Establishing an advocacy and support network for Whānau and Whāngai in the Waikato

Tāwhanga Kereopa
Te Puāwai Tapu

Acknowledgements

He kakano i ruia ma i Rangiātea, e kore ia e ngaro

This whakatauki speaks to the importance of belonging which, for Māori, is central to fostering and maintaining good health and well-being. In the context of this report, the whakatauki is a timely reminder that the medicalisation of people's identities can have the effect of disrupting the threads of belonging that tie us all to the homelands of Rangiātea, to Aotearoa New Zealand, and beyond.

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1. Purpose of Report

This report brings together information requested by the Portfolio Manager, Sexual and Reproductive Health, Ministry of Health. The information provides a basis to discuss the establishment of an advocacy and support service for trans people living in the Waikato region. The report was compiled over 5 days and as such, is 'work in progress'.

The report makes use of terminology espoused by the Wellington-based trans advocacy network called *Tapatoru.* The Tapatoru network website refers to Māori trans people as *Whānau,* and the term *Whāngai* is used to describe non-Māori trans people, and also those who support and advocate on their behalf.[1]

2. Methodology and Methods

The Human Rights Commission Report (2007) titled *To be who I am: Report of the inquiry into discrimination experienced by transgender people* "... recognis[es] and support[s] the leadership and advocacy of trans people...", by "[e]nabling effective participation of trans people in decisions that affect them".[2] This report titled 'Establishing an advocacy and support network for trans Māori in the Waikato' reflects the leadership and advocacy of trans Māori, in particular three Whānau members of different ages and iwi and who currently reside in the Waikato - Tainui region.

The report utilises a Kaupapa Theory approach; chosen because the approach gives 'voice' to *Whānau* and *Whāngai* in processes that impact on our lives. Associate Professor Leonie Pihama explains that a Kaupapa Theory approach to knowledge, grounded in a rich Māori philospohical tradition, allows for growth because it empowers an emerging and diverse collective Māori knowledge, and in doing so, activates new forms of agency for *Whānau* and *Whangai.*[3]

This notwithstanding, there were barriers for *Whānau* and *Whāngai* with regard to preparing this report. One barrier is the high degree of shame associated with what is described variously in the literature as non-normative gender identification, gender diversity, gender variant, gender dissonance, and so forth. Collecting information from people who were willing to talk about the need for a trans advocacy and support services in the Waikato was not a straight forward task.

One method adopted by the report was to undertake the research using online sources and basic keyword searches[4]. Next, the data retrieved from the internet was contextualised by the experiences of a number of *Whānau* and *Whāngai* who talked to the author of this report. Their

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[1] Te Wao, K. (2013). *Tapatoru.*

[2] Human Rights Commission (2007). To be who I am: Report of the inquiry into discrimination experienced by transgender people. Wellington: Human Rights Commission.

[3] Pihama, L., (2010). Kaupapa Maori Theory: Transforming theory in Aotearoa. *He pukenga korero*, 9 (2), pp. 5-14. Palmerston North: Te Pūtahi-a-Toi, Maori Studies, Massey University. pp. 10 – 11.

[4] Pitts, M., Couch, M., Croy, S., Mitchell, A., and Mulcare, H. (2009). Health service use and experiences of transgender people: Australian and New Zealand perspectives. *Gay and lesbian issues and psychology review,* 5 (3), pp. 167 -176.

stories add 'voice' and agency and act as a guide to interpreting information obtained from Aotearoa New Zealand websites, social media, and published, peer reviewed literature.

3. Trans Māori in Aotearoa NZ

3.1. Pre-colonial

Evidence for Whānau and Whāngai identities in pre-colonial Aotearoa New Zealand requires more in-depth research across a range of oral, literary and artistic sources than could be done in the timeframe for this report. Writing about Hawaiian and Tahitian evidence for trans people, Zanghellini (2003) asserts that pre-colonial Polynesian bodies of knowledge can be a powerful source of strength and empowerment. There is evidence that gender roles were less rigid and defined in pre-colonial Aotearoa New Zealand than in Western patriarchal societies (McBreen, 2014; Mead, 2003), however, there is no evidence *per se* that the gender identities recorded in the pre-colonial histories of other indigenous societies had a parallel in Aotearoa New Zealand. The terminologies, *māhū* (Hawai'i and Tahiti) (Zanghellini, 2013), *winktes* (Lakota), *nadleeh* (Navajo), *mana* (Zuni), *he'eman* (Cheyenne) and *sipiniq* (Inuit) (Lipshultz, 2007) appear to have no equivalent here; however, this should not be taken to mean that Whānau and Whāngai identities were not part of pre-colonial Aotearoa New Zealand. On the contrary, Whittle (2010) proposes there have always been and will always be people who contravene gender boundaries. Similarly, Lomax (2007, p. 82) notes that "Gender crossing has been with humans since the year dot, and there is no reason to suspect that it didn't occur in [pre-colonial] Māori society."

3.2. Post-colonial

3.2.1. Self Definitions

The Human Rights Commision Report (2007) outlines the breadth of gender diversities encompassed by the generic identifier 'trans'.[5] As a way to identify people who experience non-normative gender pathways, the term 'trans' can be problematic, because it means different things to different people, and is dependent on context. Paul Diamond provides an account of the effect of context on the lives of takataapui Māori or gay, lesbian, transgendered and queer Māori (2007). Diamond proposes the term 'takataapui' fosters connectedness; however Beyer who describes herself as transexual, as transgendered and as takataapui, points to the limitations of employing a single term such as 'takataapui' (2007). Lomax (2007) describes a plethora of gendered identities, some fluid, some fixed, some chosen, some lived as cross-gendered with changed bodies, and others happily livedas another gender but unrestricted by a body that has been surgically or hormonally changed.

The ability for an identifying term to shift through contexts is what empowers *Whānau* and *Whāngai* to build connections and move beyond the stereotypes and labels

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[5] Human Rights Commission (2007). p. 3.

ascribed by those who speak and write about them.[6] Self-definitions, as an approach, empowers *Whānau* and *Whāngai* to define themselves and determine their aspirations. The adoption of the Māori terms, *Whānau* and *Whāngai* provides a fluid space of self-identification which by-passes the intersecting layers of oppression that Māori experience.[7] Māori language terms, regardless of how they are used, serve to remind *Whānau* and *Whāngai* (and others) of being Māori, of having whakapapa, and of belonging.[8]

3.2.2. Demographics

There is very little in the way of research about the size of the *Whānau* and *Whāngai* population in Aotearoa New Zealand. A 2012 study of school students reported around 1% of students self-described as transgender (Clark et al, 2013). Intternational estimates are that the number of trans people in a population ranges from 1 in 500 people to 1 in 2000 people (World Health Organisation, 2013).

Based on these estimates, the number of *Whānau* and *Whāngai* living in the Waikato region could be anywhere from 200 to 750 people. Numbers of *Whānau* and *Whāngai* Māori in the region are lower and range from 40 to 150 people (Statistics New Zealand, 2006).

3.2.3. Current legislation

Although not specifically referred to, it is generally accepted that *Whānau* and *Whāngai* are protected from discrimination by current legislation.[9] In a letter about provisions for *Whānau* and *Whāngai* within the Human Rights Act 1993, the Solicitor-General wrote, "[t]here is currently no reason to suppose that "sex discrimination" would be construed narrowly to deprive transgender people of protection under the HRA".[10] However, the basis for this assumption rests upon case law that is determined by other countries, suggesting that Aotearoa New Zealand-specific perspectives of *Whānau* and *Whāngai* may be vulnerable to determination by globalised norms.

Some *Whānau* and *Whāngai* suggest that without the protection of legislation, it becomes easier to imagine that *Whānau* and *Whāngai* do not really exist here at

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[6] Macdonald, J. (2011). *A coalitional politics of incoherence: Ethical (Trans) masculinities in New Zealand.* Unpublished master's thesis, University of Otago, Dunedin, New Zealand. p. 18.

[7] Kane, J. (2013). Sistergirl inside: Doubly colonised, doubly trapped. The Discriminating decision in Sinden vs State of Queensland. *Griffith journal of law & human dignity.* 1 (1), pp. 63-92. Gold Coast: Griffith Journal of Law & Human Dignity. pp. 68-69.

[8] *Whānau*: 2. (noun) extended family, family group, a familiar term of address to a number of people - the primary economic unit of traditional Māori society. In the modern context the term is sometimes used to include friends who may not have any kinship ties to other members. *Whāngai*: 1. (verb) (-a,-hia,-tia) to feed, nourish, bring up, foster, adopt, raise, nurture, rear. Source, www.maoridictionary.co.nz

[9] Solicitor General (August 2, 2006). Human rights (gender identity) Amendment Bill.

[10] Ibid., p.7

home. On the one hand, society allocates *Whānau* and *Whāngai* a myriad of negative labels and boxes, while on the other hand globalised legislative norms describe and frame *Whānau* and *Whāngai* as not important enough to name.

3.2.4. Access to services

Not surprisingly, with no clear pathways to understand *Whānau* and *Whāngai* identities, their ability to negotiate health services is severely reduced. Marginalised due to a short supply of professionals who have knowledge about important issues, *Whānau* and *Whāngai*[11] have few options but to put up with the stigma and discrimination of the health and social services, or avoid services altogether. Respondents described ways that *Whānau* and W*hāngai* have retreated when it came to service provision.[12] [13]

Instead of being accessible, services can have the effect of disassembling the right of *Whānau* and *Whāngai* to determine who they are. Engagement with service providers can be disempowering and frustrating. One respondent commented "I just felt like I didn't need someone's approval to be who I already am".[14] Health and social services should provide *Whānau* and *Whāngai* with timely and supportive access to services, instead of trying to control and define them.[15]From the perspective of *Whānau* and *Whāngai*, it seems that health and social services only include them when it would be uneconomic not to.

3.2.5. Gender reassignment services

It is important that *Whānau* and W*hāngai* are in control of their bodies, and that transition support and clinical services enhance their ability to determine healthy and positive directions for the future.[16] The reality is that *Whānau* and *Whāngai* have little control over the reassignment process. When accessing gender reassignment services, *Whānau* and *Whāngai* experience structural and systemic barriers as a consequence of a fragmented health system and a clinical workforce that is uneducated and ill-prepared.[17] The process for reassignment services is patriarchal and prescriptive;

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[11] Riley, E. A., Clemson, L., Sitharthan, G., & Diamond, M. (2011). The needs of gender-variant children and their parents: A parent survey. *International Journal of Sexual Health*, 23, pp. 181–195.

[12] Pitts, M., Couch, M., Croy, S., Mitchell, A., and Mulcare, H. (2009). Health service use and experiences of transgender people: Australian and New Zealand perspectives. *Gay and lesbian issues and psychology review,* 5 (3), pp. 167 -176.

[13] Grant, J.M., Mottet, L., Tanis, J., Herman, J., Harrison, J., and Keisling, M. (2010). *National transgender discrimination survey report on health and health care.*

[14] Brooke (personal communication December 9, 2014)

[15] Birkenhead, A. & Rands. D. (2012). Let's talk about sex... (sexuality and gender): Improving mental health and addiction services for Rainbow communities. Auckland: Auckland District Health Board, OUTline and Affinity Services.

[16] Couch, M., Pitts, M., Mulcare, H., Croy, S., Mitchell, A., Patel, S. (2007). Tranznation: A report in the health and wellbeing of transgender people in Australia and New Zealand. Melbourne: Australian Research Centre in Sex, Health & Society (ARCSHS), La Trobe University. p. 70-71.

[17] Ibid, p.71.

clinicans approve or decline applications for reassignment services based on their ideas of manhood and womanhood, not the aspirations and wellbeing of people seeking reassignment. The cost of gender reassignment is an example of a barrier that most people face. There is only minimal access to government funding sources.[18]

As a consequence, *Whānau* and *Whāngai* find themselves in the difficult situation of aspiring to become a person, but "can't be that person without medical intervention"[19]. A common refrain of *Whānau* and *Whāngai* is that "the surgeons are always judging you, on appearance and how you act".[20] For *Whānau* and *Whāngai* who envision a gendered future that differs from the present, they must be "eligibile", and the choice requires "demonstration" and "evaluation", for the approval of health professionals.[21] Despite the *Human Rights Commision Report* (2007) asserting that *Whānau* and *Whāngai* should contribute to decisions that affect them,[22] when it comes to descisions about their bodies, they are defined and judged by others.

3.2.6. Stigma and Discrimination

Stigma and discrimination marginalises *Whānau* and *Whāngai* and prevents them from reaching goals and aspirations that most other New Zealanders take for granted. Recent research frames the identities of *Whānau* and *Whāngai* in terms of "psychosis",[23] or "disorder".[24] Their experiences are a constant reminder that society does not percieve them as normal, and the issues they face must be treated or hidden.

In a 2014 Australian study that surveyed the issues faced by young trans people, two-thirds experienced homophobia or transphobia.[25] The sites and sources of their stigma and discrimination included "... school, from families, in the workplace, on the streets, and other public sites and sporting events", and were experienced "in the form of social isolation, physical, verbal and written abuse, being the target of rumours, graffiti, cyber bullying and humiliation".[26] Whilst such negativity is directed at *Whānau* and *Whāngai* by other people, little attention is paid to the structures and sytems in

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[18] The Ministry of Health New Zealand (2014). Gender reassignment surgery.

[19] Alice (personal communication December 13, 2014).

[20] Brooke (personal communication December 9, 2014)

[21] Ibid.

[22] Human Rights Commission (2007). p. 3.

[23] Dhillon, R., Bastiampillai, T., Krishnan, S., Opray, N., and Tibrewal, P. (2011). Transgender late onset psychosis: the role of sex hormones. Australia New Zealand Journal of Psychiatry, 45 (7). p. 595.

[24] The Ministry of Health (2014). Gender reassignment surgery.

[25] Robinson, K. H., Bansel, P., Denson, N., Ovenden, G., and Davies, C. (2014). Growing Up Queer: Issues Facing Young Australians Who Are Gender Variant and Sexuality Diverse. Melbourne: Young and Well Cooperative Research Centre. p.v

[26] Ibid.

society that foster and maintain stigma and discrimination associated with gender, identity, and sexuality.[27]

3.2.7. Achievements and success over adversity

Interestingly, because *Whānau* and *Whāngai* are so excluded from mainstream settings, they are often able to create strong bonds with others who are also disempowered. One respondent noted that within her urban setting she experienced "...inspiration from really close friends who were also trans";[28] friends with similar life journeys "made me feel comfortable, put my mind at ease [about what I was experiencing].[29] With such a range of oppressive conditions to deal with, strength comes from the support structures that are activated with other groups of people who also question heterosexism[30]. *Whānau* and *Whāngai* are remarkably resilient in spite of the barriers they face. One respondent commented how on the marae where she lives "we're close, we talk with one another", and that values like 'manaakitanga' and 'aroha ki te tangata' are important, particularly for rangatahi because "they're just trying to find out which way they want to go".[31]

4. Trans support services in Aotearoa NZ
4.1. Example - Urban centre

In conversation with an online volunteer network facilitator based in Wellington, it was observed that virtual accesss to information is really only a starting point; a means to connect with others and be informed.[32] According to the network facilitator, Wellington offers "amazing healthcare" for *Whānau* and *Whāngai.* There is a helpful endochronologist (soon to be retiring) and a counsellor for intersex and transexual wellbeing. [33]

In theory, access to choices for people considering gender transitions are better today than in the past.[34] However, health sector funding cuts and health professionals who lack information and skills presents barriers. The network facilitator reported that many *Whānau* and *Whāngai* engage with support networks far from their own urban settings – "we get a lot of trans people

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[27] Kane, J. (2013). p. 74.

[28] Criss (personal communication, December 9, 2014)

[29] Brooke (personal communication, December 9, 2014)

[30] Power, J., Schofield, M., Pitts, M., NcNair, R., Perlesz, A., and Bickerdike, A. (2014). Social connectedness among lesbian, gay, bisexual, and transgender parents living in metropolitan and regional and rural areas of Australia and New Zealand. *Journal of Community Psychology*, 42 (7). pp. 869–889.

[31] Desi (personal communication, December 9, 2014)

[32] Alice (personal communication, December 13, 2014)

[33] Ibid.

[34] Ibid.

now ringing us from Auckland because of service cuts. We have a niece from Auckland who is coming to stay with us in Wellington so that she can access the services she needs".[35]

4.2. Example - Semi-urban centre

For those people who live outside urban contexts, the availablity of services, and indeed finding services, is haphazard and involves a high degree of luck. In semi-urban centres, being able to access services comes down to who you know, and other peoples positve and negative experiences of local health services. *Whānau* and *Whāngai* will often move, or at least temporarily relocate, to get good support, good advice and good healthcare. This of course, comes at great cost, both financial and emotional.

One respondent described instances of stigmatisation from doctors within her semi-urban centre, but felt helpless because they were the only people qualified to check the categories necessary for her to progress through gender transition.[36] Another respondent living in a rural area described feeling lonely and alienated because other *Whānau* and *Whangai* living close by were much younger and so they had different interests and priorities "In the end, I was lucky I suppose, in that my mahi allows me to collaborate with other Indigenous people... I don't have trans friends at home, but I have a good support network of Indigenous trans friends in other countries".[37]

Cultural connectedness is important component for *Whānau* and *Whāngai* well-being. One respondent commenting that living amongst relations on the marae provided a lot of stability and social acceptance[38].

5. Trans support network for the Waikato
5.1. Health goal

There should be consistency of access to healthcare for *Whānau* and *Whāngai* in Aotearoa New Zealand, including the Waikato region. Responsive access to medical and mental healthcare can transform a person's experience of finding out about themselves, especially when the journey involves a challenge to perceived gender and social norms. Being educated about possible pathways, the experiences of others, supportive health and social policy, and inclusive legislation can reduce barriers and alleviate the stress experienced by *Whānau* and *Whāngai* who question their gender and seek ways to transition.

Conversations with respondents indicate that all too often, the barriers that they experience can lead to harmful coping behaviours; drug, alcohol and sex-related abuse. Such behaviours can, at

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[35] Ibid.

[36] Brooke (personal communication, December 9, 2014)

[37] Criss (personal communication December 9, 2014)

[38] Desi (personal communication December 9, 2014)

times, dominate a person's live and prevent the realisation of personal goals and aspirations[39]. The hurdles that *Whānau* and *Whāngai* encounter are numerous and so it is especially important that health professionals are allies, not barriers to accessing health services. *Whānau* and *Whāngai* require health and social service professionals who can offer good support and advice, people who can be trusted and with whom professional relationships can be formed. *Whānau* and *Whāngai* want to be active participants in their own health care process, reflecting their contribution as valued members of Waikato communities.

5.2. Network objectives

Online platforms for inclusion can help to take away the anxiety of being 'outed', whilst providing support to *Whānau* and *Whāngai*.[40] [41] One research project noted that "most participants used the internet for information about their sexual diversity and gender variance, for meeting people, and accessing support services. This notwithstanding, they also highlighted the limitations of online support, particularly with regard to addressing, resolving or managing persistent doubts and anxieties.[42]

A number of *Whānau* and *Whāngai* commented they are engaged in social justice issues and issues of disempowerment. They have, as a consequence, developed skills in the areas of advocacy and support and are keen to share these to support other *Whānau* and *Whāngai* along their own pathways.[43] There are some very good websites[44], and respondents commented they were able to learn, exchange knowledge, and write and read advice. Two well-supported websites are *Tapatoru[45]* and *Gender Identity Australia*.[46]

However, as has been emphasised, even the best websites do not adequately meet the need to share local Waikato information about health and related services, provide support to reduce persistent anxieties, and foster friendships, especially across the generations. Not everyone is able to access the internet or use the internet with confidence.

Instead, a combination of a website that hosts local information and supports online communication PLUS a regular meeting for face-to-face conversations and support could provide useful starting points for a Waikato network; a concept which one respondent describes as " a beginning place from which we can become".

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[39] Human Rights Commission (2007). p. 16.

[40] Pitts, M., Couch, M., Croy, S., Mitchell, A., and Mulcare, H. (2009). p. 168.

[41] Robinson, K. H., Bansel, P., Denson, N., Ovenden, G., and Davies, C. (2014). p.31

[42] Ibid. p. vi.

[43] Roen, K. (1998). *Constructing transsexuality: Discursive manoeuvres through psycho-medical, transgender, and queer texts.* Unpublished doctoral dissertaion, University of Canterbury, Christchurch. p. 273.

[44] *Agender NZ, GenderBridge, Transcare, Transgender.co.nz, TRANZform, NZtransguys, G-IQ, Forge* and *Tapatoru*

[45] Te Wao, K. (2013). *Tapatoru.*

[46] Riggs, D. (2014). *Gender Identity Australia.*

5.3. Population served

There is a distinct absence of data in relation to *Whānau* and *Whāngai*, as has already been noted. This makes it difficult for trans people to assert their needs [47]. On a positive note, this year for the first time, Statistics New Zealand invited public submissions about the collection of information on gender identity as part of the national census .

Whānau and *Whāngai* who were respondents to this report were keen to foster and maintain a support network that is inclusive of Māori trans people, non-Māori trans people, and people and organisations that are allies and support the aspirations of *Whānau* and *Whāngai*. As one respondent said "we percieve ourselves as inclusive of Māori trans people, non-Māori trans people, and those who support us in our aspirations. We assert our desire to provide for and network all *Whānau* and *Whāngai* in the Waikato. We can support trans who whakapapa to the Waikato Tainui region, because that means we can keep track of and care for those who belong to us, as well as those who are from other places but have chosen to call the Waikato their home".

5.4. Opportunities and challenges

Means of identification is often determined by others, through systems that produce labels for *Whānau* and *Whāngai* to live by. Where data has been collated to identify Whānau and Whāngai and the issues they face, they are often only included as part of the wider gay, lesbian, bisexual and trans community (GLBT). This is a challenge because it means that *Whānau* and *Whāngai* are hidden beneath layers of marginality.

Conversely, the same challenge presents unique opportunities to devise methods and means to cater for the needs of *Whānau* and *Whāngai* and where such methods and means already exist, to make these more explicit. For example, advantage should be taken of digitial means to communicate, express and share experiences and pathways through adversity. Whilst recognising that not all *Whānau* and *Whāngai* have equal access to digital platforms and resource, nevertheless the nature of 'virtuality' does provide a degree of safety through anonimity.

6. Resources

It is unclear what resources are potentially available to develop a support network for *Whānau* and *Whāngai* in the Waikato region. *Whānau Ora,* through *Te Pou Matakana,* may provide an avenue for achieving goals and objectives, but it is likely that the solution lies with resources drawn from more than one funding streams. The Waikato District Health Board funds clinical services for those

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[47] Power, J., Schofield, M., Pitts, M., NcNair, R., Perlesz, A., and Bickerdike, A. (2014

who wish to transition. However, the belief that their needs are cosmetic can have the effect of limiting the opportunities of *Whānau* and *Whāngai* to thrive.

Currently a number of national and local organisations are expressing support for the concept of a trans advocacy and support network for the Waikato. Organisations include Hamilton Sexual Health Clinic, the New Zealand Prostitutes Collective, the New Zealand AIDS Foundation, Rainbow Youth, Body Positive, Positive Women, INA HIV/AIDS and Te Puāwai Tapu, as have local networks for GLBT people. However, accessing resources from some of these organisations would require the adoption of gender categories and labels that can be oppressive because these don't quite fit *Whānau* and *Whāngai* self-perceptions.

Online trans networks in other parts of the country can provide resources that Waikato-based *Whānau* and *Whāngai* can use. However, this report recommends the need remains for a Waikato network which supports and advocates for the health and well-being of *Whānau* and *Whāngai* using web-based technologies AND a 'face-to-face' presence in the Waikato.

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