family of Origin

I'm always worried that people see me as John's daughter and wonder if I'm like him. Things that I've done on my own merits have been overshadowed by the things that my father's done. I almost feel that that's how people have treated us. I have felt ostracized in a way because I'm John's daughter.

I've felt hard feelings toward my father's family because of the lack of support they gave to mum when all this came out. It didn't matter how they felt towards dad because I felt that they isolated my mother. I felt like we were ostracized for something that Dad did.

Relationship history

Faith has been married to Tom for 10 years and she has

demanded sex from him frequently “because I equated sex with love.”

If I didn't have sex then it was like he didn't love me. So as long as we were having sex morning and night, morning and night like everyday, there was a problem. It proved that he loved me, that he thought I was still attractive. I depended on him and sex to make me feel complete.

It's not very often that when we have sex I don't have an orgasm. I used to have a problem with that, it used to be 'if you're going to have one, I'm going to have one too'. I used to think I'm not going to do it for nothing--it's only fair. It was my right almost. Why should a man not expect a woman enjoy it as much, but I feel like I've put a lot of pressure on him that way. Especially when I wanted sex every night and every day.

Work history

Faith has been a homemaker for the most part of her adult life. She is very active in her church and kohanga reo and most days she accompanies her children to kohanga reo.

Educational History

Faith did what she had to do to get by in high-school. She was more interested in sports and her kapa haka [song and dance] group than academics. She was also truant a lot during her high-school years.

When I was wagging I don't remember what I was doing. I just remember not being at school a lot, and people would mock me about it. I never took it to heart.

I can't remember doing homework because when I went home I was too tired to do anything. So when I was in class I paid attention to the teacher. We were spoon

fed at school so that made it a lot easier for me.

When I asked Faith to describe what her life was like around the time she was first abused, during her school years, she responded.

I remember what I was like at school. I used to fight a lot. I had a lot of scraps, a lot of fights. . . . I can remember when I was in standard one the teachers used to call me bossy I remember that.

Faith describes fighting with Don in class.

We were good mates but we had terrible fights in class. The whole class would stop, they'd be up against the wall. The teacher would be up against the wall and me and Don would be going for it in the class. He would pick things up and throw them at me and I'd get hold of him and I'd really pound him. The teacher and the kids would just end up standing up against the wall.

Health and medical issues

Intermittent periods of depression surfaced for most of her life but she said:

I can't remember being so depressed until after everything came out about my Dad. All these names started coming out, all his victims. I felt responsible for what he had done because he was my father. I've carried the shame for a long time.

Sexual history including sexual abuse experiences

Three men, including her father, perpetuated sexual abuse on Faith from an early age. The first situation took place when she was visiting her grandmother who lived in a different part of the country. She was five when a 16 year old neighbour isolated her in a chicken-coup, forcibly holding her down as he rubbed his penis against her

genitals until he ejaculated.

The second time was about a year later when another teenager pulled down his pants and “made me touch his penis.” Unlike the first occasion Faith told her mother about what happened and the police were notified. However, no charges were made because the police stated, “he’s retarded and there’s nothing we can do about it.”

Faith’s father was the third perpetrator, “when I heard his footsteps and the door open I knew what he was coming for.”

Although she only recalled the specific details of four incidents Faith is certain there were other times.

Chemical dependency or addiction

Faith has never abused alcohol or drugs.

Dynamics of disclosure

Faith disclosed each incident of the childhood abuse to her mother soon after they occurred except for the abuse committed by her father. It was not until he was convicted of child abuse that Faith told her mother about the abuse by her father.

One time I said to her because I was so mad, ‘where the hell were you?’ She said ‘asleep,’ I said ‘didn’t you know where he was going?’ ‘Well getting up and going to the toilet.’ Sometimes I wonder you know [but] I can’t blame her. I understand because my father never helped her out at home or with us. By the time she hit the pillow she was gone, gone for the night. I can understand that fatigue and exhaustion because I’m going through that now.

Issues regarding healing

I wonder if I've become preoccupied with sexual abuse. You know, 'oh is that a victim,' or are people saying I'm John's daughter and wonder if I'm like him. Whenever I'm with kids I'm so conscious that they can be safe with me. I always want my kids to know that they are safe with me.

I'm ashamed. I feel that everything that I've done, everything I've achieved has been overshadowed by the things that dad has done.

Faith gives her husband Tom credit for helping her most with healing by being a positive male role model.

I have a positive male role model in my husband in that he shows unconditional love for me. I perceive that my love has been conditional. Like if somebody hurts me, oh well, that's it, they're wiped off, but his love has been unconditional and that has helped me the most.

Summary: Faith is a friendly woman in her mid-thirties. She was sexually abused by a couple of neighbours, one of whom was "mentally retarded." She was also sexually abused by her father who is a convicted child molester. Faith associates the shame of being a sexual abuse survivor to being the daughter of a convicted child molester [even though he was not convicted of molesting her or her sisters]. Faith has been married for 10 years and attributes being in a solid relationship with an understanding man the most beneficial element towards her healing. She is an accomplished sports person. Excelling in sports, and involvement in a kapa haka [song and dance group] during adolescence helped Faith develop a sense of

achievement. However, Faith still has bouts of debilitating depression. At these times she relies on her husband to care for their children and home. When the abuse occurred with the neighbours Faith told her mother, but when she was abused by her father she did not reveal it to her mother. It was not until he was convicted of molesting a child who was unrelated to them that she disclosed her own abuse.

GAIL

Gail is an extremely shy 44 year old woman who preferred to be interviewed at my house. Each time she was accompanied by her daughter in law who was also a survivor of child sexual abuse. Gail has not sought professional counselling; instead, she said "I receive help from my daughter in law." She wanted to participate in the project because she felt that by doing so "I hope I get to understand more about myself" in terms of the sexual assault she experienced as a child.

Gail was the only woman interviewed who was sexually assaulted by a complete stranger. She was about five when the assault happened but she can still describe what she was wearing and other details vividly.

Family of Origin

Gail is one of the 12 children in her family of origin. However, she was raised by her maternal grandparents because her parents were very poor and could not afford to raise all their children at home. Gail lived in close vicinity to her parents and

siblings and interacted with them frequently.

Relationship history

The only significant relationship during her adult life has been with the man she married. Gail and her husband have been together for the past 25 years; she describes their relationship as “good”.

Gail’s grandmother was initially against her marriage because he was Samoan.

My grandmother just had this thing against islanders after what happened to me. She was always telling me not go with islanders, and when she found out that [he] was an islander and we were going to get married she was really disgusted and said not to marry him.

I told him that I was raped [by a Pacific Islander], and that my grandmother held it against all islanders. He didn’t like any islanders after that either.

[Initially] I didn’t know he was an islander. It wasn’t until he told me that his father was an islander that I found out. When I did find out it was too late because I really loved him; once my grandmother met him and got to know him it was all right with her too.

Gail and her husband’s sexual relationship has been affected by the rape she experienced as a child. First, she has a reoccurring concern that she was not a “virgin” when she got married. Her thoughts persevered about her husband not being the first person to have sex with her, even though the only other person was the man who forcibly raped her as a child. Second, her sexual relationship has been impeded by memories of the physical pain of the rape.

I always used to think that I wasn't good enough in bed. Sometimes even now, at my age, sometimes I think that I'm not good enough for him in that role. I feel like someone else has already been there. Even now I tell him that. After we've been to bed and done our business or whatever, sometimes I say to him 'I'm sorry I wasn't a virgin when I married you.' He always tells me not to be silly and that he's happy.

Sometimes when he's just about ready to get on me I clam up and just say no. I can just remember the pain, the pain. I used to fake a lot with him just so he would sort of hurry up, but mostly in the earlier part of our relationship.

Work history

Most of Gail's paid employment has revolved around cleaning the local high school and hospital at night so she could be at home with her children during the day.

Educational History

Gail was very vague when she talked about her early school days. Initially she said she "did all right in school," and got on with her teachers and friends. However, she told me that she can not recall anything of her childhood from the time she was raped until she was in intermediate school.

One memory she has of her college days was when a teacher asked her to read aloud and her mind "froze." She did not recognise the words in front of her. She continues to have this problem today when she is asked to read aloud even though she knows the words when she reads silently.

I can read if I'm just reading on my own, but if I have to stand up and read it out [loud] I can't get the words out. Even if it's just a little easy word I know it in my mind but I get up and try and say it and it blocks out and I can't say the word.

Gail was particularly close to her grandfather until he passed away. At that time, she was a teenager in the fifth form at boarding school in the South Island. Her family refused to let her attend her grandfather's tangi [funeral]. When she finally returned home for holidays she refused to go back to boarding school.

I just got into the fifth form and I finished, I didn't sit any exams or anything.

Health and medical issues

After her rape, physicians were very concerned about internal damage Gail sustained.

My Grandmother took me to a specialist who said that I wouldn't be able to have children because of what happened. I was ripped inside. [Later] I also had irregular periods. They'd come one month and I'd miss for three months, then come again.

Presently Gail is very healthy. Her job as a cleaner requires a great deal of physical exertion which she carries out without difficulty.

Sexual history including sexual abuse experiences

I was still living at my grandparents. My Mum and Dad picked me up to go with them to the Mardi Gras. While we were there my Dad told me to go over to Mum, I turned around to look where she was but couldn't see her, and when I turned back to where my Dad was he was gone.

I was sort of standing there crying and this islander boy came up to me and said he knew where my Dad was and that he would take me to him. Like a silly little fool I went with him and he just led me away. He took me to this big park behind the mardi gras.

I remember there was this one tree in this paddock and he said that's where my Dad was. I looked by the tree and I could see the outline of a man and thought--oh yeah that's my Dad and so I went over and it was an islander fella cause I can always remember the way the islanders talked.

He threw me on the ground. I had new clothes on my grandmother had bought me a new coat, dress, everything and all. I was screaming by then and he keeps telling me if I didn't stop screaming he'd put his hand down my throat so I tried not to scream. He just ripped my pants off, my clothes and just tried to put his penis into me and Oh. . .It was painful. I can remember the pain, I was screaming and he'd tell me to shut up or he'd kill me or that he'd put his hand down my throat. He kept saying he'd put his hand down my throat. He kept saying that to me. When he couldn't put that into me he put one of his fingers up me that way. When he had finished doing what he wanted he told this young boy to come over if he wanted that too. I think this young boy got panicky so he didn't do anything.

I don't know how long he was doing that for but he must have just got sick of doing it. He just stopped anyway and just left me there.

They went away so I just put my clothes on and went wandering back because I could see all the lights. My Mum and everyone had been out looking for me and I actually bumped into my Dad. When he saw me he just gave me a good hiding. We were still in a dark alley--he grabbed me and gave me a good whack.

Gail's parents were still not aware of her condition when they

reached home. However, when the lights were switched on they saw that Gail was bleeding profusely.

Mum was screaming. I don't know why but they didn't take me to the hospital then. Instead Mum washed me up and put me to bed. During the night I bled everywhere. In the morning I couldn't even get up. When she went to pull the blankets off me there was blood everywhere. She started screaming and that's when they rushed me to hospital and that's when they told me to tell them what happened.

The two individuals involved in this crime were apprehended. Gail testified in court in front of both perpetrators and answered very detailed questions. There are some questions Gail was asked in court she has not forgotten.

I had to stand up on the dock and sort of give evidence and one of the questions they asked that I will always remember was--can you remember if his penis was hard or soft? I sort of had a little giggle, it was hard because I remember him trying to put it into me. They asked me to point out who did that to me.

Gail returned to her grandparents after being discharged from hospital. They were painstakingly protective of her; she had to be accompanied "everywhere;" even when she was a teenager she always had someone accompany her constantly.

Chemical dependency or addiction

There is no evidence of any chemical dependency or addiction.

Dynamics of disclosure

The family attempted to protect Gail and themselves from the horrible trauma by not talking about the assault and anything

associated with it. Gail believes this may have harmed her more than helped her.

I don't remember anyone coming up to me and talking to me about it. I reckon it's done some harm to me cause at this stage I have a blockage on certain things in my life.

I can't remember from after the rape until intermediate age. Except for a little bit of standard four because one of my mates got hit by a car and died when I was in standard four.

Whenever I asked my Mum and Dad how old I was or anything about it they wouldn't give me a definite answer about anything.

All physical evidence of the assault was disposed of.

The Police gave all my clothes back, all my new flash clothes but I remember my grandmother saying she didn't want them. She just burned the whole lot and it was just her way of being protective.

Because Gail's family was uncomfortable with dealing with the rape they refused to discuss it and any other sexual matter. Consequently, Gail's knowledge of her own sexuality and female anatomy was extremely limited. For example, after her physician informed Gail that she was pregnant, she was very afraid to use the toilet, "just in case the baby dropped out."

My Mum was frightened to talk about sex, my periods or anything like that. Those sort of things were taboo to her.

Issues regarding healing

There are a number of lasting effects from the abuse which

Gail feels have affected her ability to heal. For example, as previously noted, there are portions of Gail's life that she does not remember. Also, Gail describes herself as keenly aware of other people and her surroundings. Once while at work cleaning the local high school she saw a man she immediately characterised as "shifty-eyed," hanging around the classrooms and "looking around like there was someone watching him." Gail decided almost instantly that she did not trust him. Not long after, this man exposed himself to her, masturbating. She said, "I just got the feeling that I couldn't trust him."

Summary: Gail is a 44 year old grandmother. She was sexually attacked by a stranger on one occasion when she was about five years old. The perpetrator was subsequently arrested and convicted of sexual assault. However, after the incident her family avoided the subject to the extent that Gail is unsure of how old she was when the incident took place. She has never been in therapy, but wanted to participate in this project because she thought it would help her understand herself better. Gail can not recall long periods of time in her life which she attributes to the trauma of the abuse. Gail's long term supportive relationship of 25 years with her husband has been extremely important to her healing.

HINE

Hine has an infectious laugh that tumbled out from time to time during our conversations. She characterised herself by saying, "my father is Maori and my mother is Pakeha;" her looks reflect a

good combination of both ancestries.

Family of Origin

Hine is a 32 years old single student at the University of Waikato. She was nine and a half when her father died, so her mother raised her and her siblings alone.

Hine recalls her father touching her sexually and demanding she manipulate his genitals. She was angry with herself for many years because of her inability to stop her father from fondling her. Although Hine did not tell her mother about the abuse, their relationship was extremely volatile, particularly during her adolescent years. Hine has always believed her mother knew about the abuse but did not intervene.

By age 13 Hine was taking out her rage on her mother in various ways. She hit her mother regularly, stole from her, and ran away often. At 14, Hine was put in social welfare care “because there was nowhere else.” Her family had lost touch with their Maori relatives.

When I was 16, I was put in borstal and I found that it wasn't too bad a place, like it was safe because I knew what was going to happen everyday. We had a routine and I knew what was going to happen and I was the oldest and the biggest and I was able to look after myself and eventually I had my own room and everyone left me alone. We had a point system and who ever got the most points got higher up the ladder and got the most pocket money, and so I was in this white room and the staff liked me and the other girls liked me so I was O.K. so I kind of liked it there. Even though it was supposed to be a punishment I didn't see it as that.

Sexual history including sexual abuse experiences

A female relative sexually abused Hine at four years old.

To me my cousin was a woman but now I would say that she would have been 16 years old. I remember when I used to go over to my grandmother's place, this is my Maori grandmother, [my cousin] used to tell me to go down to the bedroom and we'd go under the bed and she'd play with me and tell me to play with her. This included her putting her fingers in my vagina. I remember feeling scared.

When I was about 8 years old this same woman and her husband were had up for abusing one of my other cousins. What I'm really angry about is that I didn't come forward with what I know, and they got off. I thought why didn't I say anything, like I was still shutting up and not saying anything about this woman and her husband, and they are still doing it.

Shortly after she got out of the social welfare home Hine was gang-raped by an ex-boyfriend and his friends.

It wasn't called rape then, they called it 'blocking someone', it's a gang thing. When you block a girl they call it 'put on the block' and they all have turns. But to me, I call it rape.

Hine agreed to go with her ex-boyfriend because he said he wanted to talk with her and he promised not to hurt her.

The next minute the other guys showed up and he said, 'oh she's yours.' It was really frightening, I just wanted to die.

Work history

Hine's jobs have been varied. She has worked in clerical positions, managed a garage in her home town, and been a kaiawhina [helper] in a kohanga reo.

Educational History

A lot of people tell me that they can remember a lot of their school life but I can't. I can only remember moments at a time. I can remember a play that I was in because that was a happy time but that's about it. I can't remember when I was five, six, seven, eight, nine, ten, eleven. I can't remember as hard as I try. There is nothing.

Hine was expelled from two high schools, one a boarding school where she lasted two months. One of the reasons for her expulsion was her sexual acting out as early as 13 years old.

I didn't think anything about having sex at lunch time. I had multiple partners. Sometimes [I had sex] with my boyfriend, or when I didn't have a boyfriend if I liked a boy it would be him, or a I wouldn't think it anything to go with one or two of a visiting rugby team. But now that I'm older I've gone the opposite, I'd like to have one partner forever, and ever, and ever.

Hine has completed a year at the University of Waikato, but is also completing a diploma in alcohol and drug counselling. She has been very successful in her recent formal education.

Relationship history

I was married for eleven years. Before I got married I had slept with two of [my husband's] brothers, but something happened in my head. I found out this

fellah was serious and he was really nice, and he wasn't going to leave me. So I just settled down, I didn't want anybody else.

Hine's marriage came to an end after she found out that her husband had "mucked around." She had two affairs to "get back at my husband, but I couldn't stand it."

After Hine got into therapy she discovered that her husband reminded her of her father. "My father was really dark and he is really dark, he was shorter than me, my father was shorter than my mother, those sorts of things reminded me of my dad."

During her marriage Hine "wanted sex all the time."

Morning, lunch time, after work, night. I think it would be safe to say I still have the desire, but it's better now because when I want sex I think 'what else am I wanting? What do I really want? Is it sex or is it love, or is it to be told I'm loved? Sex is more special now, before it wasn't so. It was what everybody did and it didn't seem that special. Now when I want sex I think 'do I really want sex or want a cuddle?'

Hine is in a committed relationship. Her partner does not live in the Waikato region but they spend time together whenever the university has breaks. Hine believes that being apart affirms her determination for a monogamous partnership.

Health and medical issues

Hine's mother had her committed to a psychiatric hospital after she attempted suicide shortly after she was gang raped. However, Hine did not view this intervention as helpful as she was concerned about being perceived as mentally ill.

Hine “split” herself during the rape in order to survive the traumatic event.

I split myself into two people, the physical person dealt with [the rape], and the other person was away somewhere. Being raped by those guys was painful and sore. I could switch from one person to the other so not to feel [the pain] so much. I could be in my own body and then I could get out of it and feel free. I didn't know if I'd live, but I told myself 'this will be over soon, you'll be alright, it will be morning and it will be over.' When I came back I wanted to die.

Hine decided to seek professional help after she got involved in a self-help support group in her hometown to talk about her rape. Her involvement in the support group gave her sufficient confidence to seek out and continue therapy, which lasted from 1990 to 1992. She still attends from time to time and believes she'll always be involved in counselling in some way for a long while. Hine credits getting to know herself and counselling as giving her the support and skills she needs to combat the depression she has experienced most of her life.

Dynamics of disclosure

The counselling Hine received because of the rape helped facilitate the disclosure process with her family. She began talking about the incest in her family with her therapist, and “look[ed] at things I didn't want to know.” One of the issues was her “abuse” of her younger sisters.

I have had a lot of guilt towards my sisters because I abused them. When my mother was asleep I'd

go to my sisters' room, my sisters' beds and hop in their beds and have sex. Like I'd touch them sexually and they'd do the same to me and this went on for a while.

Hine felt a lot of shame for these behaviours. However, during the course of her therapy, she approached her sisters in the hope that discussing these experiences would help them all to come to some closure.

I went and spoke to them about it and it was quite good because now we could talk about it. I said sorry and it's O.K. to talk about it. I wanted them to heal.

I thought we were close before but this has made us even closer. The whole family has changed because now we can talk about anything.

Issues regarding healing

Hine believes that her inability to speak out as a child when she was being abused still influences her today.

I couldn't talk, I still get into situations and the words get all [muddled up] they're going through my head but I'm not saying anything. I'm wanting to say leave me alone go away but not being able to tell him or not being able to tell anybody actually.

However, with counselling Hine feels she has developed some important skills that help her.

Now I've got the skills to get out of being depressed. don't let myself get into there in the first place. What I've learned is who I am is important. I've learned about my identity. Out of the whole thing now I know who I am and where I'm from as a Maori. Getting to know who I am is really important. I reckon I was lost before because I didn't know who I was, I just had no idea. I was scared to go on to a marae but in the last five years I've felt

good knowing I have that background as well. I'm still realizing how much this abuse has impacted me.

Summary: Hine is a 32 year old university student who was molested by two perpetrators, an adult female cousin, and her father. Additionally, when Hine was 16 years old she was gang raped by a former boyfriend and his friends. Hine has a history of promiscuity, depression, a suicide attempt, and sexually abusing her younger sisters. However, she attributes extensive therapy with assisting her in coming to terms with her own abuse, and the abuse of her sisters.

IRI

Iri is presently attending university and she states it is the first time in her entire life she has done something for herself. She was excited and animated talking about her classes because she has found something she excels in.

Family of Origin

Iri is a petite 44 year old woman who is the third child in a family of 12 children, the eldest girl. She was raised on a marae surrounded by her father's whanau.

Iri's experiences during childhood were particularly brutal. She was sexually abused by male relatives starting at 4 years old until she was 15 years old which included being violently raped repeatedly by uncles and her stepfather.

Iri's earliest memories are of her father's violent outbursts directed towards her mother.

I remember the violence that he used to do on our mother and I've never forgotten or forgiven him for that. I remember he did heaps to her physically and emotionally and I believed that he raped her, too. He raped her in front of us. He would just do it knowing that we were around and we saw it. For a while, it was at least once a week.

What we saw was he'd beat her up he'd grab her by the hair and he'd just hit her with whatever was nearby, he'd take it and use it on her. There was one incident where there's a big tea pot, she had just finished making or filling it up with tea and it was hot and he just picked it up and threw it at her. She screamed and because she wouldn't be quiet like he wanted her to he whacked her again, and then dragged her down to the other end of the whare and just threw her on the bed and got out his penis and went for it. It was on her face, while he was trying to get her clothes off he put it anywhere he could and we saw it all. Even oral sex. I don't know why we stayed on at the whare [house] on the marae cause that was his whanau where he come from. We used to see him once a month, he'd come back to see us and he'd say he loved us but every time he came back he'd always beat her.

Iri's stepfather was the most frequent abuser who took advantage of her while her mother was working. The abuse spanned several years. When Iri was a teenager she became aware that her stepfather was making sexual advances towards two younger sisters. She bargained with him to stay living at home even though she had left school, tacitly allowing sex with her to continue if he would leave her younger sisters alone, to which he agreed. She found out years later that he did not keep his promise.

From the time Iri left home at age 16 she became a prostitute

and 'partied' a lot. Her relationships with men were very superficial and controlling.

I'd go to a party and I'd deliberately spy a guy and I'd go over to him and I'd say 'we're going to sleep together tonight and you're taking me home after this party and I'll see you then.' Then I'd just enjoy the party and then when it was all over he was ready and he'd just take me home and that was it. That kind of control was like I wanted to be the one to say how it was to happen.

Sexual history including sexual abuse experiences

Iri was four years old when an uncle came into her home while everyone else was out participating at a function on marae and digitally penetrated her and then had her manipulate his genitals until he ejaculated in her mouth.

It was just bloody scary absolutely repulsive and I remember getting up and fighting him. It wasn't passive, I was fighting him and yelling at him. He told me to shut up somebody might hear and then I'd get into trouble, but I kept fighting him and then in the end I just got out of there. I ran into the meeting house where the hui [gathering] was going on but I didn't see my mother so I ran into the bush behind the marae. From that day on it became my sort of refuge going out there.

He tried again at my Dad's tangi when I was eight but he didn't get as far as he did the first time. It was a lot easier to tell him to get fucked, to get the fuck out of here and he actually did. But one of the things he said to me was 'do you remember how it was the first time and how you liked it?' I just walked out and it was like I felt powerful and confident knowing that I could do that and that it wasn't going to happen again.

When Iri was five, another uncle she was tending gardens with

dragged her off to the bank of a nearby creek where he ripped her clothes off, tied her up, and performed oral and vaginal sex with her. She remembers fighting and lashing out at him.

I was a fighter and the minute I started to feel like something was wrong I'd start fighting whether that be yelling or swearing or lashing out with my arms or whatever, I'd do whatever I could.

I think if I wasn't so feisty it probably wouldn't have been so brutal. If I was more passive or not fighting it would have been more gentle.

Iri kept wondering what she had done to warrant being sexually abused.

Why was this happening to me, what had I done to deserve the physical pain? I couldn't understand why it all hurt so much. I hadn't even clicked to the mental and emotional pain I experienced it was just the physical pain that made me ask those questions.

I remember thinking that maybe I was getting what my mother got because I was her daughter and I had to be treated like she was.

I ended up wanting to kill anybody who was going to hurt me or our mother. . . I have a wicked rage. It's deadly and I found it quite early. . .By the second rape. The first one lots of things happened and I was confused in my head I was just numb. By the second one though there was this rage that went so deep it was like things were on fire. I remember that it was coming from my stomach, it wasn't in my throat it wasn't just up here [indicating her chest] it was coming from my stomach.

Relationship history

When Iri was 20 she met a man she began to trust. They had a two year platonic relationship, but the relationship ended the day

after they were married because Iri felt betrayed by him.

I met this man this nice man and he is Indian, his whanau are from Calcutta but they immigrated to Australia. He was Catholic. . . We had this two year romance, a relationship where he never touched me once or ever wanted sex or anything. I felt good about that, I thought--oh choice! because I went with the idea that sex came after marriage because he was Catholic. It was O.K. with me, it was good to be with someone who didn't want me for my body basically. So we got married only to find out on our wedding night he's impotent. That's when the rage came up from my stomach, the same rage that was there from before, from when I was a kid, and I let it come out and explode. I beat him up and I fuck'n took him to the airport and put him on a plane and sent him home. In the time we had been together he lied to me, just totally lied to me. I was still young and so I believed him, everything he said I believed.

Iri came to the realisation that this man had not made sexual advances towards her out of respect for her or his religious beliefs, but simply because he was impotent. She interpreted his behaviour as betrayal because his action (or inaction), stemmed out of necessity, not out of choice or respect. She did not try and repair the relationship because 'I knew if I stayed with him I would abuse him cause he hurt me.'

Iri's second marriage also lasted briefly even though she describes her husband as being non-violent, supportive, patient and kind. However, she could not get over the fact that when they had sex it was physically painful and she saw, felt, and smelt her stepfather. However, during the marriage she attempted to get

pregnant as a way of healing herself.

I developed this thing that in order to make me whole I needed to conceive a son. [I thought] I have to make myself whole and the only way I can make me whole is by way of another male. It was a male that took it away and it has to be a male to put it back because of the abuse I was feeling like I was half a woman. I wasn't even a person.

When the marriage ended so did her attempts at getting pregnant.

Work history

From the time Iri left home until the time she got married she was a prostitute.

I knew what I was doing at the time and I wanted to do it because I had a purpose. I wasn't enjoying sex, I hated it. . . But I was the one who had the control over that situation, of how things were going to be.

Educational History

One of the things that was a way out for me was going to school. I enjoyed going to school it took me away from the house, it took me away from my stepfather. I became a different person, like I wasn't as helpless. I was like a super achiever in school. I did well and participated in everything that was going on including sports. I had this desire to do well because my life at home was like I was in the worst prison on earth to exist. So it gave me determination to make other parts in my life good.

Because it was so chaotic at home and I couldn't make sense of what was going on there, yet I could when I was in this other environment. That whole thing about being guided and directed I could respond to that. The contrast was having adults that cared and gave me direction in my life mattered. At home it wasn't coming, or the direction was negative.

Returning to university as an adult student has been very therapeutic for Iri. It reminds her of the one place where she received refuge from the violence and abuse of her home life. Iri is an excellent creative writer, a skill that she uses as a avenue of healing for her.

Health and medical issues

Although Iri has attempted to get pregnant several times she has been unable to conceive.

There's nothing medically wrong because I've had myself checked out and there's no reason why I can't fertilize, so I've decided it's a psychological effect from protecting myself during the abuse that I've not been able to undo. I remember whenever there was abuse I would consciously close myself off, mentally and physically. Every time there was an ejaculation or sperm it would gush out and I would run and have a bath so that it would be all clean.

Chemical dependency or addiction

Iri has used alcohol excessively in the past, but does not use alcohol in excess now as she does not want to jeopardise her progress in university.

Dynamics of disclosure

Iri was determined not to tell her mother about her stepfather's abuse.

I saw that she was happier with him than I had seen her with our father, so I made a decision that I wouldn't talk to her about it because it might change the way he was with her. But to this day I wonder whether or not if I told her whether that would have saved my

sisters. They still hold her responsible for not protecting them.

One of Iri's younger sisters who was also abused by their stepfather told their mother about her abuse. Subsequently it came out that Iri and another sister was also abused. Iri believes that one of her sisters holds her partially responsible for her abuse. She believes that if Iri had disclosed the abuse earlier she would not have been a victim.

I think that she tries not to blame me but I think she does. There are times when we have an argument she'll say something like "well you didn't look after me then, how can you do it now?" I don't feel guilty now, but I did carry it for a long time.

I confronted my stepfather years after the abuse and it was terrible. I think it was because I was unprepared to do it. I was 19 years old and as soon as I brought it up I was made to feel that I shouldn't talk about it anymore, so I stopped. So as a whanau we have not worked through it, and I think that's sad.

Issues regarding healing

There are some things I've noticed in terms of some old patterns or decisions that I made when I was a frightened child that I've maintained today even although they are not appropriate and don't work for me now.

After I left home it seemed like for the first two years all I attracted was abusers. I was in relationships with men who took advantage of me.

I'd like to see the whole issue of sexual abuse more talked about but whanau need support to do that. This whole thing about keeping it a secret and keeping it under the mat and not talked about will be passed on

generation to generation in the Maori whanau. Our whanau has not dealt with the abuse in family. So I don't feel comfortable going home; I have made a decision that I'll never go home to live because of that.

Summary: Iri is a 44 year old woman who was raised on a marae surrounded by extended family. She witnessed her mother being beaten and violently raped by her father. She was also violently assaulted sexually and physically by several perpetrators who were extended family members. Although Iri is very bright and enjoyed school, she dropped out of high school until recently. Iri believes that her history of abusive relationships with men, excessive alcohol use, inhibited sexual desire, prostitution and mistrust of men was influenced by her child sexual abuse.

JAN

I met Jan at a hui for Maori survivors of sexual abuse held in Hamilton in 1994. Although she was not from the Waikato region, she and some of her friends heard about the hui and travelled many hours by van to attend. She told me in her characteristically upbeat manner, "I wouldn't have missed it." Ever since she was able to put a name to her childhood experiences, Jan has been committed to personal healing. When she finally discovered that what happened to her was called 'child sexual abuse' she read everything she could on the subject. Attending a hui for Maori survivors was something she also felt compelled to do for her own health and well being.

Jan is a well read person and is very articulate. She is introspective and thoughtful about her life, but when she talks about

how her life was influenced negatively by the child abuse, clearly one gets the impression that those were times well and truly in the past.

Family of Origin

Jan is a heavy set woman of forty who is the mother of three children, all of them young adults. Jan was adopted at 18 months and raised in a conservative catholic family and lived with them until she was 13 years old. Then she returned to her biological family, but left to live in Auckland by herself when she was 15. Jan said she experienced an emptiness in her life “which was about belonging.” She did not feel like she fitted in her adoptive family. Although her adoptive family provided well for her in terms of “where we lived, kai, and clothes,” there wasn’t much physical affection.”

Sexual history including sexual abuse experiences

Her first sexual abuse experience occurred when she was three years old. It involved an uncle she liked very much because ‘he was the one who bought me lollipops and lollies and was always very affectionate’.

remember him just rubbing around my genitals and not feeling right about it. That was the first situation but it progressed. When we went to stay with him he’d want me to sleep with him and his wife. That seemed all right, it felt really nice to be warm and cuddly and then it started to become more than that. By the time I got to primary school it had progressed to digital penetration and he was also sodomising me but he hadn’t vaginally penetrated. It happened every time we

returned to the marae which was at least once a week. So by the time I was five I knew about keeping a secret.

I became so scared I was unable to tell anyone. I think that came by being in a very orthodox catholic family and very conservative. I didn't know the names of my body, my vagina, I had difficulty making myself heard. I came from a family where children were to be seen and not heard and that was emphasized over and over in our family. Children who cry were not welcomed, they were a sissy and you're supposed to be able to handle things and not cry. Children were hit, it was part of the kawa [mode] of raising children, so with all those things going on I found it difficult to find an ally within the whanau to talk to.

On the marae there were lots of parties and lots of adults who were drunk and out of control and the children, depending on your age, were there to serve or to cater for the grown ups. I remember one man who was so drunk that the kids had to take him out to mimi [urinate] and he'd make us hold his penis while he had a mimi. A lot of people don't think that's abuse but I believe it is.

When I was 13 it was quite a turning point for me, my kuia had a family hui and in the hui she talked about now that I had my mate wahine [menstruation] I could get pregnant. This was in a family hui [gathering] and I was just absolutely. . .I felt whakama [ashamed] about it. Now I realize many, many years later that maybe that she was trying to protect me.

Chemical dependency or addiction

By age 13 Jan was out of control abusing both alcohol and drugs and being violent and sexually promiscuous. By the time she was 16 she had a job in a Auckland night club that paid in drugs. Some of the tips were drugs, and by the time she was

16 she had a “full on habit.” Her drug habit lasted for approximately eight years. Frequently she mixed alcohol and drugs to get high. On several occasions when she was stoned and drunk she experienced blackouts, forgetting the events of entire night.

The drugs became my partner, my relationship. The men who came into that relationship were people who could provide the money that got me drugs.

If I were drunk and there was a group of us together it was likely that during that time I’d have sex with somebody. I’d wake up and feel so ashamed about my behavior that I’d get some marijuana and sit in a tree just to have my own thoughts. I escaped to my own reality.

Jan attempted several times to go cold turkey from the drugs but was unsuccessful until she first started dealing with her sexual abuse issues.

Relationship history

When I met my tane [man] I was hapu [pregnant] by someone else, we had a friendship but we weren’t in a relationship. Once we got pissed, talked about marriage, and three days later we were married. I do remember signing the papers but that’s about it. Not a good start at all.

At the time of their marriage Jan and her husband were drug addicts. The drugs took a toll on their marriage causing numerous separations and reconciliations. Jan’s husband took a job on the East Coast as a fencing contractor and went cold turkey from drugs. In

his attempt to help Jan “come off drugs” he kept moving the family further into the “bush” hoping to restrict her access to drugs.

Work history

As a young girl:

I got two jobs I worked during the day in a real straight job and at night I worked in a club, That was quite weird because my pay was drugs, so by the time I was 16 I had a pretty full on habit which lasted until I was about 24.

For much of Jan’s adult life she has stayed home with her children. However, she recently returned to work at a women’s counseling centre.

Health and medical issues

Whenever Jan saw the uncle who abused her she was very intimidated by him, even years after the abuse stopped.

I believed he had so much power over me even as a married woman with three children. He still had the effect of intimidating me. We moved back home and I remember him coming down to my house and knocking on my window. I crashed for six months, I felt absolutely ill, I couldn’t go out the door, I just hid myself in my wardrobe in my room. I went into quite a deep depression. I thought I was going crazy and it was only through therapy that I realized the connection of him knocking on my window and my going into this depression.

Dynamics of disclosure

Jan describes several aspects of her growing up that made disclosing the abuse to her parents difficult.

As a five year old child I knew how to keep it a secret, I had become so scared I was unable to tell. I think it came because I was raised in a orthodox catholic family. My vagina had a hundred other names like flower, but it was never called a vagina. I had difficulty making myself heard in my family because children were seen and not heard.

Jan described how she coincidentally came across something that changed her life, in terms of understanding her own childhood sexual abuse. She was 25 at the time.

It was amazing it was totally amazing, I'd picked up a Woman's Weekly magazine and I don't remember the date. It was about 1979 I think. I can't remember the exact date but it was a woman's weekly questionnaire by Miriam Saphira and it was a questionnaire kind of thing about incest. I looked at it and I finally found a word that described an action that connected with me, it was this word that was powerful to me. I remember filling out the questionnaire, I can't remember the questions, I can't remember anything but this word incest. I filled it in and I actually sent it in. It was like a light bulb went on. I went to the library and got out a dictionary and actually looked up this word. Here I was in my mid-twenties and I was as naive as that. I then found another word which was sexual abuse and I started getting books and I found words and stories that I could relate to.

I started talking, talking about my abuse by saying I have a friend and this is what happened to her. I was totally amazed at how many other people would say I've got a friend and this is what happened to her.

I talked to my parents after that because they had my oldest daughter and that uncle was still going there. I know it's crazy but until then I never thought about keeping her safe in that way.

Later I saw an ad in the paper that rape crisis

wanted some volunteers so off I went to volunteer for rape crisis and kind of started my therapy through the back door.

Because I started talking about these things there is a circle of healing in my whanau. My mother came forward with her own disclosure of abuse. Now she is a stronger parent to me and my children. My sister came forward too. It hasn't enriched my hapu but it's encircling my whanau. It might take more than my generation to get to the hapu but I know that members of my whanau are all physically safe and sexually safe. It's a beginning that starts with a wahine.

Issues regarding healing

My survivorhood impacted my parenting because I was always trying to protect my children from the huge monsters, so much so that I couldn't parent. I became so claustrophobic in my dealings with my children that I didn't want any other person into their lives whether it was the kura [school], the whanau, or friends. My ideal world when they were born was me and my tamariki on an island and MacDonald's food flown in. But I couldn't raise my tamariki. I was just incapable so my mother and father raised my oldest and my tane raised the other two.

Jan's association with rape crisis eventually led to working within the women's refuge movement where she networked with other survivors of sexual abuse. She and a few other women began a support group which ultimately propelled her to seek individual therapy. Jan believes there are three stages for those who experience childhood sexual abuse; they are victimization, survivorhood, and health.

Victimization is to not have the knowledge and skills to understand or handle what happened to you. Survivorhood is acquiring the skills and knowledge to survive on a day to day basis by understanding what happened to you and about oneself. Health is moving beyond survival, to having a healthy perspective of oneself, others, and life. It is letting go of the shame that doesn't belong to the abused.

My journey has also affected my tamariki [children]. As I have become stronger, they are also taking care of themselves on a personal and emotional level too. They have become hardy and strong.

Summary: Jan is a 40 year old woman who was raised in a strict catholic family. She was first abused at the an early age by an uncle. The abuse continued for several years and became progressively worse. Jan said she was promiscuous, abused alcohol and drugs, and was very depressed for many years. In 1979 she read and responded to Miriam Saphira's questionnaire in the New Zealand Women's Weekly about sexual abuse. Jan attributes the questionnaire with providing her with vital information about sexual abuse which changed her life dramatically.

KAREN

Karen is a petite power house. Although she is not much taller than five feet, one could imagine her deep resonating singing voice belonging to a much bigger woman. Her voice has such range and depth that one might expect that it has been professionally trained. Once I complimented Karen on her voice; she laughed and said, "yeah I really enjoy singing." Listening to Karen sing is a moving experience. The depth of her music seems to reflect the depth of her

soul.

Family of Origin

Karen comes from a large catholic family. She is the fourth oldest child, and second daughter in a family of nine children.

Sexual history including sexual abuse experiences

Karen was abused by an older brother when she was between the ages of 12 and 14 years old; her brother was 16 years old. The first incident involved him attempting 'sexual intercourse' with Karen.

I don't know if it was me not letting him or his own conscience that didn't allow him to put his penis inside me but he did all the motions that go with it.

I was fortunate that I was able to stop him after a few occasions, because my younger sister was abused by this brother from the age of four. When we compared stories I felt . . .If there are degrees of abuse, I felt less abused than her.

Karen became promiscuous at a young age which has continued until recently.

I think sex was a drug for me. It was the way I got attention. I think sex and screwing people was my drug. I'd get a rush and a buzz from the attention and knowing that this man wanted me. It was a power thing I think. I always enjoyed the chase but never enjoyed the actual act. I used to hate it the next day and bash myself over the head for a week, then go out the next weekend and do it again.

Up until about six years ago I thought I was just a vessel for men to abuse. A big part of my healing has been learning to accept who I am, and that what I am is a beautiful Maori woman.

Relationship history

Karen married her husband when she was 22, and it lasted for 10 years. A year into the marriage Karen began a series of extra-marital affairs which continued for the duration of her marriage.

I couldn't handle staying in that relationship with all the guilt I was feeling. I had two children and knew that if I stayed in the marriage they would have been wrecked, my husband would have been a mess, and myself as well. So I said, I've got to get out of here. I left the kids with him and had to take some time for myself. I associated sex with love. If someone wanted to screw me, it was because they loved me, that's what you get I suppose from the abuse. You think that your body's only good for that. If anyone was attracted to me for purely sexual reasons I thought it was something else. I couldn't distinguish between sex and love. When I had sex I hated it! I didn't want the sex, I wanted the closeness. When I was doing that in my marriage I felt guilty, shameful, and horrible. By leaving my marriage I didn't have to deal with the guilt and shame in the same way because I wasn't hurting anyone else.

Eighteen months ago Karen came out as a gay woman. People have asked her if she is gay because of the sexual abuse.

I had those inclinations before I was abused, I think. I went to boarding school and one day one of the other pupils called me a lesbian and I think I just got so afraid of being put into that group that I went in the opposite direction, and so along with the abuse and the homophobia, I knew that was part of the sex addiction. I had to screw every man in sight because then people won't think I'm gay.

I think all of us have both sexualities, the one we choose or the one that's stronger in us. I never

consciously thought of, of me being gay through my marriage but hell, all of us have dreams or fantasies of being with another woman whether sexually or not. I started consciously thinking about it as here's another choice, do I want that choice. Then one day I went to a Maori hui and there in the kitchen was this amazing woman. I fell in love with her and lucky she had been gay for years. It wasn't just sex but I've had two lesbian relationships and now I'm sitting back thinking I don't have to rush into anything.

I think that the gay culture has certainly helped me accept myself as I am. The beauty of the lesbian culture is that you don't have to be 36-24-36 and 6ft tall and blonde to survive. I'm very sure that has been a major help in acceptance of myself, plus my own strength and teaching and learnings that I am beautiful.

It has been the awhi, the support from other Maori women, gay and straight that has helped me the most.

Work history

Karen has never had a problem finding and maintaining employment.

Engaging in her own healing process five years ago motivated her to work with other women. At present Karen is an administrator in an agency that services women.

Health and medical issues

Karen is very health conscious. She watches what she eats and exercises regularly and states that she enjoys good health.

Chemical dependency or addiction

Karen described her alcohol and drug use in the following manner; "I've never been a drinker and so that has never been a problem, but I used to smoke joints to the max." Marijuana was a

“crutch” until three years ago. She smoked as many as 10 joints a day until she noticed she was becoming progressively more paranoid. All of her drug use was done in the evenings and on weekends “so as not to affect my job.” Although she still smokes marijuana occasionally she has cut back drastically and sees her present use as recreational.

Dynamics of disclosure

When we were in our 30's my sister and I started to talk about it and I didn't know until then that someone else had been in the same boat as me. I thought I was the only one, but it was such a relief to find someone else that we actually did some healing together.

First my sister and I did some healing in a group, then the next stage for our own survival was to confront our brother. We prepared ourselves for every kind of response, we did a lot of group work around what he might say when we confronted him but we never thought about the thing he said which was ‘but I thought we did that together, that was something you wanted as well.’ We had prepared for every other scenario but not that one so we were totally blown away when he suggested that.

Karen and her sister eventually suggested a family therapist to their brother, who was having trouble in his own family, with the expectation that he would be the one to disclose his abuse of his sisters to their parents. Their mother was told separately, after which a row ensued with the rest of the family about telling their father:

because he was going to die if we told him or have a major heart attack, or chuck either us or our brother out of the family. We got so many barriers put up but we

said 'stuff it'; we have to do it for us to go further ahead. What we did was we made our brother tell him, we supported him in telling Dad by going with him when he told Dad.

When it was out in the open we found out another three sisters had been abused by the same person but they won't do anything about it. None of them has had any therapy or counselling, instead one is becoming a Catholic nun and another is Jehovah's Witness. It was them who resisted us telling Dad.

I wanted to get the family to have some really constructive talk about it to help everybody else and to make sure that he wasn't doing it to our nieces and nephews but I found that it was such a battle and so stressful that in the end I gave up. Even to try and get us in the same room was too hard, too scary and so I thought I can't do this anymore. I said stuff it, I had to get on with surviving.

Issues regarding healing

Karen identified three areas in her life that were impacted by the sexual abuse.

I think it was my trust that was affected the most. Someone older than you knowing what's right and wrong shouldn't be inflicting power and control over you. Not expecting to be treated like that by someone who's supposed to love you.

I was promiscuous as hell from when it happened on. I associated sex with love and if someone wanted to screw me it was because they loved me. That's what you get, I suppose, from the abuse, you think that your body's only good for that.

The other thing the sexual abuse did is that I was never happy with my own company. When I was married we filled our lives with other people. Our weekends were full of other people and when I left the relationship

I had to have lots of people around me because I went to live by myself. The kids used to come on the weekends but during the week if no one came to my place I'd go somewhere else. I couldn't stay home. I was scared of the dark, as well as being burglarized, and raped. Now I just love my own company whether it's just sleeping or reading or whatever.

Summary: Lynn was sexually abused by an older brother. She says she has a difficult time trusting men. She describes herself as having a sex addiction for many years. Up to three years ago she was a heavy marijuana user, she smoked up to 10 joints a day. Lynn maintains that one of the most significant changes she has experienced since getting therapy for the sexual abuse is that she is now happy with her own company.

LYNN

When I approached Lynn to ascertain her willingness to participate in this project, I explained the procedures and waited for her response. She thought for a minute and then responded with "yes" in her straight-to-the-point manner. Lynn was cautious about sharing certain aspects of her life. For example, she did not want to expound much about her past legal troubles. However, she was forthcoming about other very intimate details of her life.

Physically Lynn is an intimidating figure. She is almost six feet tall, large in stature and her physical presence commands attention wherever she goes. Lynn's large hands are reminders of a rough past. They are adorned with small tatoos surrounding her knuckles that have been swollen and cut in many fist fights.

Lynn introduced herself to me as a 34 year old recovering addict and alcoholic. Her long history of violence and involvement with the law was exacerbated when she was high or drunk.

Family of Origin

As a child Lynn was shuffled back and forth frequently between her parents, her kuia, and various extended family members. She and her brother were moved every couple of years until she was eight years old.

Sexual history including sexual abuse experiences

When she was five years old Lynn and her brother were both abused by an adult neighbour who used to have them masturbate him and then threatened to kill them if they ever told anyone.

At six years old Lynn and her brother were sent to live with a maternal uncle and aunt. His wife's 19 year old nephew was also living there at the same time, and he repeatedly sexually abused Lynn also.

He had me masturbate him. He'd stick his penis in my mouth and I used to have oral sex with him, and every time it happened I would threaten him that I was going to tell if he didn't stop it, but he didn't stop, he kept going. That would have gone on for the two and a half years we lived with them.

Lynn's birth father came and got them when she was eight years old and they lived with him for a year until he died. After her father's death, Lynn's paternal whanau asked her mother if they would leave the children with them because they had not long returned to them and "they didn't have any input into our

upbringing.” Lynn’s mother consented, and the children were left with their kuia and two single uncles.

Each child became like a servant to one of the uncles who were so obese that they needed crutches to get around. These uncles abused Lynn and her brother physically, emotionally, and sexually during the three years they resided with them.

It was hell! There were some good times, acknowledge that, but when it comes down to it I had to undergo years of oral sexual to actual penetration whenever he wanted it. That was usually about two or three times a week because I was residing in his bach and our kuia was living in the main house.

When the uncle she was primarily accountable to died, she grieved for him.

I suppose underneath it all I felt inside that he actually loved me even though he knew what he was doing was wrong. He’d step in when the other uncle was beating me.

Things got worse for Lynn in terms of physical and emotional abuse inflicted by the remaining uncle. She and her brother would have to sit up until he was ready to sleep which was often two or three o’clock in the morning. If he caught the children dozing off he would slap them to sit up.

Lynn eventually tried to run away from this uncle. She stashed her clothes under some bushes but he caught her and beat her repeatedly with an axe handle around the head and shoulder area.

He just kept beating me and beating me and I eventually started to cry because I was looking at my

brother, my older brother curled up in the corner crying for me. When he saw that I started to cry he stopped hitting me.

I felt we were slaves of the family. Everything that needed to be done around the whare [house] we had to do it. We'd work before we went to school and we'd work after we got home from school unless our uncle had gone away or into town.

We started stealing. Our uncle owned the shop in the village and we knew how to get in so we'd steal money, lollies, and kai [food]

Relationship history

Lynn describes herself as being quite vengeful, and manipulative towards males. She would lead men on in order to dominate and control the relationship.

It was like that for every male that came into my life, it was payback time. I'd make them wait for sexual activities, they had to buy me things, and take me wherever I wanted to go. I got in to prostitution as another way of paying back males, where I could control the situation and as long as I was out of it with booze and drugs I could get what ever I wanted.

I had my own private clientele and I used to like the ones who liked pain. I used to get right into delivering pain to these males. Each time they wanted something like that it was like delivering a payback to each abuser.

Sex was just sex, a performance that you did with someone, and when it was over it was done with. At the age of 17 I was also with a female partner and my life revolved around her. I loved her immensely even though she also had a male partner and the three of us lived together. I feel there was a difference with her; I was allowing intimacy to happen to me. I was allowing

myself to be touched in a way that I've never ever been touched before by a male, or allowed a male to touch me like that. To have sex with a male was 'hurry up and get it over with.' They'd pay for it anyway.

Lynn is presently with her female partner of four years, and she credits her with helping her through the hikoi [walk] of healing. Her partner has stayed in the relationship even though Lynn has displayed violence towards her.

Work history

Much of Lynn's adult work was prostitution, theft, and other illegal activities. Lynn was not willing to go into further detail other than to say that a period in her life was with an organisation that had ties to the "underworld."

Educational History

Lynn did not do well in primary school. By the times she was reunited with her mother when she was 14 Lynn had decided school was not for her. She did not attend school with any regularity after that.

Chemical dependency or addiction

Lynn started drinking when she was 15 and soon after began popping pills, smoking marijuana, and sniffing lighter fluid. She frequently used drugs and alcohol simultaneously.

Lynn's rage often surfaced when she was drunk or high. For example, one afternoon while drunk she punched a man in the mouth then picked him up and threw him through a shop window. She then jumped through the window and picked him up again and threw him

back outside. All this was because she thought he made a comment to her while passing on the street. Another time, while high, she robbed a house after asking an old man to use the toilet. When a police officer tried to arrest her for robbery she beat him up.

After drinking heavily, again Lynn was violent this time towards her partner of four years.

We had gone out, I had taken some pills before going out and while we were out I drank a bottle of bourbon, then I reacted to something she did and became very violent to her that night. The police were called and it was an ugly scene. I ended up being locked up for a few hours before my partner rang my mother up to come and get me. I've never hit her like that again but I am still quite aggressive on occasions. I've found out since I've been in recovery that when I want to become violent I actually go out and get on the booze, giving myself permission to behave in such a violent manner.

Dynamics of disclosure

Lynn believes that there was no way her grandmother could not have known that sexual and physical abuse was happening to her and her brother.

My kuia knew, I remember trying to tell her once. She didn't believe me and she used to say that it was all a tito [lie]. Then she told my uncle and he beat me so I clammed up and refused to say anymore about it. It just happened.

During this time I became quite promiscuous. I was having sex at school with the boys and also my cousin that was staying with us. I knew he had an idea that I was being abused by my uncle and wanted to get in on the act.

There was nothing I could do about it, well nothing that I knew I could do about it. I attempted to run away one time and got caught, I was beaten severely and I never ever attempted to do that again.

I became so defiant, to show emotion was a sign of weakness, so when I was getting a hiding I refused to cry.

Issues regarding healing

Lynn identifies several ways the sexual abuse affected her. She is also able to identify what has worked for her healing.

Even after the sexual abuse had stopped, in my head felt that I was screwed up. I learned to cut off my emotions at quite an early age. I learned to disconnect from my feelings and my body by using drugs and alcohol.

I learned to be aggressive because that's what I was taught when I was growing up.

Finding my partner helped me through my hikoi [steps]. I'm learning to love me, learning to be with myself. I'm learning I have to clean up my drug use before I can carry on with my healing.

Lynn describes her healing for sexual abuse being intertwined with healing from her drugs and alcohol addiction. She checked herself into Hamner Springs where she learned:

The greatest part of my healing was the reconnection of my wairua, learning about my dysfunctional ways, what drugs actually do to me, being an alcoholic and reconnecting with my body. Cleaning my body, getting to know myself, accepting myself as a wahine and learning to love myself.

Summary: Lynn's early years were chaotic and unstable; she

and her brother were moved around between parents and extended family for the first 12 years of her life. She was sexually abused by a neighbour when she was five years old and severely abused physically, emotionally, and sexually almost constantly by an uncle from the time she was eight until she was 12 years old. Lynn has had extensive involvement with the police because of her violence, prostitution, and alcohol and drug abuse. Lynn believes that because of the sexual abuse, "I was screwed up." She learned to cut off her emotions at an early age and when she was insulted or hurt became violent. Lynn believes the greatest part of her healing has been reconnecting with her feelings and learning about her dysfunctional ways of coping with situations.

MERE

Mere is an upbeat friendly 57 year old grandmother who has filled every available space of her apartment walls covered with pictures of tupuna, children, and mokopuna. She is soft spoken and very pleasant looking.

Mere speaks very affectionately of her children and mokopuna of whom she is very proud. She and her husband stressed education and the development of talents to their children. Each of Mere's children are successful in their chosen field of pursuit. One is an accomplished musician and another a doctor.

Family of Origin

Mere's parents were betrothed by their families when they were children but the marriage "just didn't work out." After their

divorce, Mere was raised on a farm with her maternal grandparents until she was eight.

Mere was eight when a hui of her maternal relatives convened to determine what should happen to Mere and her siblings since her father's whanau expressed a desire to have the children.

They decided at the hui that perhaps my father's people who seemed to want us, for reasons that I have just figured out, should have us.

The reason why my father's side took custody of us was because there seemed like there was a land issue thing. My father being, the only child, he inherited quite a bit of land from his own parents, from uncles and aunts from both sides of the family and his family were concerned that they would lose the land because we were living with my mother's people.

The children were moved to another part of the country to reside with their father's whanau until Mere was 13 years old.

Sexual history including sexual abuse experiences

Mere was sexually abused by four different teenage relatives. She was three years old when she was first abused by a "troubled teenage cousin" who was sent to stay with their grandparents on the farm to help him reform. She recalls him abusing her sexually when her mother went to town for doctor's appointments.

The first time my mother left I heard the cream lorry go up the road and past the house. I remember him [the perpetrator] going to my mother's linen cupboard and getting some towels out, and I'm just a little girl following him around and he went back to the bed where he laid the towels out and picked me up and laid me on the towels, then um . . . I don't remember him taking my

pants off but I remember him opening my legs and then that feeling that little girls get that it's not right and I remember him laying on top of me. I don't remember anything else but that was the pattern every time my mother went to town.

I remember, after a while, whenever my mother went away, by reflex action or something I'd open my mouth and this noise would come out. I now know why the noise was coming out, because if my mother wasn't around then something else was going to happen and that kind of abuse went on until I went to school.

When Mere was about seven years old another male cousin started to harass her relentlessly to and from school. He was also her babysitter who fondled her whenever he babysat for her.

That horrible person used to walk ahead of me he'd hide up the road and jump out at me and we'd have a fight on the road because he'd be trying to get my pants off and do things. He'd run after me and of course he was bigger and always caught me but I don't ever recall that anything ever actually happening then. Perhaps by then I was starting to blackout and make myself disappear from the scene of the action but I know what happened in the bed . . . It was full frontal, he used to fondle and do things like that.

When Mere was 11 years old three brothers, approximately 16, 17, and 18 years old, who were neighbours, would sneak out of their house in the middle of the night down the road and into her room to fondle her. At the time Mere felt ugly and unkempt. She was scared, but a little flattered that these young men took an interest her. These acts were not as frightening as others. She was pleased with the attention she received but still questions her culpability for

their behaviour.

At the time I would say I was quite ugly, no one cared for my hair, we didn't have pretty clothes. . . I remember the sorts of clothes I would wear would be the ones my aunty would bring back from the auction. They'd be clothes for 15 year olds or maybe even women, but I was 11 and quite small but they were clothes.

I suppose they aren't perpetrators but they were in a way but I was wondering if it was because I was being a matetane [man crazy], perhaps I was behaving a bit precocious. . . To me precocious is a little girl who throws herself around men somehow maybe I was behaving like that. Why were they coming down to my aunt's house and doing that to me?

Relationship history

Mere's adult relationships with men were very limited. She did not date very much before she married. She was extremely careful about her relationships with men.

I didn't mind going to dances and dancing with the fellahs. They could walk me home if that's all they did. I remember one date this guy put his arm around my shoulder and I think he was getting ready to kiss me. I started to cry, I really cried, so he left me alone.

I learned not to go double dating with my mates in a car because they got out and went for a walk leaving me behind with somebody; that never happened again.

When Mere married her husband of several years, she gained a confidence that she had not experienced before. She felt beautiful, cared for and loved. Upon his death she mourned for him a long time. She married a second man and shortly after realised she had made a mistake. Mere was depressed during most of their marriage. They

are now divorced and she lives alone.

I think when I married him I was still [grieving], for my home, for my children, and my husband. He was horrible, and that's when I became depressed. I was on some sort of medication for 12 months to 2 years.

Educational History

Mere returned to the University of Waikato part time as an adult student. She started by taking one paper, and when she found that she could be successful she increased to two papers the following year. At the time of our interview, she was in her first year as a full time student. Mere finds the classes and young students stimulating and enjoys them very much.

Health and medical issues

As a young child Mere was "always sick." She would be in the school playground and drop to the ground out of breath and dizzy. She believed she got these attacks because; "someone on my father's side wished to throw a makutu [curse] at my mother but it would never hit my mother, it was always hitting me." Mere identified the aunt whom she believes was cursing her mother but making her sick. She believes her mother was cursed so she would not attempt to claim Mere's father's land.

Chemical dependency or addiction

Mere has never had any alcohol or drug problem.

Dynamics of disclosure

When Mere returned to live with her mother she was 13 years old. The first time her stepfather tried to molest her again she threatened to inform her mother.

I ran away from him and when I was far enough that I felt safe I screamed and yelled at him that I was going to tell my mother when I got home. I did eventually tell my mother and my mother took care of him and that was really empowering. I remember feeling so good that I told my Mother. She told me to leave the room and I heard her get stuck into him. That was the last time I was molested because I had grown up now and I knew what it was about.

Mere did not disclose her childhood sexual abuse to anyone else until she had a traumatic experience in a psychology class.

I was 50 when I started university and it was a psychology paper. We had one of our tutorials where we had just seen a video about incest. We were divided into groups of three and we were told to be one of those people in that incest video. The father, the mother, or the child. That was when I started to have those feelings like 'hey I know about that and I don't know if I like that fact.' When it came to our group I didn't say anything, I couldn't speak and I started to cry and then I sobbed and sobbed, then everyone they all just stood up, we were steadied in a semi-circle and they all converged around me and touched me and hugged me and I think when it subsided the tutor sat with me. After that tutorial was over we talked a little bit about whatever. She asked me if anyone else knows about it and I said no. She said "Well I think you should tell your children first and do it soon." So within a short while after this happening I was on the phone to all my children. I couldn't wait until we were all together; we may never be all together and always in my life whenever issues need to be taken care of I like to do it to them as individuals first, and then, when they all know, we can talk about it collectively.

Issues regarding healing

I was a bouncy little person who was curious, but I became quiet because of those things that happened to me. I think it was because I didn't want to be noticed. When I got married I was looking for a father figure who would look after me. At times in my marriage I wouldn't let my husband touch me for weeks at a time, even stroking me.

Summary: Mere is a woman who has raised very successful children, of whom she is very proud. She was first sexually abused when she was three years old by a teenage male cousin. Later, she was harassed relentlessly by another cousin who also molested her, and then when she was 16 years old her stepfather attempted to molest her. Mere was sick as a child, she believes her father's family placed a curse on her because they did not want her to inherit land to which she was entitled. Mere has never abused alcohol or drugs or been promiscuous. However, she was very careful around men. The first time she felt cared for and loved was when she married her first husband. Mere is now attending classes at university. During a psychology class tutorial on sexual abuse many of Mere's repressed childhood memories came flooding back. Subsequently she sought counselling.

Conclusion

The primary goal of this chapter was to provide a forum for thirteen Maori women who were sexually abused as children to share

their voices. Their experiences differed in terms of how each woman responded to the sexual assaults depending on their age, maturity, support, resources and other factors. Each story revealed the devastating effects of abuse, important strategies for healing, and personal strengths that came out of their experiences. Some of these strengths include creative problem solving, tenacity, courage, endurance, and spirituality. An analysis of the findings and an integration of these findings into a cultural model of healing is discussed in the next chapter.

CHAPTER SIX

TE AHO WHAIWHAIKORERO: FINDINGS & DISCUSSION

You can't imagine how lonely and isolated I felt carrying around that awful secret. I thought I was the only one that felt the way I did, and the only one that experienced what I did. I know that was naive, but it's true I believed that my pain and anger was unique. It wasn't until I mustered up enough courage to start talking with friends about what happened to me that I realised they were telling me similar stories out of their own experiences. Sharing with other women about what happened liberated me. I discovered I wasn't alone (Anonymous, 1994).

The task of this chapter is to provide the reader with an analysis of the similarities and differences that emerged from the life stories of the participants of this project. Both individual and collective themes are discussed to add to our understanding of the long term effects that childhood sexual abuse has had on these women. These herstories reflect the personal experiences of each woman and are not intended to represent any particular group.

The framework for this analysis has a tri-level focus. The first level is a micro analysis that examines a number of individual issues and responses of the women who survived childhood sexual abuse. The second level addresses pertinent mezzo dynamics such as interpersonal and relationship issues. The third level provides a macro analysis of broader issues such as tribal, community,

cultural, and social matters that have impacted the lives of Maori survivors.

The boundaries between micro, mezzo, and macro levels of analysis are permeable and thus issues often fit into two or three levels simultaneously. Compartmentalising issues into one specific level of analysis is unnecessarily limiting. In this section, some issues may be discussed at one or more levels of the analytic framework.

Table 1. gives a succinct overview of how sexual abuse influenced the survivors in this study.

Table 1.

Factors Influencing Sexual Abuse Survivors

Characteristics	Number of Survivors
Age of First Abuse	
0-5 years	7
6-11 years	5
12-17 years	1
Relationship to Abuser	
Stranger	1
Family friend	7
Relative	8
Parent	2
Gender of Abuser	
Male	13
Female	1

Table 1. (Continued)

Characteristics	Number of Survivors
Age of Disclosure	
0-5 years	1
6-11 years	2
12-17 years	6
Disclosed to Whom	
Friend:	
Same age	1
Older	0
Relative:	
Same age	5
Older	1
Parent:	4
Other:	2
Highest Education	
3rd form	3
4th form	4
5th form	4
6th form	2
Adult students	6
Relationship Length	
0 - 1 years	2
2 - 5 years	1
6 - 10 years	5

Table 1 (Continued)

Characteristics	Number of Survivors
11-15 years	2
over 15 years	3
Health Problems	
Physical	6
Emotional	10
Alcohol Abuse	
No use	5
Social use	3
Abusive use	5
Drug Abuse	
No use	7
Social	1
Abusive use	5
Therapy	
No therapy	4
Some therapy [4-12 visits]	5
Intensive therapy [individual & group]	4

Micro Level

The micro level of analysis looks specifically at how the abuse influenced the person individually. The issues in this section are self concept, eating disorders, dissociation, and alcohol and drug

abuse.

Like many other sexual abuse survivors, (Bagley & Ramsey, 1985; Gold, 1986) ten participants in this study reported having a negative self esteem. Some women viewed themselves as having a low self esteem for as long as they could remember, up until the present. Other women recounted a negative self esteem for extended periods of time. Some felt that although the abuse made them feel bad about themselves other things were going on in their lives to affirm their sense of personal value. The women expressed these differences in the following ways. One woman said, "I still don't feel very good about myself;" another woman said, "I spent a lot of years feeling really, really ugly." A third woman said "during the [period of abuse] I kept thinking that I was rat shit, I was worthless [but because of positive school experiences] I knew that I was all right, that I had a good brain, and could learn things."

It is not common in the literature for sexual abuse survivors to report having a high self esteem since this type of violation attacks the core of self perception, and because studies in this area are symptom oriented. However, the women in this study who described themselves as having a high self esteem did so for a variety of reasons. The first woman [Betty] who was coerced into progressive sexual intimacies with her uncle, recounted that her self esteem did not decrease. She believed this was true because within her whanau her uncle's behaviour towards children was acceptable. Due to these circumstances she felt no guilt. However,

interestingly, she recalled that when she was forcibly raped by a teenage cousin at 11 years old, it had such a dramatic impact on her that she started shaving and exhibiting what she described as 'manly' behaviour. She related, "I didn't want to be a girl," but she did not interpret her drastic change in behaviour as having any connection with her self esteem.

The second woman [Karen] considered herself as having a healthy self esteem due, in part, to the degree of her abuse. She remembers being fondled but little else; thus she believed it was not 'intrusive' enough to impact her negatively. This woman felt guilty for promiscuous behaviour during her marriage; however, she did not believe the guilt impacted her self esteem. Nevertheless, she related the fact that in order to preserve her self esteem she ended the marriage.

The third woman [Faith] who reported positive self esteem is a person who had many positive experiences with other people. These positive experiences revolved around childhood sports and physical skills. Her religious convictions are also credited as influencing her self esteem. She believes that even as a child she felt she was intrinsically of value to God.

Six of the thirteen women described themselves as being significantly overweight. The feelings the women had about their excessive weight varied greatly. Of these six, two [Jan, Ellen] were conscious of being overweight but not concerned about it. Three women [Diane, Betty, Lynn] described feeling disgruntled about the

condition of their bodies, and lastly one [Ann] expressed an outright loathing of her body (Brody, 1984; Goldfarb, 1987). All six women have tried to lose weight by dieting at least once. However, the two women who said they were not too concerned about their weight shared the belief that their weight was not solely attributed to the abuse. Their sentiment can be summed up by the following statement. "I'm big like the rest of my family, even the ones who weren't abused." The woman [Ann] who hates her body has a history of hiding food, eating in secret and then feeling guilty, or joking about these practices when caught by family members. In the past she binged and purged, and at one point was hospitalised for starving herself.

Historically, dissociation has been viewed as a defence mechanism used by survivors to distance or compartmentalise their pain from themselves (Bass & Davis, 1988; Blume, 1990; Briere & Runtz, 1988). There are degrees of dissociation and many sources acknowledge that dissociative experiences are common for many adolescent and adult females sexually abused as children (Blume, 1990; Bass & Davis, 1988; Gilmartin, 1994).

Most of the women's experiences fit within the moderate range of the dissociative continuum. For example, Diane, who had disclosed her abuse to only a few people before participating in the project, vividly remembers certain details of her abuse but has blocked out other aspects. Ann clearly remembers details of her abuse, what she was wearing, what the perpetrator said, and how

she felt at the time. However, she doubted the reality of her memories for most of her adult life until she confirmed them with her cousin she had told as a child. Only when her cousin confirmed her recollections did Ann allow herself to entertain the idea that her memories were real.

Two of the thirteen women discussed more severe dissociative episodes in detail. Their dissociation varied in duration and degree. Both cases of abuse were extremely assaultive and traumatic. For example, in Ellen's case the sexual assault was an extension of the devastation she was constantly exposed to because of severe physical beatings. Ellen, who had an out of body experience while being sexually assaulted, said "I could pop myself out to avoid the excruciating pain." Her dissociation initially lasted for the duration of the painful intercourse but she eventually learned to leave her body at will to talk with "friends" no one else could see. On the other hand, Gail's dissociative experience was more sustained. She cannot remember a large portion of her life, from shortly after the rape at five years old, until she was intermediate age. Gail's experience of being raped, coupled with the fact that her attacker threatened her life, was more than her body and mind could handle.

The more extreme incidents of dissociation are labeled as clinical disorders. Those who are diagnosed with these clinical "disorders" are viewed as displaying "pathological" symptoms. However, according to some experts, these labels are inaccurate characterisations of survivor behavior. Shengold (1989) refers to

the dissociation process as “soul murder.” He contends that “murdering someone’s soul means depriving the victim of the ability to feel joy and love as a separate person” (p. 2). Shengold (1989) suggests that:

What happens to the child . . . is so terrible, so overwhelming, and usually so recurrent that the child must not feel it and cannot register it, and resorts to a massive isolation of feeling, which is maintained by brainwashing [a mixture of confusion, denial, and identifying with the aggressor] (pp. 24-25).

Kathy Steele (1989) favours the term “shattered soul” rather than soul murder because, “I believe [sexual abuse] . . . deeply wounds the soul, that essential being of a person that is more than [just the] psychological self”(p.19). Steele’s idea of the shattered soul implies that the wounds sustained from the abuse are devastating to the very core of a person, thus inflicting a composition of physical, psychological, emotional, cognitive, and spiritual intrusion. Yet the wounding of the soul is not seen as necessarily permanent.

The metaphors offered by Shengold (1989) and Steele (1989) help change the existing perception that survivors’ responses are ‘maladaptive’ and ‘pathological.’ Instead, it is proposed that they are seen as natural reactions to extremely traumatic wounding.

Intertwining of wairua, tinana, and hinengaro encompasses metaphysical occurrences and communication. Women who recounted incidents of out of body experiences did so using Maori terms. Communication with spiritual beings was not viewed as

pathological by the women. Ellen embraced her experiences as gifts from her ancestors who loved and treasured her. She did not manifest any stigma of 'abnormality' sometimes associated with out of body experiences.

Using Maori concepts and terminology in therapy is important for many reasons. Their use develops a rapport between client and therapist. They also provide a framework that destigmatises phenomenon that would otherwise be labeled negatively, and emphasises the ingenuity of clients in responding to bizarre and traumatic situations.

Five of the thirteen participants described themselves as having an alcohol and drug problem at some time in their life. The extent of their alcohol and drug abuse varied at different times. Briere & Runtz (1986) believe that substance abuse and other self-destructive behaviors evident in abuse survivors is a dramatic cry "to gain the caring attention of others" (pg. 418). Among the participants, the alcohol and drug abuse coincided with other self-destructive behaviors such as sexual promiscuity. Karen used marijuana heavily while she was promiscuous. "I think sex was a drug for me and marijuana was a crutch." Interestingly, three years ago Karen's promiscuity and heavy marijuana use ended. Alcohol and drug addiction in the survivors also functioned as a chemical block to aversive memories. For example, Jan said "it was the way I escaped to my own reality."

Mezzo Level

The mezzo level of analysis focuses primarily on how child sexual abuse has influenced survivors' interpersonal relationships, and conversely how certain interpersonal relationships have impacted survivors positively and negatively.

Twelve of the women reported having significant long term relationships. Most of those relationships lasted between six and ten years, and three lasted almost twenty years. Several women said that they entered into the relationship because their partners were able to convince them of their commitment. These characteristics are depicted in the following statement.

Once I found out this fellah was serious and really nice, and wasn't going to leave me, I settled down. All of a sudden I just settled down and I didn't want anybody else but this one guy.

A sense of permanency in relationships seemed important and achievable to participants. Contrary to the literature (Herman & Hirschman, 1981; Porter et al., 1982) that suggests survivors have impaired abilities to trust others and establish close relationships, the survivors in this study trusted their partners until given reason to do otherwise. One possible factor enhancing the ability of these women to establish close relationships is the cultural value of whanaungatanga. This value of connectedness provided these women with meaningful relationships with a wide range of people. These primary relationships extended beyond the immediate family; therefore, if a father abused his child, although

devastated, the victim was still able to counteract the tendency to generalise that 'all men are distrustful' due to positive relationships with other significant males such as uncles, grandfather, and older male whanau. Using a social systems approach when assessing offers a wholistic view of the systems important for the well being of survivor.

The women in significant relationships also expressed the desire to improve them. They felt personal growth, and a shared understanding with their partners about the effects of abuse important for enhancement of their relationships. Faith and Gail, who are in long-term monogamous relationships, further added that successful relationships require supportive and understanding partners.

Most of the survivors placed blame for the abuse squarely on the perpetrator. They classified themselves as victims of circumstance with little or no control. Iri initially wondered if her abuse had any relationship to her mother's physical abuse by her father. Later she realised both forms of abuse were wrong though she did not possess the power to stop it. She said, "I remember thinking that maybe I was getting what my mother got because I was her daughter and I had to be treated like she was . . . I was confused. . . but I learned quite early that it wasn't right for it to happen." This is a stance that feminists believe is important for abused women and society to realize.

Another finding supports the idea that some abused children also become abusers (Brassard & McNeil, 1987; Sroufe & Ward, 1980). Hine described “abusing” her younger sisters by touching them sexually and having them touch her sexually. Coming to terms with this behaviour and seeking forgiveness from her sisters was important to her personal healing. Ann was concerned that she had abused a cousin. She was a young teenager and her cousin was a baby whom she put to her breast. Although this incident happened only once, Ann still has some residual guilt.

More than half the women described a period in their lives when they were sexually promiscuous (Timms & Connors, 1992; Simons & Whitbeck, 1991). Of the nine women who described themselves as being promiscuous at some time in their life, five were prostitutes. Each characterised their sex for payment relationships as affording them control through explicit expectations, unlike their abusive relationships.

Ellen who acknowledged that the relationships she developed with her sex clients helped her cultivate several positive qualities.

“A lot of people think that hooking is about sex and all these different ways of having sex, that’s part of the job, but often [my] clients wanted somebody to talk to. . . . I learned about empathy, about patience, about listening but [something] deeper than listening. I learned how to analyse really well, I learned about survival. I learned that everybody has a need.”

The women in the study had varying degrees of therapeutic involvement. Four women [Iri, Jan, Karen, Hine] had extensive

therapy including attendance in both group and individual sessions. Five women [Betty, Clare, Ellen, Lynn, Mere] saw a therapist for at least four sessions but less than twelve, and four participants [Diane, Gail, Faith, Ann] did not receive any type of therapy.

Those who stayed in therapy the longest described the greatest personal benefits. They regarded the relationship with their therapist as extremely significant to healing. This relationship offered them an opportunity to talk with someone who perceived them with unconditional positive regard. They also learned various skills allowing them to perceive themselves in affirming ways. The following statements represent how these women felt about their personal change.

My potential, my confidence, my self-esteem has only blossomed since I started healing five or six years ago. I'm glad that I started then and didn't wait [until] when I'm fifty.

I started therapy with a woman. . . for about a year. I came out of there feeling like I had all this confidence, wisdom, survivor strategies, and healing strategies.

I've come to the realisation that a lot of the way I was, was not my doing and so I just hikoi [journey] through the motu [land] and feel O.K. about that. I really love me, I have a lot of love for me. I think I'm stunning and awesome [laugh] I look in the mirror and I say 'you're beautiful' I have a laugh cause at one time I wouldn't look in the mirror. I wouldn't dare, I wouldn't even look in the water because I'd see my reflection. I wouldn't dare look at me.

Two of the four women who had not been in therapy described feeling depressed and overwhelmed with "everyday life

experiences.” Within a year after the interviews one woman [Ann] was admitted to hospital for depression and pervasive suicidal ideas. The other woman [Faith] said that her depression still immobilises her from time to time (Browne & Finkelhor, 1986; Sedney & Brooks, 1984; Bushnell et.al, 1992). During these episodes her husband takes on the responsibility of all the household chores and meal preparation besides his full time job. She credits her husband for being “a positive male role model . . . who shows unconditional love and shows me that my love can become unconditional.” The women who had not been in therapy, nor disclosed their abuse to significant loved ones, were more guarded and deliberate in their interviews compared to those who had been in therapy (Fontes, 1993; Lamb & Edgar-Smith, 1994).

Macro Level

The macro level analysis discusses social and cultural influences that have impacted women in this study in terms of their childhood sexual abuse. Colonisation of Maori and the subsequent breakdown of Maori language, protocol and values has greatly affected Maori families (Jenkins, 1992; White, 1995).

Perpetrators were predominately relatives or considered whanaunga by their victims even if they were not kin. The survivors referred to most of their perpetrators as “uncle.” These men took advantage of their insider position within the victim’s family and therefore exploited the values of whanaungatanga, manaakitanga, tapu, mana, and aroha which should lead to appropriate behaviours.

The perpetrators took advantage of their victims by the mere fact that they did not maintain the culturally prescribed “balance between female and male, and between the generations” (Mikaere, 1995, pg 109). As discussed earlier, people are inherently tapu; therefore, violating someone for one’s own sexual pleasure is a breach of tapu.

Perpetrators had access to victims in various places including the victim’s home, the homes of relatives, on marae, and in public places. Of the five women abused while whangai [foster] children, two believed their abuse was due in part to intra and/or inter familial conflict. For example, Ellen believed her grandmother’s brother abused her because he wanted to hurt and shame his sister. She perceived her abuse as ‘pay back’ directed at her grandmother because of a long standing dispute over land entitlement. After Mere’s parents divorced, she and her siblings, who were primarily raised by their maternal whanau, became whangai children of their paternal relatives to ensure their land inheritance. Mere believed she was abused by relatives who were resentful about the inheritance going to ‘outsiders.’ The sexual abuse of these two women reflect a dynamic not evident in the sexual abuse literature. This dynamic involves children who were the victims of adults acting out rage towards other adults. The conflict may be between adults within the same family or adults from different families or iwi.

All the women described themselves as spiritual beings. Nine of the thirteen women described being influenced by the religious teachings of parents. However, among the women who described themselves as having a 'religious' upbringing, most reported that their religious beliefs were negatively impacted by the abuse. This seemed particularly so when the abuser was perceived as promoting a religious persona. The women had difficulty reconciling the hypocrisy of abusers who portrayed themselves as loving God but acting contrary to His teachings.

For Ann, who was raised in the Mormon tradition, and abused by "active" Mormon men, her betrayal by them, coupled with the apparent inattentiveness of her local religious leaders heightened her feelings of betrayal and led to her sporadic involvement in the church. However, Ann made a distinction between her negative feelings towards local church leaders, perpetrators, and her general religious beliefs. She was angry at how local church leaders dealt with her situation but affirmed her belief in the "gospel" or teachings of The Church of Jesus Christ of Latter-Day Saints, [LDS].

There are a number of points to consider that might further explain Ann's unique position. First, Mormon clergy are lay ministers and do not have specific training for their positions of responsibility in the church. For example, local church officials lack formal counseling or interpersonal training unless they acquire these skills as part of their own profession. Secondly, within the Mormon church, the priesthood, which is an exclusive male privilege

commonly referred to as a “patriarchal order,” is perceived as a “benevolent protectorate” where priesthood leaders are expected to act in the best interests of those within the boundaries of their priesthood responsibility. Third, LDS church authorities located in Salt Lake City, Utah have explicitly denounced the abuse of women and children as a violation of the victims and also their priesthood or spiritual powers (Monson, 1991). Fourth, The LDS church has a history of rapid growth in Aotearoa; many converts are Maori who are now local leaders. One issue for Ann was the blood relationship between her religious leader and perpetrator.

The participants of this study experienced a disruption in their education for various specific reasons. All the women described erratic, disruptive, or other extreme behaviours they acted out in school. However, none of them recalled any teachers or school administrators recognising the behavioural changes as symptoms associated with abuse. The lack of awareness by teachers is indicative of the general ignorance of childhood abuse that existed some years ago. With the recently heightened awareness of abuse it is hoped that teacher training programmes are now offering sufficient training in recognising symptoms of abuse and neglect. Skilled interventions by trained teachers is one important avenue in lending assistance to abused children. It is recognised that teachers are not social workers or therapists; however, because they play a vital role in the development of children, [spending many hours daily interacting with them], a basic knowledge in identifying symptoms

of abuse and intervention would be a positive step in curbing abuse.

Survivors' abuse experiences influenced their career choices. Nine are presently involved in helping sexual abuse victims in some way. Five women are presently in paid positions providing counseling to other survivors. Two women are enrolled as full time students in counseling programs, and two others work as volunteers in women's refuge.

Summary

Most of the participants in this project were abused at a very young age [before 12yrs old]. All perpetrators except one were trusted individuals who knew their victims. The perpetrators were predominantly male. Disclosure of abuse rarely took place immediately after the abuse. For most, disclosure did not take place after a long period of silence. Ten of the survivors maintained a significant relationship for six years or more. The trend among survivors was to abstain or abuse alcohol and drugs. They were less likely to use 'substances' socially. There was almost an even distribution between women with no therapy, some therapy, and intensive therapy experience. About half [six] the women described physical health problems they associate with their abuse history. Whereas most [ten] participants describe emotional problems they attributed to child sexual abuse.

Table 1. gives a succinct overview of how sexual abuse influenced the survivors in this study.

CHAPTER SEVEN

HE ARA WHAKAORA: A WAY OF HEALING

You learn a lot from other people's stories. There was a Maori incest victim that I knew with very similar experiences, similar states, situations, and events. She was about two years ahead of me [in her healing]. I learned a lot from her but I was also teaching somebody else who was just starting her healing process. So I learned to look ahead of me and I learned to look behind me (Anonymous, July 1994).

Models Of Treatment For Sexual Abuse

There are two forms of treatment for sexual abuse prominent in current literature. These are Individual counseling and group therapy. Interestingly, both models focus on the survivor completing a series of steps to alleviate suffering. They also advocate the first two steps in the healing process as firstly, developing an ongoing trusting relationship between therapist and survivor and secondly, the disclosure of abuse to the therapist or group (Walker, 1988; Josephson & Fong-Beyette, 1987).

For some women having the opportunity to recall and retell their stories within a supportive therapeutic environment is enough for them to feel a significant change (Herman & Hirschman, 1981). A competent, professional therapist can provide this safe supportive environment whereby a cathartic release can take place (Meiselman, 1978).

Regardless of the mode of treatment, it is imperative that the therapist recognises that no two survivors are the same. Each woman has her own set of experiences and her own set of problems. Accurate assessment identifies and clarifies behaviour patterns such as avoidance, unwillingness to trust significant others, and self doubt that is associated to the childhood abuse.

Fundamental to an accurate assessment is a trusting relationship between the therapist and client particularly since many clients describe feeling shame and vulnerability after disclosing to the therapist (Jehu, 1988; Joy, 1987). Standard practice when working with women who have a history of being battered, raped, or having a chemical abuse problem, is to specifically broach the subject of sexual abuse as these problems often mask symptoms linked to childhood sexual abuse (Herman & Hirschman, 1981; Josephson & Fong-Beyette, 1987).

Upon disclosure of sexual abuse therapists are cautioned that their reactions could catapult the treatment in different directions (Fong-Beyette, 1987; Roesler, 1994). If the therapist responds by rushing through the disclosure it might be perceived as minimizing what was shared and result in the woman dropping out of therapy prematurely. On the other hand, if the therapist displays excessive interest in sexual details it could diminish the survivor's trust level. A lessening of trust can also result in the woman dropping out of therapy. However, if the therapist responds calmly with empathy and encouragement, the survivor's trust is enhanced and she is more

likely to stay in treatment (Josephson & Fong-Beyette, 1987; Faria & Belohlavek, 1987).

When working with individual clients, some therapists believe that the victim should recount specific details including events, frequency, duration of the abuse, and relationship with the abuser. Others believe that actual details are secondary to the meaning ascribed to the experiences by the survivor. For example, Briere & Runtz (1987) state “. . . research suggest[s] that psychotherapy for post sexual abuse trauma may be most effective if it directly addresses early victim experiences, as opposed to here and now concerns (p. 375).” Whereas Jehu (1988) believes “. . . It is the psychological meaning of the abuse to the victim that needs to be explored more thoroughly than the physical acts (p. 29).” The explicitness and details of the sexual abuse is most often dependent upon the preferred style and comfort level of the therapist and victim.

Through the course of individual counselling the therapist helps the survivor view her abuse from an adult perspective. This process offers the survivor an opportunity to appraise the abuse in a more realistic light rather than from an outdated perspective locked in time. However, the process may also heighten the victim's sense of loss over aspects in her life that cannot be regained (Blake-White & Kline, 1985; Spring, 1985; Walker, 1988). The therapist also assists the survivor learn appropriate ways to release her anger and rage bottled up since the childhood abuse. Many survivors fear the

intensity of their rage and may have either suppressed these feelings or acted them out inappropriately (Herman &Herschman, 1981).

The development of a positive self-image is another task of the therapeutic process. Therapists help clients reframe self-destructive behaviours they previously engaged in as survival skills that are now out dated. The survivor is encouraged and helped to explore more effective self-affirming coping strategies and coming to terms with broader issues such as past and present family of origin issues and relationship issues (Herman & Hirschman, 1981).

Experts consider group therapy valuable treatment for sex abuse, either combined with individual therapy or a method of preferred choice. There are two major advantages of group therapy, the ability to reduce feelings of isolation and the opportunity to provide modeling for relationships with clear and explicit boundaries. These are two common characteristics most often experienced by individuals from incestuous families (Herman & Schatzow, 1984; Alexander et al., 1991; Goodman & Nowack-Scibelli, 1985).

The three types of groups most often used in the treatment of sexual abuse are: (a) Short-term time-limited groups, (b) open-ended long-term groups and (c) self-help groups.

Short-term groups are usually comprised of five to eight members with either one or two therapists leading the group. Groups usually meet for a period between eight and twelve weeks

(Alexander et. al., 1991). The strength of this format is the ability to explore a wide variety of topics and painful issues like shame and isolation. New schema for dealing with old problems are also considered.

Long term open-ended groups are also advantageous for survivors. First, there is ample time to develop issues in depth. Long term groups are also beneficial in that they have experienced group members who help newer members by modeling advanced stages of healing (Blake-White & Kline, 1985).

Self-help groups encourage members to develop a collective plan of action that benefits each member of the group. Developing a collective plan for healing fosters members' sense of empowerment and control over an important aspect of their lives (Herman & Hirschman, 1981). Herman & Hirschman (1981) also believe that self-help groups may offer a safer environment for some survivors than groups run by professionals.

Beyond individual and group therapy, working with the survivor and family members is very beneficial. However, this modality is often used only after individual and group approaches have concluded. A more holistic and effective approach is to incorporate family therapy together with individual and/or group therapy.

Family therapy promotes a non threatening exchange between family members about the abuse. It also provides an arena by which individuals acknowledge and validate the experiences of others. Another benefit is that it enables the survivor to ascertain the

amount of knowledge other family members had about the abuse (Hall & Lloyd, 1993).

However, many western methods of healing focus almost exclusively on the survivor; these methods are steeped in a medical model of treatment. The common belief is that the therapist possesses the ingredient or remedy to heal or restore health and well being to the survivor. Unfortunately, this view diminishes the importance that significant others play in the healing process of the survivor. In Maori and pacific island cultures healing comes about by employing strategies and methods that help all concerned. All systems affected by the abuse, including the victim, the perpetrator, and their families work simultaneously towards resolution and healing. These indigenous models reflect a holistic approach to healing.

Ho`oponopono [to set right] is a process of conflict resolution and healing for Kanaka Maoli [Native Hawaiians]. Like the Maori family, the Hawaiian ohana [family] is the center of all relationships. It is in the extended family that the process of making amends and putting things right takes place.

There are five ground rules that set the stage for Ho`oponopono, they are: (a) Each individual in the ohana must commit to be part of the problem solving process. (b) All communications that are part of ho`oponopono are shared in an atmosphere of `oia i`o [the essence of truth]. (c) The ohana must share a sense of aloha for one another or be committed to reinstating the spirit of aloha. (d)

Everything that is said in a ho`oponopono is kept confidential. (e)
The haku [mediator] must be commonly agreed upon and perceived as impartial (Pukui, 1972; 1979).

The initial step of Ho`oponopono is Pule [prayer]. Offering a pule is intended to evoke a spirit of understanding, wisdom, sincerity, and openness to the problem at hand. The pule also enhances participants' consciousness that the work done through ho`oponopono is kapu [sacred].

The next phase is kukulu kumuhana [a pooling of mana], a combining of spiritual, emotional, and physical strength directed towards a positive goal. This takes place as the facilitator reaches out to individuals who may be hurt and hostile. The haku [mediator] or facilitator helps the group deal with barriers of resistance and assists them in using their energy in a positive way through ho`oponopono. Once participants pool their energies, a clear identification of the problem can be established.

The third phase is Mahiki [discussion] the core of a ho`oponopono, the time of uncovering the emotions, actions, and motivations behind the problem (Pukui, 1972). All family members direct their comments through the haku to reduce the possibility of confrontation. However, anger and emotions are viewed as valuable in ho`oponopono but are not allowed to run unchecked and misdirected.

The fourth phase is Ho`omalū [silent period] a period of thought and reflection, a time for easing pressure and tension. Family

members are encouraged to regroup and think about what has transpired in the session. This phase could last from a few minutes to a few days.

The fifth phase is Mihi [forgiveness] a time of coming together. Family members no longer talk through the mediator but rather confess and seek forgiveness with each other. Forgiveness is sought and given for each specific problem, and if restitutions need to be made, the terms of the restitution is settled upon.

The next phase is Kala [unbinding] the releasing and letting go of the conflicts and hurt. It is a mutual release of the conflict.

In extreme cases when all other options for resolution have failed, there is an option called Mo ka piko [severing the umbilical cord]. If an individual who refuses to engage in the healing process, shows no remorse or desire to put things right, the offender may be asked to sever all ties with the ohana permanently.

The last phase involves a closing prayer or pule ho`opau and the sharing of food to close the ho`oponopono. The prayer and food acknowledges the spiritual and physical dimensions of the ho`oponopono healing process (Shook, 1995; Pukui, 1972; 1979, Paglinawan, 1972).

There are no empirical outcomes of ho`oponopono to date as its use in the contemporary therapeutic context is new. Nevertheless, practitioners who incorporate this process with indigenous families believe this method is "very conducive and effective with Hawaiian families" (L. Pouha, personal communication, August, 29, 1996).

In Aotearoa there is limited understanding by professional counselors about healing Maori families devastated by sexual abuse. Clearly without understanding critical philosophical and cultural fundamentals of Maori there is little possibility for practitioners to provide culturally competent and effective assistance.

Aroha Terry, Director of Kokona Nga Kau [a training program for Maori sexual abuse counselors], has played a role in incorporating Maori tikanga [values, customs, rules] and kawa [protocol] in clinical practice with Maori families. At the heart of her paradigm is a process called "Marae Justice." This process is a crucial part of a survivor's healing. It is a time when the survivor confronts those who abused her. The confrontation takes place in a hui [meeting] in which extended family members of both the survivor and the perpetrator gather on a marae [ceremonial meeting place]. Like Ho'oponopono, the Marae Justice hui begins and ends with karakia [prayer] invoking the assistance of all those present and the support of deity and ancestors. The facilitator mediates between the two groups allowing both the survivors and the perpetrators to tell their stories. After each side has said all they want to, a disposition including restitution is decided upon collectively. For example, a man who previously drove a van for a kohanga reo [Maori language preschool], was instructed not to be alone with children and obtain professional counselling. Another outcome consisted of a man losing the privilege of speaking for his people on the paepae [a place on a marae where orators representing their tribe stand to speak]. These

dispositions are geared at preventing further abuse, diminishing the mana [power, influence] of offenders, and supporting the survivors healing. In order for the dispositions to succeed, the perpetrator's family takes a key role in monitoring the offender's behavior and compliance (Terry, 1994).

Some may view Marae Justice solely as an alternative movement away from the existing system of adjudicating crimes committed by Maori. However, regardless of perceived intent, the Marae Justice model possesses components important to Maori survivors and whanau in terms of justice and healing.

Voices of Maori Therapists

There were common themes Maori therapists identified as important when helping sexual abuse survivors heal. One theme was the need to recognise that each woman is unique and heals at her own pace and in her own way. For example, Taima Moeke-Pickering (1994) said, "what I learned [from doing counselling with survivors] was to figure out how to approach an issue, when not to approach it, how to hold back, and how to carry on a little bit. realised that each individual reaches healing in their own ways."

Another common theme was the need for the therapist and survivor to develop a rapport that fit with the Maori value of whakawhanaungatanga. Whakawhanaungatanga extends beyond a western approach of developing rapport with a client. The process implies becoming family. The boundaries between the therapist and the client are more permeable than many counselling approaches.

The therapist is accessible to the client beyond the traditional 50 minute sessions and may provide counselling in the client's home rather than exclusively in the therapist's office. Linda Nikora (1994) calls it "responsible caring."

June Kelly (1994) of Parentline in Hamilton articulates another common theme, it is an extension of whakawhanaungatanga. "Getting to know the abused woman and her whanau is one of the most important things a counselor does." For Maori it is inconceivable to think one knows an individual without knowing where they came from and who their people are. Taima Moeke-Pickering (1994) believes therapists should gather "the history of the whanau, hapu, and iwi" of the survivor. To "understand how they work and how they deal with the abuse." According to Moeke-Pickering (1994), by knowing the kawa and tikanga of a survivor's whanau, hapu and iwi the therapist can draw upon positive role models from the survivor's hapu and iwi history that she can relate to. Additionally, the therapist can help the survivor challenge abusive family practices by drawing on examples from her own hapu or iwi history.

The therapists also believed incorporating Maori values and customary practices throughout the therapeutic process encourages survivors to construct survival strategies from a familiar cultural context. Aroha Terry (1994) said,

sexual abuse should be dealt with on a marae because it gets more than the victim and the perpetrator involved. It gets the whole whanau and hapu to take a look at

what's going on. They are an important part of the process that puts things right. It should never be something the victim does alone.

Developing group support is another way of incorporating Maori values and practices into a contemporary therapeutic setting. It helps survivors collaborate with others which is a highly valued characteristic. The groups may consist of supportive relatives or other survivors. For example, Sandy Morrison (1994), a Maori counselor at the University of Waikato, groups Maori women together to discuss their problems. In one situation, two women with a history of sexual abuse were paired together in sessions. They helped validate each other's experiences and encouraged each other's academic aspirations.

Another commonality among Maori therapists was a focus on social change. They described a need to change society because it is hostile toward Maori women. Nikora (1994) articulated it as "social justice." She believes "empowering Maori women means those who were abused as children learn to challenge their oppressed views of themselves caused by abuse and colonisation." All of the therapists who were interviewed believe that the exploitation and oppression of Maori in society influenced the personal abuse Maori women were subjected to. They felt that part of the healing process needs to be geared at changing how Maori women are perceived and treated by society.

Counselling for Maori

Maori paradigms of counselling are holistic approaches which reflect Maori values and tikanga. As discussed earlier, these paradigms blend spiritual, emotional, physical, intellectual and social dimensions (Durie, 1989). Maori counselling professionals and traditional healers advocate counseling Maori using these types of frameworks (Aranui-Barrett,1988; Pere,1986; Durie, 1989).

In his article entitled "A Move That's Well Overdue: Shaping Counselling to Meet the Needs of Maori People," Mason Durie (1989) does three important things. He differentiates Maori thinking from a Western perspective in regards to mental health. He recommends three concepts that counselors integrate into their practice that would help them understand Maori clients. Then he identifies logistical difficulties in implementing these concepts.

The first concept Durie encourages counselors to integrate is whanaungatanga, or the inclusion of immediate and extended family in the therapy process. Second, he believes whakamanawa, or encouraging a person, is also an important ingredient. Whakamanawa is closely tied to manaakitanga or caring for someone. Professionals are recommended to awhi their clients, or use appropriate touch to convey support, understanding, and caring, quite different from traditional Western forms of counselling. Finally, Durie identifies mauri, which is the life force, be included in counselling with Maori. He regards incorporating this spiritual concept as vital.

It is interesting that a western paradigm recently developed includes aspects of whakamanawa and manaakitanga. This “new” model is known as the ‘Strengths Model.’ It identifies and enhances the strengths of the client rather than focusing on the client’s deficits (Kaplan & Girand, 1994; Saleebey, 1996).

Durie (1989) raises some logistical difficulties such as the inadequate accommodation of values sensitive to Maori by institutions or organisational structures where counselling takes place. Another problem is that counselors may continue to use the same methods of practice taught to them by their predecessors, despite the inappropriateness with clients. The last obstacle for the successful integration of these concepts is the lack of bicultural training programmes for counselors.

In her article “Nga Mātapihi o te Waiora” [Windows on Maori Well-being] Aranui-Barrett (1988) attempts to broaden the reader’s vision of Maori by presenting themes she believes important for counselling Maori. Her premise is that counselling within a family context is essential for Maori. She incorporates whanaungatanga as a way of providing support for the change process. Manaakitanga or receiving assistance from the group, is also a key as it possesses both primary and secondary change elements for more than one individual within the family system. Integrating wairuatanga or the spiritual aspect of a person affirms the phenomenological influences that affect individuals, such as intervention from one’s deceased ancestors.

Tuki Nepe's (1992) paradigm of Maori identity also holds elements helpful to Maori women who have been victims of physical, sexual, and other forms of abuse. According to Nepe, a vital step in understanding one's identity is gaining an awareness of colonisation. For abuse survivors this requires looking at how one was forced or coerced into an oppressive relationship. Nepe's (1992) model further suggests a new awareness of Maoriness. For abuse survivors, this means that when one has knowledge and insight about one's abuse, the next step is decolonisation, a conscious reprogramming or reframing of one's identity. Awatere-Huata (1993) urges that after decolonisation, engaging in critical action as the next step in finding new ways of identifying oneself.

Aranui-Barrett (1988), Durie (1989), and Nepe (1992) identify similar cultural values and concepts important when counselling Maori, however; they provide little clarity about how to operationalise these concepts into a contemporary Maori counselling framework.

Nepe (1992) pin points understanding colonisation as vital for healing Maori. I agree that the impact of colonisation still influences every facet of Maori existence. The more one knows about one's social condition the better able one is to make change. Therefore abuse survivors would benefit from education about social issues such as power, control, and hierarchy as part of their healing because this type of awareness increases understanding of oppression whether by the majority group in society, or by members

of one's own family. The link between social conditions and personal healing is an important part of a contemporary framework.

Both Aranui-Barrett (1988) and Durie (1989) encourage change within the context of the extended family. In my view, meeting both family and individual goals simultaneously brings about the optimum therapeutic situation. Additionally, Aranui-Barrett and Durie see the expression of service, caring and spirituality within the family producing foremost healing. This is true but for some families therapy may consist of developing these qualities. If families are spiritually grounded and express caring through service they are probably not abusive families.

Within Maori culture there are traditional models and motifs for healing that could be useful to counselors working with Maori. However, these are sparse in professional literature and need to be made more accessible and serviceable to professionals. Nonetheless for counselors, Maori and Pakeha alike, having a framework that integrates the concepts discussed in this section would benefit Maori clientele by providing culturally competent service.

Implications for Healing

Most clinicians working with Maori sexual abuse survivors have been trained to use medical models of treatment. These models assume that clients exhibit dysfunction and pathology because of their abuse. The symptoms are diagnosed and treated by a therapist. However, a framework for healing most appropriate for Maori recognises that child sexual abuse is part of a larger phenomenon. It

implies that survivors heal within the context of their social, cultural, and spiritual environment. The reciprocal relatedness between the victim and significant social systems include individual survival modes, whanau boundary issues, and societal attitudes toward women and children.

From the weaving together of the voices of wahine Maori and the theoretical threads of this project, a pattern for prevention and healing emerges. This pattern depicts crucial values that must be embraced by individuals,^v families, communities, and the nation. Inter-twining values of aroha, manaakitanga, whanaungatanga, tapu, noa, and mana are essential for this paradigm of healing.

Table 2. demonstrates how the narratives were central to the development of the healing model presented in this work.

Table 2.

Development of the Healing Model

Stages	Sample Narratives
Aroha: Ten survivors described low self esteem and self loathing. The first stage of healing is developing self acceptance and love.	“I started therapy with an amazing woman. . . I came out of there feeling like I had all this confidence, wisdom, survivor strategies, and healing strategies.” [Jan]

Table 2. (Continued)

Stages	Sample Narratives
<p>Manaakitanga:</p> <p>Twelve survivors described significant support systems being important for progression in healing.</p>	<p>“I have a positive role model in my husband, in that he shows unconditional love for me.” [Faith]</p> <p>“Because it was so chaotic at home I couldn’t make sense of what was going on there. Yet I could when I was in this other environment. I became a different person. I was like a super achiever in school I did well, and participated in everything that was going on including sports. [Ida]</p>
<p>Whanaungatanga:</p> <p>All the survivors described attempting to establish acceptable relationships with family members and coming to terms with family or origin issues.</p>	<p>“Because I started talking about these things there is a circle of healing in my whanau. My mother came forward with her own disclosure. My sister came forward too.” [Karen]</p>

Table 2. (Continued)

Stages	Sample Narratives
	<p>“I have had a lot of guilt towards my sisters because I abused them. . . So I went and spoke to them about it, and it was quite good . . . cause we had always had that secret about us.” [Hilda]</p>
<p>Tapu and Noa: All survivors described having relationships that were characterised by unclear boundaries. The focus of this stage is to understand and develop healthy interpersonal relationships.</p>	<p>“We were brought up in our society on the marae. There was no such thing as sexual abuse. It was just part of living, part of growing up.” [Betty]</p>
	<p>“One night he told me how he felt when I hit him, it really hurt his man hood. I thought- Wow! He couldn’t possibly imagine how I feel. Being [hit] by my husband.” [Ann]</p>

Table 2. (Continued)

Stages	Narratives
Mana:	
<p>Nine of the women described being presently involved in helping sexual abuse victims [administration, counsellors, volunteers]. Part of regaining one's mana is helping others in need.</p>	<p>"I know and understand the mamae [pain] that people carry. I have learned about empathy and about patience. I have learned about listening and analysing." [Ellen]</p> <p>"If you can tell your story then tell it. Something that you may have experienced may help the next one. It was other people's stories that helped me with my hikoi [journey]. [Lynn]</p>

Culturally Competent Framework For Healing

This section offers a culturally appropriate model of healing developed by utilising information gathered from Maori women abused as children, Maori counselors, and incorporating tikanga Maori with my experience as a therapist. The koru model is applicable to healing for Maori because it encompasses key elements within Maori world view. For example, each stage has spiritual, interpersonal, physical, and emotional components. I have chosen to

characterise each phase of the healing process with a value previously mentioned, although in reality these values are interwoven at all phases of the model [figure 1].

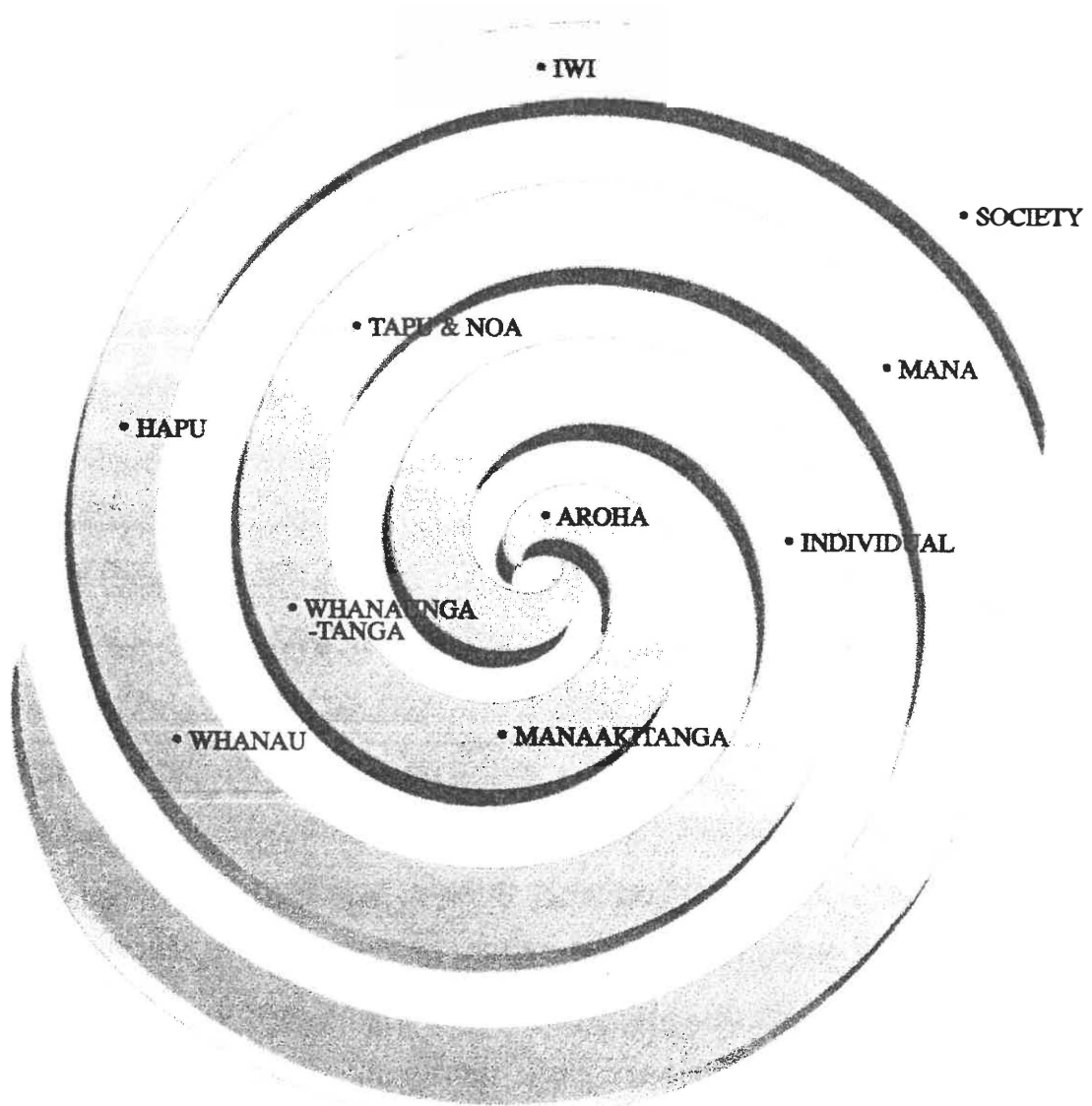


Figure 1
KORU MODEL

The koru design was chosen to depict the process and stages of healing because the koru or unfolding fern symbolises growth, development and potential. The young koru grows surrounded and protected from the elements by larger and stronger ferns. Similarly, in order for abuse survivors to receive optimum benefits from the stages of healing it is crucial that they are supported and nurtured by others. Ultimately in the final stage of healing, when survivors are strong enough, they are then able to become actively involved in contributing to the supportive environment for another's healing.

Healing must begin at the center of an individual's being which is typified by aroha for oneself and others. The process of developing aroha generally begins within the context of a small support system such as a therapist, trusted partner, or friend.

Stage One: Aroha

The initial phase of healing for victims of abuse is reinstating aroha for oneself and others. Sexual abuse victims question their worth, their ability to love and be loved. Self-destructive behaviours such as alcoholism and sexual promiscuity reflect an inability to love oneself.

Eating disorders also pointed to self hate. However, some obese women lacked the self recrimination evident in other populations (Zerbe, 1996). Obesity was not a weapon to inflict further self criticism, because for Maori, food has important cultural significance; it represents nurturing, care, abundance, and belonging.

Participants described at least four elements that helped them maintain a positive self concept. They were a relationship with God, with spiritual or deceased beings, a valued family or tribal taonga [such as a carved object], and significant others. The Aroha stage of healing helps survivors construct a positive self concept by supporting and educating them and adding to their consciousness about themselves in relationship to abuse issues. As victims learn to love themselves they will ultimately learn to love and trust others.

Stage Two: Manaakitanga

The next phase of healing is identifying and developing support systems that can provide sustained emotional, spiritual and physical safety for the survivor. This type of support may come from a combination of relatives, friends, therapists, or other survivors.

Supporters model manaaki [caring] in various ways such as providing nonjudgmental feedback or 'reality checks' for victims who are still developing their own sense of self. They may challenge the survivors' ineffective or inappropriate ways of dealing with their pain and suffering while offering encouragement to continue with their healing. Supporters may also become surrogate whanau to survivors providing physical and emotional assistance until they can disclose their abuse to family.

An example of manaakitanga is the help given in women's support groups. Participants in this study reported feeling accepted by members of such groups. They were seen as 'normal' rather than

by members of such groups. They were seen as 'normal' rather than 'weird.' Although they did not condone members' outrageous behaviours, group members shared an intimate understanding of the reasons for the behaviour.

Deceased loved ones were another resource providing participants with manaaki. During incidents of abuse participants received comfort and strength from spiritual beings. None of the women perceived their out of body experiences as pathological, problematic, or frightening. Each felt that hearing and seeing tupuna was helpful to their survival and ultimate healing. Maori language and tikanga provide a framework for validating the spiritual experiences of Maori survivors who believe beings from the spiritual world can and do intercede on their behalf.

Stage Three: Whanaungatanga

The third phase is characterised by whanaungatanga. During this phase the client is seen as moving beyond victimisation to confront the abuser and, if necessary, establish appropriate boundaries within the family. Initiating acceptable relationships with family members requires survivors and their families to confront family of origin matters, particularly areas that may have contributed to the sexual abuse. This could be, for example, a family belief system supportive of coercive sexual behaviours, poor parental skills, and other forms of abuse and neglect.

Intervention during this phase includes preparing and supporting the client and family during whanau meetings where the

sexual abuse is disclosed, confrontation of the abuser takes place, and other pertinent issues are addressed. Therapeutic configurations could include the survivor paired with parents, siblings, grandparents, aunts and uncles, or all concerned. Since the abuse described in this project was overwhelmingly perpetrated within extended families, improvement in any of the systems involved will aid the survivor's healing.

Stage Four: Tapu and Noa

The fourth phase of healing is characterised by the values tapu and noa. In tikanga Maori, tapu and noa are methods of setting appropriate boundaries. Work in this phase focuses on understanding and developing healthy interpersonal relationships with emphasis placed on establishing clear boundaries particularly within the extended family, hapu and iwi. Depending on the specific situation, it may be appropriate and important for the survivor and her whanau to seek 'Marae Justice' or marae healing. This is a way to seek condemnation of the perpetrator's misconduct by bringing the abuse to light in a traditional forum. During marae justice a representative for the survivor describes the abuse, then the perpetrator has a chance to state his piece and then ask for forgiveness from the victim and her family [who may also be his relatives]. Members of their extended families then collectively design punishment, restitution, and recommendations for the perpetrator's healing. The balance between tapu and noa, or sacred and non-sacred aspects of relationships within a tribe, affirms a

continuation of Maori values.

Stage Five: Mana

The final phase is characterised by integrating the woman's new sense of worth and belonging. The outcome of progressing through the previous healing stages is a validation of mana wahine.

When Maori women have regained a sense of their own mana, their healing includes helping others. Help can consist of volunteering at prevention programmes, crisis lines, women's shelters, or supporting a friend.

On a broader scale wahine can also influence change in organisations, communities, and society. They can take steps to stop the sexualisation of children, the treatment of women as sex objects, and the abuse of power through sex. For example, wahine may encourage religious organisations to publicise their stance on sexual abuse, and advise their devotees about counseling available in their community. Religious leaders would benefit those they serve by receiving specific training about assessment and early intervention of sexual abuse.

Institutions of higher learning must attract Maori students to various human service professions. Well trained Maori public health workers, community psychologists, and social workers will add preventive measures in communities. Funds need to be appropriated to develop and accredit Maori counseling programs.

Open and frank discussions should take place within the Maori community to deal with several crucial issues concerning sexual

abuse. Some of these issues include culturally appropriate methods of prevention and healing, research methodology, training sex abuse counselors, and cultural censure for infractions.

The women in this study felt compelled to herald a warning to society about the pain and suffering that comes from childhood sexual abuse. Helping others in this way was an important step for them to move from being survivors to living a full healthy life. "Commitment to making the world a better, safer place for women and children has helped many survivors become thrivers" (Dinsmore, 1991, p. 46). Those who were once victims become champions for prevention.

Conclusion

This study began by giving an overview of existing literature about childhood sexual abuse. What became evident from the literature was childhood sexual abuse has been around for a long time. Sexual abuse yields havoc, and there are various methods of treatment available to survivors. However, it was also apparent that there is a dearth of information about intervention methods founded upon Maori values, world view, and cultural practices.

The reader was introduced to thirteen Maori women sexually abused as children. They willingly shared their stories about how their lives were influenced by the abuse. The coping and healing strategies they devised were also presented.

The women who participated in this study gave a priceless gift to those of us who are attempting to find answers for ourselves and

the people we love. Their suggestions of what helped them on their journey of healing were shared in this work.

From the weaving together of the voices of Maori women and theoretical threads of this project, a framework for prevention and healing emerged. The Koru model depicts crucial values that must be embraced by individuals, families, communities, and the nation to heal survivors of childhood sexual abuse.

Limitations Of The Study

The limitations of this study are the following: The cultural framework for healing is untested; therefore, outcomes regarding effectiveness of the proposed model were not obtained. The findings can not be generalised beyond the participants because of the small sample size. Specific procedures for each stage of healing were not ascertained through the research.

Topics for Future Research

In order to better understand sexual abuse among Maori in a holistic way further research needs to be carried out in the following areas: The extent of the problem, family dynamics within abusive families, characteristics of perpetrators, elements of healing for Maori families, and effectiveness of Maori counseling programmes.

As for my own future I will continue to assist women find their voice and share it. My immediate task is to disseminate the information obtained from this research into the community and academic arena.

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Appendix One

Participation Consent Form: Participant's Copy

Name of Research Project:

Name of Researcher:

I have received an information sheet about this study or the researcher has explained the study to me. I have had a chance to ask any questions and discuss my participation with other people. Any questions have been answered to my satisfaction.

I agree to participate in this research project and I understand that I may withdraw at any time.

Signature: _____

Printed name: _____

Date: _____

Participation Consent Form: Researcher's Copy

Name of Research Project:

Name of Researcher:

I have received an information sheet about this study or the researcher has explained the study to me. I have had a chance to ask any questions and discuss my participation with other people. Any questions have been answered to my satisfaction.

I agree to participate in this research project and I understand that I may withdraw at any time.

Signature: _____

Printed name: _____

Date: _____

Appendix Two

Kia Ora Wahine Ma!!!

Many Maori women are victims of childhood sexual abuse and their lives have been effected in many ways. I am conducting a study that is trying to find out how Maori women's lives have been influenced.

Your assistance in this study will help other Maori women find the support and safety to explore and mourn their abuse, and gather strength to celebrate their survival.

I would like to korero with you regarding your own survivors story. All korero is STRICTLY CONFIDENTIAL. Please phone Debbie at 847-5441.

Glossary

The following glossary gives simple definitions and meanings for Maori and Hawaiian terms and phrases used in the text. For further reference of Maori terms see Williams, H. W. (1992). Dictionary of the Maori Language. Wellington, GP Publications. For further reference of Hawaiian terms see Pukui, M., Haertig, E., & Lee, C. (1972). Nana I Ke Kumu, vol. 1. Honolulu: Hui Hanai.

ao hurihuri	ever turning/changing world
Aotearoa	New Zealand
aloha	Hawaiian for love
aroha	compassion, love
atua	spiritual being, deity, god
awhi	embrace, foster, cherish
haehaetia	torn apart
haka	dance
hangi	underground oven
hapu	extended family, consisting of many whanau, pregnant
hariru	handshake
heke, wheke	rafters
hikoi	journey--moving from one place to another

Hinetitama	the dawn maiden
hinengaro	intellect; mind
Hineahuone	woman fashioned of earth
Hinenuitepo	the great lady of the night
hongi	press nose; traditional means of greeting an individual
ho`omalu	Hawaiian for silent period
ho`oponopono	Hawaiian--to set right
hua whenua	vegetables
hui	gathering
iwi	tribe
Io Matua	supreme being
kai moana	sea food
kai	food
kainga	home, community, place of residence
kaiwhakahaere	administrator/organiser
kala	Hawaiian for unbinding
kanaka maoli	Hawaiian for indigenous Hawaiians

Kapu	Hawaiian for sacred
karakia	prayer; incantation
karanga	call; ritual exchange of calls that takes place between visitor and host at the beginning of a hui, as the visitors are welcomed onto the marae-atea
kaumatua	elder
kawa	protocol
kiri	skin
koha	gift
kohanga reo	Maori preschool language nest
kokona ngakau	corners of the heart (Maori counseling agency)
korero	speak
koro	old man
korowai	woven cloak
koru	undeveloped fern frond
kuia	elderly woman; elderly female relative; ancestress
kukuklu kumuhana	Hawaiian--pooling of mana
kura	school

mahi	work
mahiki	Hawaiian for discussion
maihi	carved front of meeting house
Mahuika	ancestress who imparted the knowledge of fire to Maui
makutu	a curse, a deliberate use of malign spiritual forces by one person against another
mamae	pain
mana	Power, influence, prestige, authority
manaaki	respect, kindness, hospitality
manaakitanga	caring for visitors
manaaki taura	Maori educational grant
manuhiri	guests; visitors
marae	outdoor ceremonial meeting area
mate	dead
matetane	boy crazy/ man crazy
mate wahine	menstruation
matauranga	knowledge

matauranga Maori	Maori knowledge
mauri	life force
mihi	Maori--greeting
mihi	Hawaiian--forgiveness
mimi	urine
mo ka piko	Hawaiian--severing the umbilical cord
mokopuna	grandchild, descendant
motu	island--sometimes referring to an area
Murirangawhenua	ancestress who imparted her jawbone of enchantment and knowledge to Maui
ngakau	the seat of affections; feelings
nga tamariki o Tane	the children of the God Tane
Ngati Toa	tribal group descendants of the Tainui canoe
noa	free from restriction
`oia i`o	Hawaiian--the essence of truth
Ohana	Hawaiian for family
pa	stokade; fortified place

paepae	seat reserved for the speakers in the formal welcome onto a marae
pakeha	non-Maori usually of European decent
pakiwaitara	story
papakainga	whanau or hapu based community or village; ancestral land
papatuanuku	mother earth
poteketeke	sexually suggestive dance
pounamu	greenstone, jade
poupou	carved figures
powhiri	greeting
puku	stomach
pule	Hawaiian for prayer
pule ho'opau	Hawaiian for closing prayer
puna	spring of water
punarua	polygamous wife
punawai	pool
rangatira	person of chiefly descent
rangatiratanga	chieftainship; sovereignty

Ranginui	sky father
Rona	the woman in the moon who controls the ebb and flow of the tides
tahuhu	ridge pole of a meeting house
taiaha	wooden weapon approx. 5Ft long
tamariki	children
tamariki whangai	children raised by people other than their birth parents
tane	man
Tane Mahuta	deity associated with forests
tangata	people
tangata whenua	local people/hosts
tangihanga	funeral; hui to mourn the loss of and bury a person who has died
taniko	a weave that is used as an ornamental border of a mat
taonga	treasure
tapu	restricted; sacred
tekoteko	carved figure on meeting house
Te Āo Maori	the world of Maori
Te Ao Wahine	the world of women

Te Arawa	tribal area belonging to Te Arawa canoe
Te Po	the darkness
tikangā	values, customs, rules
tinana	body
tino rangatiratanga	self-determination
tito	a fabrication; invent impromptu
topuni	dog skin mat
tuakana	elder sister, elder brother
tupapaku	corpse
tupuna	ancestor
tutakitanga	meeting
urupa	cemetery
wahine rangatira	chiefly woman
waiata	song; chant
waikato	region and river in the central region of the north island
wairua	spirit
wero	stylised challenge using a spear like weapon during rituals of encounter

whaikorero	formal speech delivered on the marae-atea
whakama	ashamed; reticent
whakamanawa	encourage
whakapapa	genealogy
whakapohane	the deliberate exposure by a woman of her genitals as a gesture of contempt; derisive
whakawhanaungatanga	establishing or reaffirming connection with others
whanau	family (usually the extended family); kin group
whanaunga	relation
whanaungatanga	collectivism; caring for and maintaining contact with one's relations
whangai	feed; to rear or adopt (informal, or formal)
whare	house
whaenui	meeting house
whare tangata	house of humanity, a description
whare tupuna	ancestral meeting house

whariki

woven mat

whenua

land; placenta