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**Barriers and Facilitators to Oranga Tamariki Access:
Wāhine Voices from Te Whakaruruhau**

A thesis
submitted in fulfilment
of the requirements for the degree
of
Master of Science (Research) in Psychology
at
The University of Waikato
by
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THE UNIVERSITY OF
WAIKATO
Te Whare Wānanga o Waikato

2025

Abstract

This thesis examines how wāhine supported by Te Whakaruruhau Waikato Women's Refuge experience Oranga Tamariki (OT) in the context of intimate partner violence (IPV), and what barriers and facilitators shape their access to services. Within a Community-Based Participatory Research approach, influenced by Kaupapa Māori and Mana Wahine principles, qualitative data were collected through semi-structured, kanohi ki te kanohi interviews with six wāhine and kaimahi. Reflexive thematic analysis identified seven themes, grouped into two overarching clusters: barriers and facilitators to OT access. Barriers were pervasive and cumulative, encompassing relational harm, negligence, fear and risk, and cultural tokenism. Facilitators - collaborative advocacy, strengths-based practice, and procedural justice - were comparatively rare and often dependent on external supports rather than systemic provision.

Mapping these findings against Te Hā o Whānau, an access framework, revealed that barriers emerged where tikanga manaakitanga, tikanga whakawhanaungatanga, and tikanga rangatiratanga were absent, while facilitators aligned with their enactment. Te Hā o Whānau conceptualises access as a relational and culturally grounded process inseparable from wellbeing, making it both conceptually robust and uniquely suited to Aotearoa. The analysis demonstrates that OT, as currently structured, undermines whānau wellbeing through systemic practices that erode mana, restrict autonomy, and compromise safety. In the immediate term, strengthened collaborative advocacy offers some protection and support, but meaningful change requires systemic transformation.

Future research should examine how Te Hā o Whānau might be further operationalised across different service contexts and explore experiences of wāhine and whānau with OT in a variety of contexts to build a fuller understanding of access and wellbeing in child welfare.

Acknowledgements

To the six wāhine who shared their stories with me, I offer my profound gratitude. Your strength, intelligence, and aroha are a powerful presence to behold, and I cannot wait to see all that your futures hold. I hope I have done you justice.

To my supervisor, Dr Anna Sutton, I wish to express my deepest appreciation for taking me on when I felt I was out, and for guiding me with such care to the finish line. I am immensely grateful for your support and belief in me.

To Dr Logan Hamley, your conviction, warmth, and wisdom have been a privilege to learn from. Your constant kindness was a salve during a painful year - thank you for always understanding.

To my Te Whakaruruhau whānau, thank you for your awahi. I am humbled to walk alongside such special wāhine.

To the ones I love, thank you for being the joy in my life. I could not have accomplished this without your support, from which I borrowed so much along the way.

To Sophie and Wallis, how lucky I am to call you my sisters. Thank you for everything.

To my parents, Tina and Colin, and my brother, Nathan, I love you so dearly. My journey began long before the commencement of this thesis, and I am so thankful to have had you with me every step of the way. Your patience, reassurance, and laughter have lit the path forward. Thank you.

Finally, to Caroline Felila Nu'u, I hope this makes you proud. We miss you.

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Glossary

Māori Term	English Translation
Aotearoa	New Zealand
Awhi	To embrace, hug, cuddle, cherish
Hapū	Subtribe
Iwi	Tribe
Kai	Food
Kaimahi	Staff
Kanohi ki te kanohi	Face to face
Karakia	To recite ritual chants, incantation, prayer
Kaumātua	Elder, person of status within a family group
Kaupapa Māori	Māori approach
Kete	Basket
Koha	Gift or offering of reciprocity
Kōrero	Conversation, discussion
Koru	Spiral motif, coil, curled shoot
Kupu	Word
Mahi	Work
Māmā	Mother, mum
Mamae	Ache, pain, injury, wound
Mana	Prestige, authority, power, influence, status - mana is a supernatural force in a person, place or object
Manaaki	To show respect, generosity and care for others

Manaakitanga	Hospitality, kindness, generosity
Māori	Indigenous peoples of Aotearoa
Māoritanga	Māori culture, Māori practices and beliefs
Mātauranga	Knowledge, wisdom, understanding
Pākehā	New Zealander of European descent
Pou	Mentor
Pūrākau	Story
Rangatiratanga	Chieftainship, right to exercise authority, self-determination, autonomy
Roto	Lake
Takatāpui	Lesbian, gay, homosexual, queer
Tamariki	Children
Taonga	Treasure
Tangata	Human being
Tauīwi	Foreigner, non-Māori
Tautoko	Support
Te ao Māori	The Māori worldview
Te reo Māori	The Māori language
Tikanga	Correct procedure, protocol, custom
Tohutō	Macron
Wahine	Woman
Wāhine	Women
Whakapapa	Genealogy, to give history, to layer, to recite in proper order

Whakawhanaungatanga	Process of establishing relationships
Whānau	Family group
Whanaungatanga	Relationship, kinship
Wharenui	Meeting house

Preface

This thesis was written in Kirikiriroa, on the lands of Ngaati Wairere and Ngaati Hauaa, hapū of the Waikato-Tainui iwi. The writing conventions of Waikato-Tainui generally prefer the use of double vowels over tohutō (Pānia Papa, 2018). For the sake of consistency I have followed Te Taura Whiri i te Reo Māori guidelines for best practice, which recommend the use of tohutō (Te Taura Whiri i te Reo Māori, 2012). For any future publications produced from this research, orthographic conventions will reflect the preferences of the communities involved.

The use of te reo Māori kupu in this thesis is a purposeful attempt to incorporate an enduring and treasured language into my mahi. However, I am not fluent in te reo Māori, nor do I whakapapa to it, and I acknowledge that there may be errors present. The translations I have provided in the above glossary are not intended as comprehensive definitions. They are often partial or inadequate representations of rich phenomena; I have not been able to represent the full scope of each kupu in this thesis, nor the metaphysical and relational depth embedded in te reo Māori (Mika & Stewart, 2017). Most translations are sourced from the online Te Aka Māori Dictionary (*Te Aka Māori Dictionary*, n.d.). For more accurate and expansive interpretations, I encourage readers to explore Te Aka themselves; it is a useful introductory resource for gaining insight into the kupu used here.

Māori is a term used throughout this thesis. I wish to emphasise that this usage does not imply Māori are a homogenous group, nor does it assume that all Māori share the same values, histories, or lived experiences. Not all Māori necessarily identify with, or relate to, whakapapa in the same ways. There is no single Māori cultural way of being and belonging (Rameka, 2018). I wish to affirm the diversity within Māoritanga, making space for multiple expressions of identity and acknowledging the uniqueness of tangata, whānau, hapū, and iwi.

Literature Review

The experiences of wāhine navigating child welfare services in the context of intimate partner violence (IPV) unfold within complex intersections of wellbeing, access, and structural power. Statutory child welfare agencies such as Oranga Tamariki (OT) hold significant authority over the lives of whānau, yet their practices have been widely critiqued for perpetuating inequity, particularly for Māori. Understanding how wāhine experience access to OT requires engaging with both psychological theories of wellbeing and frameworks grounded in tikanga Māori.

Conceptualising Wellbeing: Te Whare Tapa Whā and Intimate Partner Violence

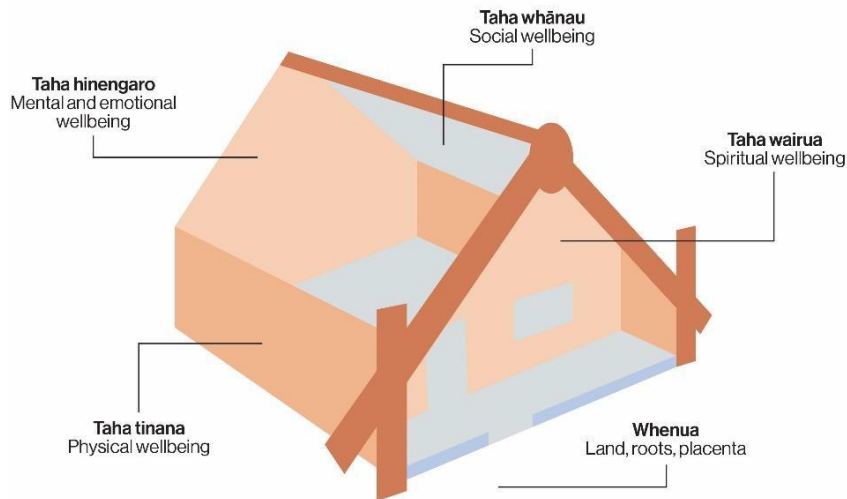
Conceptually, wellbeing exists nebulously; it resists a singular, universally accepted definition. This variability in definition necessitates that, when using the term “wellbeing”, an explicit and consistent definition is provided, tailored to its specific context (Bautista et al., 2023).

Wellbeing definitions within psychology fall broadly into two categories. Subjective, or hedonic wellbeing definitions focus on emotional states, life satisfaction, and self-reported health. Objective, or eudaimonic wellbeing definitions emphasise meaning, purpose, and positive functioning; whether people are “doing good” as well as “feeling good” (Western & Tomaszewski, 2016). Both definitional clusters are grounded in individualist paradigms and do not capture the unique relational, spiritual, and collective dimensions of wellbeing central to Māori worldviews (Jackson et al., 2022). Given this thesis’s specific situating in Aotearoa, it is advantageous to adopt a definition that reflects the cultural context of the communities involved.

This thesis thus draws its definition of wellbeing from Te Whare Tapa Whā, Sir Mason Durie’s seminal and influential model of health (Durie, 1985) (Figure 1).

Figure 1

Te Whare Tapa Whā: the whareniui of wellbeing



Note. Adapted from Dalley et al. (2023).

Durie's model conceptualises wellbeing as a whareniui, with its structure made of four interconnected and interdependent walls: taha wairua (spiritual wellbeing), taha hinengaro (mental and emotional wellbeing), taha tinana (physical wellbeing), and taha whānau (family and social wellbeing) (Durie, 1998, 2001; Pitama et al., 2007). Embedded in Durie's model is the presence of whenua (land/roots/placenta); as the foundation upon which the whareniui is built, whenua anchors identity and belonging (Hazou et al., 2021; Higgins & Goodall, 2021). Te Whare Tapa Whā denotes in its construction the inherent influence of relationality and collectivism on wellbeing; should any of the walls - or the whenua they rest upon - erode, the entire structure of wellbeing may be weakened. Therefore, wellbeing is definitionally and inherently holistic, existing at the intersections of various dimensions of wellness, across individual, whānau, and collective settings (Durie, 1998, 2001, 2006).

Importantly, in this definition of wellbeing, Te Whare Tapa Whā is offered as a descriptive rather than a prescriptive model. Furthermore, while each wall of the wharenuī may be useful in contributing to wellbeing, what these walls contain is subjective and shaped by context, experience, and cultural meaning (Durie, 2001; Johnson et al., 2024).

Among the many factors that may influence Te Whare Tapa Whā, IPV is a damaging force (Yonfa et al., 2021). IPV, as defined by the World Health Organization, refers to “behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours” (*Violence against women*, 2024). IPV specifically refers to harm within intimate partner relationships, regardless of gender, sexuality, or marital status, and excludes other forms of intrafamilial violence such as child abuse (Ali & Naylor, 2013). Both international and Aotearoa literature demonstrate a relationship between experiencing IPV and the erosion of the structural pillars of wellbeing: hinengaro, tinana, wairua, and whānau (Dillon et al., 2013; Fanslow & Robinson, 2004).

Access to Social Services: Frameworks, Challenges, and Cultural Context

Given the destabilising and harmful nature of IPV, it is useful to explore the systems that may support or undermine wellbeing during and after such experiences. While multiple factors influence wellbeing at these stages - such as connections to family and community (Davies et al., 2024), and functional justice systems (Cardenas et al., 2024) - access to social services can play a crucial role in healing, having the potential to shape realities of safety, recovery and long term wellbeing (Coker et al., 2002; Curry & Bell, 2024).

Social services span a wide range of provisions based on their context (Pinker, 2025); however, for the purpose of this thesis, social services will refer to organised systems and programs designed to provide support, resources, and interventions that address health,

social, economic, psychological, or safety needs (Martinelli, 2017). Social services vary greatly in form, function, and delivery. Some, such as OT, are statutory agencies with the authority to exercise mandated powers of intervention; as a result, their influence over the lives of service users can be significantly greater than that of non-mandated, community-based organisations (Fitzmaurice-Brown, 2022; Oranga Tamariki—Ministry for Children, 2025; Whitcombe-Dobbs et al., 2024).

Social services are not effective by virtue of their existence; their efficacy depends fundamentally on accessibility. Access refers here to more than mere engagement or interaction; services must be safe, responsive, and appropriately aligned with the actual needs of service users to constitute access (Carswell et al., 2020; Levesque et al., 2013). In appraising how this access is experienced by service-users, conceptual frameworks of access are valuable tools for understanding the mechanisms through which social services may either support or undermine wellbeing, via assessing whether services are effectively meeting access needs.

The access framework detailed by Levesque et al. (2013) is widely used to conceptualise service access as it offers valuable insights for identifying barriers and enablers across multiple dimensions (Cu et al., 2021). It conceptualises access as the interplay between five dimensions of service accessibility (Figure 2).

Figure 2

Dimensions of service accessibility

Approachability	Acceptability	Availability and accomodation	Affordability	Appropriateness
<ul style="list-style-type: none"> • Transparency • Outreach • Information Screening 	<ul style="list-style-type: none"> • Professional values, norms, culture, gender 	<ul style="list-style-type: none"> • Geographic location • Accomodation • Hours of opening • Appointments mechanisms 	<ul style="list-style-type: none"> • Direct costs • Indirect costs • Opportunity costs 	<ul style="list-style-type: none"> • Technical and interpersonal quality • Adequacy • Coordination and continuity

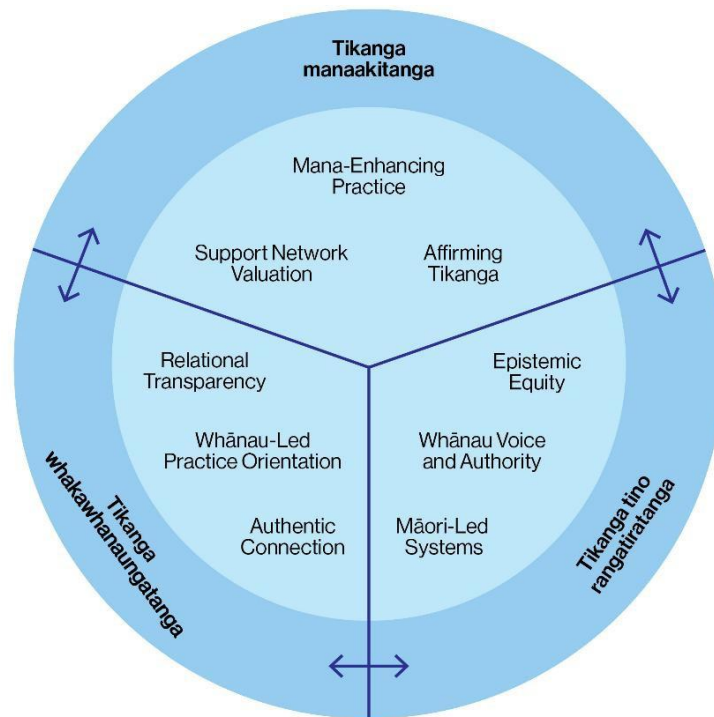
Note. Adapted from Levesque et al. (2013).

Within the framework proposed by Levesque et al., service accessibility is grounded in Western health-system contexts, which limits its capacity to fully capture the realities of OT access in Aotearoa. Developed in relation to voluntary healthcare interactions, the model is well-suited to service-user/provider dynamics where engagement is initiated by the service user. In contrast, OT is a statutory agency, and engagement most often follows external reporting and mandated investigation rather than voluntary help-seeking. As a result, OT access is more heavily shaped by power asymmetries than by the dynamics anticipated in the Levesque et al. framework. While statutory requirements are acknowledged, they are not foregrounded. For this reason, it is necessary to build on, and move beyond, the framework outlined by Levesque et al. to develop an approach attuned to the novel intricacies and realities of OT access. On this basis, this thesis adopts Te Hā o Whānau¹ (Stevenson et al., 2020) (Figure 3) as its primary access framework, offering an expanded model that centres relational and cultural dimensions alongside structural considerations.

¹ Te hā refers to the breath, understood here as the voice, while o whānau encompasses both family and maternity. (Stevenson et al., 2020, p. 67)

Figure 3

Te Hā o Whānau: A depiction of the interrelated appraisal principles and key practice points



Note. Adapted from Stevenson et al. (2020).

Te Hā o Whānau was developed using a Kaupapa Māori research methodology, drawing on the three articles of Te Tiriti o Waitangi² to inform culturally responsive practices and frameworks within the maternal-infant healthcare system (Stevenson et al., 2020).

Though not explicitly conceived as an accessibility model, Te Hā o Whānau offers a meaningful perspective through which access may be understood. Transposed onto the social service landscape, Te Hā o Whānau functions as an adapted access appraisal framework that is not prescriptive, but relational and context responsive. Thus, rather than providing a static ‘checklist’ of access, it sets out three interrelated dimensions - tikanga manaakitanga, tikanga

² Te Tiriti o Waitangi refers to the Māori text of the founding document of New Zealand, The Treaty of Waitangi. Signed in 1840, Te Tiriti o Waitangi recognises Māori authority and partnership with the British Crown. For more on the treaty and its obligations see Mutu (2011).

whakawhanaungatanga, and tikanga rangatiratanga. These dimensions, which are informed by practice points articulated by the authors, combine to form an expression of access.

Tikanga manaakitanga encompasses practices of hospitality, generosity, and nurturing care, grounded in relational responsibility (Wilson et al., 2021). Key practice points are: mana enhancing practice - treating others with respect, kindness, and empathy; support network valuation - valuing and promoting whānau and broader social support systems; and tikanga affirmation - creating environments that actively encourage and facilitate Māori cultural values and practices (Stevenson et al., 2020).

Tikanga whakawhanaungatanga centres around the building and tending of meaningful, reciprocal relationships (Rata & Al-Asaad, 2019). The practice points are: relational transparency - mitigating power imbalances through clear, open, and honest communication between service users and providers, and within and between services themselves; whānau-led practice orientation - designing and delivering services based on the unique needs and aspirations of whānau; and authentic connection - taking time to engage, build rapport, listen actively, and form genuine relationships (Stevenson et al., 2020).

Tikanga rangatiratanga refers to the affirmation of autonomy and self-determination; it is the celebration and support of agency and voice (Jackson, 2013). Practice points are: epistemic equity - respecting diverse bodies of knowledge and ensuring communication is accessible and comprehensible for all service users; whānau voice and authority - amplifying and treasuring the voices and decision-making power of whānau; and Māori-led systems - ensuring Māori leadership and governance are embedded within policy, training, education, and frontline service delivery (Stevenson et al., 2020).

There is evident overlap between each of the three dimensions of Te Hā o Whānau, as well as between the specific practice points that underpin them. The strength of the

framework lies in this interrelatedness; Te Hā o Whānau can be imagined as currents within a roto: swirling, feeding, and drawing from one another - none may exist independently.

Furthermore, while Te Hā o Whānau is built on the whenua of te ao Māori, it has the potential, if implemented thoughtfully, to accommodate a diversity of experiences and identities. For example, the tikanga affirmation included in the model is not a universally applicable practice element and, as such, should not be conflated with general cultural affirmation. Thus, when applying tikanga outside the whenua of te ao Māori, care must be taken to avoid diluting or distorting terms bound to mātauranga Māori (Smith, 1997). For tauwiwi service users, tikanga affirmation can sit alongside a commitment to affirming cultural identity in ways that are meaningful and appropriate contextually. This reflects the framework's ability to centre Māori principles while remaining flexible and inclusive of the varied realities of those engaging with services.

The decision to utilise Te Hā o Whānau as a framework for understanding access in social service provision need not be validated through comparison to Western models; its legitimacy lies in its own whakapapa (Smith, 1997; Smith, 2012). While not necessary for validation, drawing connections to psychological theories highlights relatedness across knowledge systems.

In examining the conceptual convergence between Te Hā o Whānau and non-Indigenous psychological theory, there is clear alignment between Te Hā o Whānau tikanga and the three basic psychological needs identified in Self-Determination Theory (SDT) (Ryan & Deci, 2000a, 2000b). Whakawhanaungatanga and manaakitanga align with, and expand upon, SDT's concept of relatedness - the innate human need to feel connected to and valued by others. Rangatiratanga aligns with both autonomy - acting with volition and in accordance

with one's values - and competence - experiencing mastery and efficacy - by centring the ownership of one's strength, leadership, and mana.

Both frameworks stress that wellbeing is contextually dependent on environments that uphold these values; when social service provision embodies tikanga whakawhanaungatanga and tikanga manaakitanga (relatedness) and tikanga rangatiratanga (autonomy and competence), it may enhance the wellbeing of those accessing it (Ng et al., 2012; Te Puni Kōkiri, 2015; Wilson et al., 2021). Conversely, when these are absent or obstructed, wellbeing is likely to be compromised (Ryan & Deci, 2000a).

Te Hā o Whānau provides a framework to appraise and operationalise access as a process that is both relational and culturally grounded and inherently tied to wellbeing. This distinguishes it from other referenced models. While Levesque et al. (2013) usefully operationalise access, their model does not explicitly attend to the ways access and wellbeing are interwoven, nor does it reflect tikanga Māori. Conversely, SDT (Ryan & Deci, 2000a) provides a strong account of how wellbeing is promoted when basic psychological needs are met, but it does not address how access is structured or constrained, nor incorporate Māori worldviews. Te Hā o Whānau therefore occupies a unique position at this intersection: it links access and wellbeing in ways grounded in tikanga Māori. For a study situated in Aotearoa, Te Hā o Whānau provides a framework that is both conceptually robust and culturally appropriate.

Colonisation, Patriarchy, and the Injustice of Access

While Te Hā o Whānau offers a vision of what meaningful, culturally grounded access could look like, in practice many do not experience access in this way. While various structural and intermediary determinants contribute to inequities of access, and consequently, wellbeing (Curtis et al., 2023), this thesis focuses on three experiences particularly relevant to

its scope: being Māori within a colonial state, being a woman within a patriarchal state, and experiencing IPV.

Colonisation has created and reinforced longstanding systemic barriers to access, reflected in the persistent inequities between Māori and tauwiwi populations across statutory domains (Bourke et al., 2023; Hobbs et al., 2019; Human Rights Commission, 2012; Ingham et al., 2022). Colonisation imposes Western values, governance systems, and institutional frameworks that privilege Pākehā norms, enacting processes of racism, subjugation, violence, and marginalisation that continue to disrupt Māori social, political, and cultural structures. Moreover, colonisation simultaneously neglects Māori worldviews, knowledges, and rights to wellbeing - despite these being protected as taonga under Te Tiriti o Waitangi (Came et al., 2020, 2021; Durie, 1998).

A facet of colonialism that further shapes access for women - both Māori and tauwiwi - is patriarchy (Mikaere, 2022). Patriarchy is a feature of colonisation; te ao Māori customarily does not adhere to binary conceptions of gender and holds a rich history of honouring the strength, influence, and sacredness of wāhine (Mikaere, 2022; Yates-Smith, 2022). Paternalistic state services, however, built upon colonial patriarchal notions of femininity and masculinity, continue to shape social service delivery in ways that systemically disempower women's voices and needs (Simmonds, 2011; Smith, 2022). Women experiencing IPV face additional barriers due to stigma, safety concerns, and systemic victim-blaming (Carswell et al., 2020; Giles & Adamson, 2005; Overstreet & Quinn, 2013; Saunders et al., 2023). Intersectionality theory underscores how these systems of oppression overlap, such that wāhine Māori face compounded marginalisation due to their simultaneous experiences of colonisation and patriarchy (Crenshaw, 1989; Johnston & Pihama, 2022).

Study Context

Oranga Tamariki - Ministry for Children (OT) is the statutory agency responsible for child welfare in Aotearoa. The agency holds extensive statutory powers under the Oranga Tamariki Act 1989, including the ability to investigate care concerns, seek Family Court orders, and remove tamariki from their whānau (Fitzmaurice-Brown, 2022). OT's practices have faced sustained criticism from statutory and independent bodies for systemic racism, disempowerment of whānau, and a lack of culturally safe practice. These published critiques have highlighted the particular effect of these issues on Māori, wāhine, and wāhine Māori (Boshier, 2020; Office of the Children's Commissioner, 2020; Waitangi Tribunal, 2021).

Te Whakaruruhau Waikato Women's Refuge (TWH) is a Kaupapa Māori, wāhine Māori led, community social service organisation based in Kirikiriroa, Aotearoa. Grounded in tikanga Māori, TWH is dedicated to supporting wāhine and whānau affected by IPV and whānau violence (Sherson & Irvine, 2018). For many wāhine, their journey during or after IPV is shaped by complex dynamics of control and loss of autonomy - and not inflicted by partners or former partners, but from service systems. As Robertson and Masters-Awatere note "It is ironic that, as a society, we tell women that they need to escape the power and control tactics of their abuser only then to subject them to the power and control tactics of so-called helping agencies" (2017, p. 95). The advocacy work of TWH, in part, seeks to mitigate against these dynamics (Robertson et al., 2013).

While research has highlighted systemic barriers to accessing social services, there remains a literature gap regarding how these barriers and facilitators are experienced. Indeed, there is specific gap in consideration of the intersection of IPV and OT involvement, particularly when examined through a Kaupapa Māori framework. This thesis addresses that gap by exploring participants lived experiences of access to OT services and considering how

these experiences align with the tikanga-based principles of Te Hā o Whānau. The following section outlines how pūrākau of these experiences were shared and analysed.

Method

Methodological Approach

This thesis is conducted as Community-Based Participatory Research (CBPR), influenced by the values and principles of Kaupapa Māori and Mana Wahine research. Together, these approaches form the ethical, relational, and analytical foundations of the study, and are operationalised through a qualitative design. A qualitative approach was selected to capture the depth and nuance of participants lived experiences, particularly in relation to complex systems such as OT and TWH. Analysis was completed using Reflexive Thematic Analysis (RTA).

CBPR, which emerged from applied social psychology discourses and global liberation movements, places emphasis on collaboration, empowerment, and community engagement (Collins et al., 2018; Holkup et al., 2004). A central element of CBPR is liberation through research - creating spaces where knowledge leads to meaningful social action (Ferreria & Gendron, 2011; Freire, 1971; Wallerstein & Duran, 2008). Cyclical, dialogical and adaptive, CBPR seeks to generate not only rigorous evidence, but also actionable and enduring benefits for the communities engaged in the research (Bogart & Uyeda, 2009).

Kaupapa Māori research flows from the wellspring of Māori mana and mātauranga; it is research by Māori, for Māori, and with Māori (Smith, 2015; Wilson et al., 2022). Beyond this foundation, what constitutes Kaupapa Māori research remains debated; there is no absolute consensus on its definition or application (M. Hall, 2014). While there are no prescribed standards for determining what constitutes Kaupapa Māori research, several central principles are frequently highlighted through the work and voices of Kaupapa Māori researchers (Fitzmaurice-Brown, 2022). These are: ensuring that Māori participants hold agency and autonomy in the research process; honouring the legitimacy of a Māori

worldview; challenging the ethics of research that serves only the researcher rather than the communities involved; and recognising the inextricability between theory, method, and practice (Ahuriri-Driscoll et al., 2007; Barnes, 2000; Bishop, 1998, 1999; Cram, 2006; Smith, 2015).

Mana Wahine developed from, and is supported by, Kaupapa Māori theory. The relationship between the two is both reciprocal and distinct - akin to the way a root nourishes the soil, and the soil in turn, sustains the root: neither two apart, nor one alone (Pihama, 2001; Simmonds, 2011). Like Kaupapa Māori theory, Mana Wahine cannot be defined singularly. As such, it certainly resists the shorthand ‘Māori feminism’, to which it is occasionally flattened in exercises of false equivalence (Simmonds, 2011). At its core, Mana Wahine may be understood as an approach that explicitly explores and celebrates the intersection of being Māori and being a woman (Heke, 2023; Pihama, 2020; Toi, 2019). When applied to research methodology, Mana Wahine insists upon practices that honour wāhine Māori (Pihama, 2022): me aro koe ki te hā o Hine-ahu-one - pay heed to the breath, the power, the dignity of Māori women.³

All three methodological threads – Kaupapa Māori, Mana Wahine, and CBPR – are tools for realising social justice, equity, and empowerment in psychology (Rua et al., 2023). They were chosen for their relevance and appropriateness to this research context. First, all participants had experienced IPV, and all but one identified as wāhine Māori - this raised concerns around the potential risks of methodological harm. Survivors of IPV face distinct risks, including re-traumatisation, emotional triggering, victim-blaming, and safety breaches, if disclosures are not handled with care (Jumarali et al., 2021; Weber et al., 2022). For wāhine Māori, these risks are further compounded: as Hine Waitere and Patricia Johnston write,

³. This whakataukī (proverb) references Hine-ahu-one, the first woman - and the first human being - within Māori cosmologies. Her creation and the subsequent breath of life mark the origins of humankind (Haimona, 2025, p. 14). The connotation is profound: without wāhine, life itself would not be possible.

“Through more than one scientific discipline the mana of Māori women has been the sacrificial lamb upon [the] metaphorical altar of knowledge” (2022), p. 139). The chosen methodologies offered an ethical and relational kete through which participants' wellbeing could be consciously cradled (Haitana et al., 2020; Waitere & Johnston, 2022). Multiple qualitative studies demonstrate that Kaupapa Māori, Mana Wāhine, and CBPR approaches can create protective research environments, empowering participants through relational practices (D'souza et al., 2024; Enright et al., 2025; Guillemin et al., 2016; Malpas et al., 2017; Weber et al., 2022). Second, as the research was conducted collaboratively with TWH, their organisational commitment to social justice praxis affirmed the relevance of methodologies aligned with collective strength and autonomy (Sherson & Irvine, 2018).

Positioning and Reflexivity

I am a Pākehā woman, psychology student, and community advocate worker, committed to learning about and enacting social justice, particularly within local contexts. My personal history differs from that of the wāhine I interviewed, as I have neither experienced IPV nor engaged with OT as a client or advocate. These factors shaped my approach and underscored the importance of conducting the research ethically, respectfully, and authentically.

CBPR's emphasis on collaboration, reciprocity, and co-construction of knowledge aligns closely the guidance I received from pou and kaimahi at TWH. Their input was instrumental in shaping the research design, ensuring relevance to the wāhine involved, and supporting me to navigate the work with accountability, integrity, and care.

Research Design

An ethics application for this qualitative study was approved by The University of Waikato Arts, Law, Psychology and Social Sciences Human Research Ethics Committee prior

to data collection, and prior to proposing the research to TWH leadership (Appendix A).

Following academy approval, I met with Ruahine Albert, CEO and founding member of TWH, to discuss the viability and appropriateness of conducting this research. At this time, I had recently commenced paid employment with TWH, following a prior period of volunteering. With insight and feedback from Ruahine, I was granted permission to engage both kaimahi and clients of TWH in the study (Appendix B).

I have committed to providing accessible and beneficial research outputs for TWH and the wāhine involved in this thesis, including summary reports and support for formal OT complaints. These outputs represent an expression of methodological and personal integrity: I will tautoko those who tautoko me; I will honour the gravity of the pūrākau shared by these wāhine.

Although TWH were not formal sponsors of the research, and I was not employed to conduct it, their tautoko was instrumental in shaping the project. Kaimahi at TWH facilitated engagement with participants, offered guidance on appropriate recruitment, provided safe spaces for interviews, and were there with kōrero when I faltered. TWH kaimahi were active co-constructors of this project; while my relationship with TWH precluded any illusion of objectivity, my position within TWH constellations reflects the whanaungatanga commitments central to my methodological approach.

Purposive sampling was utilised, with TWH kaimahi ensuring invitations were extended only to wāhine for whom participation would not pose emotional or psychological risk. Six participants were recruited in total: four wāhine receiving tautoko from TWH, and two employed as advocate kaimahi. Five participants identified as Māori, and one identified as Pākehā; ethnic identity was not a specified inclusion criterion. Ages ranged from 20 to 59 years of age. Advocate kaimahi were included alongside OT service users so as to incorporate a meso-level perspective to this research. Thus, advocate kaimahi may offer broad insights

into potential systemic patterns through their support of multiple wāhine (Eriksson et al., 2018).

Participants were anonymised using pseudonyms of their choosing: where no preference was expressed, I selected a flora-themed name. One participant, Debra, requested to use her real name. This was agreed to after confirming she understood the risks involved, particularly regarding her ongoing case with OT and the possibility of retaliatory actions. Debra's choice was honoured as an expression of rangatiratanga (Wang et al., 2024).

Qualitative research was chosen for this study to capture the complexity of lived experiences of wāhine engaging with OT and TWH. The qualitative approach focussed on rich, in-depth analysis of personal pūrākau and nexuses of context that may have eluded quantitative approaches. Specifically, audio-recorded, semi-structured kanohi ki te kanohi interviews were chosen for their capacity to support the intimacy of embodied, in-person interaction (Bishop, 1995). The flexibility of semi-structured interviews enabled participants to express their experiences in their own terms within a loosely guided, conversational framework. For a copy of the interview questions see Appendix C. While this research design aligns with idiographic traditions in its focus on unique, personal stories, the analytic intention is not confined to the specificity of each individual case. Rather, this thesis adopts an idiothetic approach, wherein “information collected and analysed at the individual (idiographic) level should be capable of additional analysis at the aggregate level” (Reid et al., 2024, p. 9). This enables detailed, contextually grounded experiences to be curated and interpreted both individually and collectively. Without relying on generalisability in the nomothetic sense, this approach supports the development of community-level insights into patterns of interaction between wāhine, OT, and TWH.

Procedure

Interviews with kaimahi were held at the TWH safe house, while interviews with clients took place in cafes, restaurants, or their homes - spaces chosen to maximise relational ease. Each interview included the sharing of kai. All participants were presented with koha as an expression of appreciation and acknowledgment of their contributions to the project.

Participants received detailed information sheets outlining their rights, including the voluntary nature of participation, their ownership over the stories shared, and the limits of confidentiality if safety concerns were to arise. No such concerns emerged during the interviews. Written informed consent was obtained prior to each interview. Participants were encouraged to bring a support person if this would help them feel more comfortable, though none chose to do so. They were encouraged to discuss their potential involvement with trusted whānau, friends, or kaumātua.

Audio recordings were transcribed with aid from Trint, a secure AI-powered transcription platform (Trint Limited, n.d.). Participants were informed of this and could opt for completely manual transcription instead; all chose Trint. Transcripts were returned for review, with participants free to edit, add, or remove content. One participant chose to review and revise her transcript alongside me, a process that supported her comprehension and ensured her comfort.

Analysis Approach

This thesis employed Reflexive Thematic Analysis (RTA) to analyse interview data and identify patterns of meaning across participant kōrero (Braun et al., 2016; Braun & Clarke, 2023). RTA is used as a flexible, interpretive method of analysis that rejects notions of researcher passivity and acknowledges the researcher's active role in the production of knowledge (Byrne, 2022). Themes and codes are understood as the researcher's reflexive interpretation of patterns of meaning, shaped by the interplay between the data, the

theoretical assumptions underpinning the research, and the researcher's analytic experience (Braun & Clarke, 2019). In alignment with the methodological foundations of Kaupapa Māori, Mana Wahine, and CBPR, RTA embraces subjectivity as a valuable and irrefutable component of qualitative analysis (Braun & Clarke, 2019; Middleton et al., 2022).

While the analysis was primarily inductive, it was informed by the principles of Kaupapa Māori, Mana Wahine, and CBPR (Braun & Clarke, 2014). Both semantic and latent levels of coding were used to explore not only participants' lived experiences but also the underlying structures, assumptions, and power relations shaping those experiences (Braun & Clarke, 2006).

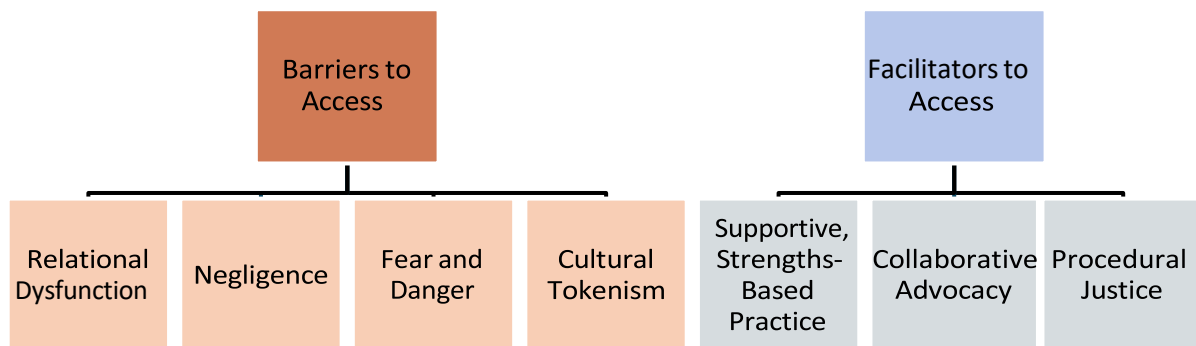
The analytical process followed Braun and Clarke's six phases of RTA: (1) Familiarisation - repeated reading of transcripts to engage thoughtfully with the data and recognise initial insights; (2) Coding - systematic identification and labelling of data features that were meaningful and relevant to the research aims; (3) Initial theme generation - creation of tentative themes composed of clustered codes reflecting shared concepts; (4) Reviewing and developing themes - refinement of themes to ensure coherence and meaningful representation of pūrākau; (5) Refining, defining, and naming themes - further shaping of themes and presentation of interpretive labels; and (6) Producing the report - weaving, marrying, and melding data excerpts and analytic conclusions into a coherent narrative (Braun et al., 2022). Data coding and management was supported using NVivo 15 software (Lumivero, 2024).

Results

This chapter presents seven themes generated through Reflexive Thematic Analysis (RTA) of the interview data, organised into two overarching clusters: barriers to access and facilitators of access (Figure 4). Four subthemes were identified as barriers - relational dysfunction, negligence, fear and danger, and cultural tokenism - while three subthemes captured facilitators: supportive, strengths-based practice, collaborative agency, and procedural justice. To illustrate each theme, quotes from all six participants (Akeake, Debra, Kaya, Lily, Pūriri, and Scarlett) are included. These quotes have been edited for clarity and, where necessary, to protect participants' identities.

Figure 4

Barriers and facilitators to access



Barriers to Access

Barriers to access describe the conditions and practices that prevented wāhine from engaging safely or effectively with Oranga Tamariki. Rather than isolated points of difficulty, these were experienced as recurring obstructive patterns - ranging from harmful relational dynamics to material risks posed to wāhine and their tamariki.

Relational Dysfunction

“So much judgement, you know?” (Akeake).

Participants described relational dysfunction as undermining the appropriateness of OT services; wāhine described a pervasive pattern of judgement, inconsistency, dishonesty, demoralisation, and, at times, overt cruelty from staff. As Lily put it, “I basically put walls up with them because I don’t trust them.”

Judgement was a recurring feature of staff interactions. Lily explained: “They make assumptions on judgement and if you’ve got a history, you’ve got a history, and they just assume that we’re all the same people.” Kaya shared a similar sentiment: “Once you’ve got this one look on you, you’re the bad person forever.” She recalled a specific instance where a social worker, having previously worked with a family member, “instantly thought that I was everything like her. I’m totally different. I’m my own person.” Such assumptions led the wāhine to believe that they were not recognised by OT staff as individuals capable of change or growth; instead, they felt reduced to casefiles. This feeling was articulated by Lily: “They need their numbers. And my son was just a statistic.” Pūriri remarked: “It always feels like there is some kind of quota,” and Kaya concluded, “My babies and I are just another statistic to them.”

Expectations placed on clients by OT staff were described as generally opaque, and difficult, or impossible, to meet. Debra described stopping her solvent use in an effort to

reunite with her children after OT removed them from her care, in part due to her drug use. However, when she reported this development, staff told her that, due to technical limitations, “There’s no way to verify that, so we can’t use it as evidence.” She had never been informed of this technicality. Several wāhine described being set rigid expectations without any assistance to meet them. Akeake summarised the expectation binds placed on whānau: “OT set them up to fail.”

Pūriri stated “I feel like they're a law unto themselves... you can't come back at them for them to be accountable for decisions they've made, you know?” This reflects the profound disbelief, conveyed by all participants, in OT’s ability to function as a self-regulating, accountable agency.

Several wāhine described hopelessness as being deliberately fostered. Kaya recalled her social worker saying, “Your kids are never going home, they’re never going to be returned. Never ever.” Debra was told, “No hope. Just give up.” These comments, irreflexive of the legal realities of these women’s custodial potential, were viewed as needlessly discouraging. Demoralisation was compounded by perceived procedural inconsistencies: Lily noted, “There’s other people that get those chances, and I just was on those that didn’t.” Debra contrasted her treatment with that of a family member, who houses her children and is accused of child abuse: “If that was me, the mother of the children, you fullas would’ve uplifted them!” These inconsistencies made wāhine feel that there was room for biases, rather than equitable or competent decision-making, to dictate OT decisions.

Several participants reflected on staff members’ ethnicity as influencing how they were treated. However, no consistent pattern emerged; experiences of both care and mistreatment were associated with staff across a range of backgrounds.

Negligence

“Not one of yous want to sit down and help me” (Lily).

Poor availability and the limited appropriateness of services were barriers to access for these wāhine, with staff often difficult to reach and supports unsatisfactory. The wāhine all described experiencing negligence from OT staff. This negligence was most visible in two reoccurring patterns: persistent communication failures, and the absence of meaningful support. Participants perceived these as serious failings in OT's responsibilities that left wāhine without the basic functions of a statutory service.

Wāhine described unanswered calls and emails, meetings cancelled with little or no notice, and information withheld without clear justification. "I could never get a hold of my son's social worker. She was just never there" (Lily). Critical information - such as updates on children's health, or allegations of harm against them while in others' care - was at times withheld, leaving māmā uninformed as to the wellbeing status of their tamariki. In one instance a participant was told she would not be given a document important to her case because she would not understand it, and "neither would your lawyer" (Pūriri). Across accounts, communication was described as consistently stilted, slow, or deliberately obstructive.

Alongside this, participants described being left without practical supports. Akeake spoke of files being closed or transferred without follow up: "[The sense was] if they're in the 'too hard basket' ... get rid of them." Requests for assistance during difficult or unsafe circumstances were often met with inaction or punitive responses. Lily, disclosing post-natal depression, recalled, "My social worker didn't want to support me... I didn't know what was wrong with me. I was just reaching out, like, what can I do?" Some participants noted that OT shifted support responsibilities to other agencies or onto clients themselves: "They expect Te Whakaruruhau to implement it... but they won't pay for it" (Akeake).

Fear and Danger

"I'm scared of what they will do to me" (Lily).

Low acceptability and poor appropriateness of OT's responses to wāhine's needs were barriers to access, as fear, coercion, and unsafe decisions left them unable to trust the agency; for the wāhine, OT involvement did not imply security or safety. Wāhine described feeling intimidated, unsafe, and "at war" with the agency. Pūriri observed that "people are so scared of OT that [families] basically do whatever [OT] want," consenting to plans without understanding or genuinely co-signing them, just to avoid the threat of child removal. Several wāhine described feeling coerced into agreeing to actions without being told the details: "They wouldn't share [the plan] unless I said yes to go on" (Lily).

Accounts highlighted OT staff's limited understanding of IPV and lack of mechanisms to tautoko wāhine through it. In some cases, OT (in)action increased risk. Scarlett recalled OT welfare checks for her children where she presented with a visible black eye and large bodily bruises; her injuries went unacknowledged, with no check-ins or follow up: "I was almost murdered... it could have been slightly prevented if OT actually paid more attention." Kaya was forced into a concealed pregnancy by her children's father as an abuse tactic; when this was revealed after birth, OT uplifted her children due to a lack of prenatal care: "They failed to understand it was classic domestic violence signs... they failed to see that I didn't have any family around me anymore. I had no support. They didn't offer me any support." She was also encouraged by OT to leave TWH safe housing, being told it was "too controlling." Wāhine described avoiding disclosing IPV for fear of punishment from OT rather than support. For Debra, this meant ceasing to call the police during violent abuse: "Every time I'm ringing, I'm trying to get help... and then OT is thinking I'm a bad mum because I'm still here with him... but they never got it."

Material risks extended to children's safety. Both Debra and Kaya reported OT placing tamariki in environments where they were harmed. Kaya's children were abused by carers known to be hostile to her, with OT's response limited to a perfunctory conversation

with the abusers: “It’s been proven now that they put my children in an unsafe environment... they failed my children, they failed to keep them safe like they promised.” Debra concluded: “Just so much let down. The services, what services? They ain’t providing protection for my babies... my babies aren’t safe and that for me ain’t safe.”

Cultural Tokenism

“Their practices aren’t lining up with what they’re saying” (Kaya).

Cultural tokenism demonstrates poor acceptability of OT’s services as a barrier to access, with wāhine Māori describing practice as misrepresenting tikanga and failing to align with the agency’s purported values. Participants expressed mistrust, scepticism and disdain due tokenistic gestures. Debra reflected: “There is nothing Māori about Oranga Tamariki... if you don’t know what manaaki and tautoko and awhi and all that means and you don’t feel it and live it, how the fuck are you supposed to be it?” Kaya similarly noted: “They talk about whakapapa but they take children away... and that’s where the trust is gone.” Pūriri, Akeake, Kaya and Debra all explicitly stated their belief that OT was systemically culturally inappropriate for whānau Māori, viewing the agency as still carrying its colonial hang-ups.

While participants acknowledged OT’s outward incorporation of Māori language and imagery, these gestures were seen as reflecting ongoing colonial structures. For Pūriri, the agency’s implementation of a Māori name in 2017 - a change from its former name of Ministry for Vulnerable Children (Fitzmaurice-Brown, 2022) - was viewed as a form of misrepresentation designed to shift public perception without meaningful structural change: “Changing the name to a Māori name is another way of copping out of redress.” She was equally critical of what she labelled tokenistic gestures from OT: karakia in meetings from staff who didn’t embody awhi, and koru adorning the offices that consistently let down whānau Māori.

Access Facilitators

Facilitators of access describe the conditions and practices that enabled wāhine to engage more safely and effectively with OT. Unlike the barriers, which were described as recurrent and entrenched, facilitators were typically experienced as intermittent and fragile, often dependent on the presence of particular people or processes. These moments of supportive practice, collaborative interagency action, and avenues for procedural fairness, when present, provided wāhine with a greater sense of safety, respect, and possibility for engagement.

Supportive, Strengths-Based Practice

“She was different from the rest. She actually wanted to help” (Lily).

Supportive, strengths-based practice improved the appropriateness and acceptability of OT services by aligning with the women’s values and needs, which encouraged them to seek and maintain engagement. All wāhine spoke about rare but positive experiences with individual OT staff who they perceived as committed, compassionate, and strengths focussed. Lily described one such worker as “probably the only person...willing to help me in my situation... all she wanted to do was understand the situation and want to help.” Kaya highlighted social workers who acted quickly, worked collaboratively with external advocates, and genuinely listened: “They’re making sure my kids are safe.” Scarlett recalled feeling gladdened when a worker recognised her strengths and efforts despite difficult circumstances: “Yeah you’re not in the best living situation but you’re not a bad mum.” She emphasised the importance of openness and transparency: “If we’re not against you, don’t be against us.”

Across these accounts, supportive practice from OT staff was characterised by empathy, respect, clear communication, cultural humility, and shared problem-solving. Wāhine highlighted the difference when staff genuinely listened and responded to their concerns. As Kaya reflected: “I think recently it helped that they asked the right questions and they readdressed every part of this case... they did listen, they did see where there were some gaps and they questioned it and adjusted it and they did take note of it accurately. So this lot [of social workers] were quite good at it.”

Collaborative Advocacy

“It wasn’t just me by myself” (Scarlett).

Collaborative advocacy improved the approachability and accommodation of OT services by making them easier to navigate, more responsive, and less intimidating for wāhine.

For the māmā interviewed, having an advocate - someone who could support them in expressing and realising their views and wishes - from an external organisation positively aided in their access to OT. Debra contrasted her experiences with and without an advocate starkly; without on she felt she was just “looked at and laughed at,” but having one gave a “status that gets you respected.” Kaya emphasised that “the right supports, the wraparound services” can mitigate relational dysfunction and that advocates often “know the avenues to take” and act proactively, looking “intimidating to OT.” Lily described feeling “honoured to have Te Whakaruruhau as part of my journey...especially like advocating on my behalf.” Scarlett saw immediate changes when she mentioned her lawyer - her OT case, kept open despite no tangible risks identified, was closed - and felt reassured when TWH vouched for her: “It definitely makes you feel better when you have organisations on your side.”

Interagency facilitation from OT was also welcomed by wāhine.

For the Te Whakaruruhau advocates, having an established functional relationship with OT social workers brought relief: “We know we can work with them,” “It’s better if you know somebody in [OT]...otherwise... it’s probably not as accessible” (Akeake).

Procedural Justice

“Now the power’s back in our court” (Pūriri).

The availability of formal redress processes was identified as a potential, albeit limited, facilitator of access. While these redress mechanisms were generally pursued retrospectively by clients, not proactively by OT, their existence offered a small measure of reassurance that OT was not entirely “lawless.” However, none of the women interviewed had experienced truly satisfactory outcomes through these channels. In such cases, where partial redress had been achieved, endurance and meticulous evidence collection were viewed as critical: “We won’t stop” (Pūriri). Progress was slow, and, as Pūriri noted, there was a persistent lack of ownership for harmful (in)actions: “Nobody’s putting their hand up... everyone’s trying to brush over it like it never happened.”

The sum of the findings indicate that barriers to access were pervasive and cumulative, while facilitators were sporadic and precarious - a dynamic examined further in the discussion through Te Hā o Whānau.

Discussion

Access, Te Hā o Whānau, and Wellbeing

Following results analysis, it became evident that the thematic clusters generated mapped, with close correspondence, with the tikanga dimensions of Te Hā o Whānau framework: where Te Hā o Whānau tikanga waned, barriers emerged; where Te Hā o Whānau tikanga was enacted and embraced, facilitators were elucidated. The initial portion of my discussion makes these connections explicit, mapping accounts in each theme to their alignment or misalignment with Te Hā o Whānau. It also considers how access issues influence service-user wellbeing: while identifying where and how OT facilitates or impedes access is valuable for operational appraisal and aspirational modelling, it is equally important to recognise the implications of access for wellbeing.

While this thesis did not directly measure wellbeing outcomes for the wāhine involved, a substantial body of literature demonstrates how wellbeing can be either hindered or enhanced through the enactment - or absence - of tikanga manaakitanga, tikanga whakawhanaungatanga, and tikanga rangatiratanga. Given the conceptual convergence between the dimensions of Te Hā o Whānau and the basic psychological needs identified in SDT (relatedness, autonomy, competence), research from both frameworks offers relevant insight into agency engagement. SDT provides a broad empirical base for predicting wellbeing impacts, while Māori-centred literature captures culturally specific expressions of these needs. This convergence allows predictions, grounded in an extensive corpus of local and international research, about how Te Hā o Whānau relates to wellbeing. Accordingly, in the discussion that follows, references to tikanga manaakitanga, tikanga whakawhanaungatanga, and tikanga rangatiratanga draw simultaneously on their associations with both Te Hā o Whānau and SDT.

Tikanga Manaakitanga, Tikanga Whakawhanaungatanga, and Wellbeing

Tikanga manaakitanga was largely missing in the pūrākau shared, evident in the four themes of access barriers. Relational dysfunction revealed the absence of mana-enhancing practice, with OT staff characterised as judgemental, manipulative, and dismissive. The lack of consistent respect, kindness, and empathy acted to erode, not assure, mana - māmā were placed into situations in which they felt they were deprived of dignity, and so were their tamariki. Negligence was also prevalent, undermining support network valuation when wāhine described OT as placing the onus of support for māmā on unsafe whānau members rather than mobilising appropriate supports, including from OT itself. In other cases, responsibilities were shifted from OT to external agencies without adequate coordination or resourcing, leaving wāhine navigating the paradox of being deemed a state case without functional state support. Cultural tokenism undermined tikanga affirmation: while individual staff sometimes attempted to embody tikanga, at a systemic level gestures were described as lacking authenticity, void of competent integration, or absent altogether.

Tikanga whakawhanaungatanga was also compromised across the barrier clusters. Relational dysfunction and negligence were particularly evident in the absence of relational transparency, with wāhine describing dishonesty and the withholding of crucial case information. Such practices entrenched power asymmetries and generated uncertainty about OT's authority, fuelling fear and danger. Whānau-led practice orientation was also undermined: wāhine consistently described OT involvement as delivering unsafe services, despite whānau aspirations for security. Authentic connection was scarce, with wāhine describing themselves as unheard, prejudged, and reduced to statistics rather than treated as equal partners in decision making.

When tikanga manaakitanga and tikanga whakawhanaungatanga are upheld there is an empirical association with bolstered emotional security (Backhouse-Smith, 2020; Hui &

Tsang, 2012), increased self-esteem (Ümmet, 2015), and a stronger capacity to cope with stress (Kostromina et al., 2022). Supportive, trusting relationships and functional relatedness are consistently linked to enhanced purpose and meaningful living (Martela et al., 2018; Rolleston et al., 2022; Tang et al., 2020), as well as lower depression and anxiety (Ng et al., 2012b). These tikanga are more than simply “having people around”; they are grounded in mutual care, authenticity, and belonging - qualities that nurture intrinsic motivation (Capon-Sieber et al., 2022; King, 2015), enable adaptive coping (Towair et al., 2025), and anchor a secure sense of meaning and identity (Penny et al., 2024). When they are absent, and relational *mamae* is present through neglect, hostility, or exclusion, psychological wellbeing is undermined and resilience weakened (Ryan & Deci, 2000b; Weinstein & Ryan, 2011).

Tikanga Rangatiratanga and Wellbeing

Tikanga rangatiratanga was also conspicuously absent from the pūrākau. Cultural tokenism and negligence undermined epistemic equity, as wāhine described OT’s limited recognition of diverse bodies of knowledge, including spiritual and maternal knowledges that extend beyond material quantification. Fear and danger further curtailed whānau voice and authority, with wāhine describing fear-based tactics such as the looming threat of child removal. Participants confirmed that while OT carries a Māori name and articulates Māori values in its official service aims (Oranga Tamariki—Ministry for Children, 2023), tikanga Māori was not meaningfully integrated into frontline practice, leaving rangatiratanga absent in lived experience.

Tikanga rangatiratanga flourishes in environments where people are empowered to act with choice, stay true to their values, and feel capable of meeting life’s challenges (Roche et al., 2018). Such conditions strengthen self-regulation, motivation, persistence, and self-esteem, while fostering self-efficacy and purpose (Vansteenkiste et al., 2020). When tikanga rangatiratanga is eroded - whether through coercion, opaque processes, dismissal of expertise,

inadequate resources, inconsistent expectations, or being denied opportunities to lead and contribute - frustration and disengagement can follow (Johansen et al., 2025; Vermote et al., 2022) Over time, repeated powerlessness may give rise to learned helplessness, reducing motivation and compounding poor mental health outcomes (Maier & Seligman, 1976; Ryan & Deci, 2000b).

Interdependence of Te Hā o Whānau and Te Whare Tapa Whā

The dimensions of Te Hā o Whānau, while discussed above in relation to psychological studies, also reflect the interdependent complexity of wellbeing as captured in Te Whare Tapa Whā. Beyond the effects on taha hinengaro - which influence the whole wharenuī - taha wairua is strengthened when these dimensions are upheld through the affirmation and celebration of cultural identity, of self, and connection to those who have been and those yet to come; when they are diminished, mana is eroded (Houkamau & Sibley, 2011; Ihimaera, 2004). The presence of Te Hā o Whānau enhances motivational drivers that support health-seeking behaviours, benefiting taha tinana, while positive taha hinengaro effects buffer against stress that might otherwise harm physical wellbeing (Ng et al., 2012; Ntoumanis et al., 2021). Taha whānau is reinforced when autonomy, strong relatedness, and competence enable self-determination, collective navigation of challenges, and confidence in oneself and others (Ryan & Deci, 2000b).

When considered alongside the pūrākau of the wāhine interviewed in this study, the dimensions of Te Hā o Whānau provide a valuable framework for both appraising and strengthening social service provision while also illuminating the wellbeing consequences of access. Applying the framework diagnostically revealed that, for these participants, OT was not meeting key access dimensions. Interviewee accounts characterised the service as largely inaccessible, with barriers that were recurrent, multifaceted, and cumulative, generating multiple points of impeded engagement. The imbalance between the prevalence of barriers

and the rarity of facilitators was striking. Barriers formed the dominant, everyday reality of wāhine engagement with OT, while facilitators appeared only as rare exceptions. Where facilitators were present, they were described as moments of reprieve rather than reliable features of the system, highlighting both the potential of Te Hā o Whānau in practice and the depth of failure in its absence

In such an environment, wāhine were required to draw on considerable strength, tenacity, and resilience - often supplemented by external supports - to navigate compounding obstacles to access. Based on the established association between the enactment of Te Hā o Whānau and enhanced wellbeing - and its absence with poorer wellbeing - the predominance of barriers in participants' accounts indicates that, as currently experienced, OT services are more likely to undermine than to support wellbeing for service users. This finding is particularly concerning given OT's own stated aims: the Oranga Tamariki Action Plan commits the state to 'promote the best interests and wellbeing of children, young people, their families and whānau with the greatest need' (Ministry of Social Development, n.d.). Considering this commitment, the recurrent misalignment between participants' lived experiences and the enactment of Te Hā o Whānau highlights a fundamental contradiction between the service's aspirational rhetoric and its operational reality.

Access, Mamae, and the Limits of Facilitation

Following reflection on the relationship between access, Te Hā o Whānau, and wellbeing, it is important to acknowledge that for many who engage with OT there is already an existing layer of mamae - corrosive to wellbeing - that cannot be mitigated by facilitated access alone. OT involvement typically a whānau facing child maltreatment allegations, which, whether substantiated or not, can cause considerable stress. Substantiated maltreatment allegations add a further source of mamae, often extending beyond the harmed

child to their loved ones, who may, in some cases, include those responsible for the abuse (Hall et al., 2022; MacNair, 2002). Therefore, OT engagement cannot be expected to be free entirely from pain; however, this does not justify compounding anguish through lack of access. While it is unrealistic to expect a statutory child welfare service to be completely devoid of emotional strain, in an ideal provision of such services, the state and its actors would ensure that wellbeing is not unduly impeded through avoidable inaccessibility.

OT Access and IPV

These potential impacts on wellbeing take on heightened significance in the context of IPV. For wāhine in this study, the harm of unmet needs and diminished access was not experienced in a vacuum; it occurred against a backdrop of abuse that had already undermined their autonomy, safety, and social support structures. When read alongside established psychological literature on IPV, the accounts of the wāhine suggest troubling parallels between IPV perpetrator tactics and the (in)actions of OT. Psychological IPV frequently manifests as coercive control, encompassing manipulation, gaslighting, emotional abuse, unpredictable behaviour, threats, and social isolation, all of which undermine autonomy (Dichter et al., 2018). These tactics are often accompanied by demeaning and belittling communication intended to erode the victim's sense of self-worth (Cinquegrana et al., 2023). The wāhine described OT withholding critical information, imposing decisions without consent, invoking the threat of child removal, and encouraging severance from external supports; these practices echo the IPV mechanisms of their partners or ex-partners, diminishing power, autonomy, and relational safety. While this remains an interpretive reading, it is conceivable that, for these wāhine, OT's service provision was not experienced as a departure from abusive dynamics but as a continuum of re-victimisation. This reading is congruent with previous research on the dynamics of IPV and social service access in Aotearoa (Masters-Awatere & Gosche, 2017; Robertson & Masters-Awatere, 2017)

Implications for Practice and Policy

These findings build on an extensive body of local literature critiquing OT's operation, identifying that OT functions as a dysfunctional social service reproducing colonial logics and undervaluing the voices of whānau (Fitzmaurice-Brown, 2022). These findings contribute to a longstanding legacy of social service critique in Aotearoa. For example, the Puao-te-ata-tu report (Ministerial Advisory Committee on a Maori Perspective for the Department of Social Welfare, 1988) documented similar issues more than three decades ago, underscoring that, despite repeated governmental acknowledgment, disempowerment, welfare endangerment, and cultural unsafety remain embedded in social services. While the present research is not generalisable, its alignment with this extensive body of work suggests that the issues identified here are likely to resonate beyond the immediate participant group.

Aspirationally, Te Hā o Whānau can move beyond a diagnostic tool to serve as a framework for reimagining access for clients engaging with OT. While the pūrākau in this study highlight the absence of tikanga manaakitanga, tikanga whakawhanaungatanga, and tikanga rangatiratanga in practice, the framework indicates the potential value of embedding these dimensions within social service provision. Such an approach aligns with longstanding recommendations for child welfare reform since its statutory inception (Fitzmaurice-Brown, 2022) and offers a culturally grounded pathway for constructing more genuine access for whānau. However, as evidenced by the historic reluctance to realise appropriate access in the child welfare sector, it is unlikely the state will implement these tikanga in more than incremental stages. Moreover, some scholars caution that the full transposition of such a framework into a statutory agency embedded in a colonial state may be structurally incompatible; if a colonial state adopts it, it may no longer retain its tikanga integrity (Fitzmaurice-Brown, 2022). In the meantime, OT, as a largely inaccessible service, will

continue to fail whānau. If this is the case, then a pragmatic short-term approach is enacting policies to strengthen and resource collaborative advocacy. Advocates, exemplifying dimensions of Te Hā o Whānau, are well placed to walk alongside wāhine, help navigate barriers, mitigate harm, and safeguard rights. When statutory services cannot be relied upon to enact Te Hā o Whānau principles - where they can not, or will not, do so - external supports must be in place to ensure the wellbeing of whānau is protected. Equally, the findings indicate that while formal procedural justice pathways were recognised as facilitators, they were experienced by wāhine as reactive and escalatory processes rather than integrated mechanisms of service provision, which limited their use. This implies the need for OT to embed transparent and accessible feedback and redress opportunities throughout all stages of engagement - such as routine avenues for providing feedback on practice, clear communication of rights and pathways, proactive follow-up on concerns, and independent oversight to ensure complaints are not only filed but also meaningfully acted upon.

Limitations

As with all qualitative research, these findings are contextually bound and have low generalisability. My positionality also shaped the research process: limited te reo Māori proficiency constrained the depth of kōrero with some participants and my ability to uphold tikanga throughout the study. Recruitment through Te Whakaruruhau potentially resulted in a sample biased towards advocacy support with particular perspectives on OT, and is not indicative of the experiences of wāhine navigating IPV and OT with more limited community service relationships. Spatially, this research is also highly specific, shaped in part by my embeddedness within Te Whakaruruhau. The application of Te Hā o Whānau in this study should therefore be read as similarly context-bound, rather than as a universally applicable framework

Future Research

Future studies could incorporate explicit, culturally responsive measures of wellbeing to empirically examine the impacts of access and inaccessibility on service users. The dimension of physical access - absent from participants' accounts in this study - warrants deeper investigation, including exploring factors such as transport, service location, and the physical accessibility of service environments. As all participants in this research described IPV from opposite-sex partners, further mahi is needed to explore the dynamics of takatāpui relationships and their implications for access to OT. The potential parallels between statutory service (in)actions and IPV perpetrator tactics also require more in-depth study, particularly in relation to their effects on trauma processing and trust in services. Longitudinal research could track how barriers and facilitators to access change over time, offering insight into whether incremental reforms result in tangible improvements in accessibility and user wellbeing. In addition, research examining the implementation of Te Hā o Whānau across OT and other social services in Aotearoa could provide valuable evidence on how embedding the framework affects access and wellbeing outcomes.

Conclusion

This research demonstrates that OT, as experienced by wāhine affected by IPV and supported by Te Whakaruruhau, remains largely inaccessible, with systemic practices that erode mana, restrict autonomy, and undermine safety. Analysis affirms that Te Hā o Whānau is both an appropriate and valuable framework for appraising access to statutory social services and for informing the design of equitable, rights-based practice. Unlike other cited frameworks, it conceptualises access as a relational and culturally grounded process that is inseparable from wellbeing, offering a perspective uniquely suited to Aotearoa. However, the structural and colonial foundations of OT limit the likelihood of rapid, comprehensive integration of tikanga manaakitanga, tikanga whakawhanaungatanga, and tikanga

rangatiratanga in its services. Thus, in the immediate term, bolstered collaborative advocacy offers a means to protect and promote whānau wellbeing. Ultimately, this research underscores the need for systemic transformation that prioritises cultural safety, relational integrity, and genuine whānau leadership in child welfare practice.

References

- Ahuriri-Driscoll, A., Hudson, M., Foote, J., Hepi, M., Rogers-Koroheke, M., Taimona, H., Tipa, G., North, N., Lea, R., Tipene-Matua, B., & Symes, J. (2007). Scientific Collaborative Research with Māori Communities: Kaupapa or Kūpapa Māori? *AlterNative: An International Journal of Indigenous Peoples*, 3(2), 60–81.
<https://doi.org/10.1177/117718010700300205>
- Ali, P. A., & Naylor, P. B. (2013). Intimate partner violence: A narrative review of the biological and psychological explanations for its causation. *Aggression and Violent Behavior*, 18(3), 373–382. <https://doi.org/10.1016/j.avb.2013.01.003>
- Ann Roche, M., Haar, J. M., & Brougham, D. (2018). Māori leaders' well-being: A self-determination perspective. *Leadership*, 14(1), 25–39.
<https://doi.org/10.1177/1742715015613426>
- Backhouse-Smith, A. J. (2020). *Mā tō tātou whanuangatanga e whakataki i te ritenga tika: Māori Mental Health Service Engagement—A Narrative Woven by Tāngata Whaiora, Whānau Members, and Māori Kaimahi* [Doctoral Thesis, Massey University].
<https://mro.massey.ac.nz/server/api/core/bitstreams/005d8702-8b0a-4dc4-8177-ea8dd1db4315/content>
- Barnes, H. M. (2000). Kaupapa maori: Explaining the ordinary. *Pacific Health Dialog*, 7(1), 13–16.
- Bautista, T. G., Roman, G., Khan, M., Lee, M., Sahbaz, S., Duthely, L. M., Knippenberg, A., Macias-Burgos, M. A., Davidson, A., Scaramutti, C., Gabrilove, J., Pusek, S., Mehta, D., & Bredella, M. A. (2023). What is well-being? A scoping review of the conceptual and operational definitions of occupational well-being. *Journal of Clinical and Translational Science*, 7(1), e227. <https://doi.org/10.1017/cts.2023.648>

- Bishop, A. R. (1995). *Collaborative research stories: Whakawhanaungatanga* [Doctoral Thesis]. The University of Otago.
- Bishop, R. (1998). Freeing ourselves from neo-colonial domination in research: A Maori approach to creating knowledge. *International Journal of Qualitative Studies in Education*, 11(2), 199–219. <https://doi.org/10.1080/095183998236674>
- Bishop, R. (1999). *Kaupapa Maori research: An indigenous approach to creating knowledge*.
- Bogart, L. M., & Uyeda, K. (2009). Community-based participatory research: Partnering with communities for effective and sustainable behavioral health interventions. *Health Psychology*, 28(4), 391–393. <https://doi.org/10.1037/a0016387>
- Boshier, P. (2020). *He Take Kōhukihuki: A Matter of Urgency*. The Office of the Ombudsman.
- Bourke, J. A., Owen, H. E., Derrett, S., & Wyeth, E. H. (2023). Disrupted mana and systemic abdication: Māori qualitative experiences accessing healthcare in the 12 years post-injury. *BMC Health Services Research*, 23(1), 130. <https://doi.org/10.1186/s12913-023-09124-0>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Braun, V., & Clarke, V. (2014). Thematic analysis. In T. Teo (Ed.), *Encyclopedia of Critical Psychology* (pp. 1947–1952). Springer.
- Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, 11(4), 589–597. <https://doi.org/10.1080/2159676x.2019.1628806>

- Braun, V., & Clarke, V. (2023). Toward good practice in thematic analysis: Avoiding common problems and be(com)ing *aknowing* researcher. *International Journal of Transgender Health, 24*(1), 1–6. <https://doi.org/10.1080/26895269.2022.2129597>
- Braun, V., Clarke, V., Hayfield, N., Davey, L., & Jenkinson, E. (2022). Doing Reflexive Thematic Analysis. In S. Bager-Charleson & A. McBeath (Eds.), *Supporting Research in Counselling and Psychotherapy* (pp. 19–38). Springer International Publishing. https://doi.org/10.1007/978-3-031-13942-0_2
- Braun, V., Clarke, V., & Weate, P. (2016). Using Thematic Analysis in Sport and Exercise Research. In B. Smith & A. C. Sparkes (Eds.), *Routledge handbook of qualitative research in sport and exercise* (pp. 213–227). Routledge.
- Byrne, D. (2022). A worked example of Braun and Clarke’s approach to reflexive thematic analysis. *Quality & Quantity, 56*(3), 1391–1412. <https://doi.org/10.1007/s11135-021-01182-y>
- Came, H., Kidd, J., Heke, D., & McCreanor, T. (2021). Te Tiriti o Waitangi compliance in regulated health practitioner competency documents in Aotearoa. *New Zealand Medical Journal, 134*(1535), 35–43.
- Came, H., O’Sullivan, D., Kidd, J., & McCreanor, T. (2020). The Waitangi Tribunal’s WAI 2575 Report: Implications for Decolonizing Health Systems. *Health and Human Rights, 22*(1), 209–220.
- Capon-Sieber, V., Köhler, C., Alp Christ, A., Helbling, J., & Praetorius, A.-K. (2022). The Role of Relatedness in the Motivation and Vitality of University Students in Online Classes During Social Distancing. *Frontiers in Psychology, 12*, 702323. <https://doi.org/10.3389/fpsyg.2021.702323>

- Cardenas, I., Graham, L. M., Mellinger, M. S., & Ting, L. (2024). Individuals Who Experience Intimate Partner Violence and Their Engagement with the Legal System: Critical Considerations for Agency and Power. *Journal of Health Care Law and Policy*, 27(1).
<https://digitalcommons.law.umaryland.edu/cgi/viewcontent.cgi?article=1442&context=jhclp>
- Carswell, S., Paulin, J., Kaiwai, H., & Donovan, E. (2020). *Experiences of the family violence system of Aotearoa: An overview of research 2010—Early 2020*. Office of the Auditor-General. <https://oag.parliament.nz/2021/literature-review/carswell-report/docs/carswell-report.pdf>
- Cinquegrana, V., Marini, M., & Galdi, S. (2023). Psychological abuse is not a problem! Exploring the role of domestic violence myths in psychological revictimization. *Frontiers in Psychology*, 14, 1228822. <https://doi.org/10.3389/fpsyg.2023.1228822>
- Coker, A. L., Smith, P. H., Thompson, M. P., McKeown, R. E., Bethea, L., & Davis, K. E. (2002). Social Support Protects against the Negative Effects of Partner Violence on Mental Health. *Journal of Women's Health & Gender-Based Medicine*, 11(5), 465–476. <https://doi.org/10.1089/15246090260137644>
- Collins, S. E., Clifasefi, S. L., Stanton, J., The Leap Advisory Board, Straits, K. J. E., Gil-Kashiwabara, E., Rodriguez Espinosa, P., Nicasio, A. V., Andrasik, M. P., Hawes, S. M., Miller, K. A., Nelson, L. A., Orfaly, V. E., Duran, B. M., & Wallerstein, N. (2018). Community-based participatory research (CBPR): Towards equitable involvement of community in psychology research. *American Psychologist*, 73(7), 884–898.
<https://doi.org/10.1037/amp0000167>

- Cram, F. (2006). Talking Ourselves UP. *AlterNative: An International Journal of Indigenous Peoples*, 2(1), 28–43. <https://doi.org/10.1177/117718010600200102>
- Crenshaw, K. (1989). Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics. *University of Chicago Legal Forum*, 1989(1), 139–167.
- Cu, A., Meister, S., Lefebvre, B., & Ridde, V. (2021). Assessing healthcare access using the Levesque’s conceptual framework– a scoping review. *International Journal for Equity in Health*, 20(1), 116. <https://doi.org/10.1186/s12939-021-01416-3>
- Curtis, E., Jones, R., Willing, E., Anderson, A., Paine, S.-J., Herbert, S., Loring, B., Dalgic, G., & Reid, P. (2023). Indigenous adaptation of a model for understanding the determinants of ethnic health inequities. *Discover Social Science and Health*, 3(1), 10. <https://doi.org/10.1007/s44155-023-00040-6>
- Dalley, J., Dixon, R., & Robertson, J. (2023). *Using Te Whare Tapa Whā for learning about wellbeing: Activities for year 1-8 ākonga*. NZ Health Education Association.
- Davies, R. L., Rice, K., & Rock, A. J. (2024). The Extended Social Network-Oriented Support Model for Intimate Partner Violence Survivors. *International Journal of Mental Health Nursing*, 33(6), 2394–2399. <https://doi.org/10.1111/inm.13419>
- Dichter, M. E., Thomas, K. A., Crits-Christoph, P., Ogden, S. N., & Rhodes, K. V. (2018). Coercive control in intimate partner violence: Relationship with women’s experience of violence, use of violence, and danger. *Psychology of Violence*, 8(5), 596–604. <https://doi.org/10.1037/vio0000158>

- Dillon, G., Hussain, R., Loxton, D., & Rahman, S. (2013). Mental and Physical Health and Intimate Partner Violence against Women: A Review of the Literature. *International Journal of Family Medicine*, 2013, 1–15. <https://doi.org/10.1155/2013/313909>
- D'souza, N. A., Field, M., Supino, T., Messer, M., Aleck, E., & Kirmayer, L. J. (2024). Mental health implementation research in Indigenous communities: Creating culturally safe space to enhance collective strengths. *AlterNative: An International Journal of Indigenous Peoples*, 20(1), 194–204. <https://doi.org/10.1177/11771801241235373>
- Durie, M. (1985). A Maori perspective of health. *Social Science & Medicine*, 20(5), 483–486. [https://doi.org/10.1016/0277-9536\(85\)90363-6](https://doi.org/10.1016/0277-9536(85)90363-6)
- Durie, M. (1998). *Whaiora: Māori Health Development*. Oxford University Press.
- Durie, M. (2001). *Mauri Ora: The Dynamics of Māori Health*. Oxford University Press.
- Durie, M. (2006, August 1). *Measuring Māori Wellbeing*. Massey University; New Zealand Treasury Guest Lecture Series. <https://www.treasury.govt.nz/sites/default/files/2007-09/tgls-durie.pdf>
- Enright, R., Roskvist, R., Rahiri, J.-L., Mullane, T., Albert, B. B., Satokar, V. V., & Harwood, M. (2025). Experiences of Māori and Pacific women recruited into a pregnancy clinical trial in Aotearoa, New Zealand: A Kaupapa Māori qualitative study. *BMJ Open*, 15(1), e089542. <https://doi.org/10.1136/bmjopen-2024-089542>
- Eriksson, M., Ghazinour, M., & Hammarström, A. (2018). Different uses of Bronfenbrenner's ecological theory in public mental health research: What is their value for guiding public mental health policy and practice? *Social Theory & Health*, 16(4), 414–433. <https://doi.org/10.1057/s41285-018-0065-6>

- Fanslow, J., & Robinson, E. (2004). Violence against women in New Zealand: Prevalence and health consequences. *The New Zealand Medical Journal*, 117(1206), U1173.
- Ferreria, M. P., & Gendron, F. (2011). Community-Based Participatory Research with Traditional and Indigenous Communities of the Americas: Historical Context and Future Directions. *International Journal of Critical Pedagogy*, 3(3), 153–168.
- Fitzmaurice-Brown, L. S. (2022). *Te Rito o Te Harakeke: Decolonising Child Protection and Children's Participation* [Doctoral Thesis, The University of Otago]. Otago University Research Archive. <https://hdl.handle.net/10523/13625>
- Freire, P. (1971). *Pedagogy of the oppressed*. Seabury Press.
- Giles, J. R., & Adamson, C. E. (2005). The social sanctioning of partner abuse: Perpetuating the message that partner abuse is acceptable in New Zealand. *Social Policy Journal of New Zealand*, 26, 97–116.
- Guillemin, M., Gillam, L., Barnard, E., Stewart, P., Walker, H., & Rosenthal, D. (2016). “We’re checking them out”: Indigenous and non-Indigenous research participants’ accounts of deciding to be involved in research. *International Journal for Equity in Health*, 15(1). <https://doi.org/10.1186/s12939-016-0301-4>
- Haimona, S.-L. (2025). *Me aro koe ki te hā o Hineahuone: Pay heed to the dignity of Māori women* [Master’s Thesis, Massey University]. <https://mro.massey.ac.nz/server/api/core/bitstreams/4b3017a2-35f1-416f-b1e2-fab7a3448057/content>
- Haitana, T., Pitama, S., Cormack, D., Clarke, M., & Lacey, C. (2020). The Transformative Potential of Kaupapa Māori Research and Indigenous Methodologies: Positioning

- Māori Patient Experiences of Mental Health Services. *International Journal of Qualitative Methods*, 19. <https://doi.org/10.1177/1609406920953752>
- Hall, M. (2014). *Rethinking Māori academic development in New Zealand universities* [Doctoral Thesis]. Victoria University of Wellington.
- Hall, N. A., Everson, A. T., Billingsley, M. R., & Miller, M. B. (2022). Moral injury, mental health and behavioural health outcomes: A systematic review of the literature. *Clinical Psychology & Psychotherapy*, 29(1), 92–110. <https://doi.org/10.1002/cpp.2607>
- Hazou, R., Woodland, S., & Ilgenfritz, P. (2021). Performing Te Whare Tapa Whā: Building on cultural rights to decolonise prison theatre practice. *Research in Drama Education: The Journal of Applied Theatre and Performance*, 26(3), 494–510. <https://doi.org/10.1080/13569783.2021.1940121>
- Heke, D. (2023). Te Kupenga: A woven methodology for collecting, interpreting, and stor(y)ing Māori women’s knowledges. *MAI Journal: A New Zealand Journal of Indigenous Scholarship*, 12(2), 146–157. <https://doi.org/10.20507/maijournal.2023.12.2.4>
- Higgins, J., & Goodall, S. (2021). Transforming the wellbeing focus in education: A document analysis of policy in Aotearoa New Zealand. *International Journal of Qualitative Studies on Health and Well-Being*, 16(1), 1879370. <https://doi.org/10.1080/17482631.2021.1879370>
- Hobbs, M., Ahuriri-Driscoll, A., Marek, L., Campbell, M., Tomintz, M., & Kingham, S. (2019). Reducing health inequity for Māori people in New Zealand. *The Lancet*, 394(10209), 1613–1614. [https://doi.org/10.1016/S0140-6736\(19\)30044-3](https://doi.org/10.1016/S0140-6736(19)30044-3)

- Holkup, P. A., Tripp-Reimer, T., Salois, E. M., & Weinert, C. (2004). Community-based Participatory Research: An Approach to Intervention Research With a Native American Community. *Advances in Nursing Science*, 27(3), 162–175.
<https://doi.org/10.1097/00012272-200407000-00002>
- Houkamau, C. A., & Sibley, C. G. (2011). Māori Cultural Efficacy and Subjective Wellbeing: A Psychological Model and Research Agenda. *Social Indicators Research*, 103(3), 379–398. <https://doi.org/10.1007/s11205-010-9705-5>
- Hui, E. K. P., & Tsang, S. K. M. (2012). Self-Determination as a Psychological and Positive Youth Development Construct. *The Scientific World Journal*, 2012, 1–7.
<https://doi.org/10.1100/2012/759358>
- Human Rights Commission. (2012). *A fair go for all? Rite tahi tātou katoa? Addressing Structural Discrimination in Public Services* [Discussion Paper].
- Ihimaera, L. V. (2004). *He ara ki te ao mārama: A pathway to understanding the facilitation of taha wairua in mental health services* [Master's Thesis]. Massey University.
- Ingham, T. R., Jones, B., Perry, M., King, P. T., Baker, G., Hickey, H., Pouwhare, R., & Nikora, L. W. (2022). The Multidimensional Impacts of Inequities for Tāngata Whaikaha Māori (Indigenous Māori with Lived Experience of Disability) in Aotearoa, New Zealand. *International Journal of Environmental Research and Public Health*, 19(20), 13558. <https://doi.org/10.3390/ijerph192013558>
- Jackson, A.-M. (2013). A Discursive Analysis of Rangatiratanga in a Māori Fisheries Context. *MAI Journal*, 2(1), 3–17.

- Jackson, S. J., Sam, M. P., Dawson, M. C., & Porter, D. (2022). The wellbeing pandemic: Outline of a contested terrain and a proposed research agenda. *Frontiers in Sociology*, 7, 950557. <https://doi.org/10.3389/fsoc.2022.950557>
- Johansen, M. O., Eliassen, S., & Jenø, L. M. (2025). Autonomy need satisfaction and frustration during a learning session affect perceived value, interest, and vitality among higher education students. *Scandinavian Journal of Educational Research*, 69(4), 757–771. <https://doi.org/10.1080/00313831.2024.2348457>
- Johnson, F. N., Wehi, P., Neha, T., Ross, M., Thompson, V., Tibble, S., Tassell-Matamua, N., Shedlock, K., Fox, R., Penman, Z., Ritchie, T., Winter, T., Arahanga-Doyle, H., & Jose, P. E. (2024). Introducing ‘Ngaruroro’, a New Model for Understanding Māori Wellbeing. *International Journal of Environmental Research and Public Health*, 21(4), 445. <https://doi.org/10.3390/ijerph21040445>
- Johnston, P., & Pihama, L. (2022). The Marginalisation of Māori Women. In L. Pihama, L. Tuhiwai Smith, N. Simmonds, J. Seed-Pihama, & K. Gabel (Eds.), *Mana Wahine Reader: A Collection of Writings, 1987-1998* (Vol. 1, pp. 169–185). Te Wānanga o Raukawa.
- Jumarali, S. N., Nnawulezi, N., Royson, S., Lippy, C., Rivera, A. N., & Toopet, T. (2021). Participatory Research Engagement of Vulnerable Populations: Employing Survivor-Centered, Trauma-Informed Approaches. *Journal of Participatory Research Methods*, 2(2). <https://doi.org/10.35844/001c.24414>
- King, R. B. (2015). Sense of relatedness boosts engagement, achievement, and well-being: A latent growth model study. *Contemporary Educational Psychology*, 42, 26–38. <https://doi.org/10.1016/j.cedpsych.2015.04.002>

- Kostromina, S., Moskvicheva, N., Zinovyeva, E., Odintsova, M., & Zaitseva, E. (2022). Self-Determination as a Mechanism for Personality Sustainability in Conditions of Daily Stress. *Sustainability*, *14*(9), 5457. <https://doi.org/10.3390/su14095457>
- Levesque, J.-F., Harris, M. F., & Russell, G. (2013). Patient-centred access to health care: Conceptualising access at the interface of health systems and populations. *International Journal for Equity in Health*, *12*(1), 18. <https://doi.org/10.1186/1475-9276-12-18>
- Lumivero. (2024). *NVivo* (Version 15) [Computer software]. www.lumivero.com
- MacNair, R. M. (2002). The Effects of Violence on Perpetrators. *Peace Review*, *14*(1), 67–72. <https://doi.org/10.1080/10402650220118224>
- Maier, S. F., & Seligman, M. E. (1976). Learned helplessness: Theory and evidence. *Journal of Experimental Psychology: General*, *105*(1), 3–46. <https://doi.org/10.1037/0096-3445.105.1.3>
- Malpas, P., Anderson, A., Wade, J., Wharemate, R., Paul, D., Jacobs, P., Jacobs, T., Rauwhero, J., & Lunistra, D. (2017). A critical exploration of a collaborative Kaupapa Māori consistent research project on physician-assisted dying. *The New Zealand Medical Journal*, *130*(1454), 47–54.
- Martela, F., Ryan, R. M., & Steger, M. F. (2018). Meaningfulness as Satisfaction of Autonomy, Competence, Relatedness, and Beneficence: Comparing the Four Satisfactions and Positive Affect as Predictors of Meaning in Life. *Journal of Happiness Studies*, *19*(5), 1261–1282. <https://doi.org/10.1007/s10902-017-9869-7>

- Martinelli, F. (2017). Social services, welfare states and places: An overview. In F. Martinelli, A. Anttonen, & M. Mätzke (Eds.), *Social Services Disrupted*. Edward Elgar Publishing. <https://doi.org/10.4337/9781786432117.00009>
- Masters-Awatere, B., & Gosche, J. (2017). Pasifika Women Affected by Domestic Violence. In S. Groot, C. Van Ommen, B. Masters-Awatere, & N. Tassell-Matamua (Eds.), *Precarity: Uncertain, Insecure and Unequal Lives in Aotearoa New Zealand*. Massey University Press.
- Middleton, T. R. F., Schinke, R. J., Lefebvre, D., Habra, B., Coholic, D., & Giffin, C. (2022). Critically examining a community-based participatory action research project with forced migrant youth. *Sport in Society*, 25(3), 418–433. <https://doi.org/10.1080/17430437.2022.2017619>
- Mika, C., & Stewart, G. (2017). Lost in translation: Western representations of Māori knowledge. *Open Review of Educational Research*, 4(1), 134–146. <https://doi.org/10.1080/23265507.2017.1364143>
- Mikaere, A. (2022). Colonisation and the Imposition of Patriarchy: A Ngāti Raukawa Woman's Perspective. In L. Pihama, L. Tuhiwai Smith, N. Simmonds, J. Seed-Pihama, & K. Gabel (Eds.), *Mana Wahine Reader: A Collection of Writings, 1999-2019* (Vol. 2, pp. 5–25). Te Wānanga o Raukawa.
- Ministerial Advisory Committee on a Maori Perspective for the Department of Social Welfare. (1988). *Pūao-te-Ata-tū (daybreak): The report of the Ministerial Advisory Committee on a Maori perspective for the Department of Social Welfare*. Department of Social Welfare.

Ministry of Social Development. (n.d.). *Oranga Tamariki Action Plan*.

<https://www.msd.govt.nz/about-msd-and-our-work/work-programmes/investing-in-children/oranga-tamariki-action-plan.html>

Mutu, M. (2011). Constitutional Intentions: The Treaty of Waitangi Texts. In M. Mulholland & V. Tawhai (Eds.), *Weeping Waters: The Treaty of Waitangi and Constitutional Change*. Huia Publishers.

National Academies of Sciences, Engineering, and Medicine, Committee on Sustaining Essential Health Care Services Related to Intimate Partner Violence During Public Health Emergencies, Board on Health Care Services, Board on Health Sciences Policy, Board on Population Health and Public Health Practice, & Health and Medicine Division. (2024). *Essential Health Care Services Addressing Intimate Partner Violence* (S. J. Curry & C. J. Bell, Eds.). National Academies Press.

Ng, J. Y. Y., Ntoumanis, N., Thøgersen-Ntoumani, C., Deci, E. L., Ryan, R. M., Duda, J. L., & Williams, G. C. (2012). Self-Determination Theory Applied to Health Contexts: A Meta-Analysis. *Perspectives on Psychological Science*, 7(4), 325–340.
<https://doi.org/10.1177/1745691612447309>

Ntoumanis, N., Ng, J. Y. Y., Prestwich, A., Quested, E., Hancox, J. E., Thøgersen-Ntoumani, C., Deci, E. L., Ryan, R. M., Lonsdale, C., & Williams, G. C. (2021). A meta-analysis of self-determination theory-informed intervention studies in the health domain: Effects on motivation, health behavior, physical, and psychological health. *Health Psychology Review*, 15(2), 214–244. <https://doi.org/10.1080/17437199.2020.1718529>

Office of the Children’s Commissioner. (2020). *Te Kuku O Te Manawa—Moe ararā!*

Haumanutia ngā moemoeā a ngā tūpuna mō te oranga o ngā tamariki. Office of the Children’s Commissioner.

- Oranga Tamariki—Ministry for Children. (2023, November 16). *Vision and values*.
<https://www.orangatamariki.govt.nz/about-us/vision-and-values/>
- Oranga Tamariki—Ministry for Children. (2025). *Vote Oranga Tamariki: Social Services and Community Sector—The Estimates of Appropriations 2025/26*.
<https://www.budget.govt.nz/budget/docs/estimates/v9/est25-v9-oratam.doc>
- Overstreet, N. M., & Quinn, D. M. (2013). The Intimate Partner Violence Stigmatization Model and Barriers to Help Seeking. *Basic and Applied Social Psychology*, 35(1), 109–122. <https://doi.org/10.1080/01973533.2012.746599>
- Pānia Papa. (2018). *He Puka Aratohu mō te Reo ā-Tuhi o Waikato-Tainui me āna Tukanga Whakamāori: Guidelines for Waikato-Tainui Conventions for Writing Te Reo Māori and Translation Processes*. <https://waikatotainui.com/wp-content/uploads/2020/11/Waikato-reo-style-guide.pdf>
- Penny, G., Logan, A., Olin, C. V., O’Sullivan, K. C., Robson, B., Pehi, T., Davies, C., Wall, T., & Howden-Chapman, P. (2024). A Whakawhanaungatanga Māori wellbeing model for housing and urban environments. *Kōtuitui: New Zealand Journal of Social Sciences Online*, 19(2), 105–131. <https://doi.org/10.1080/1177083X.2023.2293988>
- Pihama, L. (2001). *Tīhei mauri ora honouring our voices: Mana Wahine as a Kaupapa Māori theoretical framework* [Doctoral Thesis]. The University of Auckland.
- Pihama, L. (2020). Mana Wahine: Decolonising Gender in Aotearoa. *Australian Feminist Studies*, 35(106), 351–365. <https://doi.org/10.1080/08164649.2020.1902270>
- Pihama, L. (2022). Mana Atua, Mana Tangata, Mana Wahine. In L. Pihama, L. Tuhiwai Smith, N. Simmonds, J. Seed-Pihama, & K. Gabel (Eds.), *Mana Wahine Reader: A Collection of Writings, 1999-2019* (Vol. 2, pp. 273–283). Te Wānanga o Raukawa.

Pinker, R. A. (2025). Social Service. In *Encyclopaedia Britannica*.

<https://www.britannica.com/topic/social-service>

Pitama, S., Robertson, P., Cram, F., Gillies, M., Huria, T., & Dallas-Katoa, W. (2007).

Meihana model: A clinical assessment framework. *New Zealand Journal of Psychology*, 36(3), 118–125.

Rameka, L. (2018). A Māori perspective of being and belonging. *Contemporary Issues in*

Early Childhood, 19(4), 367–378. <https://doi.org/10.1177/1463949118808099>

Rata, A., & Al-Asaad, F. (2019). Whakawhanaungatanga as a Māori Approach to Indigenous–

Settler of Colour Relationship Building. *Population Association of New Zealand*, 45, 211–233.

Reid, C., Walker, R., Usher, K., Jackson, D., Shepherd, C., & Marriott, R. (2024). Exploring

practical and ethical dilemmas when conducting research with small population groups in First Nations communities: Privileging stories as data, and data as stories.

First Nations Health and Wellbeing - The Lowitja Journal, 2, 100026.

<https://doi.org/10.1016/j.fnhli.2024.100026>

Robertson, N., Masters, B., Lane, C., Tapara, A., Corbett, C., Graham, R., Gosche, J.,

Jenkins, A., & King, T. (2013). *Evaluation of the Whānau Ora Wellbeing Service of Te Whakaruruhau*. University of Waikato, Māori and Psychology Research Unit.

<https://hdl.handle.net/10289/8171>

Robertson, N., & Masters-Awatere, B. (2017). Out of the pan and into the fire: Precariousness

among women and children escaping domestic violence. In S. Groot, C. Van Ommen,

B. Masters-Awatere, & N. Tassell-Matamua (Eds.), *Precarity: Uncertain, Insecure and Unequal Lives in Aotearoa New Zealand*. Massey University Press.

- Rolleston, A., McDonald, M., & Miskelly, P. (2022). Our story: A Māori perspective of flourishing whānau. *Kōtuitui: New Zealand Journal of Social Sciences Online*, 17(3), 277–297. <https://doi.org/10.1080/1177083X.2021.1981955>
- Rua, M., Hodgetts, D., Groot, S., Blake, D., Karapu, R., & Neha, E. (2023). A Kaupapa Māori conceptualization and efforts to address the needs of the growing precariat in Aotearoa New Zealand: A situated focus on Māori. *British Journal of Social Psychology*, 62(S1), 39–55. <https://doi.org/10.1111/bjso.12598>
- Ryan, R. M., & Deci, E. L. (2000a). *Self-Determination Theory and the Facilitation of Intrinsic Motivation, Social Development, and Well-Being*.
- Ryan, R. M., & Deci, E. L. (2000b). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist*, 55(1), 68–78. <https://doi.org/10.1037/0003-066X.55.1.68>
- Ryan, R. M., & Deci, E. L. (2000c). The “What” and “Why” of Goal Pursuits: Human Needs and the Self-Determination of Behavior. *Psychological Inquiry*, 11(4), 227–268. https://doi.org/10.1207/S15327965PLI1104_01
- Saunders, D. G., Jiwatram-Negrón, T., Nanasi, N., & Cardenas, I. (2023). Patriarchy’s Link to Intimate Partner Violence: Applications to Survivors’ Asylum Claims. *Violence Against Women*, 29(11), 1998–2021. <https://doi.org/10.1177/10778012221132299>
- Sherson, V., & Irvine, D. (2018). *Stand By Me: The Story of Te Whakaruruhau Waikato Women’s Refuge*. Te Whakaruruhau Waikato Women’s Refuge in association with Trust Waikato.
- Simmonds, N. (2011). Mana wahine: Decolonising Politics. *Women’s Studies Journal*, 25(2), 11–25.

- Smith, G. H. (1997). *The development of kaupapa Māori: Theory and praxis* [Doctoral Thesis]. The University of Auckland.
- Smith, L. T. (2012). *Decolonizing Methodologies: Research and Indigenous Peoples* (Second Edition). Otago University Press.
- Smith, L. T. (2015). *Kaupapa Māori Research—Some Kaupapa Māori Principles*. Te Kotahi Research Institute.
- Stevenson, K., Filoche, S., Cram, F., & Lawton, B. (2020). Te Hā o Whānau: A culturally responsive framework of maternity care. *New Zealand Medical Journal*, 133(1517), 66–72.
- Tang, M., Wang, D., & Guerrien, A. (2020). A systematic review and meta-analysis on basic psychological need satisfaction, motivation, and well-being in later life: Contributions of self-determination theory. *PsyCh Journal*, 9(1), 5–33.
<https://doi.org/10.1002/pchj.293>
- Te Aka Māori Dictionary*. (n.d.). <https://maoridictionary.co.nz/>
- Te Puni Kōkiri. (2015). *Understanding whānau-centred approaches: Analysis of Phase One Whānau Ora research and monitoring results*.
- Te Taura Whiri i te Reo Māori. (2012). *Te Taura Whiri i te Reo Māori: Guidelines for Māori Language Orthography*.
https://assets.nationbuilder.com/tetaurawhiri/pages/27659/attachments/original/1644789635/Guidelines_for_Maori_Language_Orthography.pdf?1644789635=
- Toi, S. M. (2019). *A Mana Wahine Inquiry into Indigenous Governance* [Doctoral Thesis]. The University of Waikato.

Towair, E., Haddad, C., Salameh, P., El Khoury-Malhame, M., & Chatila, R. (2025). Self-determination, motivation and burnout among residents in Lebanon. *Scientific Reports*, 15(1), 14248. <https://doi.org/10.1038/s41598-025-97028-w>

Trint Limited. (n.d.). *Trint* [Computer software]. <https://trint.com/>

Tuhiwai Smith, L. (2022). Māori Women: Discourses, Projects and Mana Wahine. In L. Pihama, L. Tuhiwai Smith, N. Simmonds, J. Seed-Pihama, & K. Gabel (Eds.), *Mana Wahine Reader: A Collection of Writings, 1987-1998* (Vol. 1, pp. 55–75). Te Wānanga o Raukawa.

Ümmet, D. (2015). Self Esteem among College Students: A Study of Satisfaction of Basic Psychological Needs and Some Variables. *Procedia - Social and Behavioral Sciences*, 174, 1623–1629. <https://doi.org/10.1016/j.sbspro.2015.01.813>

Vansteenkiste, M., Ryan, R. M., & Soenens, B. (2020). Basic psychological need theory: Advancements, critical themes, and future directions. *Motivation and Emotion*, 44(1), 1–31. <https://doi.org/10.1007/s11031-019-09818-1>

Vermote, B., Waterschoot, J., Morbée, S., Van Der Kaap-Deeder, J., Schrooyen, C., Soenens, B., Ryan, R., & Vansteenkiste, M. (2022). Do Psychological Needs Play a Role in Times of Uncertainty? Associations with Well-Being During the COVID-19 Crisis. *Journal of Happiness Studies*, 23(1), 257–283. <https://doi.org/10.1007/s10902-021-00398-x>

Violence against women. (2024, March 25). [The World Health Organisation]. <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>

Waitangi Tribunal. (2021). *He Pāharakeke, he Rito Whakakīkinga Whāruarua: Oranga Tamariki Urgent Inquiry* (WAI 2915).

- Waitere, H., & Johnston, P. (2022). Echoed Silences in Absentia. In L. Tuhiwai Smith, L. Pihama, N. Simmonds, J. Seed-Pihama, & K. Gabel (Eds.), *Mana Wahine Reader: A Collection of Writings, 1999-2019* (Vol. 2, pp. 121–152). Te Wānanga o Raukawa.
- Wallerstein, N., & Duran, B. (2008). *The theoretical, historical, and practice roots of CBPR*. Unpublished. <https://doi.org/10.13140/RG.2.2.34282.72648>
- Wang, S., Ramdani, J. M., Sun, S. (Alice), Bose, P., & Gao, X. (Andy). (2024). Naming Research Participants in Qualitative Language Learning Research: Numbers, Pseudonyms, or Real Names? *Journal of Language, Identity & Education*, 1–14. <https://doi.org/10.1080/15348458.2023.2298737>
- Weber, S., Hardiman, M., Kanja, W., Thomas, S., Robinson-Edwards, N., & Bradbury-Jones, C. (2022). Towards Ethical International Research Partnerships in Gender-Based Violence Research: Insights From Research Partners in Kenya. *Violence Against Women*, 28(11), 2909–2931. <https://doi.org/10.1177/10778012211035798>
- Weinstein, N., & Ryan, R. M. (2011). A self-determination theory approach to understanding stress incursion and responses. *Stress and Health*, 27(1), 4–17. <https://doi.org/10.1002/smi.1368>
- Western, M., & Tomaszewski, W. (2016). Subjective Wellbeing, Objective Wellbeing and Inequality in Australia. *PLOS ONE*, 11(10), e0163345. <https://doi.org/10.1371/journal.pone.0163345>
- Whitcombe-Dobbs, S., Lafferty, E., Rapsey, C., Tarren-Sweeney, M., & Ahuriri-Driscoll, A. (2024). Agency support for at-risk families: Service provision, challenges and effective elements for intervention. *Kōtuitui: New Zealand Journal of Social Sciences Online*, 1–21. <https://doi.org/10.1080/1177083X.2024.2417663>

- Wilson, D., Mikahere-Hall, A., & Sherwood, J. (2022). Using indigenous kaupapa Māori research methodology with constructivist grounded theory: Generating a theoretical explanation of indigenous womens realities. *International Journal of Social Research Methodology*, 25(3), 375–390. <https://doi.org/10.1080/13645579.2021.1897756>
- Wilson, D., Moloney, E., Parr, J. M., Aspinall, C., & Slark, J. (2021). Creating an Indigenous Māori-centred model of relational health: A literature review of Māori models of health. *Journal of Clinical Nursing*, 30(23–24), 3539–3555. <https://doi.org/10.1111/jocn.15859>
- Yates-Smith, A. (2022). Reclaiming the Ancient Feminine in Māori Society: Kei Wareware i a Tātou Te Ūkaipo! In L. Pihama, L. Tuhiwai Smith, N. Simmonds, J. Seed-Pihama, & K. Gabel (Eds.), *Mana Wahine Reader: A Collection of Writings, 1999-2019* (Vol. 2, pp. 71–84). Te Wānanga o Raukawa.
- Yonfa, E. D. A., Fasol, M., Cueva, C. M., & Zavgorodniaya, A. C. (2021). Intimate Partner Violence: A Literature Review. *The Open Psychology Journal*, 14(1), 11–16. <https://doi.org/10.2174/1874350102114010011>

Appendix A

Ethics Approval Confirmation Email

**Te Wānanga o Ngā Kete | Division of Arts,
Law, Psychology & Social Sciences**
The University of Waikato
Private Bag 3105
Hamilton 3240
New Zealand

School of Psychological and Social Sciences
Psychology Programme
Dr Amy Bird



THE UNIVERSITY OF
WAIKATO
Te Whare Wānanga o Waikato

Ana McLeay

Dr Anna Sutton

School of Psychological and Social Sciences
Psychology Programme

11 March 2025

Dear Ana

Re: **FS2025-06: Navigating Support: Whānau and Kaimahi at Te Whakaruruhau Waikato
Women's Refuge and Their Experiences with Oranga Tamariki**

Thank you for submitting your revised application to the ALPSS Human Research Ethics Committee. We have reviewed the final electronic version of your application and the Committee is now pleased to offer formal approval for your research activities.

We have one minor suggestion but you do not need to return this to the ethics committee.

It would be clearer to add a tick option to your consent form checklist: 'I consent to an external or AI transcription service OR I consent to my data being transcribed by a researcher only'.

We encourage you to contact the committee should issues arise during your data collection, or should you wish to add further research activities or make changes to your project as it unfolds. We wish you all the best with your research. Thank you for engaging with the process of Ethical Review.

Kind regards

Dr Amy Bird, Convenor
**Division of Arts, Law, Psychology & Social Sciences Human Research
Ethics**

Note. Private information has been redacted.

Appendix B

Approval of Research from Ruahine ‘Roni’ Albert (Te Whakaruruhau)

 Roni Albert
To:  Ana Mcleay;  Tue 3/18/2025 2:27 PM

Kia ora Ana lovely to meet with you this morning and listening to some of the challenges I have on behalf of the women. I approve for this research to go through as we discussed with an opportunity for our women to gain additional support with the information you collate.



Thanks Ana for your time and the mahi you do alongside our women, kids and Kaimahi. Nga mihi Roni



Ruahine Albert QSM

CEO

Waikato / Maniapoto / Tuwharetoa



59 Commerce Street

Frankton

Hamilton

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Note. Private information has been redacted.

Appendix C

Semi-Structured Interview Schedule

1. What is your personal history with Oranga Tamariki?
 - Have you or your whānau had direct experiences with OT?
 - How have these experiences shaped your perceptions of OT?
2. How would you describe your experience accessing Oranga Tamariki services?
 - Did you feel safe, supported, and informed throughout the process?
 - What challenges did you face?
3. How well do you think Oranga Tamariki understands and responds to whānau experiencing intimate partner or family violence?
 - In what ways did OT acknowledge (or fail to acknowledge) the complexities of your situation?
 - Were there aspects of the service that felt empowering or, conversely, harmful?
4. What made it easier or harder to engage with Oranga Tamariki?
 - Were there people, policies, or practices that helped or hindered the process?
 - What role did Te Whakaruruhau or other support services play?
5. What changes would you like to see in how Oranga Tamariki supports whānau?
 - What would have made your experience better?
 - How could OT work more effectively with kaupapa Māori services?

Concluding Questions:

- Of all the things we discussed, what to you is the most important?
- Is there anything else you'd like to say about anything we've discussed?
- Is there anything we haven't touched on today that you would like us to know?

Probing questions:

- Could you give an example?
- Help me understand what you mean?
- Can you talk more about that?
- Could you explain further?