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Research Institute

THE UNIVERSITY OF WAIKATO

Honour Project Aotearoa



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Te Whāriki
Takapou

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Chapter 1

Introduction



Introduction

The 'Honour Project Aotearoa' investigated Kaupapa Māori strengths-based understandings of health and wellbeing in relation to takatāpui/Māori LGBTQI-plus communities. The study and its findings (insights) are important because little research has been conducted by takatāpui researchers and community collaborators about takatāpui experiences, wellness and wellbeing. The first Kaupapa Māori in-depth piece of qualitative research was undertaken by takatāpui researcher Dr Elizabeth Kerekere (2017) in her doctoral work entitled *Part of the whānau*. The emergence of takatāpui identity - He whāriki takatāpui. The Honour Project Aotearoa study is the first Kaupapa Māori mixed method study of takatāpui health and wellbeing. The study was led by Principal Investigators who are takatāpui, supported by a team of eight Māori researchers, six of whom identify as takatāpui, and a group of five advisors, all of whom identify as takatāpui or Two-Spirit.

The Honour Project Aotearoa was influenced by the work of the Native American 'Honor Project', a ground-breaking study led by Professor Karina Walters of the Indigenous Wellness Research Institute at the University of Washington, which explored wellbeing in American Indian and Alaskan Native two-spirit communities (Walters et al., 2011). The Honor Project was the first ever community-based study of two-spirit American Indians and Alaskan Natives, and involved a nationwide survey that examined the impact of historical trauma, discrimination and other stressors on the health and wellness of Native American men and women who identified as lesbian, gay, bisexual, transgender and two-spirit (LGBTTS), specifically those living in urban settings. The study was conceived as a direct response to the lack of research addressing health and mental health concerns of urban LGBTTS. The term 'two-spirit', a contemporary rendering of the Northern Algonquin term - *niizh manitoag* (two spirits) - signifies the embodiment of both the feminine and masculine spirits within one person (Anguksuar, 1997, cited in Balsam et al., 2004). The term provides a means for American Indian and Alaskan Native (AIAN) sexual and gender minorities to accentuate and validate a culturally distinct embodiment of their sexual and gender identity (Lehavot, Walters, & Simoni, 2009) (<http://socialwork.uw.edu/research-projects/health-survey-of-two-spirited-native-americans>).

The 'Honour Project Aotearoa' investigates understandings of health and wellbeing in relation to the Takatāpui community. Positive gender identity, sexual identity and sexuality are fundamental to our sense of self, self-esteem and ability to lead a fulfilling life. Wellbeing is increasingly understood as being culturally and environmentally specific. However, health and wellbeing issues in Aotearoa New Zealand are predominantly discussed in a Western heterosexual frame of reference. Health and wellbeing outcomes vary widely across different population groups, including Māori, Pacific peoples, refugees, lesbian, gay, bisexual, transgender and intersex people (LGBTQI-plus). In addition, there are major gaps in service provision to LGBTQI-plus populations. This research provides an opportunity to address the invisibility of LGBTQI-plus populations within policy and service provision in primary health care and other settings. The aim is to support organisations by developing knowledge that supports the provision of effective health and wellbeing programmes.

'Honour Project Aotearoa' is the first national multi-methods project to investigate understandings of wellbeing within the Takatāpui community. It will explore the health and wellbeing of Takatāpui, and provide insights into processes by which health services can better serve this particular community. Significant gaps in service provision to LGBTQI-plus populations have been noted in Aotearoa and internationally (Pega & MacEwan, 2010; Walters, 1997). In terms of primary health care needs, other than in relation to issues associated with HIV and AIDS, people who identify as LGBTQI-plus have largely been ignored, with very few organisations providing specific services and programmes to all LGBTQI-plus populations (Neville & Henrickson, 2006; Adams, Dickinson & Asiasiga, 2013), including Takatāpui.



Aims

The overall aim of 'Honour Project Aotearoa' was to investigate and identify life experiences of Takatāpui and gains insights into how those experiences affect health and wellbeing, including access to, and provision of, health care for this specific Māori community. Additionally, the project gives voice to Takatāpui expressions, experiences and aspirations for health and wellbeing, thereby reinforcing and perpetuating Takatāpui belonging - in the whānau, hapū, iwi, and for future generations.

These aims have been achieved through the following objectives:

Objectives	
1	Completion of a survey questionnaire through a Kaupapa Māori research process, to elicit in-depth information pertaining to takatāpui life experiences and their impact on meeting health and wellbeing needs
2	Review of literature related to takatāpui understandings, life experiences, and related health and wellbeing issues
3	Completion of a series of qualitative interviews with participants using pūrākau and digital storytelling approaches
4	Facilitation of Thought Space Wānanga to provide key stakeholders in the area with information based on the findings of the research to support policies, practices and development of appropriate services for takatāpui
5	Dissemination of research findings using multiple methods including online publications, journal articles, pūrākau and digital storytelling resources, community and conference presentations and Hui Takatāpui, and the final research report

'Honour Project Aotearoa' was driven by a need to address the almost total lack of responsiveness to the health and wellbeing of the Takatāpui community in terms of equitable provision of quality, sensitive and respectful health services and programmes, and critical research that empowers Takatāpui communities, enhances their experience of tino rangatiratanga and achieves positive transformation for these communities. The distinctiveness of 'Honour Project Aotearoa' is its explicit focus on giving voice to Takatāpui expressions, experiences and aspirations for health and wellbeing, thereby reinforcing Takatāpui belonging – in the whānau, iwi, and in ancestral and future generations (Walters, 2007). 'Honour Project Aotearoa' focuses on Māori strength-based understandings of health and wellbeing within takatāpui communities. This focus is grounded upon tikanga and mātauranga Māori, which informed the Kaupapa Māori methodological approach taken within the project.

Tikanga Rangahau: Methodology

Kaupapa Māori provided the methodological approach to this study. As Linda Tuhiwai Smith (1996) noted, "The concept of kaupapa implies a way of framing and structuring how we think about those ideas and practices" (p18). As insights gained from the study indicate, terms used to describe the kaupapa also have the effect of framing and structuring Māori understandings of sexuality and gender, often in unhelpful and colonising ways. For example, Mika (forthcoming) writes that Māori philosophies approach the construction of the terms 'sex' and 'gender' - and presumably the term 'takatāpui' as well - as functions of all things seen and unseen in the world. By comparison, the west constructs these terms as if they amount to no more than their descriptions, thus limiting the extent to which the terms can be understood.

Kaupapa Māori has been summarised by Graham Hingangaroa Smith (1997) as providing a combined structuralist and culturalist approach to Māori issues, enabling the development of interventions and transformation at the level of both 'institution' (economics, ideology and power) and 'mode' (process) (G. H. Smith, 1997). That approach ensures that multiple layers of influence and relationships are recognised as being of equal value within the research (G. H. Smith, 1997). As a Māori theoretical and research approach that investigates issues as they are contextualised in Aotearoa, Kaupapa Māori supports an analysis of issues in Aotearoa from an approach that is distinctively and simultaneously

Māori and decolonising. The Kaupapa Māori methodological approach allowed the research team to simultaneously connect with and accommodate the complexities of diverse Māori lived realities (Lee, 2005, p. 4) through the use of terms that maintained the collective while recognising individual realities, and invoking a Māori worlded approach to terms (Mika, forthcoming). As such, the study attempted to address Māori philosophies (Mika, 2018, unpublished), was inclusive of the diversity within our communities (Pihama, 2001), and provided a strong methodological approach to undertaking the study in collaboration with takatāpui communities.

Key elements in the area of Kaupapa Māori theory and research have been highlighted as integral by a number of Māori researchers (G. H. Smith, 1997; L. T. Smith, 1999; Pihama, 1993), and those elements: rangatiratanga and mana motuhake; whanaungatanga; kia piki i ngā raruraru o te kāinga; taonga tuku iho; ako; and te reo me ngā tikanga, provided a foundation for the overall methodology for this project. For this particular study, an additional element was added, which is most closely associated with the elements 'taonga tuku iho' and 'te reo me ngā tikanga', and relates to things that the West describes as 'intangible' but which, in some Māori settings, might be described as 'ngā mea huna' (things that are hidden or which don't choose to reveal themselves). Each of the elements informed the research project in that these provided an approach that was grounded in, and defined through tikanga Māori.

Further, the study's methodological approach provided the team with the opportunity to engage indigenous critiques of colonialism and the role of colonial ideologies in the construction of identity (Durie, 1995; Moeke-Pickering, 1996; L. T. Smith, 1999). This was significant when understanding the positioning of takatāpui within Te Ao Māori and the ways in which colonial discourses have disrupted our understandings of diversity within whānau, hapū and iwi. That foundation was enhanced by the collaborative nature of the research, including the initial kōrero or discussion and investigation undertaken prior to submitting the proposal. Kōrero took place with key people in the topic area such as members of takatāpui and Māori LGBTQI-plus communities, and providers working in the area of sexuality, wellbeing, and sexual and reproductive health, as well as colleagues from the Honour Project. Given that little was known about takatāpui health and wellbeing it was important that Kaupapa Māori provide the overarching methodology to the research to ensure that there was a clear Māori approach to the experiences of takatāpui. Whanaungatanga also dictated that the experiences of takatāpui were extended to whānau, hapū and iwi.

In keeping with a Kaupapa Māori approach, all research processes and activities were determined through meaningful collaborations. The inclusive model used the expertise of takatāpui and Māori LGBTQI-plus communities in all aspects of the research, including the development of interview schedules and surveys, analysing data, reviewing conference presentations, and contributing to journal articles. That approach, termed 'transformative participation' by Duran and Firehammer (2015), recognises the legitimacy of communities in producing knowledge that impacts on the way in which solutions are developed, and how solutions build on community realities, as described by those within the communities (Duran & Firehammer, 2015). Therefore, the methodology adopted a broad analysis that was inclusive of wider Māori society both in terms of how homophobia has influenced whānau relationships and the ways in which acceptance and positioning of takatāpui within Te Ao Māori has affected health and wellbeing.



Mahi Rangahau: Methods

Using Kaupapa Māori methodology in this research ensured clear collaborative processes from the inception of the project to its completion and informed each of the methods used throughout the project. The research collaboration was thus informed by, and expressed through, multiple experiences of takatāpui and Māori LGBTQI-plus people alongside whānau, hapū and iwi. The collaborative process enabled the team to work with different forms of knowledge - researcher knowledge, professional practice, community knowledge, and public policy knowledge - all aligned to mātauranga Māori in order to enhance the mana of takatāpui and Māori LGBTQI-plus communities and individuals. The following discussion provides an overview of each of the research methods and their contribution to the overall research process.

The qualitative methods for the project included a series of kanohi ki te kanohi or face-to-face interviews with 39 participants from takatāpui communities, using pūrākau and digital storytelling approaches. In the context of the Honour Project Aotearoa, the use of a pūrākau approach facilitated deeper understandings of the socio-cultural contexts and the impact of broader social and institutional engagements on those that identify as takatāpui and Māori LGBTQI-plus. Twelve participants involved in the pūrākau component of the project were invited to work alongside the project team in the construction of short digital stories; these provide a visual representation of selected issues that are of direct relevance to the participants' experiences and aspirations for health and wellbeing. Additionally, a review of literature and archival material is included to provide wider national and international understandings in the area of Takatāpui and LGBTQI-plus experiences. The fundamental objective of a literature review method was to provide an overview of critical and authored literature within a defined field of research, through engagement, critique and analysis. For this project, the literature gathered also includes investigation of the positioning of Takatāpui within Te Ao Māori.

Literature Reviews and Discussion Paper

Two literature reviews (and associated annotated bibliographies) and a discussion paper were produced. The documents addressed 1) Access to health services for takatāpui; 2) Access to health services for Māori engaged in sex work; and 3) a discussion paper about a Māori metaphysics of the terms 'sex' and 'gender'. The reviews and the discussion paper guided the development of the national survey, the focus of participant interviews, and the pūrākau or digital stories. The authors of all of these documents are active members of takatāpui and Māori LGBTQI-plus communities in Aotearoa. The reviews and the discussion paper are 'firsts' in the fields of Māori health, sexual and reproductive health policy, practice and research in Aotearoa. The documents form the basis of three journal articles in development. A fourth paper focused on a Kaupapa Māori approach to the design of a national survey is also in development. The literature reviews are to be published in a book, Honouring Takatāpui, to be completed in 2020.

Collaborations

Addressing the almost total lack of responsiveness to the health and wellbeing of takatāpui communities in terms of equitable provision of quality, sensitive and respectful health services and programmes drove the collaborative relationships that are central to this study's Kaupapa Māori methodological approach. Kaupapa Māori research demonstrates that collaborative approaches are more likely to generate positive, sustained transformations for Māori communities, of which takatāpui communities are important members.

Takatāpui Community Collaborations

Takatāpui community leaders proposed the focus of the study based on their lived knowledge of takatāpui health priorities, health service gaps, and takatāpui strengths and challenges. Researchers, ourselves members of takatāpui communities, developed the study proposal, and established the study's Advisory Committee. Advisory Committee members were themselves leaders of various takatāpui communities. Advisory Committee members took an active role in the promotion and engagement of the study with takatāpui communities, including national consultation hui that were held in the first six months of the study. The Advisory Committee included the International Advisor, Professor Karina Walters from the Honour Project. The Advisory Committee were also actively involved in reviewing the ethics application, literature reviews and discussion document; development of the survey questions and participant interview schedules; promoting the study and contributing to knowledge translation with takatāpui communities and key stakeholders; and the preparation of journal publications.

International Indigenous Collaborations

The International Advisor, Professor Karina Walters, collaborated with the study team to advise on the scope and content of the national survey and the analysis of data. Some Honour Project survey questions, following customisation to the

local context, formed part of the Honour Project Aotearoa survey. Those questions were about stigma and discrimination experienced within one's own family, community and band; the intersection of discrimination based upon one's gender and sexuality with racism; and the relationship between culture, identity and wellbeing. The reason for having some shared questions was to enable an international Indigenous comparison of intersectional issues and for takatāpui Māori and Two-Spirit Peoples from the United States and Alaska to draw lessons from each other's experiences of keeping themselves well and advocating for culturally responsive and equitable health care.

Participant Interviews

Participants for interview were selected on the basis that, taken together, the 'voices' of young and older members of the many sexual and gender-identified takatāpui communities enriched the study. The rationale for interviewing participants was to provide a rich and in-depth narrative to complement the data from the survey. In total, 39 takatāpui people were interviewed face-to-face by the team. The youngest participant was 25 years old, and the oldest was in her seventies. Most participants lived in urban and semi-urban areas in the North Island. Interviews lasted between 40 minutes and two hours. Participants were sent a copy of the transcript of their interview and were invited to amend the transcript if they wished. No participants amended their interview transcripts. Twelve takatāpui were interviewed by video (as pūrākau or digital stories) and were invited to preview their interviews and give feedback. The interviews produced a number of common themes with regard to takatāpui wellbeing and staying well. Other themes were brought together around notions of takatāpui identity: knowing who you are; whānau (whakapapa whānau & kaupapa whānau); role models; engaging health services; homophobia and negative experiences; normalisation and visibility. These are presented in more detail in the Insights section of this report (see Chapter Four). A key element for all of the interviews was to canvas thoughts on the term 'takatāpui'. For many of those who shared their thoughts for the interview component of the project, they found the term 'takatāpui' a positive way of seeing themselves within a cultural worldview. Many also used other terms with regard to sexual and gender identity; however, it was clearly articulated by participants that the term 'takatāpui' provides a cultural space and a way of considering ourselves within whānau, hapū, iwi, Māori communities and the wider world. The majority of reflections on the way in which the term takatāpui is viewed were positive in nature and many referred to a sense of pride in using the term to describe themselves. For others there was no need to label their gender or sexual identity at all, including with the term 'takatāpui'; rather they chose to focus on their role as whānau members. For yet others, 'takatāpui' was an unfamiliar term or was one that had not been used until recently in their lives. We give voice to those insights as reflections throughout the report.

Pūrākau - Digital Storytelling

Pūrākau are used in two key ways in this research: (i) the sharing of twelve digital stories online; and (ii) the sharing of pūrākau within the text of this final report (see Chapter Four). The formal use of pūrākau through digital stories involved twelve takatāpui participants, who were asked to talk about their lives to the video camera. The intention was that storying their lives could help other takatāpui people to make sense of their lives too. Digital story-telling was proposed as a method for enabling takatāpui people to control what stories they would tell about their lives, and how the story was told in terms of timeframes, emphases, foregrounding and backgrounding, explanations and so forth. Digital story-telling was also used as a contemporary method of intergenerational knowledge exchange - older takatāpui people passing their knowledge to younger takatāpui people, much the same as intergenerational knowledge exchange happens within whānau, hapū and iwi. Videoing the storyteller telling their story was proposed as a good method for ensuring knowledge was readily available - more so than requiring a takatāpui audience to read a transcript of the same interview. Further, videoing the storyteller enabled them to use clothing, facial expressions, hands, bodies, physical settings, and devices such as poi to emphasise aspects of themselves as storytellers, and their stories.

Storytelling took place in homes and offices in West and South Auckland, Whatawhata, Te Kotahi Research Institute, University of Waikato in Hamilton, and the New Zealand Prostitutes Collective offices in Wellington. Storytellers were rangatahi, mātua, kaumātua, sons, daughters, sisters, brothers, aunties, uncles, mums, dads, nannies, koros, students, teachers, artists, managers, and researchers. They shared their experiences of getting well and keeping well, and were selected for videoing because they are recognised leaders and leaders-to-be for their respective takatāpui communities. All were respected members of whānau, hapū and iwi. They shared their experiences of keeping well - in the face of racism, homophobia, transphobia, misogyny, and other challenges. Some talked about the value of knowing who you are; having supportive whānau; and having good role models. Others talked about being part of takatāpui and LGBTQI-plus networks and having strong advocacy groups working for them and their communities. All wanted low cost, welcoming, non-discriminatory and well-resourced health services to help them to get well and stay well. The digital stories are available online at Te Kotahi Research Institute <https://www.waikato.ac.nz/rangahau/research/hauora-health/honourproject/honour-project-digital-stories> and at Te Whāriki Takapou <https://tewhariki.org.nz/hpa-purakau/>

Survey

The Honour Project Aotearoa (HPA) nationwide survey was the first of its kind to be conducted with and for takatāpui and Māori LGBTQI-plus communities. The survey addressed the current dearth of information about takatāpui health and wellbeing. The process used to develop the survey, the researchers assert, contributes significantly to the growth of Kaupapa Māori mixed-method methodology, theory, and practice. To this end, the researchers critiqued each of the steps commonly used to construct a statistical survey. The aim was to ensure that every stage of the survey development process met the needs and aspirations of the takatāpui and Māori LGBTQI-plus communities.

Typically, surveys enable the gathering of qualitative data (such as opinions and experiences) from a specific population, which can then be aggregated for quantitative analysis (such as proportions or percentages). In general, the quantitative data provide a complementary perspective to accompany the more in-depth qualitative data from the key informant interviews. In the case of the Honour Project Aotearoa survey, the addition of quantitative data presented a more comprehensive population-focused picture of the health and wellbeing of takatāpui and Māori LGBTQI-plus than would have been possible were the data limited to qualitative methods. The entire process of developing the survey was guided by Māori cultural values while simultaneously maintaining statistical rigour. What resulted was a replicable survey development process underpinned by a Kaupapa Māori research methodology and tikanga Māori principles. The Team have prepared a paper for publication that describes the survey development process, including the examination of its appropriateness to the study population and its contribution to the aims and end goals.

In recent years, several surveys have been conducted amongst the Māori population alone, including those focusing on topics such as the Māori language (Te Puni Kōkiri, 2008), health, education (Ministry of Education, 2013), identity (Houkamau & Sibley, 2010), and health in the workforce. However, discussion of the processes used to develop national surveys that are aligned to Kaupapa Māori principles and tikanga Māori - from inception right up to putting the survey into the field - has been absent from the literature. The Honour Project Aotearoa nationwide survey of takatāpui and Māori LGBTQI-plus communities provided the opportunity for this team of mostly takatāpui researchers to address that particular gap. Further, the Honour Project Aotearoa survey provided the research team with the opportunity, during the survey development stage, to share some questions from the Honor Project that focused on Two-Spirit Native American and Alaskan people, and from Te Kupenga and other government periodic health surveys. Using questions from other surveys allowed the team to potentially compare takatāpui health and wellbeing to that of Two-Spirit Native American and Alaskan people, and with other Māori. The research team worked closely with Professor Walters from the Honor Project in the overall preparation of the survey instrument, trialling it with a small pilot group of participants before it was finalised and made available online and hard copy.

The survey for this project was informed by the original 'Honor Project' survey undertaken by Professor Karina Walters and her team, with a key focus that ensured direct relevance to Māori and our experiences and positioning in Aotearoa. A preliminary review of the original 'Honor Project' survey identified that certain aspects needed to be amended for the Māori context, such as specific details related to historical trauma, definitions of ethnicity, and blood quantum details. It was also evident that some areas of the survey were not directly relevant to the Māori experience and therefore those were removed. Furthermore, the research team were cognisant at all times during the preparation of the survey of the length of the time needed to complete the online and hard copy process. Notwithstanding these amendments, the dimensions in the survey for the 'Honour Project Aotearoa' were influenced by the Honor Project including demographics, physical health, mental health, experiences of trauma, stressful life events, cultural and ceremonial practices (including traditional healing), culture and connectedness, spirituality, access to health services, sexual risk, and STI and HIV/AIDS (i.e. access to testing, treatment, and prevention).

It is important to note that population statistics related to takatāpui are difficult to obtain as information on sexual orientation (i.e. sexual identity, sexual attraction, sexual behaviour) has not been collected in any Statistics NZ national surveys. Therefore, it was important that the initial phase of the research enabled the research team to work together in finalising the sample size for the survey component. Walters (n.d.) faced a similar issue in regard to power calculations and sample size. As is the case here in Aotearoa, there has been little reliable data in relation to the size of the Two-Spirit community in Turtle Island (USA), and therefore the Honor Project team set a series of eligibility criteria and used three methods; targeted, partial network and respondent-driven sampling (Chae & Walters 2009). To highlight the difficulties in stating specific final sampling processes and numbers prior to undertaking research of this type, Walters noted:

"There is considerable complexity involved in designing a representative sample for such a rare and difficult-to-access population as two-spirits. Given that American Indians constitute less than 1% of the population in any of the metropolitan statistical areas proposed for this study and they do not cluster in any of the cities by neighborhood (AIs cluster at less than 1% for any neighborhood enclave), a random sample is simply not cost effective or efficient. In fact, no clear sampling frame exists for two-spirit populations—the size and boundaries are simply unknown (although we can achieve rough estimates based on census data and the

standard 3-10% figures for estimates of who is gay or lesbian in a population). Additionally, due to historical mistrust of the federal government and stigmatization (both for AIs and as a GLBTs), sampling this hidden within a hidden (i.e., “doubly hidden”) population is extremely difficult.” (Walters, n.d.)

These sampling considerations meant that randomised sampling would be prohibitively expensive and require unfeasible resources to accomplish. Due to the hard-to-reach nature of the takatāpui and Māori LGBTQI-plus population we used a convenience sample; this included using a process of whanaungatanga, through which community members provided connections and promoted the project widely. In quantitative terms this may be defined as ‘snowballing’ or ‘network sampling’. The Kaupapa Māori methodology and methods for this project are themselves unique for such a project in that they were constructed through a collaborative process as part of the research planning phase. Following the process of the ‘Honor Project’, and with initial discussions with collaborating groups, we proposed that to be eligible for the survey, participants needed to self-identify as Māori, be over the age of 18, and self-identify as takatāpui, lesbian, gay, bisexual, transgender or intersex. Participants were recruited through whanaungatanga processes including community networking, media promotion, Hui Takatāpui networks, Māori providers, pānui through newsletters, Pride newspapers and the like, within the broader LGBTQI-plus community. In line with our collaborative approach, the participant recruitment method was developed in consultation with takatāpui communities at consultation hui, to benefit from collective ideas, knowledge and understanding of how best to access these communities.

Briefly, the team received 368 completed surveys - online and hardcopy - over a 16-month period (1 March 2018 to 30 June 2019). The survey target population was defined by self-identified responses to questions about ethnicity, age, and sexual and gender identity. Allowing for all self-identified responses to identity was consistent with the principle of rangatiratanga. Survey questions were defined with regard to maintaining the mana and rangatiratanga of respondents, and pre-tested by takatāpui whose responses were not included in the final survey data. The survey participants were recruited through takatāpui community consultation hui held in Auckland, Wellington, and Christchurch, and local takatāpui networks and organisations that work with takatāpui. Recruitment strategies included social media ‘blasts’, emails to networks, and attendances at takatāpui, LGBTQI-plus events - Big Gay Out (Auckland), local Pride festivals, and the Māori event called Te Matatini 2019 (Wellington). In-survey responses were markedly positive. A number of themes that emerged from the survey were presented to Thought Space Wānanga participants for discussion using the framework headings: Ko ahau; Wai ora; Whānau ora; and Mauri ora. The themes are discussed in more detail in the Findings / Insights section.



Summary

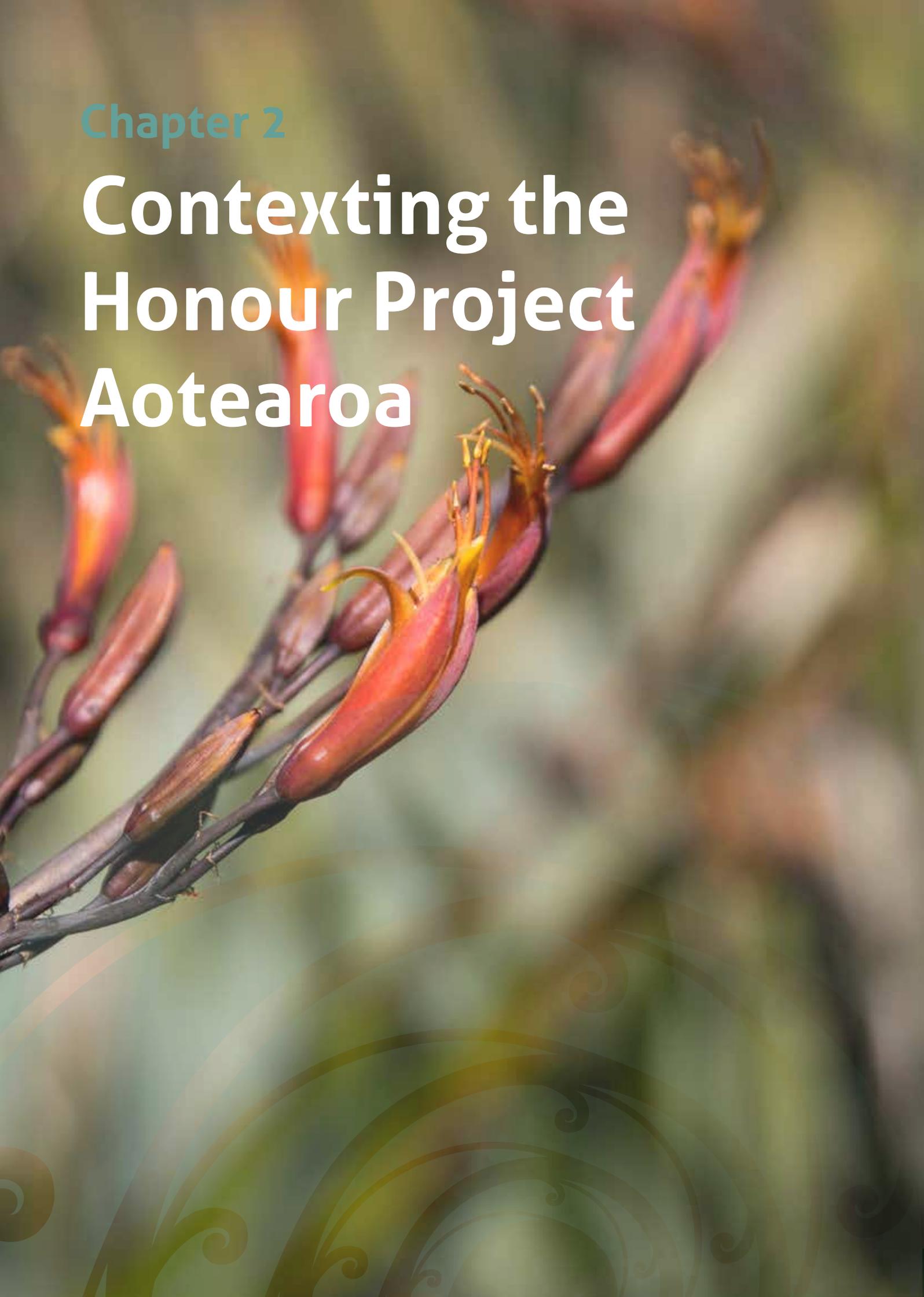
This chapter provides an overview of the research project's aims, objectives, methodology and methods. This research was highly influenced and informed by the Honour Project undertaken by Professor Karina Walters and the team at the Indigenous Wellness Research Institute. This was a nationwide health survey that examined the impact of historical trauma, discrimination and other stressors on the health and wellness of Native American lesbian, gay, bisexual, transgender and two-spirited men and women. The Honour Project Aotearoa has, in turn, been initiated by Māori researchers who identify and live as takatāpui as a project that focuses upon takatāpui wellbeing and experiences with access and quality of health service provision.

Positive sexual identity and sexuality are acknowledged as fundamental to takatāpui sense of self, self-esteem and ability to lead a fulfilling life (Ministry of Health, 2001). Understanding our place in the world - where we belong and where we stand - is essential to our health and wellbeing (Aspin, 2007). There is clear evidence that understandings and expressions of sexuality underpin important epistemological, social, economic and health beliefs, attitudes and practices (Pihama, Smith, Aspin, Middleton & Mikaere, 2006; Eldred-Grigg, 1984). Over the past few years' successive governments have indicated a commitment to reducing health inequities in Aotearoa New Zealand. The Ministry of Health, in line with wider government agendas, has acknowledged its responsibility to Māori as Treaty of Waitangi partners and as citizens (Ministry of Health, 2003). Research, both internationally and in New Zealand, shows that Indigenous Peoples have poorer health outcomes than others (Howden-Chapman & Tobias, 2000; Balsam, Huang, Fieland, Simoni & Walters, 2004). For Māori, a disproportionate burden of risk, morbidity, disability and mortality is seen in almost every disease category (Hutchings, 2007). Māori health overall is characterised by systematic disparities that are represented in health outcomes, determinants of health, health systems' responsiveness, and representation in the health workforce (Reid & Robson, 2006). The Honour Project Aotearoa contributes to this wider discussion by exploring the health and wellbeing of takatāpui and providing insights into processes by which health service delivery can better serve the needs of this diverse community.

Māori researchers have long argued that there needs to be an acknowledgement of the diversity of experiences and ways of being amongst Māori (Irwin 1992; Smith, L.T., 1992; Moewaka Barnes, 2000), and that diversity should be reflected in the use of a range of methodologies and methods (Reid, 2006; Simmonds, Robson, Cram & Purdie, 2008). High-quality research requires the use of appropriate methods to serve different purposes. In this study we adopted a mixed or multi-methods approach that included quantitative as well as qualitative methodologies, producing valuable insights that exceeded the team's expectations. Rather than producing two disparate bodies of knowledge, the quantitative and qualitative methods produced knowledge that was complementary, each enhancing the other. Papārangi Reid (2006) wrote that quantitative research methods are 'tools' to be used, with the caveat that Māori must determine their use, control and engagements in a way that is liberating rather than colonising of Māori. Quantitative research for Māori has the power to persuade, in particular, policy makers and funders; however, quantitative data cannot of itself tell us what to do to bring about transformative change. Quantitative data can legitimate community concerns, but it is the communities themselves who are the experts in determining their own solutions (Moewaka Barnes, 2000). In this study the Kaupapa Māori mixed-methods approach enabled the Honour Project Aotearoa research team to use a range of methods to analyse and understand the experiences of takatāpui. The mixed method approach also enabled the development of a broader evidence base to identify trends, demographic and socio-economic factors required to inform advocacy, policy and service delivery associated with takatāpui and Māori LGBTQI-plus health and wellbeing.

Chapter 2

Contexting the Honour Project Aotearoa



Contexting the Honour Project

Aotearoa

Introduction

As noted in the methods section, two literature reviews (and associated annotated bibliographies) and a discussion paper were produced and were used to inform the methods, implementation, data analyses and findings or insights. The documents addressed 1) Access to health services for takatāpui; 2) Access to health services for Māori engaged in sex work; and 3) a discussion paper about a Māori metaphysics of the terms 'sex' and 'gender'. The reviews and the discussion paper guided the development of the national survey, the focus of participant interviews, and the pūrakau or digital stories. Authors of these documents are, themselves, active members of takatāpui communities in Aotearoa. The reviews and the discussion paper are 'firsts' in the fields of Māori health, sexual and reproductive health policy, practice and research in Aotearoa. These documents also form the basis of a book which is in development and due to be published in 2020. A fourth paper focused on a Kaupapa Māori approach to the design of a national survey is also in development.

Kaupapa Māori Speculation¹

Kaupapa Māori methodological and theoretical approaches recognise 'things' as including ideas, thoughts, experiences and other unseen phenomena. These are understood by Kaupapa Māori researchers as legitimate and of immense value. Accordingly, a method was required for theorising and analysing unseen phenomena. The team adopted 'speculation' as a method for addressing phenomena such as 'terms' - in particular the terms 'sex' and 'gender'. Speculation allowed the research team to move beyond mere descriptions of 'sex' and 'gender' - a western positivist approach - to an exploration of the 'ground' upon which these terms are philosophised. The method, proposed by Mika, requires seeing the field through a 'worlded' lens in which '...a Māori description of 'things' or 'phenomena' involves ideas, thoughts and perceptions, which are just as material as what the west might call real, material objects (Mika, forthcoming, p.2).

This approach contributes new information and understandings of terms, and suggests caution is required when conceptualising and describing what some might refer to as 'decolonised' or 'decolonising' elements in the field of Māori sexual and reproductive health. For example, while the term 'takatāpui' is viewed positively by most survey and interview participants, if we are to view the term 'takatāpui' as potentially decolonising and emancipatory, a Kaupapa Māori approach requires vigilance with the term. In practice this requires users of the term to be aware that in the colonising context in which we all exist, the term 'takatāpui' may be made vulnerable to colonisation by the contexts in which it is used. The mere fact of having to use a term in day-to-day life that suggests identification through one's own iwi, hapū and whānau is insufficient, indicates colonising approaches are at work. And while many participants told us they preferred the term 'takatāpui' over terms such as 'lesbian' or 'gay' because their cultural, sexual and gender identities were simultaneously addressed in the term 'takatāpui', nonetheless it seems likely that having to announce one's sexual and gender identity is a requirement of colonisation.

In Māori thought, the world (ao) is not simply the seen aspect of existence but the totality of all things (Marsden, 2003; Pere, 1982). Ao, interestingly, is also a verb, as in 'ka ao', which most economically could be translated as 'to world', even if 'world' is something different to 'ao'. Here we meet our first difficulty with language between coloniser and colonised and the things that reside within it. All representations for Māori, whether through writing, orality or any other means, are based on an initial metaphysics or set of fundamental ideas that is grounded in cultural understandings that have been guided by generations of tikanga, te reo and mātauranga Māori. Colonisation has either altered or threatened to completely dissolve those first Māori philosophies. The aim of this section is to consider some of the terms that are aligned in the west with the area of sexual health and to submit them to a representation that is based on definitions located within colonial and colonising discourse. If a term nurtures a deep view of all things being in relationship or co-constitutional, then it may be said to 'sit well' with fundamental Māori understandings and as such it may not do harm to Māori. However, those terms that advocate strong individualism or strict division are antithetic to Māori metaphysics, and therefore threaten a Māori ability to represent things in accordance with our own tikanga; they will be 'unhealthy' in a Māori sense. As Mika (forthcoming) notes;

¹ An article focused on Kaupapa Māori speculation and terms such as 'sex' and 'gender' by Carl Mika will be published in the forthcoming book "Honouring Takatāpui" edited by L. Pihama & A. Green

"A Māori individual is both individual/world-constituted, not solely alone. 'Being' from a Māori existential/metaphysical perspective cannot simply be thought of as the being of the human, but as a co-constituted/co-constitutioning entity." (n.p.)

Dominant western thought, with its overwhelmingly antithetic means of fragmenting objects and making them fully what they are through that division, sees ethics as a way of protecting the human self, or maybe the animal, but does not see ideas as 'whakaaro' and hence as evolving, ancestral entities that need to be ethically represented in their own right. We discuss the essential need to ground our understandings of terminology. To ground ourselves here in Aotearoa we must begin with Papatūānuku and the pūrākau of Hineahuone, Hinētītama and Tāne through which humans emerged. What is clear is that the grounding, the papa, for Māori is not the same as the grounding that comes from western locations and thinking. This is to be explored in some depth by Carl Mika in the forthcoming book publication that is forthcoming from this project. Key terminologies in western discussions of sexuality, such as sex and gender, are both grounded and determined in western colonial knowledge and conceptual frameworks. It is argued by Mika (forthcoming) that:

"An appropriate place to start an analysis is with the relationship between the most fundamental term in sexual health, 'sex', and a method of division that brings about knowledge. Gordon (2014) traces the link between the terms 'sex' and 'science', through their Latin and Greek origins, with 'science' becoming 'sex' through its etymology of 'to know', 'to divide', 'split, cleave', and then 'to cut' ('secare') from which arises the term 'sex'. He argues that "[a] link between science and sex brings biology to the fore", with "concerns over the generation of life initiating] scientific inquiry" (p. 84). The sociological argument that sex has been too deeply equated with biology fits precisely at this point and will not be repeated here, as it is more important for this discussion to indicate that the relationship between sex and biology is a philosophical one as well, with the two phenomena of sex and its various states, and science evolving from an even more primordial assumption. From the Māori metaphysical perspective, the ground that any dealings with the term 'sex' insists on is divisive." (n.p.)

It is further argued by Mika (forthcoming) that such division and separation of Māori from our cultural and philosophical grounding "is a dangerous and colonising undertaking" (n.p.) that impacts upon Māori wellbeing and health. In regard to gender, Mika (forthcoming) notes

"Gender's original sense of "a class or kind of persons, or things sharing certain traits" (The Sciolist, n.d., n.p.(c)) is a reminder of the west's general attempts to assign constant modes of being to separate things in the world" (n.p.).

With regard to Māori it has been clearly established that for older Māori, thought and language were less disrupted by strictly gendered categories (Pihama, 2001). 'Ia', for instance, can mean both he/she, including their simultaneity. This provides a direct critique of the division and separations that are embedded in western conceptualisations of sex and gender. What is clear is that western definitions of sex and gender create divisions that can support the reproduction of unequal power relationships that exist within colonising systems and structures. This also has a significant impact on the wellbeing of Māori. Moving away from colonising definitions of takatāpui has been central to this project. The next section provides an overview of key ways in which participants spoke about the term takatāpui.

Issues of Access to Health Care²

Wellbeing is increasingly understood as being culturally and environmentally specific (Panelli & Tipa, 2007), with a strong sense of one's identity – cultural, sexuality-specific and gendered – being linked to enhanced health status (Aspin, 2007; Pihama et al., 2006; Simoni, Sehgal & Walters, 2004; Green & Te Wao, 2014). Conversely, Māori who do not have regular and ongoing access to contexts that reinforce a sense of self identity may be at increased risk of negative health impacts (Pihama et al., 2006; Herewini and Sheridan, 1994). Health and wellbeing issues in Aotearoa New Zealand are predominantly discussed within a western heterosexual frame of reference that does not accommodate the collective and interdependent values of Indigenous societies (Neville & Henrickson, 2006; Panelli & Tipa, 2007) and their understandings of sexualities and genders (Kerekere, 2017). Different groups within New Zealand have different perspectives and positions on sexuality and gender; the perspective of the predominant culture may be described as hetero-sexist or 'hetero-normative', whereby heterosexuality is constructed as 'normal' and all other forms of sexuality are seen as deviant (McBreen, 2012), and where sexuality is viewed from the perspective of the individual rather than as an integral component of collective societies (Aspin, 2007). In a heteronormative culture, those who identify as gay, lesbian, bisexual, transgender and intersex (LGBTQI-plus) are a marginalised minority (McBreen, 2012; Hutchings & Aspin, 2007).

² This section includes content that is to be published as two articles that examine Health Services Access for Māori Transgender and Health Services Access for Takatāpui Sex Workers. Articles will be produced in collaboration with Dr Tawhanga Nopera and Ahi Wi-Hongi

It is pertinent to note here that there are limited official statistics available with regard to population numbers (Statistics New Zealand, 2006). At the 2006 Census, 12,300 people were living in a same-sex couple, representing about 1% of cohabiting couple relationships. The 2013 census notes 16,660 same sex couples living in Aotearoa. In a 2012 study of secondary school students across New Zealand, 4% of students reported that they were attracted to the same sex or both sexes, and about 1% of students reported that they were transgender. Recent international estimates of the prevalence of transgender or gender diverse people lie between 1 in 500 people and 1 in 11,500 and estimates of the numbers of intersex people vary from 1 in every 300 people to 1 in 2000, depending on the conditions included. For comparison, in Australia, 9% of adult men and 15% of women report same-sex attraction or having had sexual contact with someone of the same sex, although only approximately 2% identify as lesbian, gay or bisexual.

The limitations in regard to statistical data also lie in how questions are framed in processes such as the national census. Pega et al. (2017) highlight the need for quality data to help in providing ways for society to value transgender people and describe the development of a New Zealand gender statistical standard in 2015 (Pega et al., 2017). A limitation of the standard is the absence of a two-step gender identification process, developed as best practice in promoting transgender health, although anecdotal evidence from Māori transgender people argues this is overly intrusive. Pega et al. (2015) also state that the 'gender diverse' category is too vague, as is the loosely defined 'intersex' category. The standard includes Māori terminology, using tane or wahine for male or female; ira tāngata kowhiri kore for gender diverse; whakawahine for transgender male to female; and tāngata ira tane for transgender female to male (Pega et al., 2017).

For Māori, this marginalisation occurs not just within dominant mainstream culture but also within some Māori communities, due to colonial values and influences that have been internalised over time (Te Awēkotuku 1991; Aspin, 2007; Green & Te Wao, 2014). Moreover, ongoing marginalisation experienced as a result of discrimination and prejudice based on one's sexual identity (Pihama et al., 2006) and gendered identity (Nopera, 2017) is, for Māori, compounded by the ongoing prevalence of racism encountered in both mainstream society and LGBTQI-plus communities (Aspin, 2007; Green & Te Wao, 2014). This phenomenon can be conceived as being a minority within a minority; or, in the case of, for example, those who identify as gender-fluid (Nopera, 2017), transgender or 'two-spirit' (Hutchings, 2007), as having a 'multiple minority status' (Balsam et al., 2004, p. 296), or being in 'triple jeopardy' (Lehavot, Walters & Simoni, 2009). The Human Rights Commission (2008) found significant gaps in health services for transgender people, with available services being ad hoc and limited. It was also noted that there was a dire need for more information and education in regards to issues faced by intersex people, in terms of the discrimination faced and knowledge about both historical and contemporary medical practices. In a similar way, takatāpui suffer discrimination on many levels: within the LGBTQI-plus communities because of their cultural identity; within their cultural community because of their sexuality and gender identities; and within wider society because of sexuality and cultural identity (Pihama et al., 2006), and gender identity (Nopera, 2017).

Along with discrimination, takatāpui have faced and continue to face entrenched stigmatisation (Ashton 2015; Stangl et al., 2019). This is particularly so for those affected by sexually transmitted infections, or blood-borne viruses such as HIV (Ruaʻine, 2007; Waiti & Green, 2015; Negin, Aspin, Gadsden & Reading, 2015). Aside from constituting a breach of human rights (Hutchings, 2007; Waiti & Green, 2014), it is of major concern in terms of wellbeing that stigma and discrimination impacts not only the person themselves but also their whānau and friends (Pega, 2009; SPINZ, 2013). Consequently, the conceptual unit that is so fundamental to wellbeing, the whānau, is disrupted, and core Māori values and principles are undermined (Ruaʻine, 2007, cited in Waiti & Green, 2015). As a result of stigma and discrimination, Māori living with and affected by HIV experience less favourable treatment at medical centres, less favourable treatment regarding their employment, and confidentiality problems regarding their status (Grierson, Pitts, Herewini, Ruaʻine, Hughes, Saxton, Whyte, Mission, & Thomas, 2004; Sheaf, Aspin, Dickson, & Penehira, 2011, cited in Waiti & Green, 2014). How this manifests for those living with and affected by HIV/AIDS is as ‘a loss of hope’ (Pala, 2013, cited in Waiti & Green, 2015), and a reluctance to test for HIV (Miller, 2010, cited in Waiti & Green, 2014).

A pervasive and often covert level of homophobia, heterosexism and violence continues to be promulgated against LGBTQI-plus people, which directly affects their health and wellbeing and that of their whānau and friends (Neville & Henrickson, 2006; Health Research Council, 2010; Green & Te Wao, 2014). This applies particularly in the context of Indigenous/takatāpui women, who may experience higher rates of assault, threats, verbal abuse and workplace discrimination than non-Indigenous LGBTQI-plus women (Hutchings, 2007; Rankine, 2001; Balsam et al., 2004). Reynolds and Smith (2012) established the need for more information regarding access to fertility information and care for takatāpui. Pihama and Lee (2010) highlighted that takatāpui whānau experienced multiple levels of discrimination in Neonatal Intensive Care Units, including having difficulties in being acknowledged as whānau.

There is compelling evidence internationally that people who identify as lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQI-plus) experience poorer mental health and higher rates of depression, anxiety and substance and alcohol abuse compared with heterosexual populations (Balsam, Huang, Fieland, Simoni, & Walters, 2004; Adams, Dickinson & Asiasiga, 2013; Pega & MacEwan, 2010). Strong links between sexual orientation and suicidal behaviours have also been well established in both the New Zealand and international literature (Adams et al., 2013; Fenaughty & Harré, 2003; Fergusson, Horwood, & Beautrais, 1999). It is characteristic of much of this literature, as well as the literature that addresses issues around HIV/AIDS within the LGBTQI-plus community in Aotearoa New Zealand (Grierson, et al., 2011, cited in Waiti & Green, 2014), that the primary focus is on the extent to which these communities are unwell; that is, focusing on negative health outcomes.

Singer (2015) locates the eradication of indigenous non-binary gender identities as a component in settler colonialism. In this context, the “beingness” of takatāpui (to analogise between Māori and Native American tikanga) is a political matter, a thing to be overcome, in which settlers supplanted indigenous cultures with their own. The application of biomedical discourses to takatāpui, for instance the “diagnosis” of “gender identity disorder” in transgender takatāpui, should be understood as a colonial imposition. The effect this imposition has had on indigenous communities – the internalisation of hostile attitudes towards takatāpui – is likewise an internal colonisation. The ways in which settler colonialism have restructured Māori society have made the healthy existence for takatāpui largely impossible. The colonial imposition of a medical discourse to describe the “beingness” of takatāpui has been part of this restructuring, and so the health and wellbeing of takatāpui can only be achieved through decolonial politics. What is clear is that in order to articulate a theoretical argument for decolonisation for Māori within the health sector it is critical that there is a conscious discussion of the necessity of securing effective and liberatory healthcare services for takatāpui.

Writing in a Canadian context, Beavis et al. (2015) outline steps that can be taken in healthcare training to ensure healthcare service providers have an understanding of colonialism and the effect this has on their practice. Ensuring healthcare providers have this knowledge will be an important part of achieving equitable service provision for all indigenous peoples, including Māori. Focus is given to the inseparability of social, political and historical factors from contemporary healthcare practice. By situating colonialism in the present, Beavis et al. (2015) propose that health professionals will develop the critical conscience necessary to provide culturally safe care.

Universally, there is a poor level of cultural competency amongst service providers to LGBTQI-plus communities (Birkenhead & Rands, 2012), and in particular, services appropriate to Māori transgender people (Reynolds, 2012). Transgender-specific issues and needs are poorly understood, with mental health, addiction clinicians and health professionals administering care and advice without specific LGBTQI-plus training (Birkenhead & Rands, 2012; Delahunt, et al, 2016). Understandings of transgender health care are relegated to generalised documents, rather than being taught as part of good medical or mental health training. *Gender reassignment health services for trans people within New Zealand: Good practice guide for health professionals* (Counties Manukau District Health Board, 2012) shows how important medical information about ways to treat transgender patients is relegated to text rather than practice-based learning. Overall, the literature describes a lack of cultural competency in healthcare service provision, which denies adequate services to transgender Māori.

Cavanaugh et al. (2016) discuss the relationships between clinicians and patients that arise from a medicalised framework for understanding the “beingness” of transgender people seeking medical interventions. They compare this clinical model with the informed consent model. The main difference between the two is that the clinical model (as advanced by organisations such as the World Professional Association for Transgender Health or WPATH) hinges on a clinician’s “gaze” (in the Foucauldian sense) to determine the truth of a transgender person’s experiences and health needs. This process requires trans people to conform to the potentially limited and stereotypical narrative that clinicians may expect of them in order to access the medical interventions they need. By contrast, the informed consent model (while not removing a clinician’s agency if a patient is clearly in need of mental health support) assumes the autonomy of transgender people in seeking healthcare that addresses their needs. For takatāpui, public transgender healthcare is presently administered on a case-by-case basis, largely under the WPATH standards of care. The medical discourse used to determine the veracity of takatāpui experiences and health needs draws on colonial understandings of the body that are entirely at odds with tikanga Māori. As part of the removal of obstacles to accessing public service provision for transgender takatāpui, a move to an informed consent model will be necessary.

Clark et al. (2014) provide the only nationally representative survey that reports on the experiences of transgender youth in Aotearoa. This report indicates that Māori make up a proportionally high number of young trans people, as do Pasifika whānau. It also shows that transgender youth are more likely to live under conditions of socioeconomic deprivation, suffer from poor mental health, deal with addiction issues, and be unable to access healthcare. This combination of factors is extremely relevant for takatāpui, as these are all systematic issues for Māori. This data demonstrates the very serious need for tailored programmes to facilitate wellbeing for transgender rangatahi, as well as a removal of the barriers to healthcare provision that this group presently face. The report’s data on healthcare access was controlled for levels of deprivation between transgender and non-transgender rangatahi, meaning their difficulty in accessing services is not only a function of their class but specifically of their being transgender. Improving the accessibility of public transgender healthcare services should thus be of high priority.

The “To Be Who I am/Kia noho au ki toku ano ao: Report of the *Transgender Inquiry*” report from the Human Rights Commission (2008) summarises the range of issues in healthcare service provision for transgender people. It provides many general points relating to a wide variety of problems experienced while trying to access healthcare. Usefully, responses were sought from health professionals and professional medical associations, although as the report notes, few responses were received from professional bodies. The difficulties experienced by both trans people and healthcare service providers in attempting to negotiate the bureaucracy around accessing treatment, especially surgery, are useful to illustrate the inefficiencies and failings of the current system. The lack of consistent standards of care across all District Health Boards is a consistent critique, as is the lack of education or training for doctors regarding trans people. Furthermore, Delahunt et al. (2016) identify the lack of public treatment options for transgender people as an economic barrier to service access. As transgender people are pushed towards private service providers (i.e. private psychiatrists and endocrinologists), these services become contingent upon that transgender person’s class position and their access to capital. Given the historical disenfranchisement of Māori, any healthcare service that depends on capital will be inaccessible for takatāpui. Linking to Mika’s kōrero on medical discourse, the expensive rigmarole of private psychiatrist referrals is obviated by thinking about the “beingness” of transgender takatāpui in ways other than colonial medical discourses. Shifting to an informed consent model for managing transgender healthcare would avoid takatāpui being subject to the current colonial regime of truth-production.

High levels of discrimination, hate speech, violence and hate crimes are likely to be experienced by Māori LGBTQI-plus and in particular Māori transgender people (Birkenhead & Rands, 2012; Clark et al, 2013; Delahunt et al, 2016; Dudding, 2017; Pega et al., 2017; Pitts et al, 2009; Reisner et al., 2016; Richard et al., 2015; Witten, 2007). Richards et al. (2015) explain that being transgender in itself is not a cause of distress, but rather “... can be largely explained by a hostile, phobic culture, which may result in harassment, abuse, victimisation and discrimination” (p.310). This contributes to what is described as ‘minority stress’ (Richards, 2015), which impacts negatively upon transgender people on a macro social scale, and through the delivery of necessary services particular to transgender needs (Reisner, 2016). These can include medical, legal, social welfare, mental health, sexual and reproductive health, dental, physiotherapy, gender presentation services, speech pathology, specialist cosmetic services, employment and housing services (Gender Minorities, 2016; Pitts, Couch, Mulcare, Croy, & Mitchell, 2009). Munson and Cook (2016) consider factors that contribute to the recognised trend of lesbian and bisexual women under-accessing sexual health services. The presumption of heterosexuality, and a concomitantly heteronormative service, alienates many queer women. Likewise, overt homophobia is an issue. The paucity of safer sex resources and local services mean that, although many queer women may know they experience sexual health risks, it is likely that few engage in safer sex practices. Munson and Cook (2016) recommend specific actions to be taken by healthcare service providers — proactively asking about sexual orientation in clinical situations, recording this information so that other clinicians are aware and can engage in culturally safe health practice for queer women, developing language which is deliberately inclusive of non-heterosexual patients, and fostering a clinical environment which encourages and enables patients to disclose their sexuality. Similarly, Ludlam et al. (2015) examined general practitioner (GP) awareness of sexual orientation of gay and bisexual men and found that 32% of study participants thought their GP did not know their sexual orientation, thereby reducing the likelihood of appropriate anti-discriminatory, decolonising sexual and reproductive health care.

A number of studies neglect the existence of transgender lesbians and healthcare needs or presume that lesbian women as a group will not be having sex with (or themselves be) transgender women. The sexual health needs of queer transgender women and their partners are complex but should not be considered apart or separate from the broader health needs of queer women. Assuming all lesbian or bisexual women and their partners are cisgender poses just as serious a risk of inadequate service as the assumption that all women are straight. Issues surrounding the intersection of racism and homophobia are raised by Pihama and Lee (2010) and Smith and Reynolds (2012) as experienced by takatāpui accessing both fertility treatment and neonatal intensive care services.

Researchers in Sweden have used population data to identify and describe healthcare experiences and provision for transgender people, concluding that post-operative transgender people experience considerably higher risks of mortality, suicidal behaviour, and psychiatric morbidity than the general population (Dhejne et al., 2011). Their study suggests that sex reassignment, although alleviating dysphoria, may not suffice as a stand-alone treatment for gender identity affirmation, and should inspire improved psychiatric and somatic care after sex reassignment (Dhejne et al., 2011). No doubt, post-operative service provision needs to be considered for improvement; what is missing is the right of transgender people to be engaged in the development of meaningful solutions. For Māori this amounts to tino rangatiratanga and is a Treaty-derived right Treaty that health services are required to endorse and operationalise. Shared stories help collective visions take shape, but the collective story of transgender people is as 'other' (Richards et al., 2015). Scott-Jones (2017) and Pitts et al. (2009) write about healthcare service providers needing community involvement to gain awareness of innate prejudices, and Reisner et al. (2016) write that "[m]eaningful engagement of transgender people will ensure that research is culturally specific to local community needs ..." (p.431). To effect change, competency in transgender healthcare needs a vision that includes the lived experiences of Māori transgender people as a way to improve service provision.

In, *Trauma and Māori LGBTQ (Takatāpui) in New Zealand*, Reynolds (2012) writes about an increase in visibility for takatāpui and the positive impact of stories about the journeys of role models like Carmen Rupe, Georgina Beyer and Mama Tere for transgender Māori. This is because the needs of Māori gender and sexuality diverse people are not the same as those of non-Māori. Māori place particular value on spiritual practices in health and healing, as well as the need for whānau acceptance and support (Reynolds, 2012). Collective strategies for learning about transgender healthcare provision for Māori enable knowledge networks to be established that can empower communities as a whole. For instance, the *Gender Minorities Aotearoa* (2016) website provides helpful information about services, but also centralises a database of local community support organisations to increase support for transgender Māori. The needs of young Indigenous transgender people are also particular; collective ways to share knowledge about healthcare services and provision are necessary because Indigenous transgender youth can often experience discrimination within their communities, which increases the vulnerability they experience as young people (Dudding, 2017; Reynolds, 2012). However, the provision of pathways for Indigenous transgender health is constantly at risk of being de-funded, as illustrated by the closure of Two Spirits Queensland Australia, which provided services to Aboriginal and Torres Strait Islander LGBTQI-plus for 21 years, as a result of shifts in the Australian healthcare funding landscape (National Indigenous Television News, 2017).

Zambas and Wright (2016) identify key areas in which colonialism has impacted indigenous peoples, not only by adversely affecting their health but also by affecting their access to healthcare. Inherited generational trauma and the political-economic effects of disenfranchisement, genocide, and military occupation all systematically remove our ability to equitably access services and receive equitable health service outcomes. Some of these, such as interpersonal racism from service providers, operate on the scale of the individual. These could be rectified by training and education for clinical staff, and by ensuring indigenous healthcare workers are themselves part of service provision for indigenous patients. Other issues, such as the logistical and financial barriers for indigenous peoples, are parts of the entire political apparatus maintaining the settler colony. Māori, for example, may not be able to afford to access services because our communities have been gutted of economic resources by two centuries of raupatu or the unjust confiscation of iwi and hapū resources. As always, the implicit bias towards the dominant (colonial) culture in the healthcare system means that indigenous peoples' unique needs (for example, taha wairua or taha whānau) are always mere addenda to an otherwise "complete" system. A new structure, incorporating tikanga Māori from the outset and premised on absolute social, political, economic equality, is necessary to remove these structurally racist elements of the healthcare system.

Came (2014) summarises a number of key faults in policy processes, which are caused by and reinforce institutional racism. Governance, decision-making, monoculturalism and unwillingness to adequately consult with Māori are all noted. Even when policy that is sensitive to Māori health needs is developed, the author notes that interference from politicians pursuing a monoculturalist agenda can strip this of its potential as an intervention in Māori health. Came (2014) suggests a range of solutions, from broad calls for decolonisation to specific reforms in health board governance. Many of these would be useful in formulating a programme to reform the operation of New Zealand's health system, as this broad structural change is necessary to correct the service gaps experienced by takatāpui.

Often, sexuality and gender diverse people experience discrimination and abuse from within their own families (Birkenhead, 2012; Witten, 2007). For Indigenous sexuality and gender diverse people, being excluded from families is a

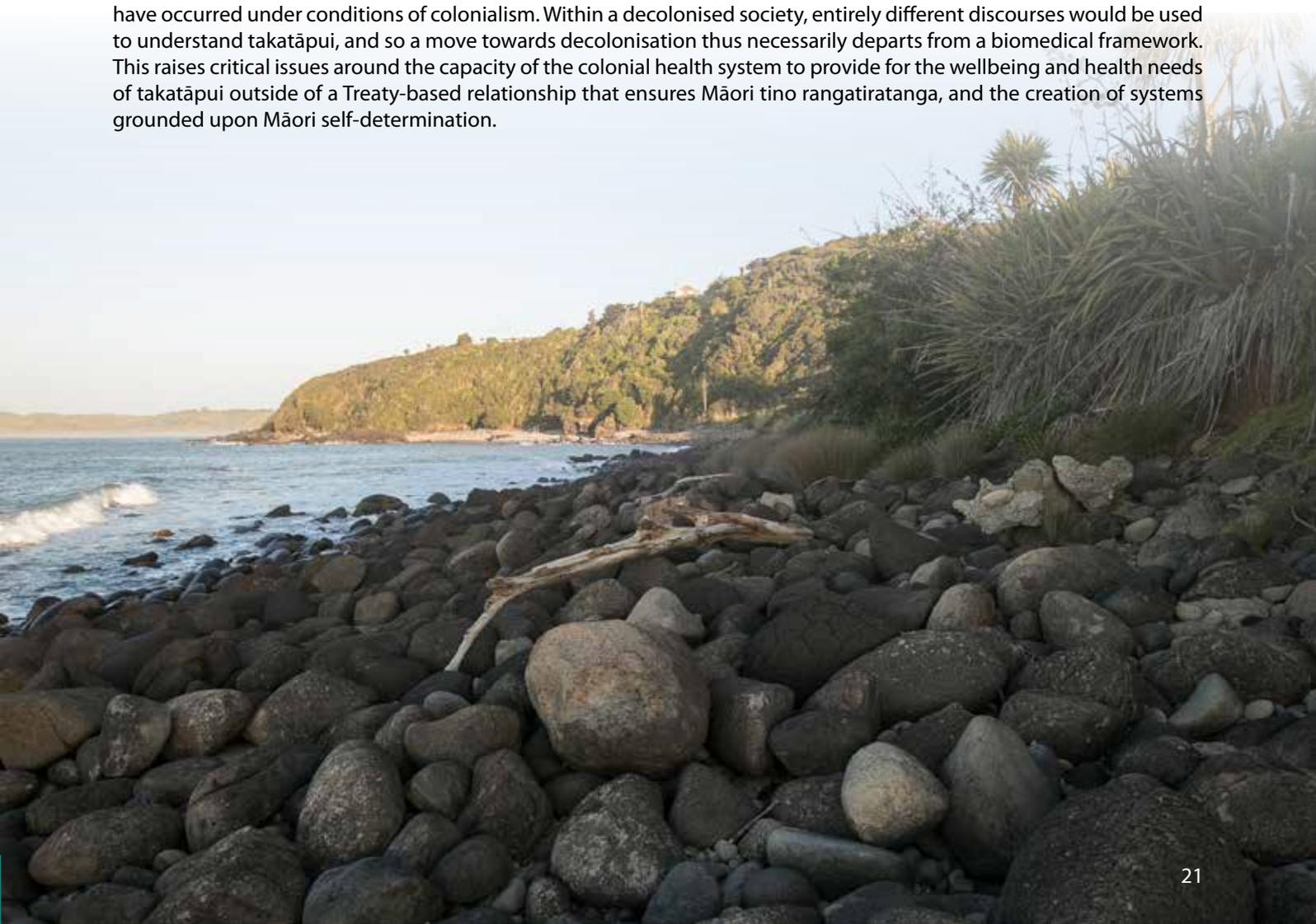
direct result of oppressive colonial histories; individualised approaches to identity, and the concept of a nuclear family have negatively impacted upon Indigenous collective identities (Dudding, 2017; Reynolds, 2012). Indigenous LGBTQI –plus collectives can encourage a sense of whānau connectedness (Dudding, 2017; Gender Minorities Aotearoa, 2016; National Indigenous Television News, 2017). Isha Ula explains;

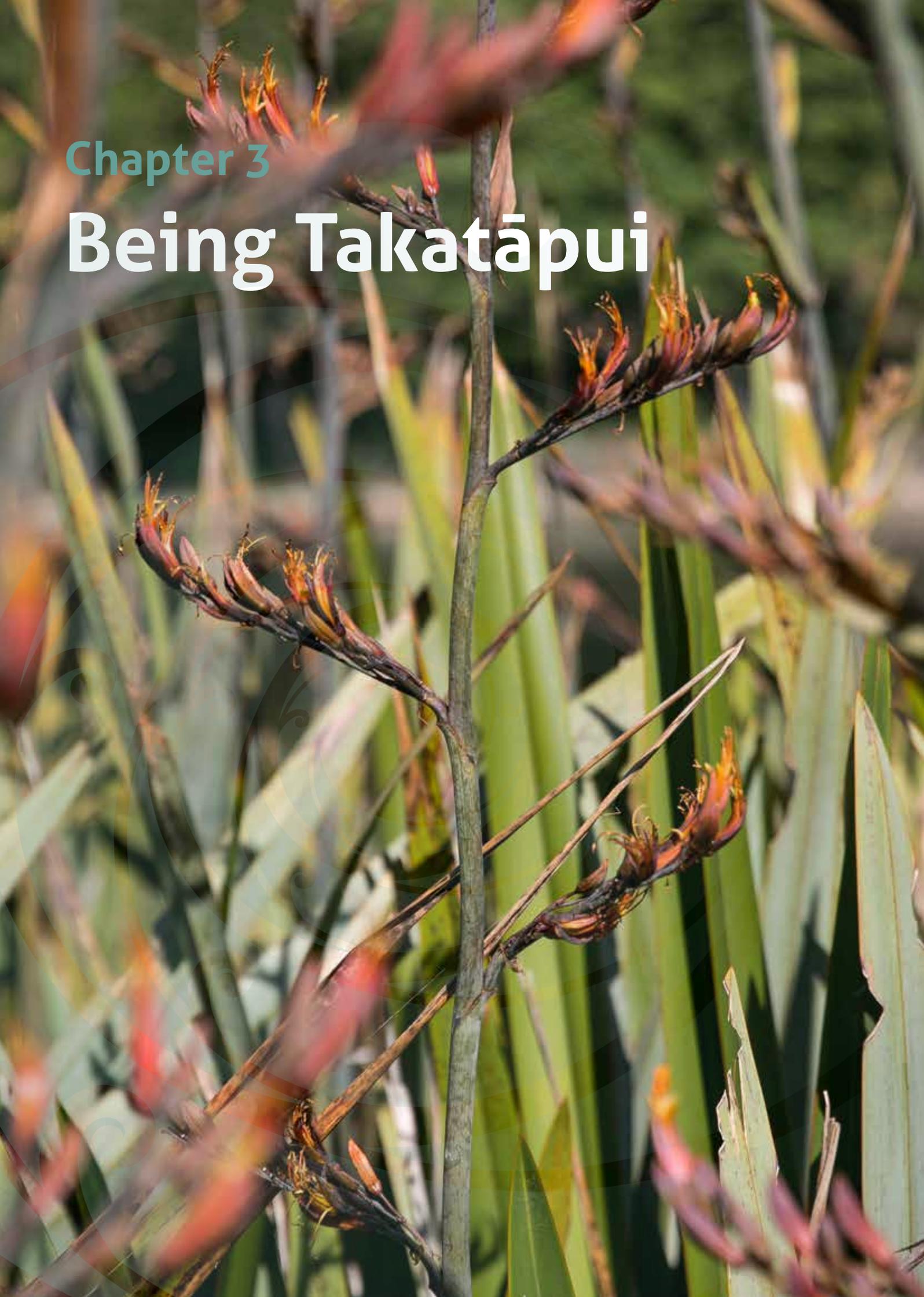
At [Mangere Catholic boys' school] De La Salle College all the fa'afafine and fakaleiti youth hung out together. We called ourselves the "De La Salle Divas". It was a sisterhood – a place where you could go and just be yourself. There were about 18 of us. We weren't accepted at school, but we were tolerated. (Ula in Dudding, 2017, para.17)

Aboriginal transgender man Jeremy Anderson describes a similar form of connectedness through an urban Indigenous LGBTQI-plus sexual health service, stating;

Having people like Two Spirits was like ... this is like your mob, you can be Indigenous and queer, it's just like, opened up so many doors for me and made me feel proud of myself. (Anderson, National Indigenous Television News, 2017, 0.42mins)

Gender identity needs to be normalised beyond binary standards so that healthcare services can be inclusive of strategies to provide for transgender Māori. Reynolds (2012) writes that pre-colonisation, takatāpui were valued within Māori communities, fulfilling many roles that enhanced the wellbeing of their whānau collectives (Reynolds, 2012). However, through "... colonization, and especially with the introduction of Christianity, takatāpui became seen as abnormal", replacing inclusive perspectives of gender and sexual diversity with widespread exclusionary practices (Reynolds, 2012, p.9). Mika (2007) picks up an important philosophical distinction between Māori and Pākehā epistemologies. In a tikanga Māori context, one can be content that something just "is", whereas within tikanga Pākehā some mechanism of causation must be established. For takatāpui, this has meant subjection to medical discourses in an attempt to discover "why" we are takatāpui. Mika acknowledges that this regime of truth-production is a far-from-apolitical process. The "beingness" of takatāpui is subject to a rigorous interrogation, and the power-knowledge framework of this interrogation is colonial medical science. By establishing takatāpui as deviant and seeking a determinist reasoning for the deviation, medical science tends towards a eugenic response to the problem takatāpui pose to the operation of heterosexism. The antagonism between medical discourse and the "beingness" of takatāpui has relevance for any consideration of our place within these discourses. For Māori, questioning the "beingness" of takatāpui seems only to have occurred under conditions of colonialism. Within a decolonised society, entirely different discourses would be used to understand takatāpui, and so a move towards decolonisation thus necessarily departs from a biomedical framework. This raises critical issues around the capacity of the colonial health system to provide for the wellbeing and health needs of takatāpui outside of a Treaty-based relationship that ensures Māori tino rangatiratanga, and the creation of systems grounded upon Māori self-determination.



A close-up photograph of a plant stem with several clusters of reddish-brown, unopened flower buds. The stem is thin and green, and the buds are arranged in small, branching clusters. The background is filled with out-of-focus green leaves and other plant stems, creating a natural, textured setting.

Chapter 3

Being Takatāpui

Being Takatāpui

Introduction: Defining Ourselves

The term 'takatāpui', is one that has been recovered and reclaimed from historical Māori narratives (Te Awekotuku, 1991); it encapsulates aspects of one's sexuality, gender, and cultural identity. Many, but by no means all, Māori have preferred to use the term takatāpui over 'gay' or 'lesbian' (Kerekere, 2017; Nopera, 2017), not only as an all-encompassing term to describe a diverse minority (Beyer, 2007), but also to assert that gender and sexuality-diverse Māori have cultural validity and a place in Aotearoa, as well as globally, as Indigenous people. If colonial processes have indeed profoundly shaped Māori sexual identity and expression (Walters, 2007), then re-claiming identity as takatāpui constitutes a deliberate act of agency, of tino rangatiratanga, which is an essential component of hauora Māori (Hutchings, 2007). While western conceptions and terminology, such as 'gay' or 'lesbian', have been partly responsible for the shift away from viewing sexuality as an integral part of traditional cultures to seeing it from the perspective of individuals, 'Takatāpui', being derived from traditional Māori society, assists with retaining the essence of traditional collective values. As such, it provides a source of strength to deal with and overcome the negative impacts that Takatāpui may face in the contemporary world (Aspin, 2007). Moreover, inherent in the concept Takatāpui is the central construct of whānau (Reynolds, 2007; Cooper, 2007; Rua'ine, 2007; Kerekere, 2007; 2017), within which connectedness and belonging are encompassed and affirmed. The term Takatāpui is defined as an intimate friend of the same sex (Te Awekotuku 1991; Kerekere 2015). As such it is a term that is encompassing of all Takatāpui and Māori LGBTQI-plus. A well-known example of a reference to Takatāpui is within the story of Tūtanekai and his relationship with Tiki who is referred to as his takatāpui. As Te Awekotuku (1991) notes:

For we do have one word, takatāpui. And ironically, this word is associated with one of the most romantic, glamorized [sic], man/woman love stories of the Māori world, the legend of Hinemoa and Tūtanekai. Tūtanekai, with his flute and his favourite intimate friend, his hoa takatāpui, Tiki, and Hinemoa, the determined, valorous, superbly athletic woman – my ancestress – who took the initiative herself, swam the midnight water of the lake to reach him, and interestingly, consciously and deliberately masqueraded as a man, as a warrior, to lure him to her arms. Isn't that another, intriguing way which we, our community and tradition, have been denied?" (p. 37).

Biggs, Hohepa & Mead (1967) provide the following references from the writings of Te Rangikaaheke to Tūtanekai and Tiki and their relationship as takatāpui.

Ka moohio haere a Tuutaanekai ki te takatāpui, araa, ki te whakahoa. Ka piri oo raaua wairua ko toona hoa takatāpui ko Tiki, anoo he teina, he tuakana raaua. Ko taa raaua nei mahi taakaro he whakatangitangi puu toorino, puu koauau. Kei te ahiahi poo ka piki raaua ki runga i too raaua nei atamira whakatangitangi ai. (p.63)

What we see in this reference is the intimacy that was clearly acknowledged and shared between Tūtanekai and Tiki, which as Te Awekotuku (1991) and Kerekere (2015, 2017) stress was considered to be an accepted way of relating within Māori society. According to Kerekere (2017) the depth of love held between Tūtanekai and Tiki is further highlighted, she notes:

Tūtanekai may have loved Hinemoa but his heart belonged to Tiki, whom he called 'taku hoa Takatāpui' - my intimate same sex friend - and spoke about at great length (Grey 1971:113). Tūtanekai missed Tiki so much that he moaned to his adoptive father, Whakauae:

Ka mate ahau i te aroha ki tōku hoa, ki a Tiki'

I am dying for love for my friend, for my beloved, for Tiki. (Kerekere 2017, p.64)

Where the phrase "Ka mate ahau i te aroha ki tōku hoa, ki a Tiki" is translated here as "I am dying for love for my friend, for my beloved, for Tiki" the Grey (1922) gives a translation that was more palatable to the time in terms of colonial views of sexuality, that being "I am quite ill from grief for my friend Tiki" (p.180). The colonial-washing of Māori sexuality and sexual expression has been well documented (Pihama 2001; Aspin & Hutchings 2006; Aspin & Hutchings 2007; Mikaere 2017). Aspin (2000) regards the denial of the existence of homosexuality as part of the ongoing suppression of non-heterosexual forms of sexuality. Unsurprisingly, views such as those held by Gluckman (1976) as "homosexuality in both male and female was unknown in early New Zealand" (p.164) has been rejected by Māori scholars as completely unfounded (Te Awekotuku 1991; Pihama 1998; Aspin & Hutchings 2006). In 1988 the Royal Commission on Social Policy had this to say with respect to the claim that homosexuality had no place in traditional Māori society:

There is no evidence to support this claim. Kuia and Kaumatua have suggested to the Commission that on the contrary homosexuality – female and male – was not uncommon in pre-European times and that it was in fact more readily accepted than today (Royal Commission 1988:167.)

Broughton (1996) provides important evidence as to the diversity of sexuality in pre-contact times with his reference to a waiata tangi from Ngāti Tūwharetoa that laments the death of a warrior chief and alludes to him having sex with both women and men (p. 187). He also cites the writing of Te Rangikaheke of Te Arawa, which “recounts the intimate friendship and pledging of love between Tūtanekai and his hoa Takatāpui, Tiki” (Broughton 1996, p.187). Such examples provide a powerful counterpoint to the tightly constrained definitions of sexuality that early Pākehā commentators have all too often burdened pre-contact Māori society with.

In the Western, colonising world in which we live, the words that people use are very important. Words are markers; stand-ins for the thoughts and ideas that people have. So, words like ‘poofter’ and ‘lesbo’ are predictive of the thoughts, the ideas, the feelings that those people have about Māori who are same-sex attracted, or attracted to both sexes, or whose sense of themselves is out of synch with their gender. Further, words direct one’s attention to something that maybe was not ‘visible’ beforehand, something that couldn’t be talked about because the words weren’t available for use, think about words like ‘abuse’ and ‘bullying’. The older members of this audience will remember when those words weren’t part of the vernacular. Today the words are well-used and by their presence they enable us to research, to critique, to respond to abuse and bullying in ways that would not have been possible had the words not been available to us. Words also invite people to ‘see’ the thing, in a particular way, and to respond. In the Māori world, we propose that Māori words embody an additional dimension – words not only name something, and make it visible, but have their own ‘being’: they have their own whakapapa; their own mauri; their own ‘autonomy’; they have the ability to both conceal and reveal. This raises the possibility that the names we take for ourselves, if in fact we choose to take a name – any of us – should be chosen with care and should be self-determined, and in keeping with our Māori knowledges, our whakapapa of events and activities, our self-determination.

Throughout the project we, the research team, asked ourselves the questions: what do we gain and what do we lose when we adopt words from other geographies, other times, other peoples, and where are we going with all of these words? It seems to some of us on the team that the number of words is increasing – are we ‘Māori LGBTQI-plus’, are we ‘cis-gendered’, are we ‘takatāpui’, ‘wahine takatāpui’, ‘tane takatāpui’, ‘tane moe tane’, ‘wahine moe wahine’, ‘tāhine’ or are we all of these words, and if we are, how do we collectively organise, and retain our relationships with our whānau, hapū, and iwi?. For some of those interviewed there was discussion around the connection to other terms and names used within wider LGBTQI-plus communities, such as whether we consider ourselves to be a part of Rainbow communities, and for example, whether the rainbow flag is also our flag, even though the history of that flag is not our history, and we have our own flags. The importance of naming was raised by those who shared their experiences.

I say to my cousin why is it that our sisters are offended by that kupu ... you know that word to me means more than actually what it is. For me it means that there is something that I can identify with... I see that kupu as being like a movement to say, hey, you know like how they have the LGBT, that’s a movement – and that’s where I see takatāpui as being a movement, not something that says, oh, two people of the same gender... to me it gives me much more than that.

He rerekē ia rā, ia rā. Ētahi wā ko te kupu queer me kī, i ētahi rā ko te kupu lesbian, i ētahi wā ko te gender non-conforming, i ētahi wā ko te non-binary anō. Ko te nuinga o te wā ka mau ahau ki te ira wahine, nā te mea ehara au i te tangata whenua, kāore au i whakahui te kupu takatāpui e pā ana ki tōku oranga engari i roto i ngā kōrero mēnā kāore e hiahia te huri ki te reo Pākehā, koinā te wā ka whakahua e au i tērā kupu, engari ki ahau nei, āe, he wahine, ērā momo kupu.

Defining what it means to be takatāpui was one of the first areas of discussion that was undertaken in the qualitative interviews and was also included in the quantitative survey. In the interviews there was discussion related to the understandings, and use of, the term takatāpui. As noted previously and notwithstanding the fact that using a term to identify one’s sexual and gender identity may indicate the presence of colonialism (Mika, 2018), there is a strong support for using Māori terms, such as takatāpui, to locate ourselves fully and to highlight the interconnectedness of how we see our sexual identity, gender identity and cultural identity. Participants were invited to share their reflections on the term ‘takatāpui’ and how they saw the place of the term within their lives. The vast majority of those who shared their thoughts spoke of the term ‘takatāpui’ as a positive way of seeing themselves in a cultural worldview. All reflections on the way in takatāpui is viewed were positive in nature and many referred to a sense of pride in using the term to describe themselves. This section provides a wide range of ways in which those interviewed spoke to the significance of the term takatāpui in their lives.

For me it actually reinforces that we’ve always been here because it’s our language embedded in our culture, it is and does reinforce whakapapa. Takatāpui, like a lot of our words in the Pacific so fa’afafine, fakaleiti,

mahu, for me what they do is place us within a cultural context that's undeniable ... way pre-colonization, so that's what it reinforces for me is that we've existed forever. We are not a construct, which is cool, so it's a powerful word, but I like our word because we are all the same, LGBTQI-plus there are so many different, so it's all of us, it is our diversity encapsulated in one word where we all fit and there is no difference, which is different between the LGBTQI-plus community to be honest because they do all see themselves as segments whereas we don't, we are a whole, we are a collective.

I first heard that term around the 1990s; it was being bandied around then at a hui that we we [had] through Women's Refuge. We had a takatāpui thing and it was awesome! So that's when I first heard that name and I didn't care at the time what it meant; I knew that it was about same sex couples and for me it meant yes it was a Māori term that we could use and have for us because those other names that they had I thought were just revolting and yuck and the connotations to it were yuck, but takatāpui had a nice vibe, I loved it, I loved it when it first come out. I thought yeah! Finally, we can attach to something that felt like ours as Māori anyway so I've been saying that ever since... Being called a lesbian, dyke it doesn't have the same feeling, the same mana for me personally. I just love that we could have something, if it was a label, everything's got a label but that just seemed to be a word that I got attached to, that I felt really comfortable with and saying to people. It's quite nice saying to my mates, especially my Pākehā friends, is nah, takatāpui, so they start using it.... One of my moko came home and said to me, so Nana you're a lesbian and I said, no, I'm takatāpui and then you explain it, it's funny when you explain it; lesbian – it's not the same for me.

Within that word takatāpui... So it was like an intimate friend of the same sex and that's how I feel about all of my relationships. If I'm a friend with someone it's at varying levels of intimacy; like it could go into romantic territory, it could go into sexual territory, it can go back it can be with anybody of any gender, of any sex, of any identity. If I see beauty in your soul then I'm gonna, part of me at least is gonna like fall in love with that a little bit and that's where it all kind of sits for me. So that word takatāpui I use it as part of my identity now, but because it came so late in my understanding of who I am as queer. It's not one that automatically jumps up to the front and still because I have those habits of compartmentalizing my identities when I think about being queer I jump to all of those. I guess they're American labels; you know, pan-sexual, whatever blah blah blah, but when I think about who I am as a whole person, he wahine takatāpui, that's me... I love it because for a long time I had almost compartmentalized my identity. I was like in these realms I'm Māori and in these realms I am queer and in these realms I am straight passing and white passing because I am so fair and because I'm in a long term relationship with a man ... so it was like it was really separate for me for a long time and I didn't know how to reconcile my queerness with my Māoritanga ... and then I started learning about this word takatāpui and the history of it and what it meant and all of the examples and how things had actually changed post colonization. A lot of history was rewritten to kind of try and whitewash and sanitize kind of those elements and a little bit of a puritanical way.

I love it and just finding out now that it's an old term and this was normal, it's cool, takatāpui. I used to think that it was more a drag queen word like back in the days but it's actually not, because [of] my own ignorance.

It took me ages to actually recognize it because I didn't know what it was. I had never heard of it being used before and I thought takatāpui, what's that? I think it's fabulous because gay people have actually got their own entity now or identity as an entity, does that make sense? And I think it spells it for what it is, it's out there. I think it's fabulous... We were just called gay or bent, or poofta, or lesbian, or lesbo. A lot of derogatory things, you know, but now that there's an entity, I am happy with that, now I'm a takatāpui, I don't have to say I'm lesbian and this is what they do, sort of thing, you know what I mean.

Many also used other terms with regard to sexual and gender identity; however, it was clearly articulated that the term 'takatāpui' provides a cultural space and way of considering ourselves within whānau, hapū, iwi, Māori communities and the wider world.

I would say I am bisexual in regards to sexual preference, which just means I could be into anyone. And then gender, I would say I'm takatāpui non-binary and just use pronouns maybe in there, as I don't feel like I fit into any kind of established gender category but I guess I feel more feminine than masculine... I think takatāpui means for me a way to find a place in my Māori identity because I was brought up by my Pākehā grandmother and like my relationship with my dad who is the Māori side of my family hasn't been the strongest and I think my queerness was a way into that world for me, a way to start to legitimize myself as a Māori person. For a long time I just thought I was a white boy for a long time and that kind of both of those things I didn't really realize or didn't feel right and then I started to like kind of interrogate that and all these kind of things came up where it was kind of like well I don't feel like I'm a boy, I am white skinned and I didn't feel like that fit and then also just the idea of a gender binary is very heavily, I feel like how gender is perceived in our country now is very heavily influenced by western ideas of gender and this is kind of my way of getting around that I think and then also reclaiming both of those identities like being non-binary and being Māori and non-binary is just a term to describe how I don't feel like a woman or a man, I don't want to be seen like that either and also like reflects a bit of a more universal world view in that I don't really want to see people as their gender necessarily, I'm not saying that everyone should be non-binary I'm just saying that I think that we place a lot of assumptions in those gender categories that probably shouldn't be there and can be damaging to a lot of people so they kind of have to act certain ways because of this when they could probably just act however they want to and that like man and woman don't necessarily mean the things that people think they mean. I just want people to have more freedom in how they perform their gender as well. For me I just don't want those words.

From what I've heard just through the GLBT community takatāpui is like the umbrella for gay, lesbian, transgender, bisexual and all these different other genders that are coming out.

My gender identity I am wahine and in terms of my sexual orientation I'm takatāpui so I am a lesbian and I am married to my darling wife and I think I've always known that I was 'different', I'll say 'different' and my whānau always thought I was a bit of a tomboy, but I didn't consciously know until my late teens, when I was around 19 but very focused on sport and I was kind of obsessed with it. So the whole biological thing that happens when you are a teenager and you get kind of consumed with the other sex didn't happen to me. I was too busy playing sport and also I had a father who was very, very clear that I was not going to get pregnant and he was pretty explicit about that and so no boyfriends; but I think I have always known I was a lesbian and I think I have always been one so I am what I am and I am proud of who I am. I think if I look at the environment I grew up in I did have, there was Auntie ___ who used to be Uncle ___ so and my Uncle ___ very camp, more camp men actually when I think about it in my whānau on my ___ side but they were in our community, they were on the marae, in the kitchen.

I identified myself as wahine takatāpui. I've never said I'm a woman, no, no, I've always said I'm, well it wasn't transgender – takatāpui was the word... I think for us, the gay community, it's special because it gives us our own identity in Māori, you know the takatāpui is separate from the norm and we've got that understanding in our Māori community. Takatāpui have been around for centuries in the Māori community, goodness gracious, but I feel really comfortable that we have been given that kupu, that title as Māori to have our own stance as takatāpui nē.

Those who choose not to use the term takatāpui noted on the whole that they did not use labels to define themselves as they are a part of whānau and that is the key focus in terms of how they see themselves and their identity.

It's not a term that I ever use comfortably. I don't really like labels like that. I don't even like the word lesbian and it's just when those words are said to me something inside me just doesn't sit right with me. I'm a Māori woman who happens to be in love with another woman and it's interesting because it's the way I feel too. It's not just because this woman is the woman I've chosen to be with; I occasionally do massage and I was massaging a male and I just didn't feel comfortable and this was someone that I'm close to – it just didn't feel right to me. When I first came out I was about 27, 28 but prior to that I had been sort of feeling this and I suppose attractions to other women but never had gotten anywhere with it and it wasn't until probably when I was at teacher's college. People used to have these labels, like oh, you're really butch looking, because I used to have really short Grace Jones-style hair and I said what are you talking about and they said you look like you're butch and I said what is that and they said like lessies. I don't think I am; it's just I've always had my hair like this and I've always dressed like, I wore this leather bomber truck jacket and jeans, I just always felt comfortable in trousers. I have one skirt and that's only for when I go to the marae and that's the only time I'll wear it and I have another one that goes underneath my piupiu and that's it. I just used to feel funny for people giving labels to who they thought I was. My mum has the same haircut, my older sister has the same haircut; in actual fact we get mistakenly thought of as if we are all three sisters, which my mother loves. When I started going to the gay bars I could start to see what people were supposedly referring to. It's not something I'd use. We had aunts who were in same-sex relationships; we didn't use any terms it just seems, it was just aunty... and cousin... and with x and I, everyone calls us the Māmās; here comes the Māmās.

I had thought about it as much as thinking oh well if it happened I'd probably be open to it because if that is the right person for me then that would be the right person. I don't think I close my mind to anything in particular and that it just happened to be that person and me so... I call them rainbow people, queer people, but initially I suppose it was lesbians, just because they are people that I know and then from there it sort of expanded to other, like exposure to things like the choir, which was sort of anybody and then the badminton boys and Jude and then you get to know other people and friends and networks, go to bars, that sort of thing.

Many participants also spoke about using a range of terms or ways of describing themselves that related to specific contexts, or to clearly identify a particular way of being. Some noted that how they talk about themselves is context dependent.

I tend to use a lot of labels that I found off the internet because I never really had a framework growing up and so the way that I self-identify is – what was the first one – gender identity cis woman, cis female; sexuality, pan sexual, pan romantic if that's a distinction that they want to make.

Sometimes depending who is asking and what the environment is that I am in. When that comes up sometimes I have to think, now hang on, who are these people and then my age kicks in and I think hmmm, and they probably go, look at that old bloody bag over there, that old lesbian over there, my mother would say. You asked me how would I identify myself.

Of the interviews undertaken only one participant, a kuia, stated they had no understanding of the term takatāpui, noting “That word takatāpui. What is that? I didn't grow up with that. I have never heard of it. Rather, I am camp, a lesbian”.

Gender & Sexual Identities

Those who shared in the interviews were asked to talk about how they defined themselves in relation to gender and sexuality, and later extended on the discussion by reflecting on the term 'takatāpui' and how they saw the significance of that term as Māori. There was, as expected, a considerable range of gender and sexual identities discussed and the notions of gender fluidity and non-binary identities were highlighted across the project. This section shares specifically the ways in which people spoke to gender and sexual identity. One theme that is significant across the project is the high level of assumptions that are made with regard to gender and sexual identity that takatāpui experience within wider society, which includes both assumptions of heterosexuality and also assumptions that identity is static and therefore relationships are defined in ways that fail to affirm or acknowledge the fluidity that many experience throughout our lifetime. What was evident across the discussions was that gender and sexual identity are not fixed or binary and as such cannot be reduced to biological understandings or descriptors. Each of the participants who shared their thoughts and experiences was able to speak clearly to their own ways of understanding themselves.

I think for me the main experiences I've had when talking about myself for sexuality with other people is the assumption that I'm with a woman so therefore I am lesbian... I don't think I have ever had anyone that has actually ... asked which way I go. It's just always been the assumption that I get, or it's the other way around if it's not been discussed there is that assumption that my partner is a he, so I think that's really the main experiences.

They have their own terms. I have a moko [who's] taught often and openly about that and she is using words I have not even heard of, oh Nan I'm asexual and I think what? We've also got a sister who has got a little boy who definitely considers himself a girl; his gender of choice for him is girl so we are dealing with that at the moment. That is quite precious; it is really different and it is about how we support that... If [mokopuna] is identifying as being a girl then so be it; we go with that, we go with whatever makes him happy and we build on that totally in every possible way. So we are preparing all of the kids that this is happening and what's that, what does that mean, so be positive about it, and they say wow, that's sad. Their responses are all different but it doesn't matter, we just go with that flow totally. I think it's beautiful, it's nice to have something like that because then it gives us that experience. So, we will totally awahi and support this child all the way in whatever way and capacity we can, always positive, absolutely.

I describe myself as being a transsexual woman. I was born biologically a male but from the age of between 10 and 12 I realised that obviously I am different and from 12 I ended up deciding that I was going to be a woman. With all things against me I ended up leaving home at a very young age, growing up on the streets in the 70s... Growing up in the Māori trans community, we refer to each other as sisters, queens, and girl, that's how we refer to one another. Being out there in the actual wider community these last twenty odd years, I don't see ... identifying as one particular gender as the topic of conversation. For example, my co-workers, we all can sit around and talk like this, but they look at me and go 'she's a lady' and when I'm with my sisters that's when I can be girl, sis. Describing myself as a transwoman, to be honest with you, it's been hard you know, because I've conditioned myself for the last thirty odd years to just be me, just be myself without any heading and just be me.

I am a transwoman, so male to female, I transitioned when I was 17. Transitioning wasn't easy, coming out in such a straight world was quite scary. Thinking about or even knowing that you were different was scary and the thought of being judged or being hurt always occurred to me but in saying that you go through stuff, there are hard times, there are good times and stuff and I think for me it just got better because I knew in my heart that I was a woman, for me in my heart I was born a woman, born in a male's body.

I usually say I'm a lesbian, gay but then it's sort of changing nowadays as I'm learning about the spectrum and then I do find different days I feel a little different about things but most of the time I am a lesbian. I am a lesbian. [Gender] As non-binary, I do, I identify, like when I'm at the doctor's as female it's just ingrained in me I suppose... And biologically I'm not really sure how I feel I just say I'm a female I guess.

I'm from ___ which is a little country town..., I grew up there all my life till I was 17 then I left and moved down to Wellington and stayed down there for 15 years, moved back to ___ and back then I was confused, had a relationship with a female but I still had men on the side as well. Then my son came along, we broke up and I was a solo parent for most of my life really and during the last 10 years I've been dressing as a woman and considering myself as female... It was interesting, I've always known that I was into men from Primary but back in the days there was a little bit of a stigma so we just sort of hid away from everything and sort of had to go through the normal things in life expected by our parents, which we did. Hence the relationship and having a child, but I still explored my gay side as well then and back then I used to be into gay guys but now I just can't stand them, they've either got to be straight or bi-sexual... I knew I was and I didn't give a rat's arse what other people thought about me; it was just how I felt, if they didn't like it, oh well, see you later.

I don't actually come out and openly say that I'm gay or lesbian, I just say that I have a preference and I haven't been in a relationship, this is my first ever in being in a lesbian relationship and so I wasn't probably

comfortable at that time because of my family but I became comfortable just before my parents passed. They gave me permission to, so that spoke volumes, but I just say I've got a preference. SH

With me I just never thought I never looked at myself as being gay; this is my first gay relationship. I've just always liked doing, my partner always calls me man because I do a lot of manly things, like I'm a truck driver. I do a lot of things that men do. I love hunting and things like that. I don't hide anything; I openly say I have a female partner; I feel sorry for her. I just go along in life as I always have been and I don't know if I have a preference or anything, being my first relationship with a female, but most of my relationships have been with men. But I've never looked down on anybody going with same sex, and life just carries on for me. I haven't come across anybody that has knocked it down or anything like that but I'm pretty sure that I wouldn't like it if anybody was to come up and say anything bad. Because I think that if you've got a preference that's your choice and I have nothing against it at all.

I don't even label myself; I'm just me. I've never been a person to label unless someone else actually says so, "Oh you are a lesbian" and I'm like yeah, "I suppose so", but I just with my and ____ relationship, as I said we are not, I can be out there but she's just not. But when she needs to she will go "yeah I'm lesbian" ... she's got that kind of attitude too so that's so cool. So we are not like, you know, how most couples are pretty out there... You know it's just like me and her. I know where her boundaries are... but I do not really label it to be honest.

I like the word itself [transgender]... you know, someone that doesn't identify with a gender they were assigned at birth... For me, it is that even though I have a female body I've never felt like my heart and mind are female and just that I want to align myself so I'm happier.

Well back in the 60s we were just queens, you know, there was no transexual or transgender, LGBT it was just queens, gay guys and lesbians so that was it, so I was just a queen. I started off as a Show Queen working at ____ and the money was too poor so ended up on the street cracking it and leading a drug fucked life to go.

Do you mean do I recognise myself as a male or female or is it like, I as a person to be honest. I have been living as a woman for 45 years and I was very womanly and it was really awesome that I could work in straight jobs and it just wouldn't be known until one day if someone would find out. It would really upset me if someone suddenly said, he's a man, because then I know that I am not being taken seriously. More than being a man or a woman I thought that I was a person and I often used to say that; forget about those genders and you won't have a problem, just remember I'm a person just like you. I didn't have to use that argument very often. People say to me, "Do you think you are a woman?" No I don't, I actually think of myself as a person but ... I would rather use she, the female pronouns... By the age of nine I knew what I preferred in terms of partners. I think the point is, you don't even know whether it's permanent or not, it's just that there you were.

Gender identity I go by male. My sexual identity I go by bi-sexual. When I was still in high school, because of the whole Māori culture aspect of things and how men were supposed to be masculine and women were feminine I didn't really fit into the category of how men are masculine and everything. So, you know with [the] internet being there, a lot of exposure, I came across this category as gender non-conforming and I was like, "wow", that resonated with me. I was like, I think I am gender non-conforming. It also didn't help that when we would be doing kapa haka, our tutors would be like, men are supposed to be like this, this and this and I would put my hand up and be like, "I am none of those, so I was like, does that not make me a man: and then our tutors just stood there like, "umm, I don't really know how to answer this", because I was very outspoken in school. I came across gender non-conforming but in the end ... I was like, oh, you know what, I'm just a guy, I'm male... I never used to label myself, I used to just be like, I am a person and I like people. If I was going to put it in a nutshell, I would say that I am bi-sexual but I'd probably say that I am also pansexual. I'm not too sure about what pansexual means but I'm more drawn to personality, obviously everyone goes for looks but personality definitely does captivate. I have come across a lot of attractive people who are just downright 'meh' in the personality area, not bland, sometimes just arrogance or rude, inconsiderate and just not a nice person. Your face ain't going to last forever... I kind of had a small understanding of pan-sexual but I kind of just always just summed it up to pretty much personality rather than the gender or whatever it may be, who they may be, it's so confusing sometimes.

I prefer to talk about it in terms of, men appeal to me. I don't particularly talk about being gay or being bi-sexual. They are all labels that somebody has produced and given out, I don't use those terms to describe myself. I am a man and male gender or a male physical form is really attractive to me.

I've had experiences where gay guys have been really into me and then they didn't know my gender or anything and it's just kind of really awkward, it's cool, like I think you are cute and all that but it's also, I don't want you to like me for having a guy's body and that's like a difficult thing. I don't know if this is relevant or anything but in regards to attraction, I definitely prefer to be attractive in terms of like a feminine thing or like someone is into me who doesn't care about genitals, I think that has helped a lot.

Defining Wellbeing

When exploring notions of health, wellbeing and access to health care provision it was important to those who engaged in the community co-creation process that we ensured that we began from a place of strength in regard to establishing not only how we define ourselves as takatāpui and Māori LGBTQI+plus, but also how we see wellbeing. Participants shared a wide range of what they considered to be wellbeing. However, the majority considered wellbeing to be inclusive of physical, emotional, psychological, spiritual and cultural wellbeing and that there is always a connection between all parts of who we are. These ways of talking about wellbeing align to a range of Māori models that express the interconnectedness of all parts of ourselves, and of ourselves to our environment, our wider collectives of whānau, hapū and iwi and to having access to knowledge that enhances and grounds our cultural identity.

The good old everything, so obviously being in the health profession I've had it pretty well taught in the whole encompassing, the likes of Te Whare Tapa Whā, but you sort of reflect on that a bit and you recognize that when you are not feeling, you are stressed out and everything else starts to go south, so it is I suppose encompassing everything, the whole mental wellbeing, emotional, physical... Well there are all these things I do that I know are unwell things but I think it comes down to time to myself, knowing myself. I have a gym membership that I donate to regularly but I am now walking the dogs every morning, 5:30 in the morning, but that's peaceful time; that is good. I know that the exercise is good for me... Emotionally, I suppose spiritually that comes into it. Keeping myself organised, that is another thing that is up there on my health side of things.

I think wellbeing is when you are secure in who you are, mentally, spiritually, physically, sexually. I seem to get this kind of thing and I think it's from people from Destiny Church. You know, you get off a plane and they look at you and you think oh god, and I'm thinking to myself, you know I'm not really young and you are, so where are you coming from in terms of your Māoritanga and you have ... this prejudice, but then, I don't know. I've spent so much time in academia now and I think that a lot of them are not thinking for themselves, they are following someone else's lead. That may have been well and good ... they may have got themselves in to a very bad place and it's helped get them out of it, but then where do you go from there. I don't think that kind of approach is very helpful or very beneficial or positive, [or] is going to take us into a future that we could revel in, that we would enjoy. I am quite happy in myself now. I identify as gay, or takatāpui, that sounds better than just gay, I mean what is gay? Takatāpui sounds so much better because there are many levels to that within the Māori world, that sort of close friendship, which can become quite intimate and I think it has a different tone to it from the Pākehā sort of notion, so I would say that is a wonderful term to use and I would say takatāpui. By coming to do this interview I have more or less stated that yes, I would support anything to do [with] that area...

I think wellbeing for me is having enough energy to do the things you need to do, like the work that you do and not feeling like crap all the time; but then also like specific things,... like transitioning things which are super important. I was seeing a doctor last year to start HRT and then I had to move back here and then since then I haven't started the process again and I just think there's also a lot of a process for a thing that shouldn't be that hard to get, especially when you are an adult; that's kind of frustrating though I haven't actually tried anything because again it's like a lot of emotional effort and I've been focusing on study and stuff. I feel the whole having to prove your agenda and stuff is really frustrating and harder for non-binary people because I can't prove... I guess it's about proving gender dysphoria but it changes every day how I feel about that... It's completely removed and by trying to prove it or just trying to fit it into the binary that you don't fit in... So how I describe it is it's like this kind of ambient noise that is always there and it makes just dealing with other things worse. So I don't think it's ever the kind of inciting thing that makes me upset, but if I'm upset about something then I will start thinking about my body and gender and feeling, in simplistic terms, feeling like I am in the wrong body and that comes on if I am feeling stressed or anxious about something else.

Supporting wellbeing by doing things that contribute to health and wellbeing, including eating, drinking, sleeping, doing physical activity, being engaged creatively, were considered to be important to holistic health.

I drink a lot of water, I think it's like the simple things like eating enough and drinking enough and going outside at least once a day. I think I should be exercising more than I am but I think also like remembering to have my vitamins and blah, blah, blah and also like reading poetry is really important to my wellbeing. Because most things I am doing, my head is in this hectic space where I'm rushing through a lot of things but if I am reading poetry ...you have to slow down. I guess it's like a, just slow down and recognize this space or whatever... and so poetry does that for me... when I try mindfulness it feels like a waste of time but poetry never does, because it's like something I am so invested in doing. So I am just reading a poem and then I have to slow down and absorb all the words, whereas if you are reading for study or reading other things you are going zip through everything to get the information you need so I think that's something that is really

important. And getting enough sleep it's something that I need to work on really because last semester I wasn't getting enough sleep and it just built up. I was falling further and further behind in terms of my sleep and getting up and having no energy and getting home and having assignments to do but I'd been out all day so it was just no way. Social interaction is easy to get but also interactions with people outside of your relationship and making sure you are spending time with other people, that's also important.

Wellbeing to me is having a healthy tinana, a well looked after tinana, well maintained, inside and outside, near the wairua and out on the outside, surrounding yourself with positive people and those alike. I think they have a very big impact on one's spiritual ability to be able to become at peace with oneself, I think and that's how I see that. You walk the talk. I live out of my garden, that's what health means to me. Acknowledging who you are, that's what health is to me. Surrounding yourself with those alike, that's what health is to me and keeping away from negative stuff, that is what health, acknowledging and knowing, that is health, does that make sense?

Eating properly, taking care of your tinana and your wairua and taking care of yourself is wellbeing to me.

My partner she does mirimiri so when I have problems or when I'm down I go with her... when it's going backwards I have no problems ringing her and she puts me on the right track ... [In the bush] I just feel free. Everything is around you. The sound of water and birds and no one is around. You don't have a care in the world... I just feel like I am in another world ... I'll just in get in any water I will just jump in and if there is any food in it I will just go for a dive. I can even just go to the lake and just sit there for hours without knowing how long I've been there.

Connections are central to wellbeing for Māori. Wairua connections through an understanding of the metaphysical were consistently noted, as was the connection to te tai ao, our environment.

All of those senses and especially those ones that we can't see, like [there's] the physical but then there is the metaphysical. Especially when I was young and went through depression at such a young age, I had to pick myself up and going through those moments of depression I had to find a way of lifting myself up. Wellness to me is here, if you have a good heart surely those good things will come and that's where I see wellness... Eating well, making sure that we have a roof over our head, food in our stomach, I just make sure that my mind is clear of all that negativity and it's hard to stay positive, especially being a transwoman because you have so many self-doubts about who you are ... it's all those internal fighting with one another, those emotions, and it's hard to keep those on lock and keep them at a level where you are able to function. I know that a lot of my sisters still have things like anxieties but those are emotions that we need to sort of deal with ourselves and make sure that we have those emotions where they should be. But just making sure that you are eating right, that your whole environment, your home environment, your living environment, your work environment. If all of that is okay, then you will be okay.

Just looking after yourself, just keeping on top of your health, which I'm probably a bit slack with at the moment because I've got diabetes and I'm on insulin and for me I just get so busy and it's always been like this, I just get so busy trying to make sure that Ana has got her medication and making sure that my son's [OK] and sometimes I kind of forget until I get a call and she's like oh you need to come to the doctors and you know so, it's all about just looking after yourself basically as a normal person would do, just to keep yourself healthy.

Being happy is articulated in many ways including being healthy; having no issues; being positive in life; being spiritually connected; feeling acceptance of self and being surrounded by good people.

Life's good, I'm happy. There are really no issues for me around being transgender in the wider world now and I think just finding that acceptance within myself, you kind of just see the world in a different eye as well. I don't know; it just doesn't bother me... I stay positive, good self-talk, I attend meetings, I do a lot of service like I go into prisons and share my story with people that are struggling to get away from that real dysfunctional lifestyle – drugs, alcohol and all that sort of stuff – and I just keep walking forward, you know one foot in front of the other and I just turn everything into a positive if I can. I still have my days but the positive overrides the negative... and I'm learning to pray.

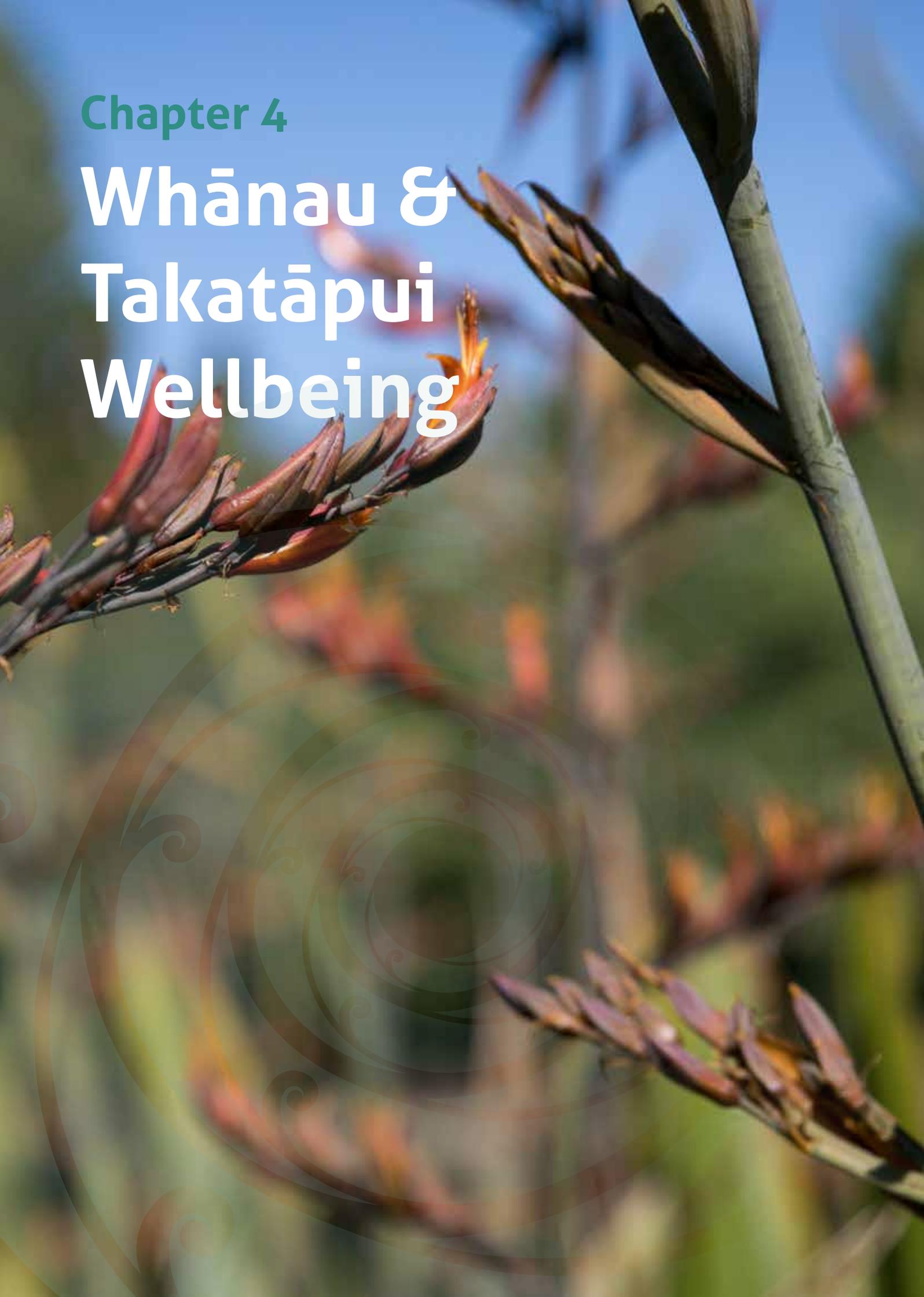
Wellbeing is, if you're happy then you're good and I'm really happy; got everything I want and I don't need services but if I did, I always, always will seek out any Māori. If there is a Māori doctor, which there isn't here, I'd go there; if there were any Māori services I'd use them first. That's my commitment to our people. I think that's what we have to do.

Being happy and sane, taking care of yourself, emotionally, physically, I wouldn't say spiritual because I'm not that spiritual... Oh, I'm fine, it's everybody else that's crazy but me. Wellbeing doesn't necessarily mean for me to be divinely healthy. Wellbeing is having really good people in my life, being able to discard the ones that I don't want and actually to tell them that I don't need them in my life. It also means being able to speak my truth and actually, you know I am sitting here [and] when you asked me that question, I smiled and I smiled on my face and I smiled in my tummy. I am sitting in the sunshine here, that is part of the wellbeing. I am a bit of a tuatara, so if there is any sun anywhere I will seek it out. They are all the things that wellbeing means to me is having good friends, good relationships and relationships require lots of kindling, lots of work but actually I enjoy that, so that would be wellbeing. .

Wellbeing. It's got to begin with a place where I'm sitting and a place of total acceptance of who I am, in my sexuality and in my life that I lead as a writer, as a life, the connections that I made with those people. Those are the things that, even though I complain about them, when I sit around the table and I'm part of a committee I feel I have something to bring. The other part from my life is that while I was overseas I became connected to the Beshara School of Intensive Esoteric Education all around mostly the teachings of Rumi and Ibn Arabi ... So that's been a journey for me and when I came home and connected with my taha Māori and read some of the karakia I'm thinking this is Arabi, this is that same sense of the oneness of everything that is part of the knowledge and part of the spiritual of our culture so there it is, it's just another colour or another shade of the same thing, another reflection of the one truth. So when I came home, that's part of wellbeing too. For me wellbeing is sitting in that place, and sitting comfortably in that place, and it makes me be receptive to whatever the teachings may be... Especially standing in my taha Māori that's a place where I feel my wairua is nourished in that place too you know. .. And also the things that are around me now, I've gathered all my things around me like photographs, paintings, artworks in my house and I wrote a poem about it ... basically the last line was about I mentioned some of these things that are around me in the house and in the poem I say, these become my korowai, it allows me to hear and turn towards crying. That was the finish of the poem so that's all about these things that are around me, which basically are a reflection of my life, they give me the strength to be able to listen to the crying of the world and turn towards the crying of the world. I mean there is so much crying in the world now. I feel in a secure place and I feel in a loved place, that's what I feel.

Chapter 4

Whānau & Takatāpui Wellbeing



Whānau & Takatāpui Wellbeing

Being accepted, in particular by whānau, being happy, being grounded are all noted as being at the centre of wellbeing for takatāpui. A number of participants spoke about the need for whānau to provide unconditional love when whānau members share with them. One person highlighted this in speaking about her father's reaction to her brother coming out as gay, and the deep concern and aroha that her father held for his son.

I guess in terms of my wellness, as I am getting older my wellness is about being healthy, eating well, being strong in my views but at the same time open to other people's views so that I can also learn. Around my being takatāpui and engaging with other people, it depends on what sort of scenarios come up; otherwise I am happy in my place, I am happy with my freedom of speech, I'm happy in the life I am living now. My ultimate goals, like for instance doing a PhD; I never, ever dreamed that I would be doing a PhD and so I can sort of see the end of the tunnel coming along and so I am happy that I have been able to do that and speak openly and feel good about who I am. It's about my wellness and my wellness is about my happiness. I remember my mother saying, when we had the frank talk about me being gay, at the time, I said to her, I can't help who I am but it doesn't change my love for you and dad and my brothers and sisters and nieces and nephews, that hasn't changed whatsoever and she said, yeah, no. It was a short conversation that should have happened earlier but for whatever reasons it didn't. I still have a lot of respect for my brothers and sisters for who they are too as long as that same respect is shown back.

Absolutely if they love you unconditionally it doesn't matter what sexuality you are; you are still part of the whānau and they will go to battle for you, so I don't have to ever worry about it.

My family was fine, we've always been whatever makes you happy, whoever makes you happy makes us happy and I never had any backlash from anybody about it. I was very close to everybody in my families and I've had no problem with that at all.

My family is very open. My family is very much like you lead your own life, it's your life, however you lead it is completely up to you. You don't have to explain yourself for being who you are and just doing what you want to do, like literally at the end of the day it's your own life.

I'm pretty out there like when I first meet people, I think it's always the partner as soon as they talk about oh, straight away and I'm like 'she' and they are so apologetic and I'm like well you don't know. I'm pretty sure as soon as the partner bit comes in I'm just like well I'm in a gay relationship and they are like, "Oh, okay" so yeah I'm pretty straight forward on that side but yeah, if someone wants to know then I'll just tell them. I've got a lot of gay friends so we can just talk how we want to talk. I can talk like that with my family too but I don't go too in-depth, I know where my boundaries are, they know that I'm gay and that's it so you know. I've got one aunty she's the same age as me and she asks me so many questions, which is cool because I don't mind telling her. I can see she gets a bit squirmy and I'm just like 'oh whatever' and she's like 'oh shut up' so I'm pretty straight forward with my gender.

In talking about whānau it is clear that there is both the desire to ensure connectedness to whakapapa and also a need to ensure that there are wider networks that provide support at times when your whānau are not able to fill that role.

There is family and whānau. My family are my mum's relatives and the friends that she had that have kept in touch with me and I've kept in touch with them. My expectations of whānau are really high; I can tell them when I've had the worst day of the worst day, they will cry with me and they will hug me and I'd do the same for them.

The importance of whānau and being connected is a common theme throughout all of the interview discussions, however there is no illusion that it is straight forward or easy for all whānau members but what is clear is the commitment from takatāpui to do all they can to remain connected

My nan was probably the hardest one so far as well..... she's eighty-one (laughs), very old traditional, conservative. I mean before I started transitioning she asked if I was getting married soon? (laughs) because she was twenty when she got married... But also she's just a strong independent woman... My Koko died about thirty-six years ago... and my mum was quite young so ... she's spent so long, you know, looking after her family and just being the glue, and I think she's concerned more... but also just doesn't understand and doesn't want to... I don't need her to understand I just want her to respect... and so she said 'No, you're a girl' and kind of laughed in my face... The laughing hurt, but I mean I didn't expect her to be like "Oh that's great

good on you!" yeah [it's] just her generation... So I'm trying, because I love my family and I care about them, and because they've given me so much in my life that it's kind of, how can you forget that just because they don't accept one aspect of your character. You know? And it's a big part because I guess it's guiding some of my journey along the way. But it's, yeah, they're still my family.

Well, first and foremost, I rang my mother and I told her and she accepted it straight away, as mothers do, no matter what. My dad, well, I left that up to my mother. My brothers; I did have a brother that wasn't very happy with it and used to sort of mock me, he's not here today, Paul, sorry brother, still love him to death but he didn't like the fact that I was gay, he thought it was derogatory, dirty and all that. Well, I beg to differ because some of the things I'd seen him with, excuse me. My whānau was good, but for one brother, sibling. When I came back to Te Teko they sort of all just stared at me in shock, I know a lot of them were in shock. Some of the women propositioned me, they were good. I think the worst, negative feedback you could get is from your own whānau, your immediate whānau. From the community, well you really don't care because you are all related and you could have a fight but you could talk about it. Everybody treated me the same and it's because I think, I told them this is what I am and so be it. If ever I did get a negative feedback, I would refer back to being propositioned by their wives.

The pain of being separated and the prospect of isolation from whānau was voiced by participants with a clear indication that such situations create a deep sense of sorrow and worry.

My aunty is a transwoman. She died so young and had such a hard life. I never even got a chance to know her because of the distance that she had to have from her family. My dad has definitely grown but he knew her as Paul, not Cindy and it's like, "nah dad, she was never really Paul, she wasn't Paul" everyone else thought she was Paul. I mean I don't actually know how she felt about it but that's how I think about it to myself. It's like you find yourself and the rest of the world has to catch up. She had such a fucken hard life; she still found a family and that was the biggest thing for me at her tangi was to see that and I actually stood up and said, "I feel so much sorrow that we weren't there for her but I see the love in this room and to look around and see that she actually found her family and found her tribe, I'm grateful to all of you and thank you for being here" ... They put us at the side of the whānau pani and I just thought it was wrong, because yeah, I was grieving and yeah I was related to her but I wasn't there for her when she needed it and that's just how I feel like a lot of our whānau were going through that shit; you know, regardless of where they identify, how they identify, who they identify as and being Māori on top of that and Jesus the lack of care. The lack of understanding that's there.

There's been a big turnaround, a big change in our acceptance of Māori takatāpui in general... we're quite an accepted, well you must have experienced that yourself within the whānau and the Māori and everything. But in general, my own personal opinion because I've got a Māori father and a Pākehā mother, the Māori side was much more accepting than the Pākehā side. Not being racial but this is an overall thing; Māori are more understanding and accepting to awahi you, tautoko you, whereas on the Pākehā side it's still a bit...

[My brother] didn't use any term at all, he was closeted. It's pretty funny because the Māori side of my brother, our Māori side was very tough in terms of men being gay and if someone like my uncle, mum's brother, he was pretty harsh so ...he was not supported in our whānau, not with our older generation [and the extended family]. So he didn't bother going there and actually he ended up cutting himself off and ended up going over to our Pacific Island side, Samoan/Tonga. Dad was Samoan/Tongan... I think ... isolation is the first thing. It's hard to say because we never did that and from what I've seen you know you meet mates who have gone through that and the families haven't accepted. You can only be sympathetic but you don't really know how that feels; you can only imagine what it might feel like. I don't know about you but I know a lot of mates whose parents or whose families cut them off and they didn't have anything to do with them so they found solace with others the same, other takatāpui.

So I initially told my mum ... my parents have separated and they've been separated for quite a long time now. So it's just me, my mum, and my brother at home and so I told her in 2017, and that was before I started counselling and all that kind of thing. Just getting more involved in our community, so I didn't have a lot of information. I kind of wish that I told her and knew a bit more. I just went on how I felt and for her she wanted to know whether you could diagnose it in some way? Or just to be sure and just because she had said that she always just thought I was a lesbian ... I think I held off ...telling her because I was most worried about telling her in particular. Because I didn't want to disappoint her, or burden her and just embarrass her as well. I live in Wellington now, I'm away from everyone that we're always around back home... Because I feel like you isolate yourself for such a long time trying to accept yourself and if you don't think you can accept yourself you're not sure if anyone else would. So I think that was the most worrying experience.

As noted in the 'Defining Ourselves' section of this report, the place of tikanga, mātauranga and te reo was spoken about often throughout the project.

I'm speaking our native language and that shows me our language is, there is no sticking plaster. I hope one day in my lifetime that our reo will be stronger and the only way I can really share my story with you is that I've got a grandchild now and I'm hoping that he will be a speaker of te reo. Te wā tuatahi e tūtaki ana au ki a ia i kōrero atu au ki taku tamāhine, kōtiro, i ngā wā katoa ka kōrero atu au ki tō tama ki te reo Māori, kāore au e pīrangi ki te kōrero Pākehā, whakaae koe, whakahē rānei? [he aha tāna whakautu?] Oh, okay. My children are half-Chinese, they can't speak Chinese, they are Cantonese, they can't speak Cantonese, their mother is a fluent speaker of Cantonese They are Māori, they can't speak Māori. My son still struggles with my sexuality, he's staunch and he can't deal with it; my girls are cool. His kōrero was, well it's your journey, it's your kaupapa, it's for you only, it's no use for me, I go, okay.

I think it's just full acceptance and love for myself for want of another ... it's just fully embracing my whakapapa but I've always known and I wrote that in a takatāpui chapter that actually everything I am is a gift from my tūpuna; everything and all of it is about using all that talent, skills that I've been given to be the best that I can be as a representative of my tūpuna and that everything I achieve is actually about the love and nurturing that I got from my parents. But it's all grounded and knowing who you are and where you come from; that strength and that ability to just see outside of yourself ... I guess it's that whole legacy responsibility thing too, about wanting people just to be free to dream and to fulfil their goals and know that they are 100% supported and valued. From what I know you can't do any of it unless you fully open about who you are; so that's wellbeing for me. I've been pondering the whole, because I'm not fluent in te reo and I've kind of thought I should ... have just done a total immersion course and I thought about it but it just hasn't happened. I've done these weeks and gone to these courses one night a week for twelve weeks. But I don't feel like I'm any less Māori because I don't speak the reo. I think I'd be better in terms of understanding fully things that are happening, especially on the marae and the intricacies, but there is not a something in me that's empty if you know what I mean because I don't. And then I could know more about my whakapapa, which we all could, but I do what I do and I learn what I learn and then I don't feel like I'm missing anything if that makes sense. I actually feel whole; I don't feel like I'm missing anything. Maybe I should but I don't.

My wairua was more drawn into, without discarding any other type of like art, English, metal work, what have you; I was more inclined to be into Māori history, learning about Māori, how to speak and pronounce words properly. And while we are on that subject, how the Māori side of it come about was through my own revision ... I used to go to libraries, visit libraries, get pukapuka; that's where my joy was and it's quite funny how I was able to retain kupu, retain things and it stayed and it's still there till this day. Just like sometimes I will hear a different iwi speak at a hui or on TV or whatever and then I will, because I'm not trying to sound vain, vanity is not here, it's like an interest. It's who I am, tino miharo ki au. I love it. So I used to think, 'so why do they say that word like that?'; then I would fit it into a sentence how I would use it, and then I would think 'Oh that must mean that then'.

There was also discussion around whether people were aware of other whānau members who are takatāpui. Much of the discussion centred on finding out about others in the whānau and the ways in which participants supported their whānau members who did come out.

A nephew of mine, it was his father that wasn't too impressed with it but I supported him. I said "You can't tell him what feelings he can have and what feelings he can't have" and he was the only one ... my nephew and he's happy. He's still with his partner and none of us have ever had anything bad to say about him. Just be who you are; don't hide anything. I think when you hide something it just becomes a little bit more, I don't know, you are just not yourself if you are going to try and hide something. It's like just be open and enjoy life. He's the only one in my family that I know about. But I'm pretty sure that whoever comes out it's just like - "Oh yeah, okay" - that's sort of how our family look at it; we don't begrudge anybody, I haven't had any comeback or negativity.

I've had very good ones so far with other family and my friends. So my aunties they are, one's my mum's sister and then the other one's her partner. But they have never, you know, claimed that they're together like that.

When I came out I was staying with a same-sex couple, friends of mine from teacher's college in Wellington and we would just go to the _____, they had something every month and we'd just go to that and go to Casper's bar in Wellington. I mainly mixed with either the gay men or the queens, because the queens were part of our family in Hastings. That's what we called them at the time, transgender now. There's so many different terms have come to fruition, but they were part of our family.

The Māori side of my brother, our Māori side was very tough in terms of men being gay and if someone like my uncle, mum's brother – he was pretty harsh. So it's really funny, but he was not supported in our whānau, not with our older generation [and the extended] so he didn't bother going there and actually he ended up cutting himself off and ended up going over to our Pacific Island side, Samoan/Tonga.

Tamariki are at the centre of whānau wellbeing and within takatāpui-led whānau there is often deep consideration of the way in which wider society, including the contexts that tamariki move in, may affect their security and wellbeing. Honour Project Aotearoa survey participants confirmed that high levels of discrimination exist for takatāpui who are parents, and for their children. This notwithstanding, interview participants who have tamariki, both birth and whāngai, share insights into their attempts to reduce the possibility of their tamariki experiencing negativity or oppressive acts due to their parents being takatāpui.

We set out some really strict guidelines about no friends could come to the house; we needed to keep them protected to a certain point. As a mother you would know, as a mother you have to balance for your children. It's all very well for us to be out there, but the effect that it might have on them; we have to consider that, so the rules were don't bring anyone back to the house [unannounced]. If you are going to bring someone back to the house you need to tell us first and we say yes or no. No surprises, otherwise if they come to the house and we are just being normal they are going to know, so there was all that side of it. We did kind of put on a thing for their benefit; like at the schools we wouldn't be holding hands or we wouldn't do any of that stuff and the story was always I was an aunty. The good thing about being Māori, you know, is this is your aunty so people didn't question it. I think that's how we got through some of it then because I was 22 when we had all these kids and she was 23. You could talk to them if you want to, any of them and ask them how they felt about it...

We have certainly done things to protect them, our girl ____ when she was at _____ they had a mother's day breakfast and her teacher said, "so do you want both of your mums to come: and she said "Yeah" and we said to her "Up to you if you want both of us to come we'll come, if you only want one of us to come". We've always done that along the way and we've always said to them for some people they feel uncomfortable about having two mums or two dads but it's really about whether you feel comfortable and what's going to make it easy for you to be with your peer group. I don't believe we've had any issues, or the kids have had any issues; I am sure they would have told us. We do have one girl who doesn't tell us anything. She tells through her sister, _____ tells us everything right down to some of the stuff we don't want to know... it was _____ who told us and "Different parents come up to us and say "Oh the boys just said _____ has got two mums. Is that like two aunties living together?" and I say, "Well what did you say?". I just let them answer for themselves because I don't think it's for us to tell them how they're going to describe us as a family. I think the kids have been generally pretty easy in that respect and what I find frustrating is the forms you have to fill in; they don't they have a 'two mums' area or a 'two dads' area. It's always mother's name, father's name. It's all those official forms, you just do what you have to do but you just sometimes wish that the form would just come, please put your parents' names down.

How do we support our rangatahi in schools in particular? There's a whole thing around the culture that we have here in NZ, particularly in sports and those areas where {men are} supposed to be seen as this macho man and therefore being gay or transgender is not normal... You've got a story on Shortland Street at the moment where this young man who is a rugby league player and Jack, who is the character in that story, he has already gone through that process of coming out and feeling comfortable with who he is and everyone else feeling comfortable with who he is and this young person's coming into the circle who is not anywhere near there so [there] are those experiences. I would like to see ways where we can support our rangatahi ... even those of us who are older adults who still struggle because of the role that they are in, in the public sector in those positions of influence where they might feel threatened if they come out.

I'd told my best mate's two boys... and she goes good luck because the kids were cheeky and so I brought them in the room and said I've got to talk to you and I told them and I said I've got a partner and it's a female partner and the four-year-old says to his brother "Ooh aunty is gay, does that mean you're gay eh?" and the older one sort of, "Shhh don't be like that" and I said "So have you got any questions you want to ask me?" I said "Nothing's changed. I still love you just as much as I did from day one, nothing's changed at all, just that I've got another partner" ... "Mmmm no". "You sure you don't want to ask me anything"; "No", so I went "Okay then, well if you want to talk to me just", but no they were outside and two seconds later fighting, "You're gay, you're gay, you're homo, you're homo". Really ... that was the only two I had to tell; the rest I just told them as, "I'm going with Ti" and they went "Hey if you're happy I don't care". But they've grown up with it and that's just life. Got lots of mates that are gay and to me it was just like normal relationships, happy.

I think the life that I'm hoping, the life that older New Zealanders want for their grandchildren is to be a life of love, an open, transparent, nurturing life and they would want, I would have thought, for their grandchildren and their children not to have to endure, like what my father said, the discrimination, the abuse, the trauma. It's so unnecessary and now it's really more than unacceptable; it's intolerable – we can't put up with it. That's what I wanted them to talk about and I wanted grandma and grandpa to say well when I grew up it was taboo, actually it was a crime, you'd go to jail and some people did and then they were black sheep in the family and we weren't allowed to have contact with them anymore because they were doing something wrong. You know, it would have been good to share those stories and then for the young people to say "Well we don't care today", 'What's the big deal what your gender identity and sexual orientation is; it doesn't matter, you're a human being' so that's what I wanted to happen and the 'We love you' bit in the middle, 'We love you, we love you and we want you to have a good life'. But also, we want you to be involved in our life because actually if you don't engage with young people, you won't have anything to do with them, they won't come to you. If you are homophobic you will be old and sad with no visitors; that's the other part of it actually, it's about human relationships.

I think that should just be important in general to know ... about gender and stuff because it's a complicated thing for everyone regardless of whether they are trans ... and I feel like, if I knew about those terms earlier then I would be in a different place than I am now and maybe, I don't know, I am quite happy where I am at the moment but I feel like there could be changes for the better in my life if I had the information so I feel like that's an important thing... I think again it's not making those gender assumptions and then also allowing kids to explore that as well, so I think they are going to figure out something and it's going to help them. They can be like, yeah think about this more critically, like your gender and stuff, and then come back and be like it's still this guy or this girl or whatever and it's fine, and they've thought about it.

A number of participants spoke of the impact of Christianity and what that means with regard to being takatāpui; in particular, the strength needed to talk to their whānau about their sexual or gender identity. Given that whānau acceptance and connection is a critical component of wellbeing it is highlighted within the project that for those raised in Christian-focused homes there is anxiousness and often fear of the response that they may get. This can mean that people will select specific whānau members to share with before telling the whole whānau.

I was brought up as a Jehovah's Witness. My mum and my dad are still Jehovah's Witnesses so when I kind of got with my first partner and thought oh yeah, okay this is going to happen... Yes, I was scared, as I think everybody else [is]... coming out, but it was more hard for me to tell my mum because I know she was, well she wasn't pretty staunch in there but I just found it really hard to come out to my mum. Like I could tell my stepdad and I could tell my dad, I told my brother and my sister and all that stuff but I couldn't get myself to tell my mum. So one day I just said to my partner, I don't know how to bring it to my mum because being a Jehovah's Witness obviously women are women ...and that's what we've [been] brought up as that it's just Adam and Eve. So it took me like two weeks to get the courage to, because ...I felt like I was letting her down and it was just so hard. So I finally got to tell my mum and I said, "Hey mum, I'm going out with a woman" and I could hear it in her voice because she just couldn't stop she was like, "Oh okay, alright". I knew she wasn't going to go "Oh nah I don't want anything to do with you"; I knew that but it was just actually getting it out to her to

say "Hey mum I'm gay and I've got a gay partner". So that was probably one of the ones that stand out ... was to just to tell my mum that I was lesbian. But that was probably the only one that sticks out. I haven't had any bad buzzes of being lesbian, I think because I've been just pretty straightforward. I haven't really like held it or hidden it and ... my whānau have just been so cool about it and now it's just okay, you're gay, all good, sweet as So I'm happy now for the younger generation that obviously it's getting a bit easier for them... So that's probably the scariest and that has been implanted in my head ever since I've come out; [it] was really, really hard so she's still a bit thing about it, which is understandable but she's just gotten over herself. But I don't rub it in to her, it's my mother, ... but yeah, that's probably the only one that kind of sticks out.

Probably for me I had very staunch parents; my mum was a Christian and at the time I was too. So that identity, finding out who I truly was when my children were about 15, probably [it] was way before that, but that was when I stepped out of my Christian beliefs. They were only young men then and when I came out to them was when they were 20, to my children first. But my dad had passed in 1997 and I was his main caregiver and he told me then, he always knew. Well you know they just do and he just told me if you want to be happy you need to be happy in who you are and who you want to be. So that was in 1997 because my mum's sister had been in a lesbian relationship for many years prior to that and she never ever came out openly. My father was the only one that knew about that and it wasn't until he passed that she had spoken to me about that too. So it was really difficult for me because my children were only teenagers, but I knew at 15 when I stepped out of my Christian values that that was the life I was going to pursue and it didn't happen until they were 19, 20, with the partner that I'm still with today. So it was hard, my family were ... great with it; my brothers and my one sister and then my mum had spoken to me about that as well. Although she died as a very staunch Christian she said to me that you need to be happy with what you want to be, pretty much the same lines as what my dad had said too, and so life had begun and still there today with my partner. Thirteen years we've been together; wasn't easy but we are over the honeymooning now.

With [daughter] we've tried to maintain contact with her siblings but with ____ she has a brother and a sister; her sister who is takatāpui lives in Auckland and that's been an interesting journey because when ____ and I had our civil union and invited everyone I said to her "we will invite everyone that we would normally invite and we will let them make the decision whether they come or not. We are not going to make the decision for them thinking that they don't like takatāpui; we'll send the invitation out and they can choose whether they come or not". So ____ siblings, mother and my cousin were involved in the church and they decided not to come and she decided to write this very long letter explaining why and since then our relationship is, we aren't close but we're not fighting with each other and now she's in a relationship with a woman and her daughter is in a relationship with a woman so it's been an interesting journey.

I didn't want to associate with them because being seen to associate with them identified me as being takatāpui, as being gay and I was in the closet. In some ways now, ināianeī, I am still in the closet with my mahi. I am not in a position where I can be just out there dealing with the community or dealing with family or friends and being gay, being takatāpui... I've seen that when I've been out to Big Gay outs and I've seen these Christian activists and just the garbage that comes out of their mouths. How could they be Christians and have so much hate; it's so wrong, [but] for them it's so right. I find that disturbing and that's why sometimes I think I've got to be careful ... what I do and who I share it with. I'm in a new community now where I live, ... I don't share that with my neighbours. I say to myself it's none of their business and I just live my life.

Through a church that I belonged to I decided, god knows how, that I could be fixed for being gay because it was generally frowned upon. This was in the mid-60s. So through the church they persuaded me to seek some medical help. They prayed for me, then I could seek some medical help, so through being absolutely stupid –I was old enough to know better – but I was persuaded to seek, and it was still classified then as a mental illness. I had electrodes stuck on the side of my head and they put an electric current through my head... You could get so mixed up in your head, but it was a dreadful, dreadful, dreadful time. Because I was so mixed up in my head I didn't understand the impact of what that might do. After that, that was a big turning point in my life, because I made a decision then that I had to be me.



Visibility & Role Models

Throughout the project there has been ongoing discussion around the need for takatāpui visibility and this was endorsed by Honor Project Aotearoa survey participants who reported that having visible takatāpui role models helped them to develop a healthy sense of themselves and their sexual and gender identities. Interview participants talked about the value of visibility which was to provide models for the wellbeing of future generations. A number of participants spoke about their whānau having takatāpui uncles, aunties, nieces, nephews, across generations but that their being takatāpui was rarely discussed. In some contexts, it was considered 'normal' and therefore not requiring specific discussion. In other contexts, people spoke of growing up with aunties and uncles and never having an awareness that their whānau members were takatāpui until much later in life. There was also discussion around the necessity of 'coming out' or being visible because that enabled the next generations to "see people like them" and that there was a hope that in doing so there would be less of a sense of 'being the only one' or feeling isolated and different. Visibility is thus a cultural and political act that is about collective wellbeing.

You have to also take yourself out, you have to make yourself available, you have to make yourself visible, you have to walk the talk ... how we are in our lives, I think, reflects on those that are living with you or around you because they're watching and they see what you are doing and they see what kind of a person you are. And you know raising boys – we've got three boys – I just think we have the ability to grow men and I just think wow what I've learnt is yeah, there are some things about our men that need to maybe change. ...The only role model couple I remember here is aunty J_ - and aunty J___ and they were pretty spectacular. They were together for about thirty years and everybody knew and we'd say to our mate, "Oh you're living with Aunty June and Aunty Jane, oh they're lesbians aren't they?" This was at school, she said "Yeah, and what do you want to do about it? Don't you say anything about my aunties!". And I'd think wow, for me I thought wow, they were together for thirty years.... Yeah there was a couple but you don't become aware of them until you have become it yourself. I didn't notice it, I had no idea actually until I came out, and I realized whoa and then I realized also there were things in our whānau that I hadn't realized or others hadn't realized that they never talked about. But they did once they found out you were and they'd say "Oh well, you know aunty was bla, bla or uncle was bla, bla" and you think "Oh yeah, wow!" So straight away I think yeah cool I'm going to go find them and sit with them and find out and say hey, yeah... It was different and a lot of whānau didn't know how to share that with people...

When I was little, maybe about 11 onwards, I knew that men and women were together but then I started having dreams about women and I'd wake up like I really enjoyed it more than a dream about a man if you know what I mean. So about 13 I knew I was. I didn't know the term for it at the time but I knew I liked women but it was a very hetero-sexual atmosphere my school ... there was nobody gay, well nobody openly gay, there was rumours of a teacher being gay or a certain student but nobody came out like 'I'm gay'.

There was both a celebration of the increased visibility over the past generation and also a continued recognition that homophobia and hate speech has also increased.

I spent about 20 years in Sydney, and you can lose track of who you are. I suppose I got older and coming back here, they used to have takatāpui programs on TV which I found, I thought, gee that's really good. It's sort of out there. It's what people could identify with and I think they had a mixture of people on there like Māori as well as Pākehā and different people so I thought that was good. I think in terms of visibility I suppose that is good, things have changed now but it's amazing the amount of hate, speech, hate that has arisen that could really challenge the freedoms, that could challenge all the things that have been won.

Telling our stories is central to being visible. The need for takatāpui to share our stories and to ensure that our whānau and communities see us in all of our many ways of being is seen as central to the normalisation of the broad range of gender and sexual identities for Māori. This contributes to the wider decolonising process by making visible the multiple ways that we as Māori express our gender and sexual identities within our own cultural framing.

I said that the wellbeing stuff was about not knowing who I am; I actually think that is a way to address it, by telling our stories and it being ingrained from a really early age that you could be takatāpui and how cool is that... We've got to tell them to ourselves first. It would have been much nicer reading a book about being a lesbian, knowing that I had all these takatāpui and what they meant and who they were and the relationships that they had and the fact that they were the same sex. And yeah, imagine how powerful that is. How can you go through a crisis about your sexual orientation and gender identity if you've grown up with takatāpui being this amazing way to be? It's a gift.

I had one cousin who was in a relationship that was incredibly violent and when I came out to my sister she said, "I'm worried for you" and I said, "Why?" and she said, "Because you know what happened with cousin" ... and I said, "Well what" and she said, "They fight all the time" and I said, "Well so do heterosexual couples fight all the time" and she said "I just worry about you" and I said "I will be alright". She has always been very protective; as soon as she met ____ that was the first thing she said to her... "You can stop right there" but then she's saying "If this a choice that you have made then I'm happy with that, but don't come back to me crying about anything". So she's always been looking out for all of us, of all our family she's the one who organizes us all... I guess what it modelled was that it was okay to be in a same-sex relationship... that's probably how I feel.

I think that is just so important, important in terms of that ... if any of them at all think that sexuality is for them, I want them to come and I want them to feel good about coming, but I have to say ... when you ask me, being who I am, I also to have to make sure that that I'm not going to highlight anybody that doesn't wish to be. Role modelling; well look at you, you are a great role model, you are a doctor I see. We are not all academics but I think you can role model in many ways. I hope that I am a role model for all those in my whānau and that they can come and talk at any time and feel okay. I'm on to my twelfth child that I am raising and the thirteen-year-old came down about three weeks ago and said, "Nana, there is something that I have to tell you" and I said, "Well what's that darling"; "Oh I think I am going to be gay" and I said to him, "Woohoo, yeah" and then just kind of being there just saying that.

When I came home in '84 I was fucken determined, excuse me, not to ever say to anyone [who asked] "Oh you're not married?"; "Oh no I haven't found the right woman yet" ... "Oh no, I'm not married because I'm gay and men aren't allowed to marry each other!" That's when I just put it out there. I was open about it because I had a period when I worked at sea where I had to be careful about admitting I was gay even though one of the guys I sailed with knew that I was. It's a tight little community and I found that a bit difficult, those smaller communities. I was on a research vessel, then I was on a supply boat. So anyway that was a little taste of, after being open and out, in a big city, and out in [a small community] I mean. ____ and I moved from Italy to England; we bought a little cottage and we were a couple and then ... we ended up in ____, and so we were always called the boys. We were living in a small community as a gay couple... Definitely coming home there was no way I wasn't going to announce it even though sometimes I'm thinking why am I announcing this, he's not telling me that he's straight, you know, why am I feeling as if I have to. I kind of felt like I did, part of that was I think me announcing it to myself. Partly just reaffirming myself.

Normalisation

Linked to both ideas of acceptance by whānau and visibility as a means of affirming being takatāpui is the idea of normalisation. One participant gave their reflection on how the term 'normal' has been reframed in ways that serve to marginalise those groups in society that do not fit a predetermined, dominant 'norm'.

There are some words that we use in general day-to-day life ... I thought that I understood them but I am not sure I fully understand the construction of that word when it's used in terminologies to describe us as members of the larger gay community. One of those is 'normal'. That word is bandied around. When I was growing up, normal meant that my mate did the same things that I did. It meant that if I caught an eel and we used a particular lure to put in the water, and he did the same, that was kind of normal between him and I, that was what normal meant for me then. But now I have got to my age and normal is used to describe people and to describe that I've been called not normal... the 'normal' word that I used as a child was positive but now it's used to describe me as a negative; you are not normal, my relationship is not normal. When I am talking about having a man as my life partner that's not normal, so normal has become used in a way that has a sense of negativity and rather than, growing up as a child, that was a really positive experience, I fitted, I was like a nail that fitted into a hole. Those are the things that I've, I guess I have become more contemplative, I've got time in my head to do that and it's not wisdom, it's just contemplation. So you are thinking about things and how things work. There was a word the other day somebody used as well and I thought about it, that's real sick, but they mean, that used to be a negative word, but actually it's used now in a positive terminology and so my brain doesn't always cope with that.

Others spoke of the normalisation of being takatāpui within whānau and communities as being connected to both self and collective affirmation. Normalisation is something that is a part of both being accepted and of feeling that you can be visible in ways that also affirm rangatahi and future generations.

I spoke at a rangatahi forum last week and one of the things I talked about was we have to be proud of who we are, all of us and all of it. And I talked about being takatāpui and [it] doesn't matter where I am and who

I'm with I will always acknowledge my wife and be proud of who I am. I mean it's just like that we don't talk to our kids about stuff like that and whoever you are it's a gift from our tūpuna. We all need to embrace it but we don't talk about that actually, and we need to be proactive. I think our tribes need to be proactive and talk about the different identities so it enables our kids to say "Oh, that's who I am, it's all good, I don't have to be ashamed of myself", because in mainstream it is still a shameful process.... We need to run it with our iwi because the iwi need to support our takatāpui to be takatāpui and talk about it... as part of Auckland Pride Festival, Love Life Fono organized a Pacific panel and ... one of the things that came out of that was the need to create a Pacific resource that lists all our names - fa'afafine, fakaleiti - all of them takatāpui. As I said before, we exist in our language and our culture; we always have. We are not others; we are a part of it and I see that's the beginning of ... doing what you want to do with this. But imagine if you could have takatāpui of Taranaki; we need to celebrate, we need to know who these people are.

Homophobia, Racism & Negative Experiences

Homophobia – the hatred for people who do not fit a colonial heterosexual defined norm – and experiences of racism, were highlighted by all participants in varied and often multi-layered ways. Honour Project Aotearoa survey participants responded that they experienced high levels of homophobia, transphobia and misogyny. One interview participant spoke about the need to draw on an inner strength when facing both racism and homophobia. The strength drawn upon to deal with such oppressive experiences came through the interconnection of being Māori and being takatāpui and was clearly articulated as follows:

I think that being takatāpui actually helped me to be more staunchly Māori especially in those white dominated spaces...[I] could have said doubly marginalized but actually my takatāpui identity and being Māori is the same. I think when you have experienced ... can I say racism is terrible, I have experienced racism generally but I've never had anyone explicitly be racist to my face and had me where I've had to say fuck off, or I'm not going to put up with you speaking to me like that ... and I think it's because I am a bit paler, which is why I wear everything I can to make sure people know, well who I am, even though we wear our 'who we are' on the inside but I think in those spaces it actually gave you extra strength to fight the ____ of the world and the racism that existed in the system, which was more about our access to resources and opportunities. So I think, the whole takatāpui Māori is the same identity but obviously how the world treats you in terms of the racism that we face as Māori community but also the homophobia that we face generally. I ... have found that the takatāpui side of me was probably a lot more resilient to be honest and it taught me to fight.

Daily homophobic experiences of name calling, being demeaned, being forced to relocate to other towns or countries to come out, through to experiencing forced medical procedures, incarceration in mental institutions, and the use of electric shock treatment were raised in the interviews.

When I went to Intermediate... I used to get made fun of, laughed at, called a homo now and again, bloody idiot, a geek, a weirdo, homo, fag, looked at funny you know, so I used to get a lot of mamae and hurt and used to want to run away all the time.

I think it's different depending on your age and how or where you are ... I think it's probably worse for boys. I'm just saying, tomboys are kind of, it's like you try and bully a tomboy and they'll punch you in the nose I mean come on I used to have fights and stand up to the bullies at school protecting all the weaker peers including the boys, so that was me. But the boys who are more feminine, they get bullied and teased ... because we don't have a general kind of acceptance of takatāpui.

You know it depends how it's said, and why it was cruel for me is because actually it was a bully factor in my upbringing, it was "you sissy", and it was really not about me; it was about other things that were going on; I was the scapegoat.

I remember back in the 80s growing up I was referred to as a poofter and I think the word sissy had slowly gone out and other words were coming in so I was referred to as a poofter back in the 80s.

For me, I met other people, it was heaven, absolute heaven you know, their family supported them there, one of them went to school in 3rd Form dressed as a girl you know. I don't think I would have wanted that, actually I wasn't at that stage, there was no sense of trans or anything; I guess I was a homosexual. That word didn't even exist, homo. What do they call you? Sissy! Māori were cruel, it was cruel, it really was and that's what they called you.

When that whole experience happened I wasn't even out, I was coming out but it was just not in their thinking like it wasn't even part of anything. I don't even think anyone ever said to me 'Are you okay' or 'What's happening with you'. There was obviously something troubling me but there's a difference between an emotional reaction and somebody just knowing that this place inherently is homophobic or racist versus your comprehension of what you are going through. Especially when you're going through the whole awakening phase and then the realization phase but then when you do; actually I couldn't stay, I couldn't. I left.

While I have been here ____-, you would think being predominantly Māori that there would be an empathy towards difference, but just like racism... I've had to put up with a lot actually, here. A lot of discrimination, a lot of snide remarks. I just let it brush over; you know, I'm 60, whatever, you don't really care what people think, that sort of level. I think the wānanga itself become more conservative when it was initially ... quite open, but I think there are a lot of people that, maybe from Destiny Church down the road, that are quite conservative in their world view and they are not so tolerant of gay people ... I know that there is a lack of tolerance here and I have experienced that here actually.

I'll tell you something though this is more to do with ____-. When I arrived there I let everyone know I'm gay, "Oh that's good" you know, "we embrace" blah blah blah. Actually they don't; it's quite a homophobic thing there and part of the South Canterbury AIDS network we brought the quilts down to T____ and I announced this at a rūnaka meeting ... and explained what the quilts were, they're coming into our rohe they need to stay overnight at our marae. Well there was a huge [reaction], it became quite abusive and I thought that's interesting. A lot of people supporting the idea and a lot of people against it. No way was that gonna be allowed to happen. So I asked my kaumātua, would you be able to come and mihi for the quilts when we receive them and we're going to open them, you know welcome the quilts into, it was the stadium where we spread them out and he said, oh yes he would but then he said, "Oh no I can't" So then I asked ____; he said, "oh yes he'd be happy to", closer to the time no he's not happy to, or not able to. You know who came through were the students of the Polytech Māori whānau. They embraced it, they were wonderful. They called us on with them, they were blessed and we spread them out, but that was another little time of people saying "Yes it doesn't matter we embrace you". So this is part of one thing that I'm quite keen about getting involved with this process, this project, because there's part of me that still would like us to be written [about] in our tribal magazine.



Self-harm and Suicide

The impact of bullying, homophobia, rejection and internalised self-hatred was talked about by the majority of those interviewed for the project, ranging from depression to self-harm, suicidal ideation and having close friends or whānau take their own lives. Those who shared these stories spoke of seeking help from friends, whānau or through professional contexts such as counselling.

My partner has been very important recently and I am able to talk to someone about it ... In the past I used to self-harm a lot but I haven't done that for a long time, so it's good, though I do still think about it when I get to a certain place where there's anger and self-hatred ... but I think it's also helped being in a relationship, like I stopped before that... Well the realization, like a few years ago I would think I wouldn't do this to anyone else, even people I really hate I wouldn't do that, I'd maybe want certain things to happen to them but I wouldn't run a knife along their wrists ... and I was like why do I deserve worse than the people I hate, what is happening there? That compounded with being in a relationship and I'm like this person really loves me and all of me and I don't want to hurt them, like I would never do that to them, which if I cut myself or anything like that would be doing it to them because if I get on the other side and see the people I really hurt so far, that's just dumb.

I think for the younger generation, I had a nephew and I don't know if it's something that happens more to younger men who are looking at being in same-sex relationships or are not sure, but one of my nephews he gets hassled at school and I've seen a lot of nephews who've had bad experiences. One actually committed suicide and he was really close with my and our ___ who had just had a bit of a disagreement with him just before he hung himself, felt incredibly responsible for that.

I went through a time when I felt because of that pressure of not being able to be who I was, I felt, it wasn't really depressed but I was contemplating suicide and it just really annoyed me that I should even be contemplating killing myself just because there's a law that says basically I don't exist. That made me really angry that I'd got to that place where I was even contemplating doing that and ... it politicized me in a way because I'm thinking if this is a law that affects me like this what the hell are a lot of the other laws that are out there that we all kind of take for granted [doing], you know what I mean? For me I knew that I had to go somewhere and I used to have dreams actually, dreams of men kissing, I'd never seen men kissing, you know, it was quite strong in my being that I was gay [but] didn't even know the word gay. In Invercargill there were a couple of guys who were quite camp and quite brave in those days to be able to swish down the street and they were given nicknames; I can't remember what they were. But I couldn't see myself as, ... that wasn't me, anyway long story short I went overseas travelling with a friend and my main object was to get somewhere and to be able to come out even though I didn't know what coming out was. I ended up immigrating to Canada, we travelled in the States and Mexico. He went on to England, we travelled by ship in those days so we had a booking from Montreal to South Hampton so I arrive and of course I'm staying at the YMCA.

There's a lot of us out there and it's quite hidden and when we're hiding it, I know what it was like when I was hiding it. How hard it was to hide that from myself and what a relief it was when I was able to ... begin the journey of accepting. How many of our young people out there, then how many of our young people are still like I was, not just contemplating suicide but actually suicidal. Even though it's not criminal, all the laws have changed, there's this element of acceptance, there's still and it's just it's really annoying, it's still how awful, I mean we are living in a homophobic culture, we are even though it's not as hard as it used to be it still exists.

I still kept up like personal hygiene and those you know basic things to look after myself, but I didn't take the time to really, you know, accept my feelings and that they were valid and try to work through them or just find access to help sooner. Last year really helped to open my eyes because it was the start of everything I guess. Counselling, I wish I had looked at that sooner ... I find it's easier to talk to strangers because they don't know too much about you already. So, it's kind of like you can share what you want, ... and I would probably just self-care a lot more... and even I used to bottle up a lot of my emotions and I had a couple suicide attempts ... just because I didn't want to deal with my emotions anymore and also just the shame of being Māori and what that would mean and you know could I go back to my marae? And could I see my family? And where would I go to be away from them? So then I didn't embarrass them.

I was always ostracizing myself from people. I avoided anything like that, I used to wag school for long periods of time, I never went to school for a whole year even, I just hid, like a weirdo if you like, a loner, a nobody, that's how I felt. I felt scared, I felt like hideous, like I need to not be around anyone, I can't be around anyone, I can't make friends with anyone, I will just go to school and eat my lunch and just stay away from everyone and force myself to go to class to learn things.

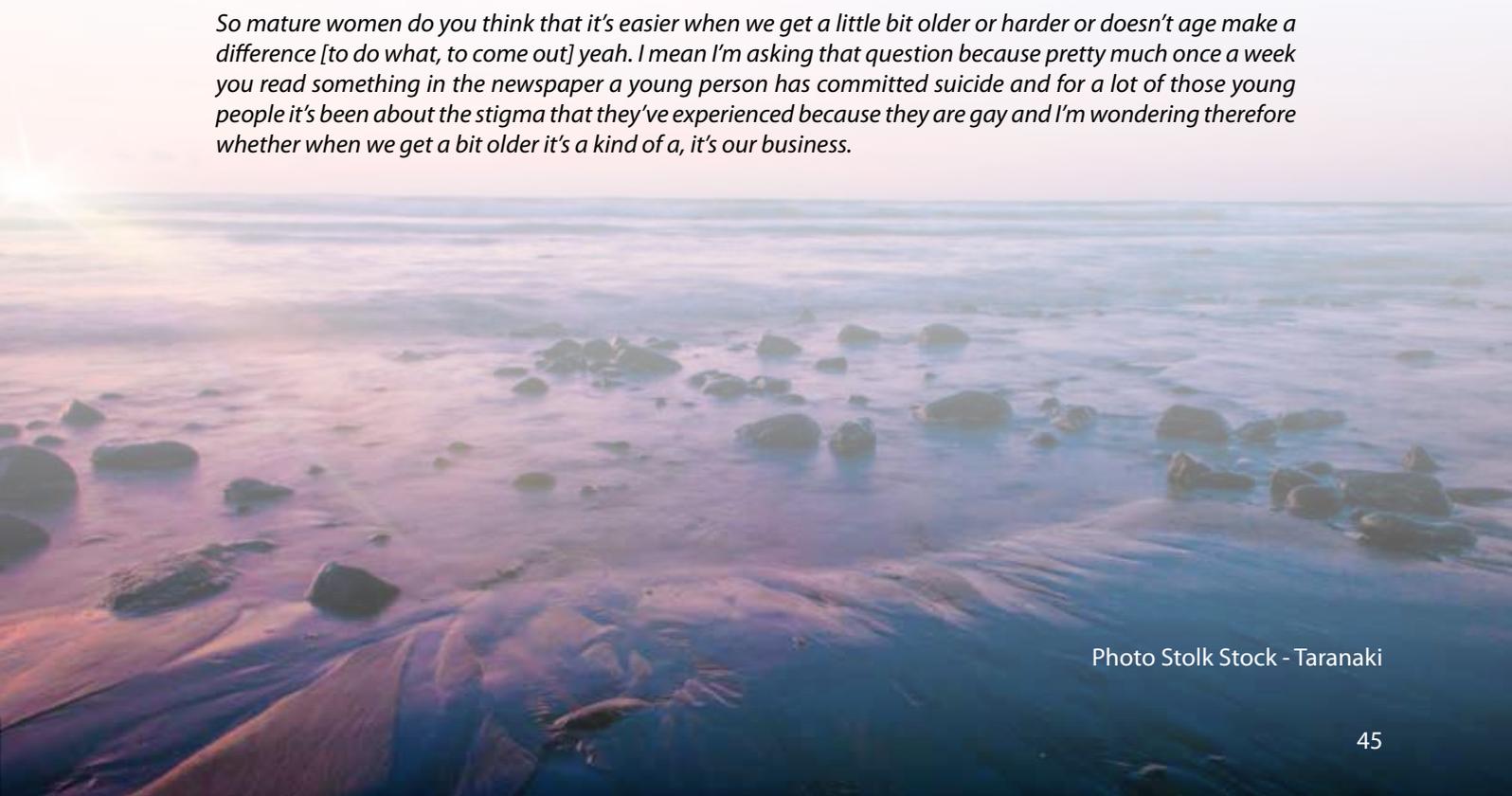
There wasn't really anyone else because my main war at that time was with myself. My second war was with my family. I was home schooled and I didn't want to dump it on the few friends that I did have left so the isolation was really difficult, so Lifeline then was fucking amazing. I do remember that when I was specifically going through all this stuff about being polyamorous. I was suicidally depressed and that was two years ago and I didn't think that would happen to me again but I did get there and then I pulled myself out of it. The suicidal thing ... was for a very short period of time because I was like "This is not okay, we're not going back here again"; you know we don't need to, and so I used all my skills that I have from the previous times. So it was just ideation and there was no attempt but for a while for about 3 or 4 weeks there was a lot of ideation like I could just escape this situation and it's like "Shut up ___ you just don't know what to do so that's why you're freaking out" and kind of had to rationalize it to myself like that. But I would have really loved to have someone just helping me out.

As is the case in the wider context of the high numbers of Māori suicides every year, there is the view, also supported by the Honour Project Aotearoa survey participants, that we need to talk about suicide as takatāpui in order to understand its prevalence and also develop strategies for suicide reduction amongst takatāpui and Māori more generally.

I suppose a kaupapa that is important to Māori, particularly the numbers, is suicide and I've never seen any statistics and I don't know how you get this information in terms of Māori who identify as takatāpui who are committing suicide. I think about it, I think well, how do we know? We don't know and I hear kōrero, it's something that you don't talk about, if we don't talk about it how are we going to know and then how do we set up systems and safe places for particularly our youth and people like myself who were adults going through that transition of identifying who I am, how I identify and where I can go because of the experiences that I've had in the past.

First of all, a message for Brian Tamaki and Israel Folau. All I can say about that is that they should keep their opinions to themselves. I just hope for their sakes that their children or mokopuna don't turn out to be takatāpui, for the sake of their children or grandchildren, as having those views, what goes around, comes around. I think it's really mentally damaging. On one hand we've got a person like Mike King trying to prevent suicide and then on the other hand you've got the Israel Folaus and Brian Tamakis who [are giving] these homophobic messages, that could quite easily lead to suicide. I think nowadays, and I am talking about within the last 5-6 years, or 10 years, that takatāpui within Māoridom is more acceptable, and gay and LBGTQI is more acceptable, I know that it's probably not the norm for a lot of people but it's more acceptable, accepted. I don't think there is any need whatsoever for them to ...use... the media, social media to air their views. Quite frankly, I don't care what they say; what I do care about are the younger ones that are listening, that are feeling insecure enough or that could withdraw within themselves to the point where they do commit suicide. I think there should be more advocacy for younger ones; knowing that there is help out there for them, that it's okay to be free with their own sexual orientation and that the humanistic view ... it's inhumane using social media and media voicing their opinions like that because they are looked upon as [respected] figures.

So mature women do you think that it's easier when we get a little bit older or harder or doesn't age make a difference [to do what, to come out] yeah. I mean I'm asking that question because pretty much once a week you read something in the newspaper a young person has committed suicide and for a lot of those young people it's been about the stigma that they've experienced because they are gay and I'm wondering therefore whether when we get a bit older it's a kind of a, it's our business.



Engaging with Health Services

In regards to accessing health services for whānau there was also discussion of the ways in which people may respond both as Māori and as takatāpui. In identifying experiences with the health sector it is evident that many participants had both positive and negative engagements, interactions and service provision depending on who they were engaged with, the type of engagement, whether there was any culturally appropriate or tikanga-based provision, the degree of knowledge that health professionals had about takatāpui, and the philosophies, beliefs or assumptions of the health care professional and the service itself. Many negative experiences were underpinned by discriminatory beliefs, assumptions or practices, in terms of both racism and homophobia. At times discrimination was clearly evident; at other times it was more felt through deficit-based or pathologising approaches. The contextual nature of such experiences also meant that in services where there were takatāpui staff or within which health professionals held knowledge and their practices were informed by that knowledge, participants spoke about the positive engagements and impacts on their health service experiences.

My experiences have been good, I mean there was a time where when I first got off, when I was first coming into recovery and stuff and I remember going to Greenlane Hospital, I was checking to see if I had Hep C and stuff and Doctor _____ who is the one that kind of, who I saw, I found him to be quite judgemental because I was an ex-intravenous user and I wanted hormones and I felt that he looked at me in a different light. He was very judgmental ... yet his job description was working with transgender. He was like a specialist in hormones and stuff like that, but yet he judged me because I was an ex-intravenous user. I was right in the beginning of my journey of recovery and he was a cunt, but most experiences have been good... Because I think he thought, I don't know, I think he thought that he was judging the fact that I was using needles and that I had Hep C and I wanted hormone pills, which he probably thought in his mind that was a waste of time, because he thought that I would just go straight back to being on the needle which wasn't his place to judge really ...

The issues I've had have been more about me being Māori than about me being in a same-sex relationship and that's just more about the way I've been treated, I could take [child's name] and be treated quite differently to [partner] taking [child] and getting quite a different service and that's been the only [one].

Not at the moment but ... because I have struggled with mental illness over many years I've used a lot of their services like doctors and they refer me to other places and a lot of counselling and stuff like that and women's wellness courses. I've done every course under the sun and they recommend I go, because a lot of it's my health and stuff and doctors tell me I need to eat better and exercise and stuff that I know I need to do anyway, just got to bloody do it. They are good but in some ways they were bad because I felt you had to nearly be killing yourself before people would take you seriously... Sometimes I would hurt myself because of the pain I was feeling and maybe to, you know how all your emotional pain is inside and no one can see it, well I wanted to physically show people, look I obviously need help, so I went through that stage of hurting myself and trying to kill myself a few times...

I didn't let people know that I was in the hospital because I didn't feel safe; it wasn't a safe place for me. I reached out to the rōpū kaitiaki who are a Māori health provider in the hospital, a nurse said to me, "Oh you're Māori right" and he said "Oh I'll get this organisation to contact you" and they did and a kuia turned up on the first day and was talking to me. I was away with the fairies with the morphine but she did karakia and made me feel safe. A couple of days after that I wanted to do karakia again, acknowledging that I'm Māori and I was lonely for the reo, I wanted to speak some reo, it had been about three days where I hadn't spoken te reo Māori, tino mokemoke ana au, pīrangī au ki te kōrero Māori. Ka pātai atu au ki ētahi, pīrangī au ki te kōrero atu ki te rōpū rā, te kaitiaki, tētahi rangatira, e haere mai ana ki te kōrero kanohi ki te kanohi, e whakaaetia te rangatira rā. E haere mai ana ia ki tōku taha, he paku kōrero e pā ana ki ētahi kōrero atu ki tērā tōku pātai ki a ia, māu te karakia and whakaae ia mō te karakia. It was awesome, because within the karakia I heard his kupu that he was using and it was centred on me in the hospital and after that a few people, because I was in a big room sharing with eight really badly injured people, and they were amazed that the language was being spoken. One guy who identified himself as Māori goes, you guys were speaking Māori; he was surprised. In hospital what I was doing as well is I was greeting people with Māori kupu, kia ora; kei te pai ahau; kei te pēhea koe? Little kupu, little sentence structures, but it made me feel safe in terms of who I am.

When we were younger we still played the facade of being 'related' and because we were from _____ as well it's a whole different, totally different to what it is in Wellington or what it is in Auckland but here most of the services are like "Oh yeah, Māoris they are all related, they all live together" That's how they think, so they never ever questioned us, and it depended on how safe you might have felt. If you thought they were

okay then you'd tell them; there was a few that we did tell, we did tell doctors. I don't think they really had an attitude; they were quite good, but there was definitely some places you didn't say that you were and it depended on the risk factor for the kids. A lot of it centred around the kids, but there wasn't a lot of services that were very supportive back in the day and we tended to stay close to takatāpui circles.

I've been to ___ after-hours medical centre as well, and I had a nurse that wasn't very nice ... I don't think she knew that it would come across offensive. It's just she asked me why I would want to transition because I'm quite old... So it was kinda really bizarre and so she asked me why I'm transitioning at my age and how long I'm on the medication? Which I don't really feel comfortable talking about because I don't need to disclose that and also I don't really want to explain why because I mean I did in the end. I just told her that I would need to take testosterone for the rest of my life to just help me to be myself and it might not be in this form later on in life and she said 'Well wow that's a long time, are you sure?'. I just hope there's no one else that came in after me needing the same thing and saw her, because I mean, I can handle that kind of thing but just [for] someone else it might be quite devastating.

It was noted that the philosophy of health services, in particular those run by religious organisations or those that have different cultural backgrounds, can make people less likely to disclose their gender or sexual identity.

Any of the services that are religious, because you know straight away that a lot of them can be. I have to say one of the better services, in terms of the only services that I've had anything to do with, is I've got a boy who was a meth baby so in terms of his development when I got him young, I had to go through lots of referrals. I wanted him down to see a paediatrician and just to see what input I could have on him being okay in his life ... Here in Christchurch we had a few male Indian doctors; I wouldn't say it to them, I guess people not from here, from overseas who have come in; I wouldn't disclose to them simply because why would I?

Being listened to with regard to health needs was a topic discussed by a number of participants, particularly in terms of ensuring takatāpui feel safe and affirmed with regard to health providers and health needs being met in appropriate ways.

A couple of years earlier my best friend was having suicidal ideations and her mum has been on anti-depressants for a long, long time, so I thought okay well we need to get you some counselling. [I] tried to get her some counselling through the church, which was all talk therapy, but she didn't want to do any of that because it was just dredging up these painful memories and not giving her anywhere to go forward so it was actually making her sick. So then they went to the doctor to try and get her some anti-depressants. Walk in to the doctor... She thought she was gonna get to see a lady [but at the] last minute they switched, chucked her appointment in with a dude and she wasn't comfortable talking about it with a dude. I don't know why it's just her but fair enough... pretty much I'm like all good as long as they're a good doctor but she specifically wanted to see a woman [and] they just changed it without telling her. Walk into the room, it's a dude. She got a shock, you know, she says to the doctor "I'm depressed" and he goes "Oh are we talking about like suicide", like nervous and like blunt and she said "I really don't want to talk about that with my mum in the room" and her mum didn't move and he just asked her again, and I was like, are you fucken kidding me? And then she said "Well yeah actually I have had some", [and] she was clearly uncomfortable. I was really mad and then he goes "Okay if you've been talking about suicide let's just do a checkup" and he goes on to the lowdown which is a great resource, but it's not a proper psychometric test; he was using this as his measure of whether he could hand out medication to her or not and that was it, pretty much. She did the questionnaire, he gave her the medication and she went. I was like that was fucken horrible, that was a terrible waste of an appointment and I was like, shit how many people is this happening to. She got no connection with any other referral to any other therapeutic services when the research, I mean as a psychologist I know the research tells us you need medication plus therapy for a long time. I was just like fuck, you know, I was really mad and so I went and I was like listen ___ and we worked it out together. And she worked it out herself as well, she's been really awesome. She's a trooper, she's a fucken trooper. But it's a long road to recovery and I just think she could have been helped so much more ... that's the thing, there's a real failing for people in general, queer and Māori people especially, especially takatāpui people because we're misunderstood on two fronts. Why should we come in here and be misunderstood at the very least and degraded and humiliated at the very worst.

I guess at times I've gone to counselling at the university, student health but that's between good and effective and unhelpful. I think it's very kind of mix and match and I remember going to the doctor a couple of times and just, I don't know, just saying inappropriate things to me, like asking me was my relationship with my dad, that's why I wore a dress. I was like WTF and that didn't have anything to do with why I was there ... that makes me apprehensive to go back to student health.

I hate doctors because they just look at you as a number. The classic example is that I had been at this doctor probably since I was born and I had to move because they weren't doing anything about it, I was getting depressed because I was fat, blah, blah, blah and I think I got really so depressed and I was with ____ at that stage and another aunty of hers and they were like, because I just couldn't stop crying ... They were like what's wrong and I was like I don't know, I honestly don't know, it felt like I just got into a depressed state, don't ask me why. They were both like nah, that's it, make an appointment. I didn't want to go back to that doctor so they changed me to another doctor and we went in, they took me in, the doctor was like okay, so why are you here and I was like, I don't know, these two just brought me in here. I was like well I'm fat, because I think I was just over everything, I'm fat, I don't know, I don't care about anything else blah, blah and she was just like okay cool, right, well we will do some tests on you first. This is probably the first time in my whole life that a doctor actually went through all my bloods, all the stuff that I needed to do and basically after it she gave me some anti-depressants. I wasn't on them that long because I was like fuck this I don't want to take this shit. At the end of the day, she was like you've got diabetes, so from there I was just like what's happening? So it kind of went from there. It was just like, oh my god I have no faith in the doctors anymore, but I have faith in her because she got to the root first and then was just like okay we can do this and this, and then she moved away so she kind of got me going with the diabetes. But yeah, I hate doctors, I hate taking pills, I hate it.

Some participants noted that their preference is to access Māori health providers first and foremost to ensure that services are culturally appropriate, although others could not access Māori services because these were not funded by DHBs or the Ministry of Health.

Even accessing, if you've got moko or you're raising children, it would also be nice to have some of those services that were available because it saves you a hassle and you don't have to constantly explain because if they ask those questions, you know, you're in a relationship, what's the name, bla, bla, bla where as if you did have someone that was there you'd by-pass all that crap to make it easier. I've only ever engaged in Māori services when I've wanted to use services and I always make a point of saying okay so, is there a Māori? I always do that just because I think I would rather [go to our] own people first, that's just how I feel.

I think now that I'm older in age that an organisation that caters for and understands your cultural heritage and background is the way of the future.

Compassion, understanding... I guess culture, guess it's tapu to us ... Just having respect and just seeing us as equal.

Well it was like I had to teach them my kaupapa and get them to understand and accept where I was coming from, eh. Everybody's individual, you can't just say we're all same because we're takatāpui, but I found that they were very caring, like the Māori people that they are, even Koro ____ and them they're fabulous to me, ____ and them it's mirimiri my waewae; when I had the stroke no problem. No, I haven't found any problems in the health sector, because the first cousin was the head nurse up there she runs _____

At the moment they've got like a little thing just in town ... it's mirimiri... so they make up kawakawa and all the different, so I took that for like two weeks ... just to clean me out like with my diabetes and all that stuff and I lost like 30 kgs in two weeks so that was just cleaning me out and I obviously needed it. I don't have much faith in the doctors and hence the reason why I get a bit hesitant with my insulin. It's like do I really need to be taking this insulin and they said that I'm going to be on it for life. Just at the moment, I'm just in like a what am I doing, but I can't be standing here too long you know and keep on taking this insulin, I'm just trying to get the weight off basically, but it's coming off by itself. I don't know what I'm doing but I must be doing something right. So just getting the weight off I think is my main priority hence the reason why I've been going every Wednesday to this _____, but even they are like far out, what's been happening. I said your bottles of stuff that you've been giving me and some of them are yuck but I just continuously did it for two weeks and it just kind of melted off.

Providing self-care and being as independent as possible with regard to wellbeing was commented on throughout the interviews. Many participants spoke of being self-reliant as much as possible and only attending services if they really needed to. This included dealing with significant trauma or bouts of depression, either in themselves or attending alongside whānau and/or friends.

Most of it I do myself because I don't need them. Do you know what I mean? I'm actually quite independent. I don't need them. There are other people out there that need those services. If I can manage to do things that need to be done, I do it. I don't rely on other people to do it for me, I am very, very independent.

My family and friends would just take me to the hospital and I've tried a tohunga, multiple tohunga, all the doctor services you can try without being admitted to a psychiatric place. I can't remember all the names of the services but there are heaps out there... They just sort of opened my own mind a little bit more, like they literally didn't help me they'd just send me home and tell me what I already knew anyway so that just gave me resources in my own mind of what I needed to do to help myself.

Making changes within the health system has been critical for takatāpui. A number of participants spoke to their experiences of being involved in challenging homophobia and observing change over the past 40 years, although further change is required.

Up until then (1980s) I didn't know and then there was quite a few people my age coming home and dying ... and families not even knowing they were gay overseas so I was part of that group of people so I was bit of under suspicion I suppose and I didn't know either ... And then of course _____ explained everything about it and in Nova Scotia where I'd been living people said, "Oh don't have sex with anyone if you go to New York or San Francisco". There was no real education, there was no understanding how was this transmitted. Anyway I'm back home in _____ and I go to the community blood lab to get an HIV antibody test and I look at the requisition sitting on the desk: in big letters it said HIV antibody test, it had homosexual written right across the requisition for the blood thing and the nurse just looked terrified. She was double gloved and masked and took the blood and ... gave me the cotton to put on my arm she wasn't even gonna touch my arm, so I'm holding this and I walked out of there man and I went into, I think it was called Governors, it was a little coffee shop on George street and sitting in there and I saw a friend, well honestly I felt like a leper and it wasn't until I got home and even though I'm writing more poetry then, I always wrote poetry and I wrote this poem because it was about sorting it out. Basically I made a leper out of myself because I'm still not accepting who I am, ... if I'm standing in my strength as a gay man, someone else's attitude isn't touching me at all so again it was like, this fucken, excuse me, this coming out is never ending in a way ... so it was kind of a wakeup call for me that I was allowed to, so then I became involved with The Aids Network and then with The Aids Foundation.

Discrimination āe, I just had a big take (issue) with the pharmacy, because I'm going into hospital and I had to get a list of my medications and they went and stuck where it has my sex as unknown and I thought hey, hey that's highly illegal and they were saying why, why and I said because ... I remember doing a write up with the X saying that had been changed for us people. I reminded X, I said hey that's illegal what you're doing and he said what do you mean, and I said I'll bring you in the clipping where they gave us, you can't say that, you've got to have three; you know male, female, other, but he put down sex unknown. I said to him give me \$500 and come round home then you'll know what sex I am and your wife will be leaving you the next day. Everybody in the chemist cracked up, eh. Things like that annoy me. But society has come a long way from when I was young.

I did get a letter of apology from the government for what they done to me in the sixties. That was part of the apology for the abuse I suffered, so they acknowledged what they had done trying to shock us, so I wasn't alone, there were quite a few of us queens in Oakley and Tokanui that were put in there for that same reason. We can cure that homosexual by giving [them] shock treatment. So there we were, shipped off to, you know, Tokanui and Oakley, which was for the criminally insane, thrown in there with them, electrodes on the head. So it's so cool to be able to see that that's no longer happening in the system ... these young ones don't have to go through all that.

Today it seems to be more acceptable and people are more onto it and let's face it the laws have changed and it's more modern and it's trending, it's great. We are everybody's accessories. Now you need to have one, so that's all changed. We've changed with that too. But absolutely there were times when in my relationships, in particular, when I was having some problems there was no way you could go and engage somebody to talk to that would get it, because there was no Māori counsellors. There was no Māori anything out there and that was really hard or even just going through things and just accessing that kind of help was hard; there was nothing. There wasn't anyone. There was always the white lesbian out there. That was always okay you could access that, but it's still not the same. There wasn't any Māori role modelling anywhere. There wasn't anyone that you knew that was out there.

Specialist sexual health services were considered important as these provide free HIV and STI testing and treatment services could be accessed, although these services are mostly located in cities and bigger towns.

When I was a sex worker I used to utilize the Auckland sexual health services a lot in terms of tests, in terms of prevention, in terms of knowledge, so I used to use those services quite a lot and then when I ended up meeting my now husband I had to utilize those services even more just to put my partner's mind at ease. Because being an active worker in the sex industry that brings a lot of different emotions and a lot of different kōrero into it so yes, ... absolutely used the services that were provided but mainly especially now as times gone by it's just living a healthy life, commitment and all those words that sort of describe relationships and things like that... Because it was more than just going to the appointment and doing that, you were able to read up on different services that they would provide; the sexual health clinic would have an area designated where they will have pamphlets and they were talking about a variety of different topics but pertaining to the sort of mahi that you do and I think that the service that they provided they were more really catering to the individual as opposed to the actual individual's cultural background... I could probably be well-er, like not just kind of dependently living off my medication if I could kind of confide in and trust a doctor more, like they could probably suggest okay therapists or psychologists, whatever to help me.

When I first came back of course the Aids thing was quite, I used to go out to the Burnett Clinic in Auckland just to have tests. I should be able to go to my local GP and they should be able to give me a test and I get the results straight away shouldn't I, it has progressed that far, but I don't think you can do that in _____. I think they have to send it in to Whakatāne and it takes a while, you know. So I am wondering to myself what happened to these instant tests that you can see whether you are positive or negative or whatever. I think a lot of people still don't know how to talk to gay, takatāpui, they still don't know how to and of course being in the country it's very heterosexual isn't it. It's quite stifling, that's why I retreat to grow orchards, forests. Well people think I am gardening but I am actually meditating.

Another issue raised with regard to interaction with health professionals was the failure to communicate fully with whānau, including partners.

The only time I think I've felt that there was something odd was when I was actually at my partner's bedside in hospital, where I felt like information wasn't given to me because that particular health professional didn't feel that they should give it to me. I think that's the only thing that has impacted on me, but I wasn't the one receiving the service... I don't think I personally felt discriminated against that I can recall, apart from that one incident where you got quite a bad situation of a very unwell partner and a doctor that blatantly ignored my request for information and we didn't actually discuss why. But the nurse quickly came back, knowing who I was, and told me everything so one was great. The other I mean, it was a bit sort of tricky when you have got an aunty who can walk in and get you whatever you want but the partner that is sitting at the bedside at the time the doctor walks in is not willing to talk I think that was the one time I really felt should I matter.

A prime example was my sister has currently been going in and out of hospital and her poor husband is in a heightened state of awareness of wanting to see his wife get better. A specialist said, we were sitting in the waiting room and they had just dressed her, so she was in the room by herself and the specialist came in and said, I need to speak to you and pointed at my sister's husband. I let him be taken by himself out of that room and I couldn't get out because the door only opened from one side so I went around and I pressed the buzzer, buzzer, buzzer to actually let one of us in there because he was in no frame of mind to hear something that might be profound but they never considered that for him. Therefore, my sister's wellbeing was already damaged, his wellbeing was and we were all trying to care for both of them but we can only do that if we know. So I didn't punch a hole in the wall. I pressed the buzzer and pressed the buzzer until I drove them absolutely nuts at the emergency desk inside the unit, the nursing station, they came out and as soon as they opened the door I shot through the door and I marched straight and stood beside my brother-in-law and I said to the specialist, I said, you have got no right to remove my brother-in-law from our whānau unit without letting him be supported by one of us, I said that's not okay, he is in a heightened state of awareness just about his darling and what you did was wrong.

When asked about the ways in which engagement with health services could be improved for takatāpui, a large proportion of participants spoke to the need to ensure greater education and training related to Māori health needs more generally and the needs of takatāpui specifically.

It's just like I think more education and you need to know people. You can't just be like a theoretical label in your head, you need to go find a face and build a relationship. It's not that hard to find. We are here, we are queer and get used to it. We like bright shiny things. Then there is also ... making sure that you befriend the quiet emo gay as well, or the quiet emo queer. Basically it's education, understanding, communication. That's fucken fundamental. And relationships, build relationships within the community. You can't separate yourself from it, you can't separate the humanity out of the theoretical shit that you've learnt and I think that's so important and maybe just sensitivity training; that would be a good place to start.

Understanding and a little bit more knowledge ... as a nurse I did my training, I graduated seven years ago; there was nothing that was really discussed in three years of training of how to work with those in the takatāpui, rainbow community. I don't recall any specifics, it may have been a little something here and there of acceptance and things but nothing that I can recall.

They have to have an understanding of the gay community people ...when the caregiver comes in to my house I always make sure that Disability Resource Centre have explained to them my gender, my sexuality and to ask them if they personally have a problem with it. Because even though it can be legal on the paper but you can't change people's minds and opinions ... But I've found no problem within my care and that's been over six years.

I think they have to be very open minded that people are so different and it's sort of an individual case by case thing I suppose, I'm not really sure ... Just personally I always just like them when they offer ... would you like me to do a karakia. I think that's kind of cool. Just the fact that they would say that, you know, would you like a karakia, that means a lot to me as a person and as a Māori.

I would say just attempting to pronounce names properly would be good. I mean Māori is quite a nice and easy language to learn even if they tried you know and even if the attempt wasn't the best or they didn't say it right. That would be better than not saying it at all or maybe not referring to you just with pronouns or something because they feel too uncomfortable to say the name. So I'd start with the name. Also just being willing to listen because it takes a lot of courage for a lot of people to seek the health services they need, whether they're Takatāpui or just need a flu shot or just a general health check-up, and probably to try to learn more ... coming from a background in anthropology that's... yeah I've enjoyed those, I'm always willing to learn about people and I think that if you're willing to learn you are constantly growing in yourself and just your understanding of people ... we're around so much people why wouldn't you want to know more? Whether they think the same or not. I think just that willingness to learn, to be more confident in the knowledge that they have to be resourceful, because you know, some people might be isolated. That might be their only health service; they could be in a small town. They don't really have other options; they might have to travel to get to their major city or something. So I think just ... even doing some you know basic research [on] what does transgender mean? What does Takatāpui mean? What would they need? Counselling? Ahh, to see a therapist, or medication and yeah so I think those things.

The need for more takatāpui and Māori health professionals was also raised as a critical need within the health sector.

I think there needs to be just more trans health professionals in general... The counsellor I saw in Wellington, I only saw them for like 2 or 3 sessions, they are non-binary so that was just like, okay, you get it, I don't need to explain it to you, like different experiences obviously but it's just I don't need to feel like I have to prove something. There should definitely be more people like us in those professions but then also [more allies too, eh] yeah, also to make sure that there is more information that's not just however many hours you said [in] a year's course, it's ridiculous.

I think that they should absolutely be employing more [takatāpui] ... looking at maybe making them more available and there for people to access ... so that our young ones have got access, especially our young men, because those suicide rates are so high and that whole thing around their sexuality when they are young. I just think they need someone to go and kōrero to if they can't do it at home; they need somewhere they can go to.

There wasn't a place where I could actually, when I filled out the form I could identify myself as takatāpui, I wasn't asked that question. I don't know if I would have replied to it yes ... because I don't know how safe it is. Would I be given the right respect and care as a human being if I identified myself as being heterosexual or

homosexual? I had a couple of nurses who were Māori but I didn't go down that path in terms of explaining well, actually, I'm takatāpui, I didn't go there.

Māori, and to have an LGBT consultant or somebody that helps them understand the variations, you read out a whole list of variations in terms of identity, they need to know those and they need to wear it like a korowai.

One thing I'd like them to have is more Māori to begin with; that makes a difference and one of the most important things they need to have is life skills like that they're sitting in place themselves as being accepting who they are. Whoever that health practitioner is, needs to be sitting in a place that they know themselves well; if you know yourself well then you can be receptive to whatever is coming at you or whatever the situation may be. I don't know that it can be taught. To me it's one of those things, I've worked with people who were just in the health system who were just naturally ... great nurses and that's a thing that can't be taught, you know.

First and foremost, I think they need to be non-judgmental and they need to have an open mind as to who they are working with and be very delicate because I know as a takatāpui woman we are quite delicate, so treat us as you would treat anybody else, we are not asking for royalty, we are just asking to be treated as everybody else would be treated.

Some participants noted that once they connected positively with a health service provider or general practitioner they tended to remain with that person or provider. This highlights the importance of positive and affirming relationships.

I only go back to my same one [GP]. She's been amazing, I take my hat off to her, my GP, especially with me being her first one to put through it and she did all the background work as well, researched it and what have you, and what were the better options for me financially to take with my meds and stuff. So I take my hat off to her. The psychologist I had he was great, they were fine, I had no hassle, no dramas or anything with them... as far as I am concerned all the questions they asked weren't awkward, they just wanted to know stuff so I just told them, just answered their questions, whatever they asked... Well my GP is easy so I make my own appointments to see her, the psychologists, they were a bit slower so it took a while for them to reply to make my appointment. When I first started she wanted me to see them like a couple of months after, so she was sending the paper work through and they were trying to contact me but they had the wrong phone numbers so it wasn't till the beginning of this year I actually got in to see Simon and that was from last year, but that was only a time that I had. Psychologist was fine, didn't take long ... They address me as 'miss' and they don't bat an eyelid or anything, they just see me as who I am and then there's a warmth coming from them as well, like being accepted and not being judgemental. Because normally you can pick it up when you meet people for the first time, especially in reception areas, but all the clinics I go to or have been to they've been great, and that's here [Gisborne] don't know what it's like in the big cities.

I had a lot of health problems. My son was killed in 2010 and my body went into shock and I wasn't aware of any of it. So I went to my doctor and he said you might be pregnant and I was going pregnant, wow, you would need something to get pregnant, and he just looked at me ... and I said I am in a same sex relationship. Yes, right, but my body, through the trauma of my son it haemorrhaged, so he thought I had had a miscarriage. That went on for, it's eight years this year, so that went on for about six years straight, haemorrhage ... and I was in total denial of the whole thing really. Accepted that my son had passed, died and how and all that kind of stuff, but wasn't dealing with the grief, so all that trauma was inside my body. So when it came to all that kind of stuff with the health professionals, yeah I have a very good relationship with my doctor and my other doctor. I've got two doctors because my main doctor is never ever there so I have a woman doctor as well and I only just found out recently that she is same-sex relationship too. She has another practice in town as well but she deals mainly with rangatahi and just comes to our surgery once a week, so that's about it as far as the health professionals go.

Yes, right up to this day so it's quite good. I have a wonderful doctor who is quite understanding and I am still currently on hormones to this day, but I have had times where I haven't had them because life has gotten hard; it's just gotten hard with the drugs, it's gotten hard with depression, it's gotten hard with things. And then I thought gee I can't be bothered being a woman any more, this is over, you know, just all that type of thing. I got that low and then I would go back on them and then I would go off them, then they would muck with my mind, you know I'd be spinning out on people; I didn't know if I was Arthur or Martha myself let alone them speculating if I'm Arthur or Martha. I stuck with this gentleman for a while and he was very easy-going. He had met me before but staying professional... I used to see him regularly, I used to pick up my hormone tablets take them and then that's fine, and then eventually I moved on to an endocrinologist ... a guy, I've only met one of these types of specialists once at the Waikato Hospital, ____ I don't mean to mention names but he was the one and only at Waikato District and he was known to be a real grouch, but at the time he was

actually quite fabulous with me so I don't know what the drill there was. So, I met an endocrinologist for the first time and that would have been about 1999 year 2000, and when I went there I didn't know what was happening. I had rumours from the other transsexual girls and all this, that and I thought well I will never know until I go and I will be the judge of my own thing. So I met him, I had to strip, lay back on a bed, which was kind of oh, but never mind, these are the kind of processes that have to be done. I was honest with him because I actually fell into a bit of a rut there with drugs and things so I just was blatantly honest with him and so he told me to undress, I laid down on the bed, he checked me over properly, very professional nice man and then he decided what I should be on, he was in agreement with my GP with those tablets, one was premarin and the other was spironolactone so those are the only tablets I've ever had.

Building effective relationships between takatāpui and health practitioners requires health practitioners to be non-discriminatory, non-judgemental, and open to taking time to ensure that they build a strong and respectful relationship with their takatāpui patients. Health practitioners are required to adhere to the code of ethics associated with their profession, the health workers code of practice, and the Code of Health and Disability Services Consumers' Rights. However, responses of survey participants and interview participants suggest compliance is weak and health funders, policy makers and practitioners need to address this issue with urgency. One interview participant talked about this with regard to mihimihi and whanaungatanga.

The initial thing, that mihimihi, sitting down and taking the time to connect with someone and let them know who you are and have the time to do it. This is something that we would always bring to whatever group we were working with and of course they would say we don't have the time, and I'd say well you've got to make the time because this is going to be a time saver ... Take the time, introduce yourself, sit down. That mihimihi is most important I think and that can cross over to every culture for anyone... I don't know how they need to get this. I think there's a part that would be very valuable in the health system and that's to have a group of gay, lesbian and transgender people coming and talking to the nursing staff... we mentioned before whakawhanaukataka and where is that happening. you know. We had that little group of people that came for that one day ...last year, there was a whakawhanaukataka happening; there was that sense where people felt connected and felt safe to be able to talk about things.

It is a bit hard to say because what I would say is it's just something that I would generally expect of them. Just make it obvious that you know, you literally, as a therapist you can't be closed minded, you have to be open minded and you need to make them feel comfortable and let them know straight off the bat that you do accept them and that they can open up to you. Because when people feel like they can't open up to you there are restrictions. You have got to make sure that they don't feel restricted; like they can just go on and on about the boy or the girl that they like or those who non-conform or whatever the gender is, sorry. It's literally just what I expect to open up the floor and make the room an inviting environment to express how you feel and to not be judged. Literally that is all our community ever fights for is acceptance and to just be seen as normal. I see a lot of memes, online jokes about how there is a Pride month and how straight people want a straight month. I am not saying all straight people are doing it but there are those who literally are just trying to strip us of our events that we get to celebrate, that we get to be proud of and show to the world that we are just people. I am not too sure what I am trying to say but, ... like how we have Māori Language Week, we do it to celebrate us and then you have got those out there who are just trying to suppress it.

When healthcare professionals are respectful and take time to build trusting relationships it is then more appropriate to ask patients about their sexual and gender identities rather than simply guessing. It is also noted that providing clear and appropriate information and treating takatāpui people with respect so that they can make informed decisions – exercise their rangatiratanga – is important in terms of accessing and receiving good health care.

Well no, they just give you a piece of paper and go here, and it's... well really I don't want to look at the paper, I want you to tell me ... But I know at the end of the day they don't have the time to do it but that would be one factor just for everybody and just generally Māori; just that information because we are so not up with everything ... it's just information; like honestly that's all I think of, is the information... And they forget that we are just normal people, come down to our level [people language] and I can understand why they use it because that is their environment... it's just like what are you talking about, you've lost me, and some of us just go with it because it's just like, oh okay they just said it and in the back of our minds it's just like well, why do I have to take that or why do I have to take this pill, and what's it going to do with my blood and why do I have to take it because of my blood. So that's probably the only thing that I think. just the information, we need more information.

Summary

The qualitative interviews and the digital stories that were shared for Honour Project Aotearoa enabled in-depth discussions around what it means to be takatāpui and Māori LGBTQI-plus in Aotearoa. Sharing our own definitions of ourselves as takatāpui and Māori LGBTQI-plus and our understandings of wellbeing provides a foundation upon which we can build a future where the acknowledgement of the place of all sexualities and gender expressions are a part of what it means to be Māori. We have been reminded many times throughout this work that to be takatāpui and Māori LGBTQI-plus is to be whānau which, in terms of our tikanga views of identity, is to be members of whānau, hapū, iwi and Māori collectives. Sexuality and gender expressions are terms that have been imported through a colonising process; however, the essence of being and of expressing ourselves is embedded within our being Māori. We should not confuse these things. That is clear from those takatāpui and Māori LGBTQI-plus who shared their thoughts for this work. This aligns to the work undertaken by Te Awēkotuku (1991); Aspin (2000); Aspin & Hutchings (2006) and Kerekere (2015;2017), all of whom have highlighted that to be takatāpui and Māori LGBTQI-plus is to be whānau, is to be Māori.

We see much sharing around the need to be visible as takatāpui and Māori LGBTQI-plus in order to provide models for those who are feeling isolated and alone in their sexual and/or gender identity or are marginalised by others. Visibility is in this sense a political project that is required to support those who are 'coming out' into what is often a negative or oppressive situation. As we have been reminded, the idea of being visible as takatāpui and Māori LGBTQI-plus was not necessarily a practice within the Māori world prior to colonisation as sexual and gender identities were not defining factors in regards to our place within whānau (Kerekere 2015). However, we are in a different, colonised context where oppressive ideologies of misogyny, homophobia and transphobia impact on the lives of many takatāpui and Māori LGBTQI-plus communities. The discussions around self-harm and suicide, and negative experiences within the health service system are indicators of this and the need for takatāpui, Māori LGBTQI-plus people and our whānau to continue to challenge misogyny, homophobia and transphobia in all of their forms.

The need for increased knowledge in training of health professionals in regards to Māori health generally and takatāpui and Māori LGBTQI-plus health needs more specifically was clearly expressed, including the need for more takatāpui and Māori LGBTQI-plus practitioners within the health workforce. What is also clear is that the notion of what is health and wellbeing for takatāpui and Māori LGBTQI-plus people is broad and inclusive of all parts of ourselves as Māori, this is also highlighted in the Honour Project Survey, a technical overview of which is provided in the chapter six.

A close-up photograph of a Pūrākau plant. The image shows several reddish-brown, pointed buds or flower heads on a dark stem. The background is a bright blue sky with out-of-focus green leaves and stems of the plant. The text 'Chapter 5' is overlaid in the top left corner in a light green color, and 'Pūrākau' is overlaid in the top left corner in a large white font.

Chapter 5

Pūrākau

Pūrākau

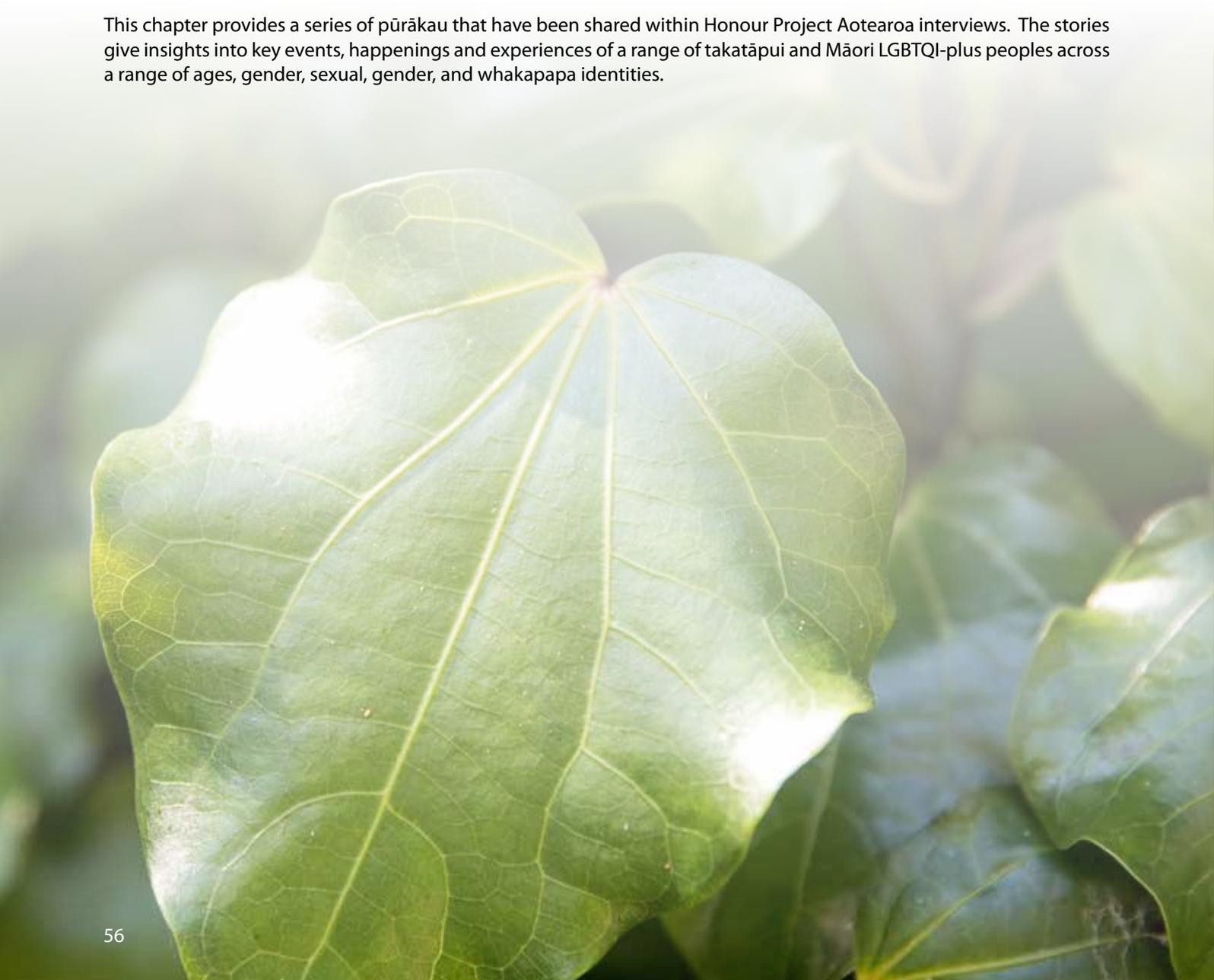
Pūrākau as methodology and method has been used by Kaupapa Māori researchers across a range of research projects. Lee (2005) states:

In a research context, pūrākau too has purpose for Māori. The reclamation of pūrākau as a valid research method is part of a wider movement by indigenous people to advance 'decolonising methodologies' (L. T. Smith, 1999), in which cultural regeneration forms a central part of our educational goals. In Aotearoa New Zealand, kaupapa Māori theories have created the platform to re-search and re-present our own stories in culturally inspired genres. Māori narratives, including pūrākau, offer huge pedagogical potential that can cut across the regulatory confines of time and space. Categories including age, gender, subject, institution, geographical and tribal boundaries may be mediated in the pursuit of pūrākau that encourages life-long learning and cultural development. A pūrākau approach to narrative research is an emerging conceptual framework; still largely experimental, this paper explores the pedagogical potential of a pūrākau method as a research tool in my current doctoral study about ako (Māori pedagogy) and Māori teachers. (p.2-3)

Pūrākau are simultaneously powerful stories, as well as the act of telling powerful stories. Pūrākau as a method enables us to better understand the experiences of our lives as Māori, including within the research context (Lee, 2009, p.1).

In a contemporary context, pūrākau are powerful tools for transmitting important knowledge to future generations. This section adds to the work done by Tiwhanawhana in their production of the resource "Takatāpui: part of the Whānau." (Kerekere 2015) which provides support for rangatahi (young Māori people) with regard to being takatāpui. Seed-Pihama (2017, p. 78) writes, "Of all the powers in the world, storytelling is one of the most powerful. Storytelling is highly political. Those people with power can control whose story is told and how it is told".

This chapter provides a series of pūrākau that have been shared within Honour Project Aotearoa interviews. The stories give insights into key events, happenings and experiences of a range of takatāpui and Māori LGBTQI-plus peoples across a range of ages, gender, sexual, gender, and whakapapa identities.



He Pūrākau: Being Māori, Being Takatāpui

I suppose being Māori was a big part. Growing up with a lot of tradition and protocol we end up absorbing a lot of information when we are young and we end up being taught a lot of lessons and things like that from our parents so growing up was difficult, it was really difficult, at the age of 13 - even wanted to commit suicide and a child at that age wanting to end your life because you've never come across anything like this, your parents didn't know how to deal with you, the schools didn't know how to deal with you, the councillors didn't know, they didn't even know what it was, they didn't have a name for it, there was a name but it was just homosexuality, but I knew that it was more than just that and I made it very clear when I was young that no, it's more than that, I am different but there is something even more different about me and I tried to communicate that to my whānau but it was so hard to express. Growing up on the streets of Auckland as a teenager, it was fun, everyone wanted to have a good time and so you find like-minded people like yourself so growing up on the streets you learn and you trade, you learn whole-of-life skills that still even today carry me over from there you know and it's like a whakapapa really when you're really think of it there are so many lessons that you've learnt from the time that you decided that you wanted to be a girl and when you carry that through till now there is like 30-odd years and you can't just flick it off you know. Growing up on the streets was fun, it was amazing and then I had to become an adult. I ended up meeting my first partner on the streets of Auckland, we lived together, we lived in a one-bedroom flat and we had basically crates to sit on in our lounge, we didn't have any plates or cups, that came with over years of accumulating stuff so we started on our bare asses and he was the one who taught me that there is more to being a transwoman than being on the streets and I really thank him for that. After 10 years we separated because he wanted me to live a life in-the-closet, he didn't even let his parents know that we were together. I never ever met his parents after 10 years and so I had to sort of put a nail in and say hey, no, can't happen, so we separated and then I met my now current husband. We've been together 22 years now and I really take my hat off to him because he's never been afraid. He's Pākehā but he's always been really supportive, supportive of me, supportive in my work, in my hobbies that I do and I am so thankful for that, to actually find someone that, being a transwoman - that's not the issue. He lost a lot of friends because of that and even today it still sort of irks me that his friends, that he felt were close friends, could turn around and go, oh there is something wrong with you, but for me that was a shining light to say hey, I've got to take care of this man because he's gone out of his way to open up and be honest with people that he cares about so I should end up showing him the same respect.

He Pūrākau: Growing Up

The family next door - my early memories was learning of one of their brothers who changed her sex. Everybody was flabbergasted in a way of wow, what courage to do that, more so supportive than not. They never ever thought negatively of that. He went away and came back as a woman and we used to think, wow! We were fascinated with her clothes, she went to Sydney, in the same days as Carmen. In fact, my older brother's wife at the time, she was a cousin to Carmen and it was interesting watching her reaction to this cousin that lived down the road who had a sex change, because of her cousin Carmen. It was something that I could tell by her whole body language that it was a secretive thing in their family. Our reaction to our cousin was like - very positive - everybody thought it was amazing that you could do that. I guess, being in a rural area it was almost like - wow, we just never ever heard of anything like that. Then it came to the part where there was another family down the road, there was another takatāpui woman. I learnt as I got older, I had two takatāpui cousins, one on either side of my mother and father's. By the time I realized my sexual orientation I thought sweet, it's not a problem. However, having said that it was still for me, at the time, trying to come to terms with it. I realised at quite an early age - and when I say early age, probably 12 - that my sexual orientation wasn't so, I used to be very friendly with all the boys, loved getting out and was almost tom-boyish, but I realized my sexual orientation was towards girls, women, when I probably hit 12, 13, 14 around about, that's my earliest memory.... They just used to say her name. They never used male to female, they just changed to use her name, what she wanted to be known as. They never talked about the gender issue, they just respected her and her name is what she wanted to be called, so we all started using that name. That made it easier for her and us. It took a while to get used to seeing her as a female as she was going through the changes, I think for her brothers more so than anything else, but for us young children and girls it was just part of what has happened... She went away to Sydney of course and she had this change. She came home often to visit her parents, essentially she has spent most of her life in Sydney, she still lives there. The third time she came back - because it would go around - oh she's coming home and we'd all go, oh wow, how exciting, get real excited about it, oh but this time she is coming home with her husband. For me, I just naturally thought she would come home with a woman partner, I don't know why. I must of been 11 or 12. I guess I was a little bit confused about that and then when she came home with her husband, he was so lovely. It's just a natural thing. The next generation, she has a nephew that turned to female as well, but the nephew lives over in Australia too. That's the one thing I've noticed is that they have not actually come home to live.

He Pūrākau: Being Well

Wellbeing, I am still trying to find that. I identify wellbeing as, I keep thinking mentally secure, because with a lot of people and it's not even just with takatāpui it's just like everyone in this day and age is suffering from mental health, so definitely when your mental health is in a good stable position, that's pretty much how I sum up wellbeing. The world is definitely very mentally straining; our environment is very mentally straining. Pretty much wherever you go is mentally straining. When you find yourself in a position where you are not so exhausted mentally, in general really and you are not constantly thinking and worrying about things or, a healthy mental state is wellbeing to me... Te Whare Tapa Whā and Te Wheke. I got lost in Te Wheke, there were too many for me, but definitely Te Whare Tapa Whā. Also wellbeing is like, like I said earlier it's also about, it comes down to just, yourself. There is whānau - some are closer than others. I personally didn't have the best whānau connection growing up. I always felt like I was like an outcast. Especially my relationship with my father: there is no relationship and there never will be because, oh, that's right, I have a homophobic father, which is very confusing because his grandmother is a lesbian so it's probably just because it's his child that is takatāpui and so that part of my whānau is just like a 'no-go'. I am lucky enough to have my whānau support me and all that stuff and it's just a coincidence that my father is someone who just doesn't accept me but, again, I am comfortable with myself, I am again living my own life and if he doesn't want to be a part of my journey, he doesn't have to be and I am fine with that. I have come to terms with it, it wasn't hard because we never really had a relationship growing up anyway so that was easy. So if we are talking Whare Tapa Whā and that's my perspective on whānau, or that 'dad kind of part of whānau' oh hika that corner is a bit dark aint it? Tinana, can't say too much about that because I don't have a very healthy diet and a diet can definitely affect you mentally because if you have a healthy diet you have a healthy mind-set, so they say, but pizza makes people happy, but it's not good for you... Wellbeing means to me that honestly when you can just take a step back and actually look at everything and just be okay with it all. You aren't constantly worried, I would say, like worried about all your bills or what people are thinking of you or what your friends are doing without you, it's just kind of being at peace with yourself. Being at peace with yourself is what I consider wellbeing and I am trying to get there. Me and wellbeing - I am not good with wellbeing, clearly I don't have a wellbeing. On the topic of takatāpui, I feel like people just need to, obviously we all need to learn things but I feel like just take it one step at a time and just learn to, once you can accept yourself, things become so much easier, like it really does, because literally when you find comfort in yourself, you don't really care about what is going on with other people and what they think about you or what they think about what you have done and all that stuff, like when you can just accept yourself, you're good then, you're good.

He Pūrākau: I am camp, a lesbian

Well, I was bought up here. With my grandfather and my whāngai. My grandfather built a home for us here. He passed away when I was young. He was my role model.... He had no children so I became his whāngai. At about 20, I became a lesbian. I was working at ___ and there was a lesbian group. 'Ngā Boys' they called us when we went to the pubs. I had no role models. No takatāpui. No gay role models. I didn't like men because of the abuse. At ___ the lesbians were my friends and I thought, that's me! And I got a partner, and I wanted a child. My 17-year-old niece got pregnant and I took her baby. I said to my Aunty "I want him" and she said "Do you really want him?" I said "yes", and me and my partner returned to _____. I legally adopted my baby and then we moved back to _____.

I didn't know I was gay growing up. From 21, I have led an open life. I've had heaps of partners. I got a daughter too. And she died when she was 18 - eight years ago now, from leukaemia. My baby took all my love away. I don't have a partner. I just have lesbian friends as mates and live with my son, and my cousin lives next door. That word takatāpui. What is that? I didn't grow up with that. I have never heard of it. Rather, I am camp, a lesbian. I've never been scared of being a lesbian. I have been embarrassed, but never scared. Because I was different. I was the only one. Growing up, my cousin lived next door. He went to Auckland and became gay. Mum used to tease him - called him Susie. Because he was always having to do housework. He was camp too. I suppose I knew he was camp. He would not have known I was camp - that I was a lesbian. I found other lesbians at the factory. The first girl I went with was from _____. I went fencing with her father. We got drunk, me and her, and got together. It was happy days for me. At _____ there were heaps of lesbians. I felt comfortable. But I also had male friends. I would kick around with them and do rough stuff. I liked male company - we had fun. Racing our cars and speeding up the road, rustling some sheep, stealing corn when we wanted a feed of corn. My Cousin ____, he called me a dirty lesbian. He was mean and nasty. Only once did someone want to fight me. I was threatened, but I was never scared. It didn't worry me if they didn't like me. I could look after myself. I wasn't frightened that they knew I was camp.

My son was teased [for] having 2 mums. I took my son to the shearing sheds with me. Someone said to him, "you haven't got a father". He said, "you haven't got two mums". He managed it alright. Good on you, son. He never wanted for anything. My son had heaps of mates. My daughter - she was fiery. She answered them back "Don't talk about my mum like that".

On the marae I only have one hassle now and that is because I wear pants. I am always there to support our marae and always will. But I never wear a dress - not since school - and I will never wear a dress. And that is my reason not to karanga on our marae. We would have to be real desperate before I would karanga on our marae. I have, with a black scarf wrapped around my waist, karanga a couple of times. I think it's marvellous that there are people open-and-out here. People said "you bloody lesbian". I never had a problem with being lesbian. It is me. It's my life. Being camp. Now I am not interested in being camp - when I lost my baby. I do not have a partner anymore. I am happy with what I am doing, mainly supporting our marae. That's me as far as being camp. In my time being camp I've had six partners and I am still good friends with them, although two have now passed. But I am not camp anymore; not involved in any sort of relationship. I am content to do my own thing. I totally support my marae as I am a kaumatua now. I will be 72 years old at my next birthday.

He Pūrākau: He sissy kē ia

I suppose I first noticed at a very early age that I had an attraction towards masculinity, I would call it. At that time, you don't really sort of reflect on yourself really, it's through the eyes of other people that you are mirrored, that your actual behaviour, your actual being is actually mirrored through the gaze of the other. While I was at school, I think I noticed that I was different, āhua sissy kē te āhua. On reflection, I've thought about that and I think to myself, well if I was sort of very feminine, how were other men, boys whatever, how did they act? I suppose there was a particular behavioural norm that was evident there and how we sort of determined, as you are aware Māori are very keen in their observations of people's characteristics, and they actually are very good at pinpointing and summarizing a person's being in maybe one word. I have heard that word sissy and I sort of looked at it as an object of contemplation. I remember going, I think it was to _____ or somewhere up there, and my father, nāna i whāngai ahau, nō Tūhoe kē ia.... He sort-of mentioned this word, 'he sissy kē ia' and then I thought oh, is that what I am! When you are looking around for words to sort of conceptualize your being and I thought, oh, well my father seems to, but he didn't seem to have any hang up about it, it was just summarizing ones āhua, summarizing one's being and that's how he, as a heterosexual Māori male, summarized my being to his own people of _____. That was the first notion that I had of that sort of notion, if you are thinking in terms of gender, of how I was viewed. I mentioned my father at that time because, well he was close to me, he brought me up and of course that is how he saw me, and I thought oh, okay. I think while I was going to Te Teko School, because we moved back to _____. I went to school there and growing up there... [its] quite unusual because you never heard Māori there, everybody spoke English. It was that time during the 50's I would of been there. There were a lot of Pākehā teachers, we had some Māori teachers and I do feel sorry for them having to sort of actually teach really a Pākehā agenda of assimilation. I remember quite distinctly, I think there I first noticed a 'difference' when the headmaster - and I remember this distinctly - and I've reserved this particularly for this interview. Our relation from Tauranga came and they had this hand-clapping game and it sort of spread like wildfire in _____. They were staying with us actually, but I was blamed for that. And I remember the headmaster coming in, he Pākehā hoki, and he came in and he actually made a point of saying to me in front of the whole class that I was responsible for that, of course at that time I didn't know what the hell he was talking about but I realise on reflection that I was to be made an example of 'difference' and also of what was not acceptable at that particular time. These particular incidences really do give me a notion, you talk about gender, about ones being and of course ones being is also through the eyes of the other that you are actually constituted, in a way, if you are in a societal context. So that is one example, where I have noticed that and of course, even in the class there were other sorts of examples of that. So gender informed by behavioural mannerisms, behaved by what you sort of gravitate towards, your propensity towards different things.

He Pūrākau: I battled it for a long time

I te wā e tamariki ana ahau, i te kura tuatahi e mōhio ana au he rerekē tōku whakaaro e pā ana ki ngā kōtiro, ngā tama. Pīrangi au ki te tākaro ki te taha o ngā tama katoa engari kāore au i te mōhio he aha ai engari ko taku kare ā roto, pai tērā tama ki ahau. E pai ana ki te titiro atu ki ngā kōtiro, ko te tama kē te mea ātaahua. I was confused, from the age of five I went to primary school, why in the heck was I attracted to or looking at my friends in a different way. So it was confusing because I was a boy and I knew guys had to like girls and girls had to like guys, but that's not how I felt, so I battled it for a long time.

As a rangatahi, I went to Youthline and had a little bit of counselling in terms of dealing with my sexuality and this is how I wanted to be. I wanted to be straight, all my cousins were straight, all my mates were straight, everyone was having girlfriends and having children and I had girlfriends but I still had these feelings and I was confused. I just wanted to know how could I change those feelings so I just looked at girls and slept with girls. That was hopeless and I dealt with someone who just was very angry towards me in terms of that counselling and when I reflect on that moment in that time he may not have been the right person to talk to. He was the wrong person to talk to, he was Pākehā and he wasn't coming from a Māori perspective. From that time on I started dating girls even though I knew I was gay. So tō pātai ki ahau, he aha te wā e tino mōhio ana au he takatāpui ahau, when I was married and I had three children and I had an out-of-marriage fling with a guy and that's when I realized that's what I wanted to be. So what did I do? Ka kōrero atu au ki tōku kuia... [engari] ko ia te niupepa, ko ia te pouaka whakatā, ko ia te reo irirangi. Ka kōrero atu au ki a ia, kanohi-ki-te-kanohi, atu ki tērā ka karanga atu ia ki ētahi atu, ko ___ he takatāpui. I waea mai tāku whaea, he aha tō take, e hoa, nā tōku māmā ki au, "where did I go wrong ___? You are married, you've got three kids, you should be happy". I wasn't searching for it, I thought I could deal with it by myself, and didn't think about it in terms of the consequences for me - never thought about it - just wanted to broadcast it, or talk to people who I felt safe around, but it wasn't a safe environment for me.

When I divorced and realised what I wanted, I wanted a relationship. Again, navigating that journey by myself, not reaching out for support because of the experiences I had with Youthline, that was horrible. Then meeting somebody who wanted to have a meaningful relationship, I was married, three children, turned my back on that and then went into a new relationship with guy. Just how I've been embraced by my community, through that reach, I have been involved with Ahakoa Te Aha. I've been involved with other kapa haka groups where I am able to be open and be gay. It's not that I'm flamboyant and say hey, look at me I'm gay, that's who I am and it's cool. I remember the first time I went up to Staircase, I crapped myself. Ford Street, I crapped myself. I was only a young dude. It took me weeks to go up there and I went up and, scary, I was scared. I was afraid I was going to get seen. What was interesting for me and I think about this is ___ who I went to high school with, and he was flamboyant, he knew he was takatāpui, but when I saw him at The Staircase - somewhere else - I didn't want to acknowledge him because I didn't want him to know that I was takatāpui and I was embarrassed thinking he might go tell people. But when I think back about it now, what a stupid way of thinking. But I didn't know how to deal with my own sexuality.

He Pūrākau: Taku taha Māori, koirā te pou tokomanawa o tōku kaha

I would say as young as very, very young, perhaps eight, I used to put strings in my hair, I used to wish it was long. I was always very meek in my posture, very shy, very camp. I ostracized myself, if you like, but you know I was still out there because I knew there-and-then, I was not a boy. I wasn't doing things that boys did. I was forced to do the things boys did like play rugby and things like that which I wasn't kosher with. Doing the whole boy thing wasn't me. I'd rather Barbie dolls, hanging out with my girl cousins and that type of thing [from] around about eight, I would say, eight onwards. Then, when I got to 11, 12, I started to actually go into mum's room and get her clip on earrings and get material from wherever and drape it around and then shut the door and then dance to my favourite female artists, that sort of thing. I remember when I was 12, I was actually in Australia and I saw some transgendered women that were escorting themselves, out in amongst the Kings Cross. [I was] 12 at the time... I was with whānau; we just happened to be leaving a restaurant and we happened to go down that street and I was just like kind of taken aback by them but didn't take much more notice of it. I was just still that gay boy or that camp, sissy, soft young boy. So that sort of sparked off a bit of a, "oh there are some people like that", so anyhow, it's quite funny, we had a camcorder going because we were taking shots of the wedding. Carmen was around at that time and she was sitting in the square part with these ladies, these transgendered women, and the whānau just went "kia ora, kia ora" and they just said "kia ora". I just stayed as a boy, but deep inside, had a feminine thing in me. You know, I always had that feminine which would show itself. I was male, but I was a very flamboyant male. They just took it with a grain of salt. Nobody even noticed it, actually. There may have been the odd one that did in the wider whānau. They were like, "mmm and you've got size ..." or "that boy could be..." you know, that sort of thing, but it wasn't derogatory you know, it was just like "gee I wonder if he is going to be gay". From 15 onwards, it was sweet-as because I just wanted to be a girl and I thought I can do this, but on the other hand I cannot because it's going to be dis-heartening for my mother and father, so damn, I can't. I stayed with my nana at that time as well. At 16, I used to have strong desires at my nana's house to be a woman. I was like "god, I would love this" I felt whakamā - I felt a bit shy - because nanny, the old dear, I didn't want to freak her out. And then I didn't want to get a dong from my dad. [I Am] not saying that he was violent, but he was certainly a man's man and that probably would have shocked him, and disheartened him. I was with my nan, I was nice and safe. I had the wairua of rangimārie around me. It was just her and I, and I was just finding my way, like I would have identified myself then as a gay male, but still doing the dress-ups on the quiet. I used to take off to my aunts and be a bit more flamboyant, and so about 16, 17, 18, 19, I started going to friends' houses. [Then] I got me own little ensuite room and I lived above a hotel for a while. I had the freedom to do what I wanted. I had my own dole, to pay my rent. I could dress up when I felt, I could rock down to the local gay bar, and then I just started dressing up. Again, it's almost like I was blessed because I was partying at the gay bar one night that was down road from where I lived and a doctor that was gay - but I didn't know he was a GP - so him and I happened to elope... I know my wairua! I know I'm not depressed. I do get it, but I get over it because I go back to the elements. I go back to whānau... karakia. Go back to my taha Māori, koirā te pou tokomanawa o tōku kaha. That is the basis and strength of beating these things - knowing whakapapa, learning it, if it makes sense, dies out there, touching the good old green grass of home, respecting your elders, remembering those essential things for a tangata, a person has grounded me back to where I don't need medical help... I will be honest, it was hard and it was lonely and I am a soldier to this day - to still be here - and still doing it.

He Pūrākau: It was like a ton of bricks lifted off my shoulders

So I'm just going to tell you a little story about, ___ this guy from Texas who was kind, he was a nice guy but he was sort of possessing me, so I had to tell him, look I'm straight you know, that was my defense because he was getting too familiar and it didn't sit well with me but his claim to fame was that he played the bass in a recording of Norma with Maria [00:11:13] in a recording studio in Rome that was his, he was the bass player, so we used to listen to that and I grew up listening, my Aunty May was a soprano so I loved all of that, listening to opera. Anyway, it was Halloween 1965, I had not long turned 21, I had emigrated and I was settling in Montreal. Mike said come down to Paccini's, to the gay bar, because the drag queens are coming out tonight. So I went down there with Mike and he introduced me to this chap called Paul and then Mike left the table and I said to Paul, "he introduced me as straight George from New Zealand". And when he left the table, I said to Paul "I'm not straight, and Paul said "I knew you weren't you, bitch". That was the days of quite campiness and that night that I met Paul, and I went off to a party afterwards, I met Jarvis who was in drag, lovely black guy who was in drag but he would say "don't call me black, bitch I'm mulatto". His father was a white man. Anyway, and also we went to a party and I met Dolly. She's a little lesbian, everyone was dressed up, she was dressed up as [00:12:48] and the guys - Jarvis and them - were in superb drag, it was just incredible what they used to do. Anyway, at this party I'm dancing with this French Canadian man and he hugs me and kisses me full on my lips and I'll tell you, Richard, it was like a ton of bricks lifted off my shoulders, I just felt, it took me by surprise - the weight that was there - and it was gone and I thought, right I'm in the right place, and so for a couple of years it was a bit of a gay ghetto. All my friends were gay and I lived the gay life and there was even a time when I thought I'd love to be able to swish you know I would love walking down the street with Jarvis because he would kind of just swish along and it was just like, and everyone would look at him, and I felt great standing next to him walking down the street. Then I thought come, on I, just have to be myself, I don't have to do all these swishy things - it won't suit me. Anyway that was my 'coming out' and that was a common thing that we would say to each other. If you just met someone, you would say, "oh, when did you come out?" you know, and Montreal was a kind of gathering place for people from other countries, young gay guys from little towns across Canada and I suppose the big cities are always like that Montreal, Toronto and Vancouver were the main places that had big gay communities. So, part of the gay community and the thing that I realized too was how naive I was, I hadn't... I'd come through my teenage years and because I was gay, I wasn't having relationships so suddenly here I am and I'm 21 and I have to learn about what's a relationship about, and what's a relationship with another man about, you know, it was still a bit undercover of course, so it was a huge growing up time for me in Montreal, it's my, I've got a real soft spot for that.

He Pūrākau: Discovering who I am

When I was discovering who I was and what I wanted to be identified as, I think that's when I started going through some really mentally challenging times. There came a point where people started spreading a rumour that I had a crush on my best friend, which was like the stupidest thing ever because they were not attractive, if I am going to be honest. I definitely did love him as a person, as silly as it is to say, we were young but he was pretty much like a child to me, he was literally like my child, we had this really close relationship. In the midst of all of my mental health issues, signs arise - he was literally like the only person that was there for me. He did tell me that he wasn't going to stop being my friend and all that stuff, he didn't care what I would do and what I would say, he was still going to be there. I think that social peer pressure got to him, where everyone was just saying, oh he likes you and all that stuff and then eventually that kind of just like flipped everything over and the next thing you know he's just like dropped off the radar. That kind of like was pretty immensely impactful. Through anger, aggression, and a lot of breakdowns, I got through it, somehow I am not too sure. A lot of the time when I go through mentally straining situations it is like really hazy, like I don't really remember a lot of it that is why my memory is quite shot because the last couple of years of high school was just torrentially challenging. Also there was a point where I think I was 14, and because I had grown my hair out, I would go on the marae and we would line up to go mihi to the kaumātua and all that stuff, a lot of the old men would mistake me for a girl and I would stand back and I would be like, man, I must be one ugly girl. I thought about it and I was like, you know if they look at me and they think that I'm a girl just with long hair, what if I was transgender? And then I started to think, maybe I'm transgender? I sat there and I was just like, well I am not upset if I am because clearly I would make a good looking girl. If I am a boy with long hair and people mistake me for a girl, if I start taking hormone treatments, I am going to look good. For a while I started to think, okay, this is something that's going on with me right now. I have a cousin who is a trans-woman and she had hair extensions. I would go over to her house and go into her room and I'd put her extensions in and I'd be like, wow, I look good. I think that went on for about a month or so. I would walk out of the room and go into the lounge and my aunty wouldn't bat an eye and my cousin wouldn't bat an eye, we would just carry on, we'd play card games or anything, they never questioned it, because again, my life, what I do is what I do. That went on for about a month and then I came to a point where I was just like yeah, no, I'm not. I was a bit disappointed because I was like, dang, I would be a really good looking girl, but you just know, somethings you just know.

He Pūrākau: My first crush

Well it was more about my relationships with women, actually, and it wasn't my peers, can I say, like my first crush was my teacher when I was 11, so probably explains why most of my partners have been 10, 14 years older than me, so I've kind of connected with older women I suppose. I've never been attracted to someone my own age. So it was never like a crush on my best friend or anything and I've never had any liaisons with any of my teammates and stuff like that. Which is kind of interesting when I think about it. For me it was kind of just, that feeling you get when you're with someone you really like and you want to be with them more, and kind of understanding what that was. So my teacher - I won't tell you her name because I still remember her name - she touched my knee. Actually, that was the other thing, I was in the school choir and after we'd performed one night she turned around to me and put her hand on my knee and said, "you sang beautifully tonight" and it was like this kind of electricity went through me, and I was 11. So, I knew... I kind of knew what lesbians were when I was about 15 or 16, and it was actually my father who was so anti them. I think my father always knew, and so he did these hard kind of talks to me. And I remember mum and dad were catering an event at a Club and the band members were two lesbians and he just kind of freaked out and said, "don't you go near them" and I kind of thought "oh who are they?", actually my role models were interesting because I really like Martina Navratilova and kind of found out what lesbian meant through her. When I grew up, like I didn't really have any other role models in my immediate whānau who were lesbian that I knew of. Now I know, I've got my Auntie ___ who lives down the road who has been with her partner for like 40 years. But people just don't talk about it, you know. I think communities kind of accepted that takatāpui women or men live together, they just lived together, and it was just kinda not even spoken about. I know they just weren't mentioned, only now, that I'm older. It wasn't as if they came out. It was just like I realized that they were partners, not just whānau living together, because you just grow up and aunty and aunty live over there, or the whānau lives there and there is a little house at the back, but you don't know about the little house at the back that aunty lives in with the other aunty, you know what I mean. So that's the kind of the environment I grew up in. But no one else, I can't think of anyone else at school or in netball or rugby, no lesbians. Whereas, it was different when I moved to Auckland and there were lots of partnerships in sports. Heaps actually. Which is kind of where I realized, this is kind of who I am. I got in to the NZ team but at that level like it was completely sanitized. But then when I realized that lesbians were part of netball - it was actually at the World Cup - and we went over there, and there was a woman from _____ and people were just making fun of her because she 'looked like a man'. And there were just all these terrible lesbian jokes and it was quite horrific actually because, you know, when you're a young person understanding or trying to come to terms with your emotions and kind of that whole 'who am I?' thing. I've just started talking about it actually because the homophobia in netball is really what drove me out which is why I stopped playing and started playing rugby. So there is a lot of homophobia in netball, I think I'm still the only netballer to come out who has been a Silver Fern, like it's ridiculous, can you believe that? I know of two, I'm not going to name them, but they've never come out, I find it slightly strange today it's like people consider it's a private thing and they're not happy to share it but I still think that's bizarre, whereas there are lots of lesbians in rugby, there's heaps of us.

He Pūrākau: It's so normalised

We were at a family reunion so I went around to every single aunty that I loved and every single uncle that I loved and said, 'uncle have you heard the news?', 'no what's that love?', 'I'm gay' and then they would say 'oh you have an aunty' and I said 'who', and they said 'mum's older sister' and I said 'you've got to be kidding me'. I loved her. She was wonderful. I didn't know that about my aunty and they said 'oh yes she had a relationship with a woman for like 15 years but nobody spoke about it' and I thought 'wow, what happened to her?'. I hadn't realized that and by that stage my aunty had already passed so I never got to have that conversation with her but when I told her that I was gay the first thing that she did was she grabbed my hand and that of the new girlfriend and just smiled constantly, never ever said anything but she was completely and utterly open and I thought wow that's so awesome. I realized then how did she manage to live like that without sharing that with anybody not her sisters, not her brothers, nobody and I thought well that's lonely that would be quite isolating ... I would of loved to have talked to her about that but I never got that opportunity but definitely after that, definitely sort out anybody in the whānau that was including the young ones, we have this intuition you just know it and so I'm definitely always pegging out for them just letting them know hey it's okay, but it's so normalized in our family it really is normalized in our family... For it to be normalized, very important. For me I think with my sisters and the way that they support us, actually my sisters were outting me before I 'outed' myself which is really quite annoying you know. They would meet up with people and say oh how's ___ and they'd say oh she's gay, now she's got a... and I'd say to them, 'why would you tell them that?' 'What's the big deal, you're our sister' and I thought that was awesome but a bit scary. My sisters were fantastic but my father was probably the one that probably started the ball rolling, when I first told my mum and dad, mum thought I had a mental illness and my father didn't have too much of a say but took me aside and said you know dear, he didn't really understand it, and he said 'I don't know what this is all about, all I know is when I was in the army some of the boys used to go along and pay shows to watch women together'. That's all he knew, and I thought oh, they did not know how to cope. It gave them a shock because I was married with two children but then my brother had his 21st maybe, in that same year he called all the family together and he said 'right I need you all here at this table, I've thought about things, I've thought if anything happens to me I do not want this between me and my daughter so I want every one of you to say how you're feeling about what's happened' so they did and they had to go around the table to say how they felt about what's happened to me, including my mother, and then after dad listened to everybody he said, 'okay, now that we've all talked about it, this is what we are going to do. We are going to support ___ and we will have to accept ___ in to the family'. Just like that, it was wow and I was horrified and he said to mum directly 'so ___ from this day, we invite that girl over to have kai with the family' and that was that just like that it was fantastic. If they love you unconditionally it doesn't matter what sexuality you are, you are still part of the whānau, and they will go to battle for you. So I don't have to ever worry about it and that was fantastic because that whole thing started with my dad saying 'nah, I'm not going to my grave with this' and when my brother told him he locked himself away in the room for a week, he didn't speak to anybody and when he came out he just said 'son I worry about you' because at the time AIDS was going around 'and I don't want anything to happen'. I just thought my dad was onto it and he was army and he was a man's man but he was so awesome, so I just think we know how it is to function with that kind of support - it was relatively easy - and the rest, they could sort out for themselves.

He Pūrākau: It was just the way we did things

I was born into a family of nine and my brother who was a year and a week older than me, he passed when he was 18-months, so I've grown up with seven other siblings - three boys and three girls - smack bang in the middle, and we are a really close family. My sisters and I are very close we ring each other and talk about all sorts of things with each other, brought up in ___ on my mum's marae. And only as adults have we really had more involvement with my dad's marae even though we would go out to where my koro lived and my koro would always come in to town where we lived. We were brought up to serve at the marae and to do whatever needed to be done for those who come to our marae, and around learning waiata, all of those things that you need to know to support our speakers and we also were brought up under the Māoritanga of my great grandfather ... and he was one of the cooks at the marae and when it came time for him to leave there and come home he brought that māramatanga of the wairua tapu back to our marae. And so we were brought up, even though it was under the hāhi, we would have karakia at 7am in the morning and 7pm at night. It was just the way we did things as kids, and I do that at home with my kids. For them [there is] some resistance but I guess as you go through the generations we resisted too. As soon as the bell rang at 7'oclock at the marae we were all running across the bridge as well and it was as I became an adult I see what our whānau do to give us a growling... So that's what we learnt as kids and we learnt different waiata, different mōteatea to kinaki that time and to support each other. So we also knew how to kinaki our speakers on the marae, and then there were other practices that we were involved in as well - the clearing of spaces, the opening houses all of those ceremonial practices we as Māori partake in to ensure the way is put in place for those in the future. I knew I wanted to be a teacher right from the very beginning - I always thought maybe I could be a Dr or something in the sciences, so I suppose this is sort of why one of those waiata that I had way back then - that are teaching us all of the waiata [and] that go through our māramatanga are like codes. They tell us about our environment, and so that's been really wonderful to learn about that through studying geology and studying the geo-science side of kāhui maunga stories and those different waiata that we've been singing all our lives are talking about. So I guess we are at a point where we have to think about how, then, do we transfer that information to the next generation and what is our succession plan for those of our babies who are showing an interest in some who have those skills and talents that you can see already that maybe they can carry to the next generation, that's a little bit about who I am. When I first told my mum, she just wanted to shut it down straight away. She said "do we have to talk about this, let's not talk about this in front of the kids", and then I told my dad, he just said, "I love you and all I want is for you to be happy". My mum needed time to get used to the fact that her girl was thinking about being, you know, and when I first told her I was actually with a woman who had two children at that time. We weren't together for very long, but my mum was really and I said, "what's wrong with that mum, I don't know, I said okay we'll just leave it at that then aye", but then when she found out that we were no longer together, she was quite happy and it wasn't long after maybe a couple of months after then she met ___ and I couldn't actually take her home until maybe a couple of months after we'd been together but it was harder for ___ because she had all these hundreds of people to get to know and everyone knew her and my sister that I talked about before, she was watching but because ___ is an amazing worker, like worker at the marae, does the dishes and tidies this and does that - because my sister was one of those workers and she said she's good, she passed the test well, the first test anyway, if they can work on the marae then they're good... It was hard when I first told my mum because I thought she would... but she has a side of her where she can be quite judgmental and I do too but my dad, he's not like that, he just takes you for who you are and he's always been like that.

He Pūrākau: Surround yourself with support

When I first meet people for the first time, and if I'm feeling comfortable with those people - not that they need to know or anything - but if I'm feeling very comfortable... I talk about my partner; I talk about my partner being a woman. I will say, my partner, her name is... or I will say, well you know, since I've come out at, you know, just in a sentence and I will say it in that way. I do like to use the term takatāpui, but especially amongst people who know what that is, because otherwise you are trying to explain what takatāpui is before anything else and I can't be bothered. One of my nieces was with a woman and my brother, he rang me one day and said, "oh I just wanted to let you know that, your niece, her partner is a woman" and I went "oh yeah", and he said, "I am just ringing all of you so that you all know". I asked him, "so why do you think it's necessary that we all know that, because if she was with a man, would you do the same?". He stopped and he said, "well you are the second person I have rung and I never even thought about it like that", he says "oh thanks for that" and I said "well, have you asked her if that's okay with her? Why don't you ask her if she would like to come out in her own way?" I said, "[it's] just a thought, having been through it myself". He said, "Thank you sis, I should of rung you first. I love my daughter all the same", and I said "You will love her even more if you pay respect to her in this way", and he said, "Oh thank you". In my family, among my siblings, I am the only takatāpui in my siblings. As a takatāpui woman, in the earlier days I used to be very careful. I wasn't so out about my sexual orientation and it was about a few things, it was about my workplace [and] it was about keeping myself safe amongst work colleagues that were quite homophobic. Dealing with a duality of homophobia and racism you harden up and you learn to not compromise. You learn to either take yourself out of the space or I have learnt to speak out for myself and for others. In the earlier days, I spoke out about a couple of things and it was racism in an institution and that was when I was asked to sign my allegiance to the Queen as an employer. I totally didn't get it and I said 'hang on a minute, the only allegiance I have is to my mum and dad and my whenua', I said "I am just assuming you are thinking I'm signing allegiance to Queen Elizabeth", and because my boss was Māori I said "So, this is to Te Ata?". I had to ask because I didn't know which queen they were talking about and he looked at me in horror and said, "No, it's in the Act" and I said, "what Act?" He replied "Education Employment Act", I said, "oh no, I am not signing that, sorry". He says, "well if you don't sign it, you won't have a job" and I said "oh well, that's okay, I will just go home". I know that they wanted me to beg to stay there. I wouldn't sign it. I questioned that Act and then I almost started a protest. My partner at the time, takatāpui, was working in the same institution, I got home and I said, "oh you've got to sign this" and she looked at it and said, "what is it?" I said "The Oath of Allegiance... you work in the same institution as me, so how come you haven't been made to sign this?", so that's how we got around it. I just went back and said, "I don't have to sign this, because this person, (who he didn't know was my partner at the time) she has told me she has not signed anything like that". I remember that and then as time moved on, my next boss that came along was a woman and you know, you have your interviews, your progress reports and I said, "there is also something I want to share with you. That I am takatāpui", because I knew that her sister-in-law has been takatāpui ever since she was little girl and she said, "yeah" and I went "I'm just letting you know, that's all", and she replied, "But I already knew that" and I said, "Yeah I knew you knew that but it's best for me to say". So when we used to have staff meetings and things like that, if anything came up - whether it be racist or homophobic - I would jump in and so would she. I felt the way to get around that was that you learn to have coping mechanisms and also to get support from friends, whānau and working colleagues - you surround yourself with that.

He Pūrākau: In those days it was a crime

We are a close family, we're always keeping in touch and seeing each other, and find it odd when I hear someone hasn't seen a brother for several years. Anyway, about my sexuality, I grew up, I used to dance when I was young, I used to be the one who put on shows, I used to love dressing up in mum's clothes and especially high heels - that gave me a bit of a buzz. That was how I grew up, and actually from a young age, I was very attracted men - the shearers, the workers around the sheep station were the ones that I felt really attractive and that wasn't till I was at high school that I'm thinking, wait a minute, this means I'm queer. And there was a time at Southland Boys High where one of the prefects at the school had been caught having sex with a golf professional during the summer holidays. He came back to school - it was all over the newspapers - and in those days it was a crime. So he came back to school. Then there was rampant homophobia and I used to be quite open about, and I was at a boarding school; we did have sex with each other. Suddenly it was the wrong thing to be, so I'm thinking, whoops! It was the first time actually that I discovered that what was natural for me isn't part of this world - isn't acceptable in the world - so I had to kind of, that was my first time of settling it back, pulling it back, and I guess then it was a time when I decided I need to tell my mother because I'm very close to mum and I would tell her everything. She just returned, we were living down in ___ then and she just returned from a women's division meeting where a psychiatrist had talked to them about homosexuality being an illness, and that they had a program set up at Cherry Farm, which was, what do you call it? We're talking 1963, and well that was good timing because I thought I'm not telling mum this now, I'll be off to Cherry Farm to be changed. Then I went through a time when I felt because of that pressure of not being able to be who I was I think, I felt... it wasn't really depressed but I was contemplating suicide and it just really annoyed me that I should even be contemplating killing myself just because there's a law that says basically I don't exist. That made me really angry that I'd got to that place where I was even contemplating doing that and it made me quite ... it politicized me in a way because I'm thinking if this is a law that affects me like this, what the hell are a lot of the others laws that are out there that we all kind of take for granted, you know what I mean? For me, I knew that I had to go somewhere and I used to have dreams actually, dreams of men kissing, I'd never seen men kissing - you know it was quite strong in my being that I was gay and I didn't even know the word gay, and in Invercargill there were a couple of guys who were quite camp and quite brave in those days to be able to go down the street, and they were given nicknames I can't remember what they were. But I couldn't see myself as, that wasn't where I mean I could recognize but that wasn't me, anyway long story short, I went overseas travelling with a friend and my main object was to get somewhere and to be able to 'come out', even though I didn't know what 'coming out' was. I ended up immigrating to Canada, we travelled in the States and Mexico. He went on to England, we travelled by ship in those days so we had a booking from Montreal to South Hampton, so I arrive and of course I'm staying at the Y.M.C.A ... It did change but it was also, also I did one thing that I really regretted doing - I wrote to my parents when I met Arthur and fell in love with him and I thanked them because I'm working in psychiatry. I thanked them for bringing me up to be a person that's able to love someone, because working in a psych ward, I'd met lots of people and even some of the people my friends - weren't able to, and so that's a gift that my parents gave me. And because I've come through all of that journey I think, and maybe it is to do with age stuff but I don't know, I mean I'm sitting in a strong enough place to be able to do that and I think you have to be. When I have met young people, young guys you know saying oh gosh I'm just coming to terms with coming out and I should tell my parents I say, no don't go but get yourself strong, get yourself feeling good about who you are, then go tell your people, not when you're feeling fragile or you know coming, there's a journey and I think that journey needs to be done away from family. For your own safety and for your own wellbeing, come back when you come back to your whānau and you're feeling good about who you are. That's much easier for people to accept it.

He Pūrākau: My Nan-nan has a Nan-nan

My son said that to me, "Mum do you think you are bi-sexual" and he goes "well because you had us, and now you are with aunty" and I didn't know where he was coming from, "Well that's bi, is it?", that's how I was answering him. That's what I do with them, so they have to talk to me and he says to me, well that's what he believes what a bi-sexual is, [I reply] "so you are saying that because I was with your dad and then I am now with a woman then I am bi-sexual?" he goes "yeah", that's interesting, he goes "aren't you?" and I go "no, so do you see me going back with a man or do you see me going with another woman?" and he goes "I don't know what you do?" [I reply] "okay that's a fair enough answer." He just goes "oh too much information" and I said "no I want to know how you come to that word" and he goes "well that's how I come to it because "you had us and then years later you come to be with a woman", ... but he goes "how am I going to explain to the mokos", [I reply] "what are you explaining to them?", [he says] "that nan's got another nan", "shall we see what they come up with?" [he says], "I don't want them confused mum". My moko is only little but she thinks she's a big girl. So she asks "Nan-nan, who is your daddy?"

"Who is my daddy?", hmmm how am I going to say this, and she goes "I've got a daddy"

"What's your daddy's name" she goes "your son". Now she's only three, she'll be four soon.

Good, I'm pleased you know who's your daddy - my daddy is not here now,

"Is he sleeping by Uncle Shannon?"

"Yes he is, you know where he is sleeping aye..."

I ask "So who is your mummy?" because she knows her parents

"My mummy is with my daddy, sleeping too" ... So then the next question was

"So Nanny V___ who are you?" ... and I didn't say anything, I wanted her to talk and she says

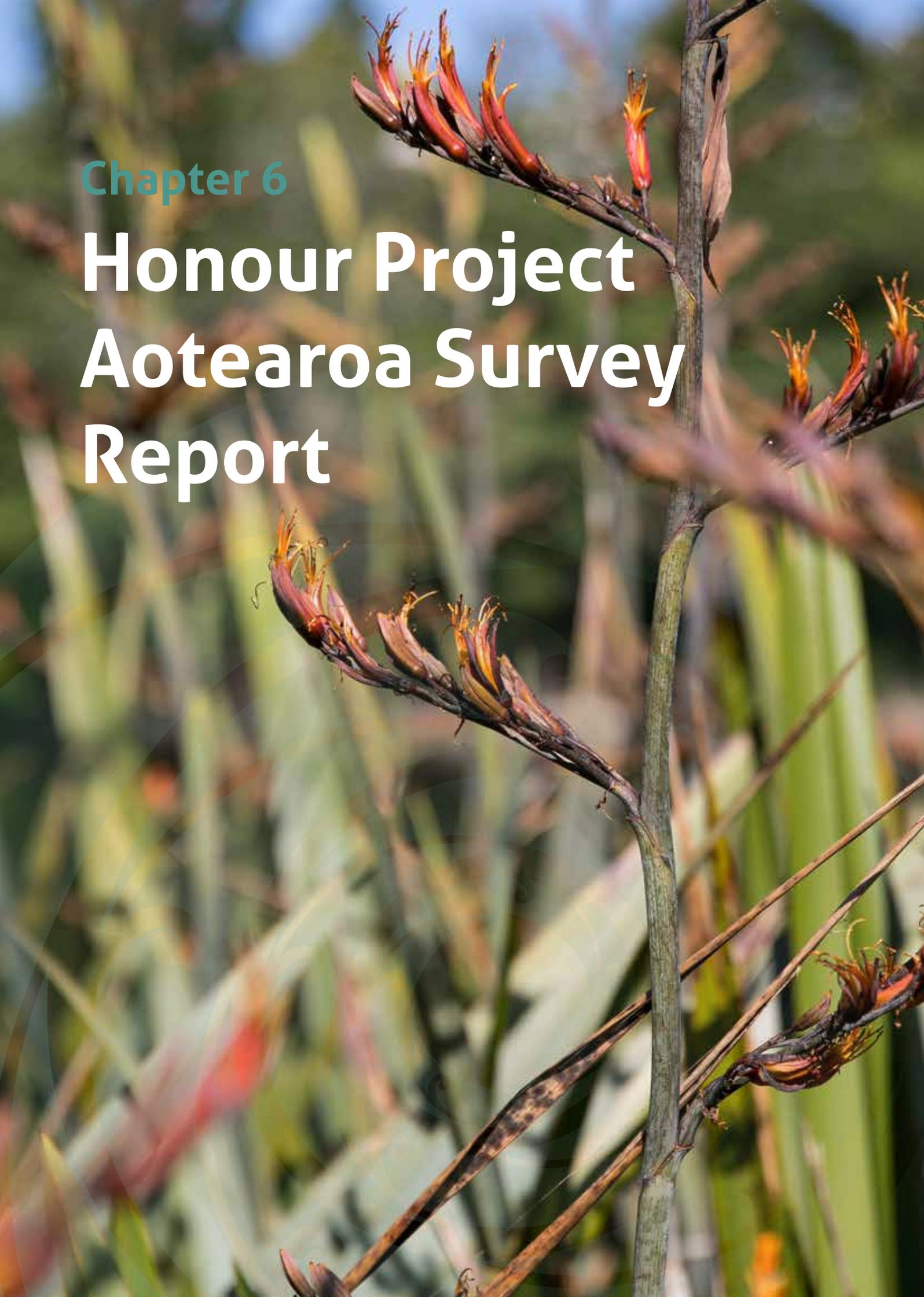
"I'm Nanny V___";

"Yeah I know. But you sleep with my nan-nan" V goes "yes I do because I love your nanny"

So she [my moko] goes to her father, "Daddy, so you can have two mummies and two daddies". And I'm going, oh my gosh this little inquisitive child and he goes "Yes you can. But you have only got one daddy and one mummy, and nan-nan has got a nan-nan".

I look at her and I think oh my gosh what is going to come out of her mouth, I say "yes darling that is how it is. Nan-nan has got a nan-nan. You got two nan-nan's". [mokopuna] "No I've got three nan-nan's" because she has a nan on her mum's side... "yep you are so clever" and we just left it like that.

So when I see her or I talk to her on the phone she always asks about her other nan and if I'm with her... I said to my son later on "How was that for you? Did I pass?" He goes "well I didn't think she was going to come back like that". But what had happened was they had a Grandparents Day at her day care and then she stood up and said "I've got three nans" and she named them, "my nan - this is my mum's mum and my dad has a mum and this is my nan-nan, and my nan-nan has a nan-nan". So straight away the Kindy got it and they weren't going to dwell into it and they let her speak and her little sister is just looking at her big sister thinking, what the hell is going on, they videoed her, they showed me it and I just watched it and I said "oh you are just too clever like your nan-nan" and she goes "I am".



Chapter 6

Honour Project Aotearoa Survey Report

Honour Project Aotearoa Survey Report

The survey was completed by 368 takatāpui and Māori LGBTQI-plus people. Undertaken as an online and paper-based survey, five takatāpui and Māori LGBTQI-plus community-based researchers were engaged over a 16-month period to promote and support participants, when requested, to take the survey.

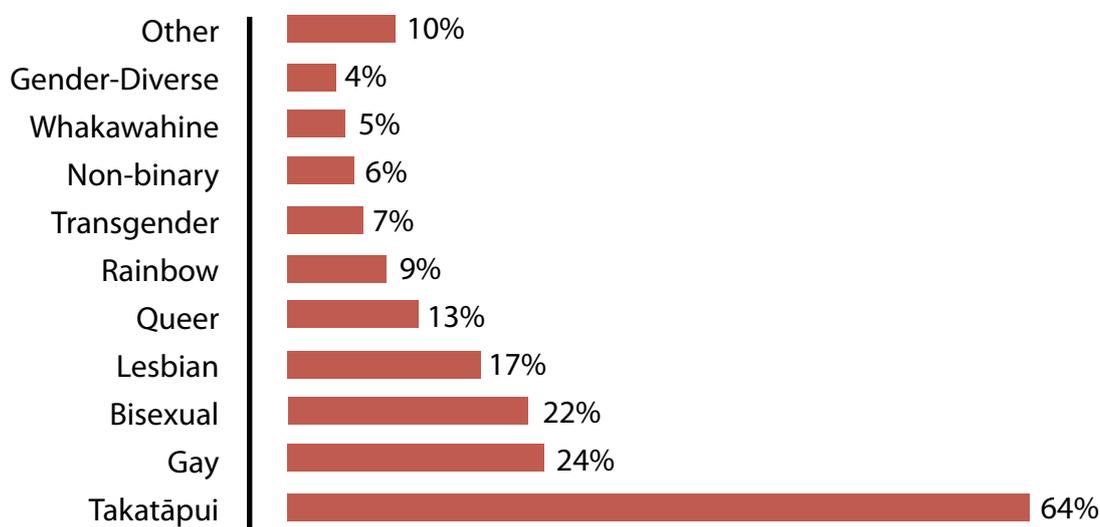
Takatāpui and Māori LGBTQI-plus survey participants reported they learned about the survey through social media (41%), from friends (30%), their partners (12%) and whānau members (11%). Most participants took up to 60 minutes to complete the survey, and most reported that taking part in the survey was a positive experience. Taken together, 81% of participants reported they would recommend the survey to friends, 33% would recommend the survey to whānau members, 24% to partners, and 20% to workmates. Some participants (10%) reported they did not know other takatāpui and Māori LGBTQI-plus people who would be interested to take the survey.

Who Were Our Participants?

A total of 368 people aged 18 years and older reported they read the Survey Information Sheet and Consent Form and agreed their survey responses would inform the Honour Project Aotearoa study. In order to be part of the survey, participants had to be able to self-identify as Māori, and self-identify as takatāpui or Māori LGBTQI-plus.

Our survey adopted the two-step self-identification process used by the NZ Census wherein participants respond they are descended from a Māori AND 'Māori' is an ethnic group to which they belong. The survey used a self-identification process so that participants could determine their sexual and gender identities. The survey's Kaupapa Māori research approach supports self-identification as an expression of one's rangatiratanga; critical to fostering and maintaining Māori health and wellbeing. Taken together, 368 people reported they were descended from a Māori AND reported 'Māori' as one of their ethnic groups AND self-identified as takatāpui or Māori LGBTQI-plus.

Figure 1 – Which of the following best describes the group you belong to?



Of 368 participants, just over 60% described their sexual and gender identities as Takatāpui, 24% identified as Gay, 21.5% as Bisexual, 16.6% as Lesbian, 12.8% as Queer, 8.7% as Rainbow, 7.3% as Transgender, 5.7% described themselves as 'Other', 5.4% as Non-Binary, 4.9% as Whakawāhine, 3.8% as Gender-Diverse, and 38 participants or 10.3% described themselves using a variety of terms (Queen, Dyke, Butch, Whakatane, Intersex, Intersex variation, Cross-Dresser, Pan-Gender, MSM, and Transvestite).

The average age of survey participants was 35.6 years, the oldest participant was 77 years, and the youngest, 18 years. Nearly half of all participants lived in a major city (Auckland and Wellington), 34% lived in a secondary urban area (i.e. small city or town), and 20% lived in a rural town or a rural area. The DHB region with the highest number of survey participants was the Bay of Plenty, followed by Auckland, Waikato, Tairāwhiti and Lakes DHB.

Survey participants reported their iwi and hapū affiliations, the suburb where they resided (supports future analysis by deprivation index), and the number of children each participant has, are currently parenting, or are part of their household. Surprisingly, 73% of takatāpui and Māori LGBTQI-plus survey participants reported not having children or not parenting children, a much higher percentage than for the total Māori population. Statistics NZ (2006) reported Māori household composition as changing over time with an increase in the proportion of couple-only and one person households. Most recent data report Māori couples with children comprise 42.9% of Māori households, one Māori parent with children households comprise 26.5%, and Māori multi-family households with children comprise 11%³. Takatāpui and Māori LGBTQI-plus households may also be changing over time; however, no baseline data for this population were available before the Honour Project Aotearoa survey.

Takatāpui and Māori LGBTQI-plus survey participants reported their relationship status as one partner (36%), no partner (31%) or a casual partner (19%). Most participants reported being part of a household with one or more adults (40%), with a partner or spouse (38%) or with parents (23%). Of concern are those survey participants (20%) who described themselves as homeless. For those with a current address, the average duration living at that address was 9.2 years.

Participants were more likely than the general Māori population to have a tertiary qualification (42%), and 36% were involved in some form of study. Over the coming months, data about takatāpui and Māori LGBTQI-plus parenting, type of housing, homelessness, length of time living at a current residency, and education will be compared against Te Kupenga: Māori Wellbeing Survey 2013 and the Honor Project.

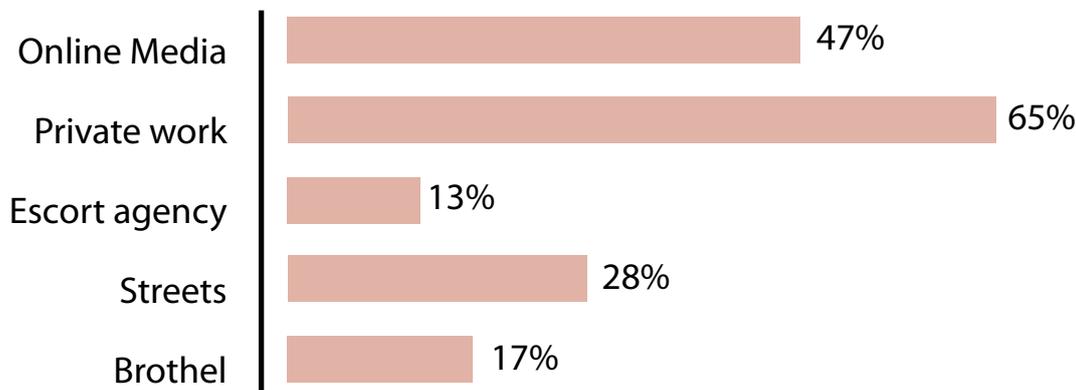
In 2018, 10% of New Zealanders who participated in the New Zealand General Social Survey reported they (and partner where relevant) did not have enough income to meet their everyday needs. Given the higher levels of education among Honour Project Aotearoa survey participants, it is concerning that 55% of takatāpui and Māori LGBTQI-plus participants reported their income as not enough or only just enough. This suggests that level of education is not directly correlated to income for this population. Other factors such as employment-seeking and workplace discrimination may act to prevent takatāpui and Māori LGBTQI-plus people with strong education backgrounds from securing an income that meets their everyday needs.

Te Kupenga (2013) found that Māori who reported not enough or only just enough income to meet everyday needs were more likely to report feeling lower levels of satisfaction and control over their lives. It is no surprise, then, that takatāpui and Māori LGBTQI-plus survey participants reporting they did not have enough income (55%) also reported experiencing poor to fair health (24%), and below average control over the way life turns out (27%).

In addition to questions on employment taken from the New Zealand General Social Survey, two questions were added by the Honour Project Aotearoa Team about sex work. The questions were designed by Gender Minorities Aotearoa, the nationwide advocacy organisation for transgender, non-binary and gender diverse people. Specifically, survey participants were asked if they ever had sex in exchange for money or goods, and the setting that the exchange took place.

In total, 28% or 103 participants reported they had exchanged sex for money or goods. Of those who had exchanged sex, 17% had done so at a brothel, 28% had exchanged sex on the street, 13% exchanged sex through an escort agency, 65% through private work, and 47% via online media. In collaboration with the New Zealand Prostitutes Collective and Gender Minorities Aotearoa, the Honour Project Aotearoa team propose to compare, contrast and discuss our survey sex work data to data collected by their organisations.

Figure 2 - Have you ever had sex in exchange for money or goods?



³ Te Puni Kokiri, 2011. Ngā whānau me ngā kāinga Māori: Māori families and households. Pārongo: Fact Sheet 004-2011. file:///D:/Downloads/tpk-maorifamilies-2011%20(2).pdf

On the face of it, the relatively high number of takatāpui and Māori LGBTQI-plus survey participants reporting the streets and private settings as sites where sex was exchanged for money and goods suggests a higher vulnerability to risk of sexual and physical violence and sexuality and gender-based discrimination than exists when sex is exchanged through licensed brothels⁴. Survey participants also reported that that streets and public places are sites where they experience high levels of racism and sexual and gender identity-based discrimination. Taken together, takatāpui and Māori LGBTQI-plus participants engaging in sex work for money and goods on the streets or in private settings may require more support and advocacy to reduce their risk of sexual and physical violence and discrimination.

Mauri Ora – The Health of Individuals

Current New Zealand Census wellbeing measures fall short of collecting Māori participants' important relationships to things that are tangible and intangible. Things that are tangible – observable and measurable - include relationships with mountains, rivers, whenua and whareniui. Things that are intangible – not observable or measurable - include but are not limited to peoples' relationships with 'terms' for self-identification of one's sexuality and gender and components of tikanga Māori and mātauranga Māori such as mauri and wairua.

The Honour Project Aotearoa team developed a conceptual framework for considering the contribution of tangible and intangible things to takatāpui and Māori LGBTQI-plus individual and collective wellbeing. The framework leveraged off components of wellbeing as described in He Korowai Oranga: Māori Health Strategy⁵. The Whānau Rangatiratanga Measurement Framework developed by the Families Commission (2015) also informed the team's thinking. Accordingly, questions for the Mauri Ora, Whānau Ora and Wai Ora sections of the survey capture information about the importance of tangible and intangible things to takatāpui and Māori LGBTQI-plus peoples' individual and collective health and wellbeing.

Takatāpui and Māori LGBTQI-plus participants reported that achieving healthy futures for themselves required relationships with the following, in order of importance:

- Wairuatanga
- Mātauranga Māori and Tikanga Māori
- Rangatiratanga
- Te Reo Māori
- Kaitiakitanga
- Other

Regarding healthy futures for whānau, takatāpui and Māori LGBTQI-plus participants reported they require, in order of importance:

- Kāinga, and Whanaungatanga
- Kai
- Whakapapa
- Connectedness
- Whānau and Kaupapa Whānau, and
- Tuakiri or one's identity

Takatāpui and Māori LGBTQI-plus participants also reported the following as important for their own health:

- Kāinga
- Whanaungatanga
- Connectedness
- Tuakiri or one's identity
- Kaupapa Whānau, and
- Whakapapa

⁴ Plumridge and Abel, 2001

⁵ Ministry of Health, 2002 and Ministry of Health, 2018

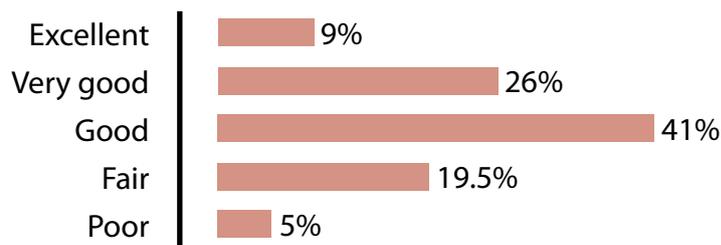
The importance with which takatāpui and Māori LGBTQI-plus survey participants reported their relationships to things that are intangible and the value of these to health and wellbeing - things that are unrecognised in other New Zealand surveys - cannot be overstated. Such relationships, for the most part, cannot be fostered and maintained without close and enduring connections to stable Māori collective entities and thriving natural environments, both of which are arguably key foundations for Māori health and wellbeing.

Takatāpui and Māori LGBTQI-plus survey participants rated whanaungatanga or relationships, having a home to live in, feeling connected, and having a strong sense of identity as most important for their health. Between approximately 10 – 20% of participants experienced some difficulty seeing, hearing, walking and climbing steps, concentrating, managing self-care, and being understood.

Considering the high proportion of takatāpui and Māori LGBTQI-plus survey participants reporting homelessness (20%) and insufficient income to meet their and their families’ everyday needs (55%), it is unsurprising that participants reported that whanaungatanga – having good relationships - having a home, having good food, and experiencing connectedness were high priorities. It is also important to note that takatāpui and Māori LGBTQI-plus participants rated whakapapa and whanaungatanga highly. These could be understood as enabling whānau relationships to be practiced; quite possibly assisting some takatāpui and Māori LGBTQI-plus people to navigate and to some degree calibrate the deleterious impacts of homelessness and insufficient income.

A number of survey questions focused on takatāpui and Māori LGBTQI-plus survey participant self-perception of their physical, mental and sexual health. Adopted from the New Zealand Health Survey 2017, responses will be analysed and compared to responses from Māori to the same questions. For now, most survey participants reported they felt satisfied with their overall health which they rated as Good, Very good, or Excellent. However, of significant concern are almost one quarter (24.5%) of takatāpui and Māori LGBTQI-plus participants who rated their health as Poor to Fair.

Figure 3 – How would you rate your overall health?



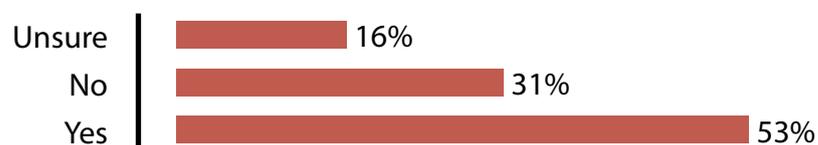
Also of concern were those participants who, when asked how much control they felt they had over the way their life turns out, 27% reported they felt they had only Some to No Control. These responses suggest that more than a quarter of takatāpui and Māori LGBTQI-plus survey participants will struggle to achieve rangatiratanga, a factor that is implicit to achieving healthy futures for themselves and their whānau.

One’s self-identified sexual identity is a core component of tuakiri or overall Māori identity and wellbeing. Regarding the contribution that public health services make to fostering Māori identity and maintaining health, the Honour Project Aotearoa team developed questions designed to find out whether participants’ General Practitioner (GP) – the public health service professional most frequently utilised by Aotearoa New Zealanders - knew of their sexual identity and how their GP obtained that information. Sexual identity is a self-identified umbrella term for a person’s sexual orientation, sexual attraction and sexual behaviour (New Zealand Health Survey 2017).

The team drew on the study by Ludlam et al (2015) which found that nearly half of gay, bisexual and men who have sex with men (GBM) participating in two community-controlled periodic surveys reported their GP was unsure or did not know their sexual orientation. Ludlam et al concluded that developing proactive, inclusive and safe GP services could support GBM disclosure of sexual orientation and in doing so, reduce health inequities.

Nearly half (47%) of all takatāpui and Māori LGBTQI-plus survey participants reported they were unsure if their GP knew their sexual identity, their GP did not know their sexual identity, and their GP had not enquired as to their sexual identity.

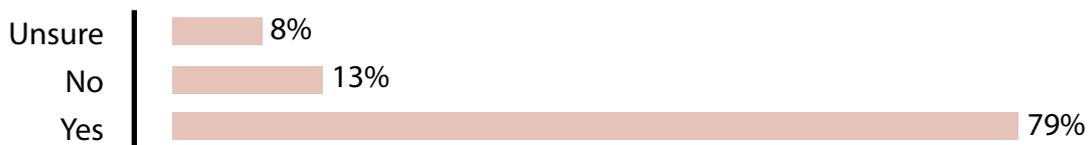
Figure 4 – Does your current GP know your sexual identity?



These responses suggest that participants' GPs may not be providing proactive, inclusive and safe primary care services such that takatāpui and Māori LGBTQI-plus people feel safe to disclose their sexual identity or request health interventions that may indicate their sexual orientation (i.e. an HIV test). Furthermore, 53% of takatāpui and Māori LGBTQI-plus participants reported GPs used terms to describe their sexual identity that caused them to feel uncomfortable. Reflecting on the study by Ludlam et al (2015) it seems that the issue of GPs fostering proactive, inclusive and safe primary health services is poorly addressed and is an area of health service practice that requires attention if takatāpui and Māori LGBTQI-plus early access to preventative healthcare and health inequities is to improve.

The Honour Project Aotearoa team also developed a question to gather information about GPs knowing participants' gender identity. Just over 20% of takatāpui and Māori LGBTQI-plus participants reported their GP did not know their gender identity or were unsure of their gender identity, and 33% of participants reported their GP used terms to describe their gender identity that made them feel uncomfortable.

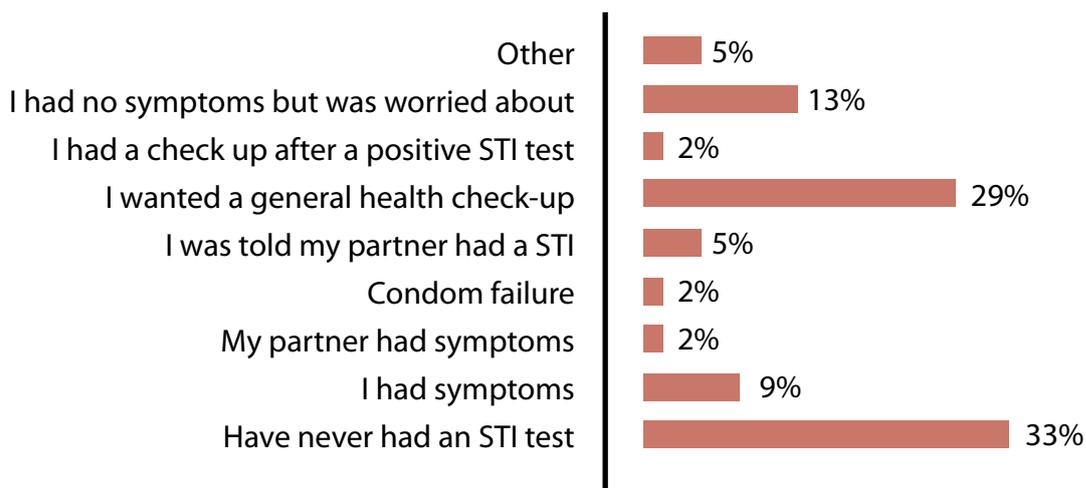
Figure 5 – Does your current GP know your gender identity?



These responses suggest that participants' GPs may not be providing proactive, inclusive and safe primary care services such that takatāpui and Māori LGBTQI-plus people feel safe to disclose their gender identity. As a consequence, takatāpui and Māori LGBTQI-plus people may not be receiving the range of gender-related health services they need and, therefore, struggle to foster and maintain their health and wellbeing. Inability to disclose one's sexual or gender identity due to fear of stigma and discrimination has implications for reducing the sexual health inequities that exist between takatāpui and Māori LGBTQI-plus people, the Pākehā LGBTQI-plus population, and the Māori and Pākehā populations of Aotearoa New Zealand.

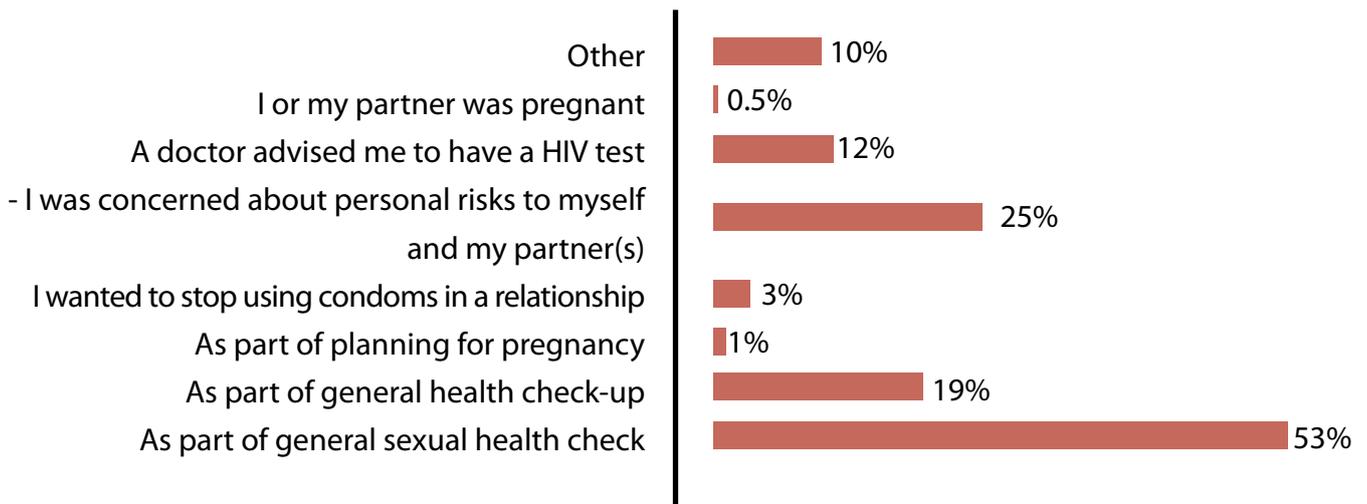
A raft of questions followed that were taken from the New Zealand Health Survey 2017 (service utilisation) and associated periodic surveys – in particular the Sexual and Reproductive Health Survey (2014) and the Alcohol and Drug Use Survey (2007/2008). Takatāpui and Māori LGBTQI-plus participant responses will be compared with those of the Māori samples from all three surveys over the coming months.

Figure 6 – When you had your last STI test, what was the reason for the test?



For now, when asked about their reason for having an STI test, 32.9% of Takatāpui and Māori LGBTQI-plus survey participants had never been tested for an STI, and of those who had had an STI test (67.1%), the most common reasons were for a general health check (28.5%), they had no symptoms but were worried they may have contracted an STI (13%), they had symptoms (9%), they were told their sexual partner had an STI (5.4%), their sexual partner had symptoms (2.4%), and a range of other reasons.

Figure 7 – When you had your last HIV test, what was the reason for the test?

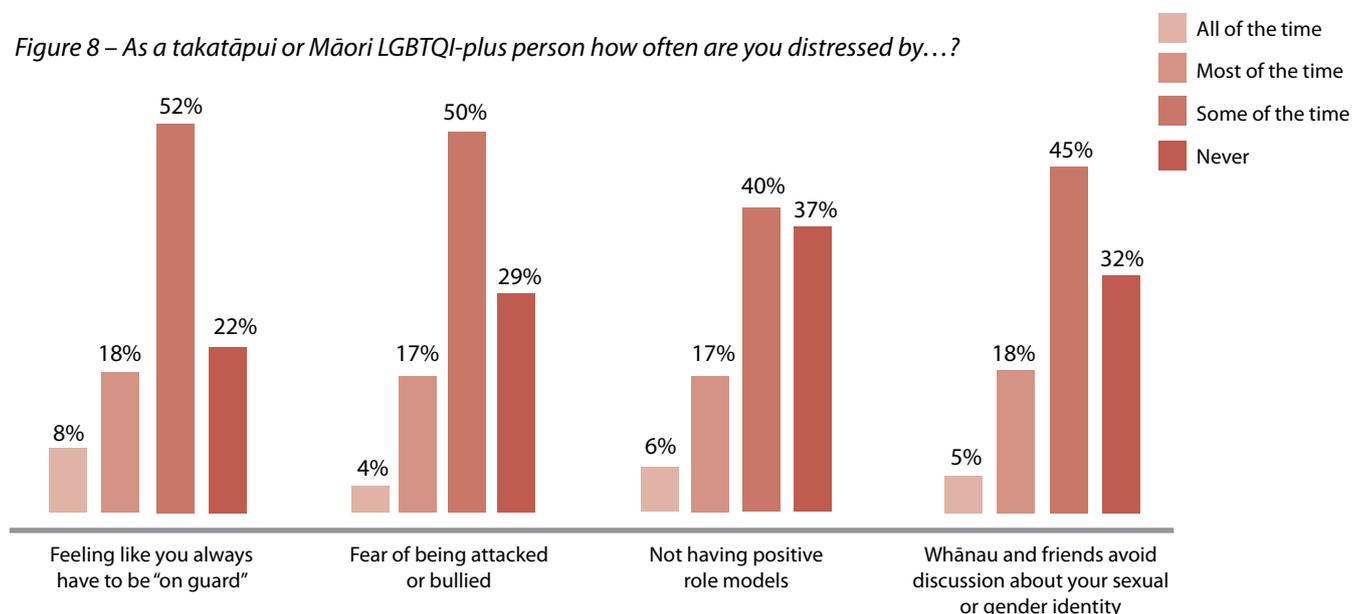


Further, 53% of takatāpui and Māori LGBTQI-plus survey participants had ever voluntarily tested for HIV, 2.2% reported they were made to have an HIV test, 1.4% wanted an HIV test but did not know where to get one, and 1.1% wanted to be tested for HIV but felt uncomfortable asking for the test. The most common reasons for having an HIV test were as part of a sexual health check (52.9%), concern about risk to self or sexual partner (24.5%) as part of a general health check (19.1%) and other reasons.

Asked whether they smoked regularly (more than 1 cigarette a day), 43% of takatāpui and Māori LGBTQI-plus survey participants reported they did. The rate of smoking among Māori adults (aged 15-plus years) is higher than the national population rate (31%) but it is declining (down from 39% in 2006/2007). Because national data for smoking among the takatāpui and Māori LGBTQI-plus population has not been collected before it is unclear whether the rate of smoking among takatāpui and Māori LGBTQI-plus is also in decline.

Questions about discrimination (racism, transphobia and homophobia) experienced by takatāpui and Māori LGBTQI-plus people were influenced by the Honour Project which captured responses from 447 Two-Spirit Native Americans over the period 2005 – 2007. The Project’s main goal was to report prevalence rates of trauma, health and wellness outcomes. A detailed comparative analyses of data from the Honour Project Aotearoa and the Honor Project will follow; meantime, 43% of takatāpui and Māori LGBTQI-plus survey participants reported using alcohol in the last 12 months (monthly, weekly and more often) to manage stress related to homophobia, transphobia and discrimination. Similarly, 43% of takatāpui and Māori LGBTQI-plus participants reported using recreational and prescription drugs in the last 12 months (monthly, weekly and more often) to manage stress arising from homophobia, transphobia and discrimination. In total, 77% of takatāpui and Māori LGBTQI-plus survey participants reported experiencing distress some, most or all of the time as a consequence of transphobia and homophobia. In comparison, Honor Project survey participants reported 31% injected drugs and 38% experienced alcohol dependence and 44% were bothered by some form of discrimination arising from their Two-Spirit identity.

Figure 8 – As a takatāpui or Māori LGBTQI-plus person how often are you distressed by...?

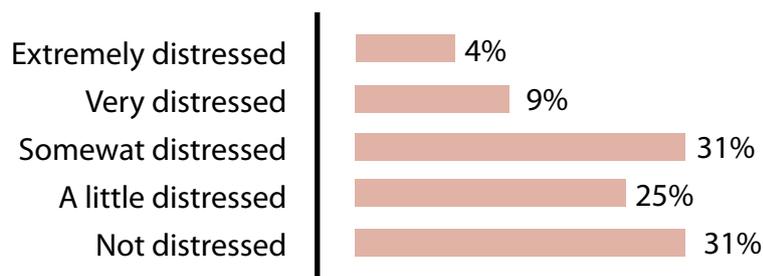


Asked how often they were distressed because they felt like they had to be 'on guard', they were fearful of being bullied or attacked, they lacked positive role models, and whānau and friends avoided discussion about their sexual or gender identities, the responses from takatāpui and Māori LGBTQI-plus survey participants indicated they lived with unhealthy levels of stress. Taken together, 78% reported they felt they had to be 'on guard' for All, Most and Some of the Time. Further, 71% reported fear of being bullied or attacked for All, Most and Some of the Time, and 63% reported they felt the lack of positive role models All, Most and Some of the Time. Last, 68% reported they were distressed by whānau and friends avoiding discussion about their sexual or gender identities All, Most and Some of the Time.

The Human Rights Act 1993 is intended to protect takatāpui and Māori LGBTQI-plus people from homophobia, transphobia and racial discrimination but implementation of the Act is clearly not moving in the right direction and at a speed that supports takatāpui and Māori LGBTQI-plus good health and wellbeing. The Counting Ourselves study (Veale et al, 2019) reported 67% of survey participants had experienced discrimination, with half reporting that discrimination was due to being trans or non-binary. The higher level of discrimination experienced by Honour Project Aotearoa survey participants could be interpreted as indicating the persistent and entrenched intersectionality of racism, homophobia and transphobia in the lives of takatāpui and Māori LGBTQI-plus people.

Unsurprisingly, 45% of participants reported they were not open or only sometimes open in their day-to-day lives about being takatāpui and Māori LGBTQI-plus. The four most common reasons participants gave for not being open were, in order, 1) fear of discrimination, 2) fear of rejection, 3) people are homophobic, and 4) fear for safety. Further, when asked whether they had ever experienced violence or the threat of violence because they are takatāpui and Māori LGBTQI-plus, 49% reported they had, and that physical, sexual, psychological and emotional abuse were the most commonly experienced forms or threats of violence.

Figure 9 – In the last 12 months how much were you distressed about a lack of legal rights and protection because you are takatāpui or Māori LGBTQI-plus?



When asked whether they were distressed about a lack of legal rights and protections related to takatāpui and Māori LGBTQI-plus people, 44% reported they were Somewhat distressed, Very distressed and Extremely distressed. It is unacceptable that takatāpui and Māori LGBTQI-plus people are unable to express their tuakiri or their identity and exercise their rangatiratanga for fear of violence, abuse and discrimination related to their Māori, sexual and gender identities. Aotearoa New Zealand is a signatory to an international human rights framework that includes the United Nations Declaration on the Rights of Indigenous Peoples. It is, therefore, completely unacceptable that takatāpui and Māori LGBTQI-plus communities' experience international rights frameworks and domestic legislation as unable to deliver the suite of rights and protection required to support their self-determined identities.

The final section of the MAURI ORA component of the survey invited takatāpui and Māori LGBTQI-plus participants to consider self-harm and suicide with regard to their own and other's health and wellbeing. In total, 19% of survey participants made the decision to skip this final section. This was the only section of the survey where participants could choose to opt out and then re-join the survey. The decision to survey self-harm and suicide among participants was made following consultation hui in Auckland, Wellington and Christchurch where takatāpui and Māori LGBTQI-plus community leaders told the researchers that one of the most destructive consequences of homophobia, transphobia and discrimination was takatāpui and Māori LGBTQI-plus self-harm and suicide. The decision to include questions about self-harm, suicide and access to support services was confirmed by an earlier study – Te Rau Hinengaro: New Zealand Mental Health Survey 2006 – which found that Māori had a higher prevalence of suicidal ideation, suicide plans and suicide attempts than others, even after adjustment for sociodemographic correlates (Oakley Browne et al, 2006).

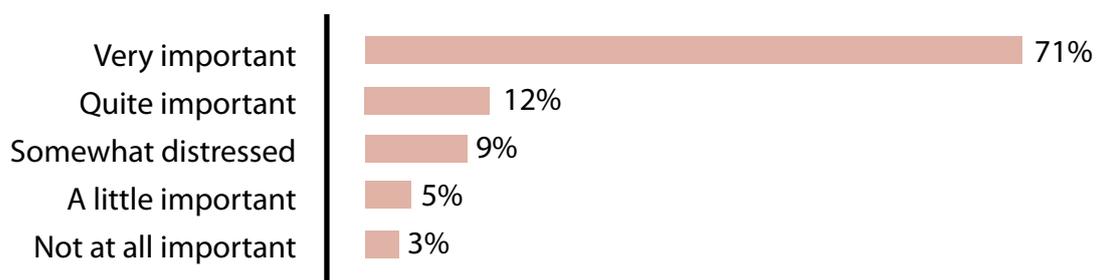
Just over half (53%) of participants who answered this section of the survey had had a whānau member or a friend who had thought about self-harm or suicide as a consequence of transphobia, homophobia or discrimination because of their sexual or gender identities. Most participants reported their whānau member or friend had received support from friends, from whānau, followed by a GP, or someone else. Alarming, 16% of participants thought their whānau member or friend had received no support, or they didn't know if support had been obtained. Further, 51% of takatāpui

and Māori LGBTQI-plus people reported they had a whānau member or friend who had self-harmed or suicided as a consequence of transphobia, homophobia or discrimination associated with their sexual or gender identities, and support, if and when this was obtained, mainly came from friends and whānau. Again, 16% of participants thought no support was obtained or they didn't know if there had been support.

When participants were asked whether they themselves had ever thought about self-harm or suicide, 45% reported they had and that support had come from friends and whānau, although 13% reported they had no support during this distressing time of their lives. Last, just over a third (33.96%) of respondents reported they had ever self-harmed or attempted suicide, and they cited their friends and whānau as having been their most likely sources of support.

Concluding this section, questions from the New Zealand General Social Survey, Te Kupenga, the Honour Project, and the Honour Project Aotearoa team focused on survey participants' mental and spiritual health. Most takatāpui and Māori LGBTQI-plus survey participants (55%) reported that over the last four weeks they felt calm Most of the time and All of the time; however, the remaining (45%) participants did not feel calm and peaceful at all (6%), or only Some of the time (25%) or a Little of the time (14%).

Figure 10 – How important is wairuatanga or spirituality to your health?



Positively, 70% of takatāpui and Māori LGBTQI-plus participants reported wairuatanga was important to their health and wellbeing (compared to 66% of Te Kupenga 2013⁶ respondents). Also positive, 70% of survey participants reported they were happy to be Māori all of the time, 64% reported they were happy to be takatāpui or Māori LGBTQI-plus, and 85% thought it was important for takatāpui and Māori LGBTQI-plus people to have positive role models.

Whānau Ora – The Health of Whānau

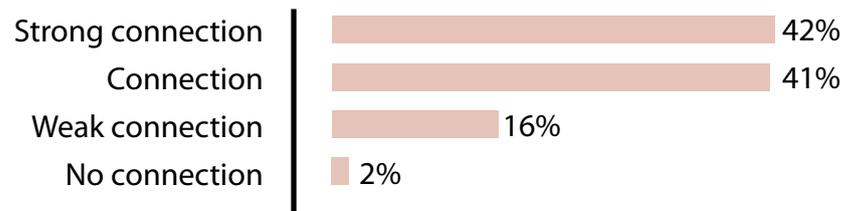
This section builds on the Team's conceptual framework that was developed to gather information about the health and wellbeing of takatāpui, Māori LGBTQI-plus and their whānau using distinctly Māori indicators. As expected, takatāpui and Māori LGBTQI-plus participants reported whānau as including multiple generations of people descended from common ancestors. Mothers, aunts and older female members were most likely to be reported as whānau members (93%), followed by parents (89%), tupuna and tipuna (88%), kaumātua (88%), cousins (88%) partners (87%), sisters (85%), children (84%), kaupapa whānau (81%), and brothers (79%).

Unexpected but possibly as a consequence of the number of survey participants who reported they did not have children (70.5% of our participants were without children, compared to 41% of New Zealand families), our takatāpui and Māori LGBTQI-plus survey participants were less likely to report children and grandchildren as whānau members, and friends were as likely to be reported as whānau members as were tipuna and kaumātua.

When comparing Honour Project Aotearoa whānau composition to the composition of whānau reported by Te Kupenga 2013, it appears that takatāpui and Māori LGBTQI-plus participants may form different whānau compositions. For example, Te Kupenga participants (94%) reported whānau composition as most likely to include parents, partners, children, brothers and sisters, whereas Honour Project Aotearoa participants were more likely to report older women, parents, tipuna, kaumātua, cousins and partners as whānau members. Despite an apparent difference with regard to whānau composition, nonetheless 82% of takatāpui and Māori LGBTQI-plus survey participants reported they felt connected or strongly connected to their whānau.

⁶ Te Kupenga 2013 (English)
<http://archive.stats.govt.nz/browseforstats/peopleandcommunities/Māori/TeKupengaHOTP13/Commentary.aspx>

Figure 11 – How connected do you feel to the whānau group you were thinking about?

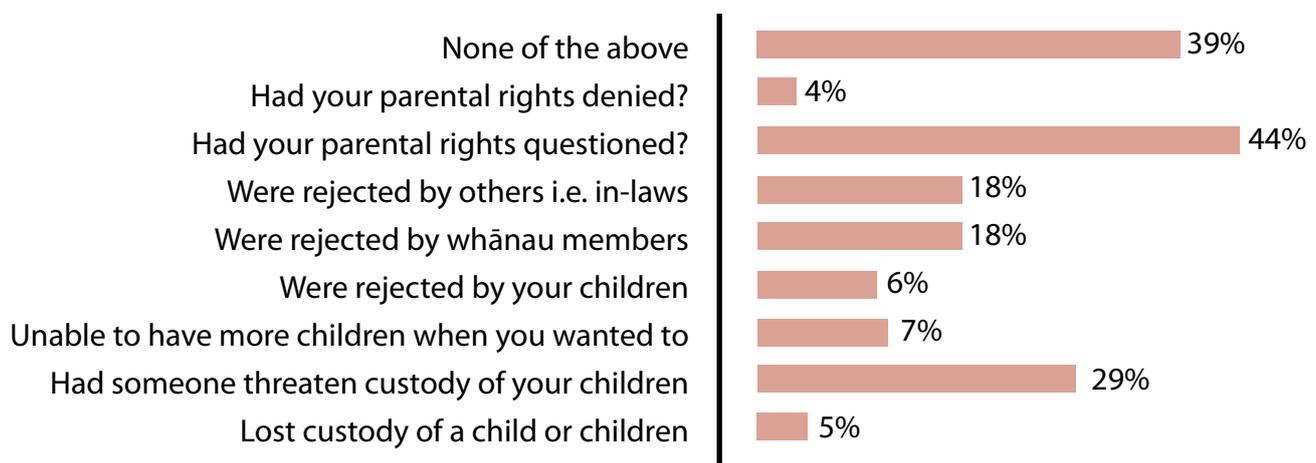


Approximately 70% of takatāpui and Māori LGBTQI-plus survey participants reported their whānau as doing well or extremely well, compared to 83% of Te Kupenga participants. Low level of income, homelessness and discrimination may affect how well Honour Project Aotearoa survey participants reported their whānau as doing.

As noted, 70.5% of takatāpui and Māori LGBTQI-plus survey participants had not been a parent. Of the 29% who had parented a child, 58% had become a parent with a friend, partner or spouse, 34% had raised a whāngai child, and 21% had been a step-parent. Assisted reproduction at home had enabled 7% of takatāpui and Māori LGBTQI-plus survey participants to become a parent, and 2% had utilised external fertility services in order to conceive a child.

The recently released Counting Ourselves study reported 16% of survey participants were parents, including being a foster or adopted parent, and for Māori participants 32% wanted to be a parent, nearly twice the level of the survey's Pākehā participants (Veale et al, 2019).

Figure 12 – Have you ever had any of these things happen because you are a takatāpui or Māori LGBTQI-plus parent?



Takatāpui and Māori LGBTQI-plus parents reported they are faced with a number of challenges likely associated with racism, homophobia and transphobia when raising their children. Of concern, 29% of participants reported someone had threatened custody of their children because of their sexual or gender identity, 18% had experienced rejection by whānau members and others, and 44% had had their right to be a parent questioned by others.

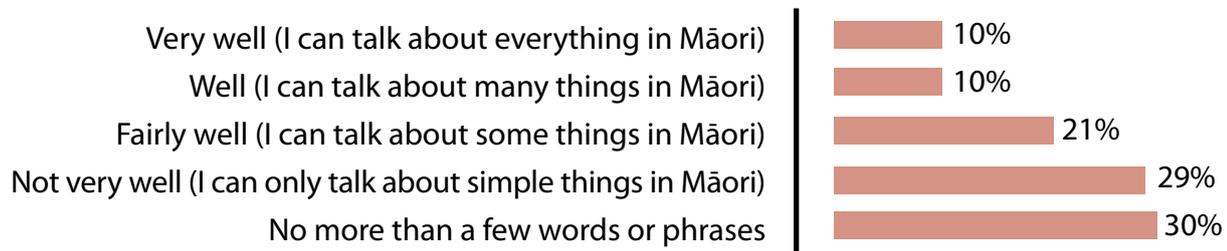
When accessing a health service for their children, 40% had had their right to parent a child questioned by the health service, a clear breach of the obligations and duties of health services as set out in New Zealand's Code of Health and Disability Services Consumers' Rights. Half of survey participants (50%) who were or who had been a parent, reported they had experienced discrimination for being a takatāpui or Māori LGBTQI-plus parent, and 36% reported their child had experienced discrimination as a consequence of having a takatāpui or Māori LGBTQI-plus parent. Kerekere (2017) ⁷ noted the keen ability of children to feel discrimination, even when the reason behind the discrimination – homophobia and transphobia – might not be understood by the child. Kerekere proposes that one of the effects of children witnessing or directly experiencing homophobia and transphobia may be to limit the development of their own sense of being Māori, and of being themselves.

Asked how they might become a parent in the future, 52% of takatāpui and Māori LGBTQI-plus survey participants wanting to be parents reported they preferred to whāngai a relative's child, 21% would prefer to adopt a child, and 15% thought they'd like to parent a partner's child. At 52%, the preference to raise a relative's child indicates the importance of whakapapa – of continuing one's whānau descent lines - for takatāpui and Māori LGBTQI-plus people.

⁷ ????

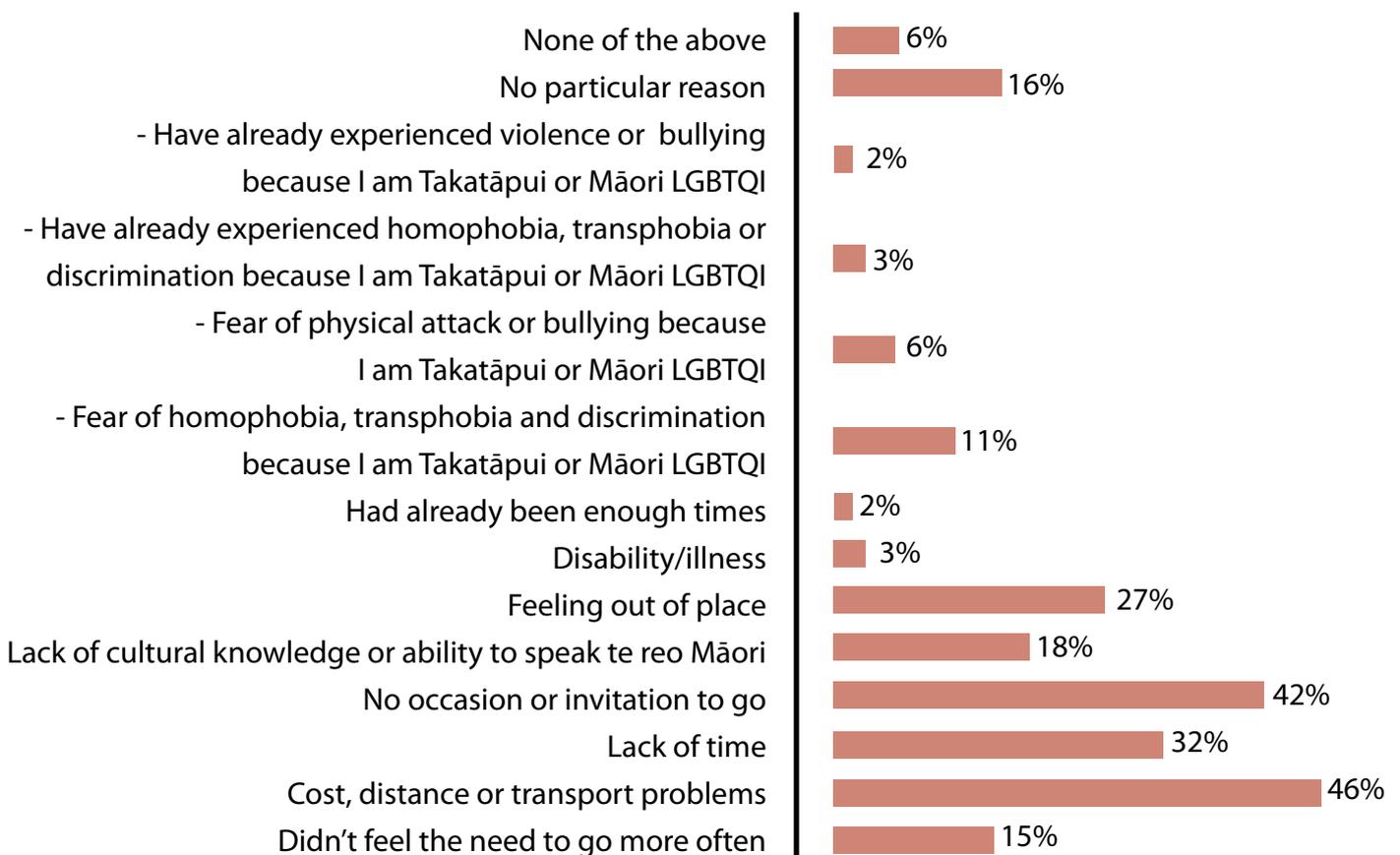
Survey participants reported on a number of questions to do with te reo Māori and participation in Māori and iwi, hapū and whānau cultural activities and events. Some questions were adopted from Te Kupenga 2013, and others were developed by the Honour Project Aotearoa team. Briefly, 10% of takatāpui and Māori LGBTQI-plus survey participants reported the language most often spoken in their home was te reo Māori. By comparison, Te Kupenga 2013 reported that for 2.6% of adult Māori respondents te reo Māori was the main language at their home, and a further 20.5% reported te reo Māori was spoken regularly at home.

Figure 13 – How well are you able to speak Māori in everyday conversation?



Regarding te reo Māori proficiency, takatāpui and Māori LGBTQI-plus survey participants reported their ability to speak Māori in day-to-day conversations as high, in fact higher than Te Kupenga 2013 participants, although participants in both surveys reported almost the same ability to understand spoken Māori. Our takatāpui and Māori LGBTQI-plus survey participants reported higher levels of reading and writing proficiency than their Te Kupenga 2013 counterparts. Higher te reo Māori proficiency reported by takatāpui and Māori LGBTQI-plus survey participants may be associated with numbers attending kōhanga reo, kura Kaupapa Māori and Māori medium education settings. Te reo Māori proficiency data will be explored in greater depth over the coming months.

Figure 14 – In the last 12 months what were the reasons you didn't go to your ancestral marae?



Questions focusing on engagement with Māori, iwi, hapū and whānau activities and events were derived from Te Kupenga 2013 survey questionnaire. In total, 93% of takatāpui and Māori LGBTQI-plus participants reported they knew their iwi, 44% reported regular participation in iwi events, and 62% had been to their ancestral marae in the last 12 months. By comparison, 89% of Te Kupenga 2013 respondents knew their iwi, and 62% had been to their ancestral marae in the last 12 months.

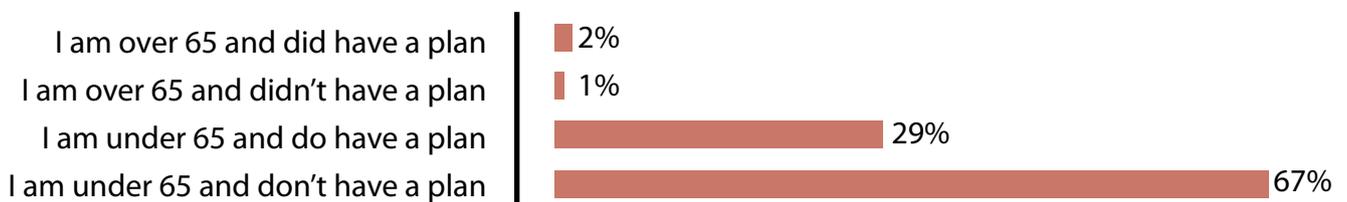
Regarding socio-economic barriers and facilitators to Māori development, the Honour Project Aotearoa team wanted to know what barriers prevented takatāpui and Māori LGBTQI-plus people from connecting with their iwi and hapū. Specifically, survey participants were asked how often they had gone to their ancestral marae in the last 12 months, and whether discrimination was a barrier to participation. Takatāpui and Māori LGBTQI-plus survey participants reported the most common barriers were cost, distance or transport problems (46%), followed by no occasion or no invitation (42%). Taken together, fear of experiencing homophobia, transphobia and discrimination - and prior experience of these - were reported by 22% of takatāpui and Māori LGBTQI-plus participants as reasons for not going to their ancestral marae in the last 12 months. A further 27% of survey participants reported not going to their ancestral marae because they felt out-of-place. This response could be interpreted many ways including the possibility that some ancestral marae are heteronormative settings which, in spite of takatāpui and Māori LGBTQI-plus whakapapa connections, nonetheless create formidable barriers for takatāpui and Māori LGBTQI-plus people.

Discriminatory barriers and socio-economic challenges notwithstanding, 92% of takatāpui and Māori LGBTQI-plus survey participants reported it was somewhat, quite, or very important for them to be involved in things to do with Māori language and culture, compared to 70% of Te Kupenga 2013 respondents. Positively, 50% of our takatāpui and Māori LGBTQI-plus survey participants reported they carried out a range of well-respected cultural roles (i.e. ringawera, kapa haka kaiako, and kaitiaki taiao). The importance of culture to Indigenous GLBTI-plus peoples' identities was noted by Honor Project Two-Spirit survey participants of whom 90% reported they felt good about their Indian identity, and 95% reported that Indian culture has many strengths. Furthermore, 85% of Honor Project Two-Spirit survey participants felt a spiritual connection to land, and 89% reported feeling at peace with their Indian identity.

Seven questions were developed by the team to learn about survey participants' preparedness for retirement and end-of-life. As the proportion of the 65 years-plus Māori and New Zealand populations increases, anticipating retirement - accommodation, lifestyle, and care - for takatāpui and Māori LGBTQI-plus people becomes important. This is particularly so given 20% of survey participants reported their income before retirement is only just enough or is insufficient to meet their everyday needs, and homelessness and insufficient kai is also an issue for some.

Overall, most takatāpui and Māori LGBTQI-plus survey participants younger than 65 years had not planned where they will live, who will care for them, or the savings required to maintain their current lifestyle at 65 years and beyond. Similarly, most had not planned to meet tangihanga costs, arranged powers of attorney for their health and wellbeing, or enabled succession of their Māori land interests to whakapapa-based whānau members.

Figure 15 – Have you planned for savings to pay for things not covered by the pension when you are older?



Only 3% or 12 survey participants were older than 65 years. However, 47% of survey participants were aged 35 to 64 years, arguably the working years when most Māori adults, including adult takatāpui and Māori LGBTQI-plus people, will plan and save for their retirement. Unfortunately, that figure is not reflected in the number of under-65 year olds with retirement, accommodation, care, and lifestyle plans. This is significant as it suggests that current national retirement policy and education related to retirement savings might not resonate with takatāpui and Māori LGBTQI-plus communities. Notwithstanding the low numbers of takatāpui and Māori LGBTQI-plus survey participants who had made plans for their late years, most takatāpui and Māori LGBTQI-plus survey participants reported they would not seek retirement home accommodation and care, and 28% reported that retirement homes deliver poor care services to takatāpui and Māori LGBTQI-plus people and their whānau.

To the Honour Project Aotearoa team's knowledge, no research studies in Aotearoa New Zealand have sought to specifically address the health and wellbeing rights and requirements of aging takatāpui and Māori LGBTQI-plus people and their whānau. As the population of Aotearoa New Zealand ages, this is a research gap that requires the urgent attention of Kaupapa Māori takatāpui and Māori LGBTQI-plus researchers.

The Honour Project Aotearoa team developed four questions to find out where takatāpui and Māori LGBTQI-plus survey participants sought their social support. Sources of support, in order of popularity were 1) friends, followed by 2) whānau, 3) Online social media support groups, 4) kaupapa whānau, 5) takatāpui and Māori LGBTQI-plus organisations, 6) Pākehā LGBTQI-plus organisations 7) work colleagues, 8) Counsellor health service, and 9) Māori organisations. Survey participants were also asked which LGBTQI-plus events they had used in the last 12 months. In order of popularity were Online LGBTQI networks, followed by clubs and bars, the Auckland Pride Parade and Big Gay Out, and Other (free text).

Wai Ora – The Contribution of Lived Environments to Health and Wellbeing

This section of the survey report focuses on health and social services (i.e. lived environments) as key determinants of the health and wellbeing of takatāpui and Māori LGBTQI-plus people. Contrary to the neoliberal discourse that health is an outcome of personal choice, the Kaupapa Māori approach adopted by the Honour Project Aotearoa team is that peoples' health outcomes are determined by the wider socio-economic and political environments within which takatāpui and Māori LGBTQI-plus people live.

In total, 64% of survey participants reported they had used some type of service in the last 12 months in order to keep well. Survey participants were asked to report all services they had used for their health in the last 12 months. By far the most common services takatāpui and Māori LGBTQI-plus survey participants reported using were General Practitioners (GPs) at 87%, followed by Pharmacists (47%), Mental Health Services (24%), and Sexual Health Services (21%). Most takatāpui and Māori LGBTQI-plus survey participants (91%) reported a GP as their main healthcare professional. This is unsurprising given two decades-worth during which the Ministry of Health and District Health Boards promoted Primary Health Organisation (PHO) registrations as the key mechanism for delivering accessible, low cost GP and primary health care services. Only a third (36%) of survey participants thought they were registered with a PHO, although Statistics New Zealand estimates 91% of the total Māori population are enrolled with a PHO (Stats NZ, January 2019).

Notwithstanding 91% of takatāpui and Māori LGBTQI-plus survey participants were registered with a GP and 87% reported their GP as the person they saw most often for their health needs, only 9% reported their main healthcare professional as very knowledgeable in terms of meeting their needs as Māori, and 8% reported they were very knowledgeable meeting their needs as a takatāpui or Māori LGBTQI-plus person. This suggests that the knowledge of GPs, in particular, in terms of meeting the needs of their takatāpui and Māori LGBTQI-plus patients is not well developed despite two decades of primary healthcare sector development. There may be an association between only 9% of survey participants reporting their GP as very knowledgeable and survey participants reporting their GP did not know their sexual identity (47%), did not know their gender identity (20%), and their GP and other health professionals used sexuality and gender identity-related terms that made them feel uncomfortable (53% and 33%).

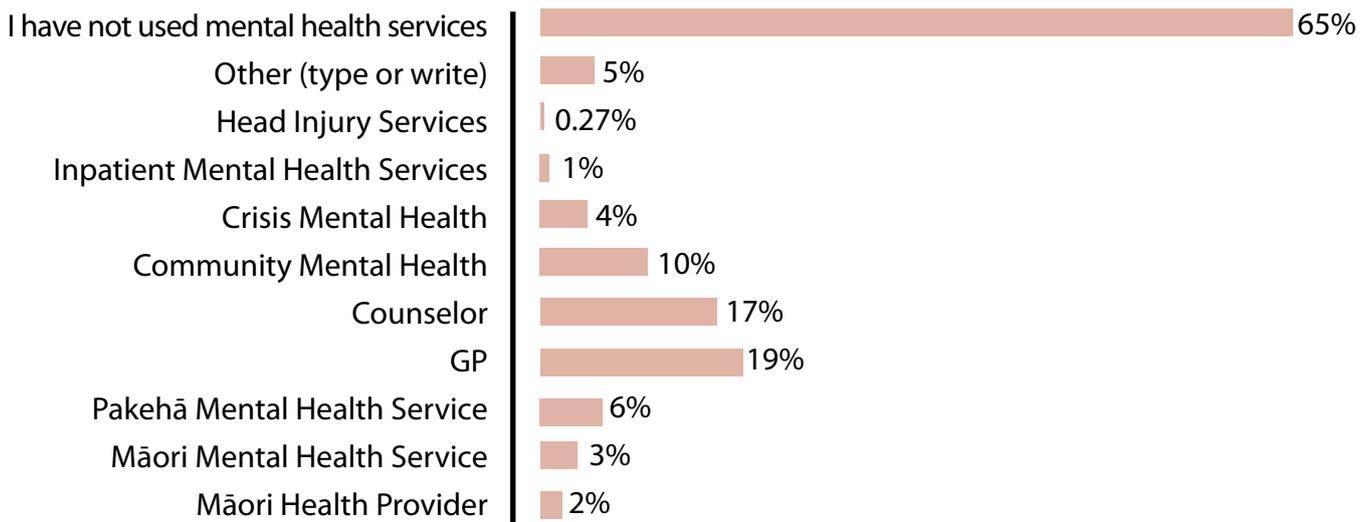
New Zealand's Primary Health Strategy is described as central to reducing inequities and improving the health of all New Zealanders (Ministry of Health, 2016). Since the launch of the strategy in 2001 (Ministry of Health, 2001) the emphasis has shifted from a treatment to a prevention approach, with emphasis placed upon building community and health services collaborations. The health service experiences and data concerning takatāpui and Māori LGBTQI-plus people and their whānau, and effective collaborations with key national takatāpui and Māori LGBTQI-plus networks and organisations will be key to eliminating inequities across a range of health conditions.

To this end, screening services in primary care are central to preventing identified health conditions. Takatāpui and Māori LGBTQI-plus survey participants reported their GP had offered screening, in order of popularity, for cardiovascular health (43%), cervical cancer (36%), sexual health (29%), diabetes (25%), smoking cessation (25%), mental health (23%) and a range of other conditions. Without further investigation (planned) it is unclear whether takatāpui and Māori LGBTQI-plus populations are offered primary health screening at the same level as the heterosexual Māori population.

More than one third of all adults in Aotearoa New Zealand have private health insurance (PHI) cover, however only 20% of Māori have PHI. Adults with higher incomes and better health are more likely to have PHI (Ministry of Health, 2016), so it was no surprise that only 15% of takatāpui and Māori LGBTQI-plus survey participants reported having PHI.

Having PHI may be more important for takatāpui and Māori LGBTQI-plus people than for the general population because Aotearoa New Zealand's public health sector currently does not provide nationwide no-cost or low-cost medical, surgical and psychological services related to fertility and gender-affirming care. Cost was a barrier for 33% of takatāpui and Māori LGBTQI-plus survey participants who reported they were not able to access the health services they needed. Although 32% of survey participants reported they had a Community Services Card for discounting health-related costs, in the last 12 months 30% of participants reported they had to postpone or put off visits to their healthcare professional to keep costs down. Furthermore, 26% of survey participants had not collected prescription items from pharmacists due to cost. Some takatāpui and Māori LGBTQI-plus survey participants (21%) reported that in the last 12 months they were unable to access the health services they needed in Aotearoa New Zealand due to cost. Consultation with takatāpui and Māori LGBTQI-plus leaders whilst planning and developing the Honour Project Aotearoa survey indicated early and low-cost access to mental health services may be important for some takatāpui and Māori LGBTQI-plus people.

Figure 16 – In the last 12 months have you accessed any of the following services for mental health care?



Survey participants reported accessing their GP, a Counsellor, and a Community Mental Health team. Of those accessing services for their mental health, 47% reported they were required to have a mental health diagnosis in order to access services. Given the high levels of sexuality and gender-based discrimination experienced by takatāpui and Māori LGBTQI-plus and distress associated with feeling like always being 'on guard', fear of being attacked or bullied, not having positive role models, and whānau and friends avoiding talking about one's sexual and gender identities, access to no-cost mental health services is critical for health and wellbeing.

Last, survey participants were asked how good their healthcare professional was at explaining health conditions and treatments in a way that they could understand. Most Takatāpui and Māori LGBTQI-plus participants (48.1%) reported the explanation their healthcare professional provided was Good or Very Good. Of concern were 18.2% who reported their healthcare professional's explanation of their health condition and treatment was Poor or Very Poor. Taken together, while the Primary Health Strategy emphasises prevention and aims to improve access to GPs and other primary health services it is clear that lack of knowledge about takatāpui and Māori LGBTQI-plus people, a failure to provide health information that matches patient health literacy plus the cost of health services are significant barriers to prevention and wellbeing for significant numbers of takatāpui and Māori LGBTQI-plus people.

Meantime, Māori healing services were sought by 32% of takatāpui and Māori LGBTQI-plus survey participants, particularly Rongoa (70%), Mirimiri (68%), Karakia (66%), and Wai (43%). Similarly, Honor Project Two-Spirit survey participants reported traditional healing, spirituality and ceremonial and cultural participation were protective against the harmful effects of stress and trauma. Last, 43% of participants reported that if they could, they would use a support person to help them get the health services they need. This simple strategy could make a difference in terms of reducing discrimination – racism, homophobia and transphobia - for takatāpui and Māori LGBTQI-plus people seeking culturally affirming and sexuality and gender-positive health services.

Discrimination for takatāpui and Māori LGBTQI-plus people – racism, homophobia and transphobia - is not only a significant barrier to health service utilisation, but also to participation and success in education, employment, and wellbeing on the street and in public places. Of concern, 51% of takatāpui and Māori LGBTQI-plus survey participants reported experiencing discrimination for being Māori at multiple sites. Discrimination was experienced at school (81%), in public places (70%), in shops (61%), on the street (56%), at work (54%), when seeking employment (53%), and in restaurants (43%).

Discrimination because of sexual identity was experienced by 46% of takatāpui and Māori LGBTQI-plus survey participants in public places (76%), on the street (60%), at school (54%), at work (43%), in shops (28%), in tertiary education settings (22%), and at restaurants (21%). Discrimination because of gender identity was experienced by 20% of takatāpui and Māori LGBTQI-plus survey participants in public places (64%), at school (60%), at work (60%), on the street (58%), when seeking employment (38%), in shops (37%), at restaurants (26%), and in tertiary education settings (23%).

At 18%, whilst health services did not perform as poorly as other public services, nonetheless racism in health services is unacceptable, it constitutes a breach of legislative and health standards, and negatively affects Māori health outcomes. Focusing on health services as sites of discrimination, takatāpui and Māori LGBTQI-plus survey participants reported experiencing racism at hospitals (22%), GP Medical centres (19%) Emergency Departments (18%), and After Hours Medical Centres (8%).

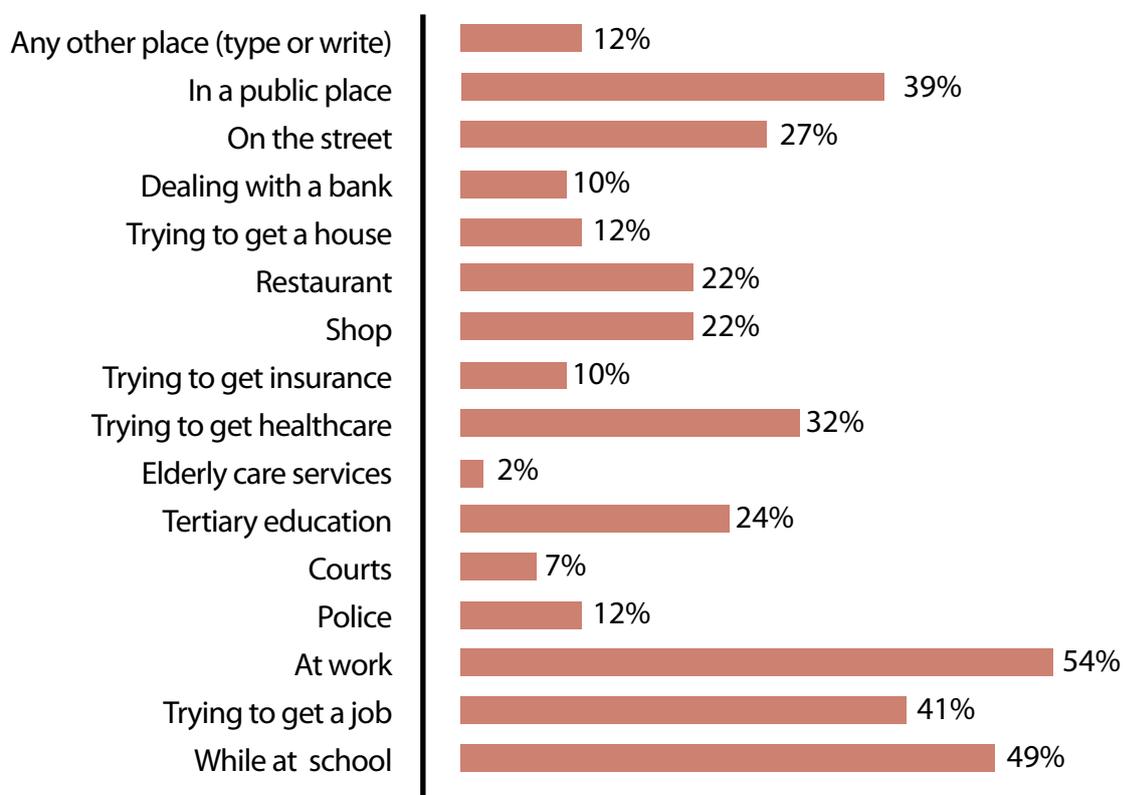
Discrimination at health services because of sexual identity was experienced by survey participants attending GP Medical Centres (17%), hospitals (15%), Māori providers (11%), Emergency Departments (9%), community mental health services (8%), and sexual health services (6%).

Discrimination at health services because of gender identity was experienced by survey participants at GP Medical Centres (25%), hospitals (25%), Emergency Departments (12%), After-Hours Medical Centres (10%), Medical Specialists (10%), and Māori Providers (8%) and Women’s Health Services (8%).

Discrimination arising from disability-related issues was reported by 11% of takatāpui and Māori LGBTQI-plus survey participants. Sites where disability-related discrimination was experienced by participants were the workplace (54%), at school (49%), when seeking employment (41%), in public places (39%), trying to get healthcare (32%), on the street (27%), at tertiary education settings (24%), at shops (22%), and at restaurants (22%).

Takatāpui and Māori LGBTQI-plus survey participants with disabilities reported experiencing disability-related discrimination at GP Medical Centres (34%), Emergency Departments (20%), community mental health services (20%), hospitals (15%), Medical Specialists (12%), After Hours Medical Centres (10%), and Inpatient mental health services (10%).

Figure 18 – Have you experienced discrimination because of disability-related issues?



Discrimination was also experienced by takatāpui and Māori LGBTQI-plus survey participants who reported having spent time in prison. Discrimination is experienced by many Māori who are subject to the criminal justice system. For example, evidence of discrimination against prisoners can be seen in the disenfranchisement or blanket ban on all prisoners’ right to vote. For Māori who comprise 50% of the adult prison population, disenfranchisement has a disproportionate impact⁸ upon Māori prisoners’ individual rights and their socio-political Treaty rights as members of iwi, hapū, whānau and Māori collectives. In total, 24 takatāpui and Māori LGBTQI-plus survey participants (7%) reported they had ever been to prison and a further 7 participants (2%) preferred not to answer the question. And while they were in prison, most reported they had not been able to access the health services they needed.

Te Kupenga 2013 explored Māori adults’ patterns of trust in six institutions – Media, Systems of Government, Education, Courts, Health, and Police. Te Kupenga 2013 described the aim of these public institutions as promoting a well-functioning society. It was proposed that if people don’t trust these institutions, it is unlikely they will make use of the public services which, in turn, limits their ability to achieve individual and collective wellbeing. Te Kupenga 2013 asked respondents whether they trusted institutions to treat them fairly. Respondents reported the institutions they trusted

⁸ <https://www.justspeak.org.nz/ourwork/the-prisoner-voting-ban-continues-to-silence-the-voices-that-matter-the-most>

most were Police, Health, and the Courts, and least trusted were the media and Systems of Government. Te Kupenga 2013 found that as Māori respondents' material wellbeing increased, so too did their level of trust in the Police. Further, the more highly qualified Māori are, the lower their level of trust in the media.⁹

In comparison, takatāpui and Māori LGBTQI-plus survey participants reported the institutions they trusted most (7-plus) were Education (46%), followed by Health (39%), and Social Services (33%). Further, a trust level of 7-plus was held by just 11 percent of survey participants for Religious Institutions, and 17 percent for the Media. Compared to Te Kupenga 2013 responses, takatāpui and Māori LGBTQI-plus participants' responses were different. Specifically, Education rather than the Police was the most trusted institution. Last, trust levels of 7-plus for the Police, Justice, Immigration and Courts were held by around 27% to 28% percent of Honour Project Aotearoa survey participants - significantly lower than the levels of trust in the same institutions reported by Te Kupenga 2013. A closer analysis will be required over the coming months in order to understand the significance of these data.

Finally, survey participants were asked which factors contributed to positive health service experiences for takatāpui and Māori LGBTQI-plus people, their whānau and friends. A Welcoming Space was highly rated by 97% of participants, followed by Awareness of Sexual Identity (94%), Awareness of Gender Identity (93%), a Respectful GP / Health Care Provider (93%), Clear Communication of Health Information (93%), and a Nurturing Environment (90%). Survey participants rated I feel comfortable talking about being Māori (89%), I feel comfortable talking about being takatāpui or Māori LGBTQI-plus (88%), Pronunciation of te reo Māori (86%), Knowledge of tikanga Māori (85%), Visible Māori staff (81%), Knowledge of te reo Māori (76%), Visible takatāpui staff (76%), Physical contact is appropriate (73%), Traditional rongoa is supported (73%), Alternative medicines are supported (71%), and Karakia is practiced (66%). These factors are all required by current health service legislation and policy, professional practice standards, and the Code of Health, yet many takatāpui and Māori LGBTQI-plus participants reported their healthcare professionals failed to deliver services that were compliant.

⁹ Statistics New Zealand (2015). A matter of trust: Patterns of Māori trust in institutions 2013. Available from <http://archive.stats.govt.nz/browseforstats/peopleandcommunities/Māori/te-kupenga/matterof-trust.aspx>

Survey Summary

The Honour Project Aotearoa survey was developed by the research team in collaboration with advisors from the Honor Project, and takatāpui and Māori LGBTQI-plus communities and non-government organisations.

A total of 368 Māori self-identified takatāpui and Māori LGBTQI-plus people completed the survey. The framework for the survey was informed by Māori concepts and values as described in He Korowai Oranga: The Māori Health Strategy. Survey questions were derived from current national health and social surveys, the New Zealand Census, the Honor Project, and customised by the research team. The survey supports future comparative in-country and Aotearoa New Zealand – United States of America takatāpui, Māori LGBTQI-plus and Two-Spirit data analyses.

The average age of survey participants was 35.6 years, the oldest participant was 77 years, and the youngest, 18 years. Nearly half of all participants lived in a major city (Auckland and Wellington), and surprisingly, 73% of takatāpui and Māori LGBTQI-plus survey participants reported not parenting children, a much higher percentage than for the total Māori population. Further,

Takatāpui and Māori LGBTQI-plus survey participants rated whanaungatanga or relationships, having a home to live in, feeling connected, and having a strong sense of their identity (cultural, sexual and gender identities) as most important for their health. Most takatāpui and Māori LGBTQI-plus participants rated their health as good and very good but nearly a quarter experienced poor health. Moreover, between 10 to 20% of participants experienced some difficulty seeing, hearing, walking and climbing steps, concentrating, managing self-care, and being understood. Nearly 70% reported they feel like they have control over their lives; however, 30% felt like they have little control.

Takatāpui and Māori LGBTQI-plus participants were more likely than the general Māori population to have a tertiary qualification (42%), and 36% were involved in some form of study. However, more than half (55%) reported their income as not enough or only just enough, and those reporting insufficient income also experienced poorer health and below average control over the way their lives turn out. For takatāpui and Māori LGBTQI-plus survey participants, level of education is not correlated to income which suggests that factors such as discrimination – racism, homophobia, and transphobia – may act to prevent those with strong education backgrounds from securing incomes that meet everyday needs.

The number of takatāpui and Māori LGBTQI survey participants reporting homelessness (19%) and ever exchanged sex for money or goods (28%) were high (28%). Homelessness was correlated to insufficient income and discrimination. Of those reporting ever engaged in sex work, of concern were the number reporting the streets and private settings as sites where sex was exchanged. On the face of it, data suggest a higher vulnerability to risk of sexual and physical violence and sexuality and gender-based discrimination when takatāpui and Māori LGBTQI-plus exchange sex on streets and in private settings rather than licensed brothels.

Asked to rate factors that support takatāpui and Māori LGBTQI-plus health and wellbeing, participants reported that having a home, having enough good food, and experiencing whanaungatanga and connectedness were high priorities. Participants also rated whakapapa and whanaungatanga highly. These factors could be understood as assisting takatāpui and Māori LGBTQI-plus people to navigate and to some degree calibrate the deleterious impacts of discrimination, homelessness and insufficient income.

Discrimination experienced by takatāpui and Māori LGBTQI-plus survey participants – when using health and social services and on the streets and in public places – is grave, unacceptable, and induces unhealthy and at times life-threatening levels of distress. At 77%, takatāpui and Māori LGBTQI-plus peoples distress as a consequence of racism, homophobia and transphobia demands national and international action. High levels of discrimination, violence and abuse indicate that racism, homophobia and transphobia are entrenched, persistent and systemic in Aotearoa New Zealand. It should not be a surprise, then, that 45% of participants reported they were not open or only sometimes open about being takatāpui and Māori LGBTQI-plus. That takatāpui and Māori LGBTQI-plus people are unable to express their tuakiri (cultural, sexual and gender identities) and exercise their rangatiratanga or their Treaty of Waitangi self-determining rights for fear of violence, abuse is intolerable.

Discrimination arising from disability-related issues was reported by 11% of takatāpui and Māori LGBTQI-plus survey participants. Disability-related discrimination by health services occurred at GP Medical Centres (20%), Emergency Departments (13%), community mental health services (20%), hospitals (15%), Medical Specialists (12%), After Hours Medical Centres (10%), and Inpatient mental health services (10%).

Survey participants reported the stress caused by society's response to their cultural, sexual and gender identities contributed to self-harm and suicide. Fifty-five percent of survey participants reported they had ever contemplated self-harm or suicide, and 34% had ever self-harmed or attempted suicide. Moreover, support for those who had contemplated self-harm and suicide and those who had self-harmed and attempted suicide had largely come from friends and whānau if, in fact, any support was received.

In spite of the serious levels of discrimination experienced by takatāpui and Māori LGBTQI-plus participants, 70% reported they were happy to be Māori all of the time, 64% reported they were happy to be takatāpui or Māori LGBTQI-plus, and 85% thought it was important for takatāpui and Māori LGBTQI-plus people to have good role models to help foster and maintain positive identities.

Whakapapa whānau and kaupapa whānau are important sources of positivity and support for takatāpui and Māori LGBTQI-plus survey participants. While the composition of takatāpui and Māori LGBTQI-plus whānau may differ from the composition of whānau Māori identified by Te Kupenga 2013, nonetheless 82% of takatāpui and Māori LGBTQI-plus survey participants reported they felt connected or strongly connected to their whānau, and 70% (Te Kupenga 2013 participants reported 83%) of takatāpui and Māori LGBTQI-plus survey participants reported their whānau as doing well or extremely well.

The experiences of takatāpui and Māori LGBTQI-plus participants forming whānau and fostering and maintaining healthy whānau are impacted by discrimination. Survey participants raising children reported they are faced with a number of challenges. Specifically, 29% of participants reported someone had threatened custody of their children because of their own sexual or gender identity, 18% had experienced rejection by whānau members and others, and 44% had had their right to be a parent questioned by others.

Involvement with Māori language and culture was reported by 92% of takatāpui and Māori LGBTQI-plus participants. Takatāpui and Māori LGBTQI-plus survey participants reported higher levels of reading and writing proficiency than their Te Kupenga 2013 counterparts, and 93% reported they knew their iwi, 44% reported regular participation in iwi events, and 62% had been to their ancestral marae in the last 12 months. Positively, 50% of takatāpui and Māori LGBTQI-plus survey participants reported they carried out a range of well-respected cultural roles at their marae or for their iwi, hapū and kaupapa whānau (i.e. ringawera, kapa haka kaiako, and kaitiaki taiao). However, fear of experiencing homophobia, transphobia and discrimination or prior experience of these were reported by 22% of takatāpui and Māori LGBTQI-plus participants as reasons why they had not gone to their marae in the last 12 months.

As takatāpui and Māori LGBTQI-plus communities age, planning for retirement is important. Under half (47%) of survey participants were aged 35 to 64 years and almost none had planned for their retirement. This notwithstanding, most takatāpui and Māori LGBTQI-plus survey participants reported they would not seek retirement home accommodation and care, and 28% reported that retirement homes deliver poor care services to takatāpui and Māori LGBTQI-plus people and their whānau.

Turning now to health services and health systems, the picture is grim. Although 91% of takatāpui and Māori LGBTQI-plus survey participants were registered with a GP and 87% reported their GP as the person they saw most often for their health needs, only 9% reported their main healthcare professional as knowledgeable in terms of meeting their needs as Māori, and 8% reported their GP was knowledgeable in terms of meeting their needs as a takatāpui and Māori LGBTQI-plus persons. Moreover, nearly half (47%) of all takatāpui and Māori LGBTQI-plus survey participants reported they were unsure if their GP knew their sexual identity, their GP did not know their sexual identity, and their GP had not enquired as to their sexual identity. Just over 20% of takatāpui and Māori LGBTQI-plus participants reported their GP did not know their gender identity or were unsure of their gender identity, and 33% of participants reported their GP used terms to describe their gender identity that made them feel uncomfortable.

Although 32% of survey participants reported they had a Community Services Card for discounting health-related costs, 30% of participants reported they had to postpone or put off visits to their healthcare professional to keep costs down. Furthermore, 26% of survey participants had not collected prescription items from pharmacists due to cost. Some takatāpui and Māori LGBTQI-plus survey participants (21%) reported that in the last 12 months they were unable to access the health services they needed in Aotearoa New Zealand due to cost.

Taken together, while the Primary Health Strategy emphasises prevention and aims to improve access to GPs and other primary health services it is clear that lack of knowledge about takatāpui and Māori LGBTQI-plus people coupled with a failure to provide health information and the cost of health services are significant barriers to prevention and wellbeing for significant numbers of takatāpui and Māori LGBTQI-plus people.

Discrimination for takatāpui and Māori LGBTQI-plus people – racism, homophobia and transphobia - is not only a significant barrier to health service utilisation, but also to participation and success in education, employment, and wellbeing on the street and in public places. Of concern, 51% of takatāpui and Māori LGBTQI-plus survey participants

reported experiencing discrimination for being Māori at multiple sites. Takatāpui and Māori LGBTQI-plus survey participants reported the institutions they trusted most (7-plus) were Education (46%), followed by Health (39%), and Social Services (33%). Further, a trust level of 7-plus was held by just 11 percent of survey participants for Religious Institutions, and 17 percent for the Media.

Responses suggest inequities exist for takatāpui and Māori LGBTQI-plus people relative to other Māori, and other Aotearoa New Zealanders; in particular, inequitable levels of homelessness, insufficient income, and unacceptably high levels of discrimination (racism, transphobia and homophobia) that negatively impacts identity, mental health, parenting, access to most health and social services, and trust in key government institutions. As well, some legislation and government strategies are clearly failing takatāpui and Māori LGBTQI-plus communities. Notwithstanding a plethora of distress experienced by takatāpui and Māori LGBTQI-plus survey participants in the face of discriminatory health and social systems and services, their determination to foster and maintain their identities as valued members of iwi, hapū and whānau inspires self-determination and courage for the future.

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