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Family-tree mapping and gender-based violence (GBV) in Niue: research method and intervention

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ABSTRACT

Introduction: Gender-based violence (GBV) is a product and manifestation of gender relations that inflicts harm disproportionately on those who identify as women and girls. In the Pacific island country of Niue, there is a lack of research and attention on the issue. The aim of this research paper is to examine the use of the family-tree mapping method to research and interpret GBV in Niue with the goal of eliminating violence in social relations and promoting healthy relationships.

Methods: The research involved 14 family-tree mapping interviews using blended narrative-Talanoa methods. Guided by a genealogical approach, this family-tree mapping approach was piloted as a tool for in-depth exploration of how the family space functions around GBV. The research described in the paper did require ethics approval which was granted by the University of Auckland Human Participants Ethics Committee (reference 023589).

Findings: This family-tree mapping framework presents a new way of engaging with the issue of GBV in terms of research and intervention through family-tree mapping in a way that illuminates the dynamics around disclosure, accountability, education, and Talanoa/ gossip, but also protects the privacy of participants.

Conclusion: By making space within families through family-tree mapping to discuss GBV, local advocates and researchers can better understand the complexity and intimacy of family dynamics, uphold the imperatives for privacy and safety important to GBV research, and guide communities towards prevention and accountability.

Key words: gender-based violence, family tree, family violence, domestic violence.

INTRODUCTION

Gender-based violence (GBV) has been a key focus area for gender and development because, by World Health Organisation (WHO) estimates, up to 70 percent of women have experienced physical or sexual violence by men in their lifetimes.¹ In the Pacific, WHO prevalence studies report particularly high rates. In the Cook Islands, Samoa, Tonga, and Tuvalu, these prevalence studies indicate that 38-60% of women have experienced physical, sexual, and/or emotional intimate partner violence alone.²

Pacific women have led change in many spaces related to GBV from community organising efforts in Papua New Guinea³ to the Fiji Women's Rights Movement winning legislation change.⁴ Individual women and children, their families, and communities in the Pacific who have lived with the effects of violence have developed various ways of managing, but the pressures and stresses are enormous.

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GBV includes all tactics employed predominantly by men to control predominantly women. It may involve “physical, psychological, sexual and/or economic abuse, in domestic environments and public spaces, with known or unknown assailants”.⁵ It occurs as a result of social relations that normalise violence as a tool to reinforce gender roles and norms. GBV does not occur in exactly the same way around the world, and the central theme of this research is that GBV cannot be essentialised, nor can its respective interventions.⁶

In all of the GBV research in the Pacific, Niue has fallen through the cracks. In the Pacific, as well as other parts of the world, prevalence studies have been the main source of research on GBV.⁷ These studies rely on the WHO standard methodology⁸ that employs surveys to capture the quantitative prevalence of different types of GBV. These studies provide valuable insights into the scope of the problem in a given place and context-specific risk and protective factors but are often not enough to craft effective interventions. Further, the small population on Niue poses ethical challenges in using quantitative methodologies. In particular, protecting the privacy of individuals is a significant challenge.

The 2017 research undertaken by the first author with the International Center for Advocates Against Discrimination (ICAAD), found that GBV is a persistent problem in Niue and that it remains a gap in existing literature.⁹ Further, a report from the South Pacific Community¹⁰ highlighted domestic violence as a problem and the conflicting challenge of the perception that gender inequality is not a problem in Niue. Available research comes primarily from reports from international and regional organisations¹¹, and the academic research to date has only focused on Niueans living in New Zealand.¹²

Public health research on Niueans in New Zealand provided guidance in how to conceptualise the spaces in which GBV is prevented and addressed.¹³ This research as well as that of the first author in 2017¹⁴ pointed to the family as a crucial space in terms of understanding and addressing GBV in Niue. Building on these findings, the present research pilots a new approach in using family-tree mapping as a tool to consider the intricacies of the family space. The *magafaoa*, family and extended family, is where guidelines for gender relations are socialised, where burdens are shared, and where ancestry lives.¹⁵ In this research, it is both a space in which GBV is addressed as well as a research method through family-tree mapping.

Genealogy is a major thread in many Pacific research methodologies as well as recent research in Niue. In Pasisi’s research¹⁶, Niue women’s stories about climate change included stories of their genealogies which allowed Pasisi to access the richness of women’s knowledge embedded in ancestry. Stories of how gender expression is understood within ancestry can provide context for understanding gender today. Because gender is socialised, with the family being a major social space, the lessons from our families, including our elders, speak to the way our families understand and express gender.

This methodology is in the spirit of *Fakatupuolamoui*, the Niuean conceptual framework developed by Niueans in New Zealand for addressing family violence which leans on positive aspects of *Aga Fakamotu* (Niuean culture, the Niuean way).¹⁷ In this sense, the research design is focused on the positive development of the *magafaoa* in preventing and addressing GBV.

METHODS

The research took place over four weeks from 19 October to 15 November 2019 in Niue with interviews led by American researcher Erin Thomas (hereinafter, primary researcher) with support from co-author Niuean counsellor and Head of Community Affairs/ Services Charlene Tukiuha. The research involved two parts: 27 fact-finding interviews with 32 participants and 14 family-tree mapping interviews with a woman from each village. The fact-finding interviews with government and community leaders provided crucial relationships and context to understand the recurring narratives around GBV, but the focus of this article will be on the second part: the 14 family-tree mapping interviews.

Family-tree interview participants were recruited through the village women’s councils with one in each of the 14 villages. Chairpersons of each women’s council were given the details of the research in English and Vagahau Niue and asked to select a participant in a manner appropriate for their group. The council could refuse to participate as a collective, and if they did choose to participate, the selected participant could also withdraw at any point. If the selected participant withdrew, we contacted the Chairperson again to, if their council still wanted to participate, select another participant. This approach was chosen in order to include a range of families and to ensure that the data collected was exhaustive enough to be publicly accepted in Niue, meaning as representative as possible.

There was a total of 14 interviews ranging from 60-180 minutes, averaging 120 minutes. There were no age restrictions, but members of the village women's councils were mainly women over 40. Participants were all between 40 and 80 years old with an average age of 64 years. At the start of the sessions, it was explained that the focus would not be on any situations or events whereby the participant was directly involved in violence. After each interview, participants were given a small gift and thank you card in reciprocity for their time.

During the interviews, we mapped their social family tree focusing on family members living in Niue (**Table 1**). We drew the family tree no more than two generations. This took 30 minutes on average in each interview. Similar methods have been used most notably in anthropology and psychology as well as in the process of post-mortems by the New Zealand Family Violence Death Review Committee.¹⁸ Then, questions were asked around the areas of disclosure, accountability, education, and Talanoa/ gossip in the family (see Table 2). Disclosure involves when and how the participant became aware of the situation. Education is about lessons shared within the family about relationships, gender roles, and GBV. Accountability refers to if and how the person who caused harm was held accountable. Talanoa/ gossip in this use involves the gossip and discourse in the family around a specific GBV situation.

For the family-tree mapping interviews, the primary researcher used Doucet and Mauthner's¹⁹ Listening Guide to do a four stage review of each transcript. The first review involved a reflexive reading for immediate reactions and interpretations. The second review traced the participant and how she spoke about herself. The third review mapped her relations with others in the narrative. The fourth review was a conceptual narrative that wove all of those reviews together. In the practice of empathic apprenticeship, it was important for the goal of the analysis to learn about and understand the participant's narrative.²⁰ Through the research, this meant developing place-specific cultural competency and an attunement to participants' talanoa.

This approach derives from the theoretical framework. The literature as well as the primary researcher's positionality as a non-Pacific researcher, advised closely by Niuean collaborators, culminated in a narrative-Talanoa style for the family-tree mapping which is a

hybrid of the Pacific research methodology, talanoa²¹, and a feminist narrative approach.²²

Talanoa is Pacific-specific "storying"²³, and many indigenous communities throughout the Pacific note that storytelling is a powerful methodological tool because "it facilitates the expression of experiences and fits well with feminist research methods and Indigenous oral history traditions".²⁴

This aligns, in many ways, with a feminist narrative framework in which, as Somers²⁵ has articulated, narratives allow the narrators many ways to draw from other societal narratives, including cultural practices and values, to construct something that is uniquely their own. Still, it is important to account for the ontological barriers for non-Pacific researchers to interpret Pacific talanoa.²⁶ As such, the methodology employed in this research is not purely Talanoa. In order to honour Niue knowledge and ways of knowing, elements of the Talanoa approach including empathic apprenticeship, cultural competency, and relationships were prioritised.²⁷

RESULTS

There are numerous methodological and ethical challenges to publishing the findings of this research, as two authors are outsiders to the community in Niue. The small population of Niue means quotes and examples could easily identify participants. In response to this challenge, the family-tree mapping interviews were storied as a dialogue between the primary researcher and two women who had been interviewed.

The story²⁸ was an imaginary composite of the narratives heard in the interviews and meant that individuals identities and stories were protected. However, it also provided critical nuances of some of the major themes including the meaning of marriage, gender roles and expectations, domestic violence within marriages, sexual violence and marital rape, and family education.

In this paper, we share learnings from the family-tree mapping approach and the potential application of the approach in research and interventions. In order to assist in using or learning from this method in the future, we will discuss some of the lessons learnt in using this approach. We will also share how this family-tree mapping approach can be used in both formal research and as an intervention to address GBV within families and communities.

Table 1. Family-tree Mapping Interview Framework

Phase 1. Family-tree Mapping	Co-design participant's social family tree visually on paper.
Phase 2. Discussing Family Relationships	Moving through different relationships at different generational levels to learn about events or incidents that changed family dynamics.
Phase 3. In-Depth Discussion About Specific Situations (depending on relationship with participant)	Revisiting situations raised in phase 2 to explore disclosure, education, Talanoa, and accountability related to GBV within the family.

Table 2. Family-tree Mapping Interview Thematic Areas.

Disclosure	How/where/when/with whom do individuals come forward about their experiences with GBV?
Education	How/where/when/with whom does education about healthy relationships happen within families?
Accountability	What does accountability look like for perpetrators of GBV in the formal system? In the family? Were the accountability measures effective? What does accountability within the family look like?
Talanoa/ Gossip	How is the family discussing incidents of GBV and gendered relations in relationships? Is it furthering our family's values? How is the broader community discussing these incidents of GBV? How can we contribute to shaping these broader discussions?

Family Tree Mapping in Practice

These lessons come from field notes and reflections. At the end of each interview, the primary researcher asked how the interview went, leaving it open for the participant to share their thoughts. These lessons included the healing potential of interviews and the importance of valuing the participant's knowledge of her own experiences. One of the major concerns with this approach was the possibility of retraumatisation if participants had experienced violence in the past. This is a common concern when conducting research on GBV, and the psychological research on the topic

is mixed.²⁹ Fontes³⁰ argues that there are several risks even beyond psychological risk that can affect participants in the short and long term, and it is difficult to assess the full impact of GBV research on participants. However, others have described the potential therapeutic benefits of GBV research that involves qualitative interviews.³¹

To minimise potential retraumatisation in these family-tree mapping interviews, there was plenty of space in the interview to avoid any of the participants' direct experiences with GBV. However, some participants shared their personal experiences unprompted. While the

primary researcher was initially concerned about this, the feedback from participants suggested that the interviews were more therapeutic than anything else. As one participant expressed when the primary researcher followed up a few days after the interview:

"I told my husband about the interview. I didn't realise how therapeutic it would be. These were things all in the back of my head that I was able to let out."

That being said, there will always be concerns about the immediate and long-term impacts of GBV research on interview participants. When conducting these interviews, the narrative-talanoa approach made it clear that the relationship and the person being interviewed was much more important than the data collection. This was both to produce rich information and to protect the safety and wellbeing of participants. Further, before and after the interviews, participants were reminded about their referral options for counselling which may be accessed for any reason and any point in time. They were also reminded that these conversations can raise experiences that have delayed emotions.

In their feedback, most participants shared that they felt they could open up. One participant said the primary researcher was easy to talk to because they seemed genuine and not like a "researcher." That was the balance that was sought in the narrative-Talanoa approach. When it came to opening up and sharing sensitive topics, another participant said she was fine to talk about her family because everyone in the community already knew the stories about her family. Others, like the participant who shared the quote above, had not shared these types of stories with anyone but close confidants. While we are sure participants felt different levels of comfort with opening up based on numerous factors including their relationship to the primary researcher, this is the part of empathic apprenticeship³² that is crucial to unearthing participants' realities.

Some participants shared their anxieties about saying the "right things." One participant curiously asked, "did other people laugh as much as we did?" The interpretation of this feedback was two-fold. First, it reflected participants' comparisons of their family to other families and curiosity about how their family measured up in Niue. The other interpretation was that it suggested participants believed there were "right things" to say in the first place. This is perhaps a shortcoming of the narrative parts of the approach which might have come across as

too formal and not based enough on relationships which would have generated a sense of ontological pluralism, where there are no "right things" to say but only what is right to the participant.

DISCUSSION

One of the major challenges in GBV research is striking the balance between centering lived experiences with, at the same time, the participants' wellbeing in discussing this sensitive topic.³³ Examples of GBV research that balance these dynamics in the Pacific are common in recent arts based approaches like sociodrama in Samoa,³⁴ community theatre in Vanuatu³⁵, and photo voice in Papua New Guinea.³⁶

In this research, the family-tree mapping methodology engaged in a familiar practice where a range of family relations are discussed while avoiding directly raising personal experiences with GBV. Some participants found a level of comfort to discuss more intimate details - either their own or that of members of their family but the level of disclosure was controlled entirely by the participant.

Insights from the use of this family-tree mapping method to study GBV suggest that it could be applied in other contexts as both a research and intervention tool. The strength of this approach is that it creates a space to talk about GBV that honours women's knowledge and authority while centering the family as context for disclosure, education, accountability, and Talanoa/ gossip. By building empathic spaces for understanding ourselves and relationships in the complex social webs of our families and beyond, we can better understand patterns of GBV across the continuum of violence.

In terms of research practice, the family-tree mapping approach is complicated in that the resulting data is crucially situated within the relationships discussed in each interview, and writing about those relationships with any specificity risks breaching anonymity. However, the data illuminates some of the dynamics of addressing GBV within the family space which is often rendered invisible in public policy. It comes at the high cost of needing to maintain privacy and participant safety.

This approach can be a powerful research tool for local advocacy efforts. Local advocates interested in women's rights and reducing GBV in the Pacific, and potentially beyond, can find deeper understanding of the dynamics within families while also creating spaces for such discussion.

For Pacific researchers and advocates, feminist Pacific research methodologies³⁷ point to the use of group Talanoa which could create an opportunity to discuss GBV in a different way and collectivise the issue. Group sessions were not done in this research for logistical and time reasons, but a local advocate would be better positioned to facilitate these and pursue this line of inquiry.

Local advocates would also be in a strong position to apply the insights from the family-tree mapping to further community programming and interventions. The approach can allow advocates to collect stronger data that captures the often hidden family dynamics around GBV. It can also be a pathway for community organising to orient to the social unit of the family with the goal of shifting gender relations. As with anyone leading this type of research, there must be established trust, privacy, and safety for participants and advocates. Insiders can potentially face unique challenges in maintaining this privacy and safety.

For community outsiders conducting this type of research, community partnerships are needed to ensure the research will be useful and that it is designed appropriately for the community. Because this approach is highly context-specific, these relationships that guide the culturally-specific design of the project are an essential starting point. For all applications of this research method, multiple Talanoa sessions with participants would be helpful in building researcher-participant relationships and digging deeper into participants' felt and lived experiences.

There are several possible uses of the family-tree mapping interview as a tool for intervention. These include individual and group counselling and more decentralised practices of the approach. The potential for a counselling setting lies in the approach's unique way of unpacking intergenerational family dynamics alongside an individual's own relationships. While it may not be as helpful for clients dealing with personal experiences of GBV at that moment, it can help provide a framework for thinking about how the family is involved in incidents of GBV.

An important barrier here is that there is resistance to help-seeking through counselling in Niue because of privacy concerns. Counselling through faith-based leaders emerged as a common practice in fact-finding and family-tree mapping interviews. The use of family-tree mapping with faith-based leaders is another area for further exploration.

In terms of a more decentering approach, the family-tree mapping approach does not have to be a formal interview. The family-tree mapping approach is about using our understanding of our social families to critically contemplate relationships, particularly romantic and sexual relationships, and the broader family involvement and history while centering and valuing women's knowledge and authority. Family-tree mapping helps us position ourselves in the network of family relationships and employ our values to guide a path forward on how to give meaning to our own experiences, and those of our family members, with GBV.

In applying this decentering approach, it could be a part of an awareness campaign demonstrating how to start such conversations. These conversations are not exclusively for women or one-on-one; however, expectations of respect, safety, and privacy must be established to build trust in the space and to minimise potential for harm. It is helpful to break down these conversations into the themes of disclosure, education, accountability, and Talanoa.

These areas provide a framework for reflection on the past, contemplation of the present, and planning for the future. These questions do not need to come up formally and are not age-specific. While barriers to having these conversations is often a lack of disclosure or intergenerational respect, there are opportunities for learning about relationships and their gendered dynamics at any time even if GBV is not apparent. For example, if appropriate, a young woman could ask her mother about some aspects of her dating life when she was young. The conversation can expand to the daughter's aunties and make space for curiosity where the mother and daughter can consider the family's values as they measure up in different situations. Instead of gossiping about an incident of GBV, siblings or cousins can discuss the meanings that the community has given to the incident and how they might contribute to shaping those broader discussions.

When the family-tree mapping approach is applied as an intervention, ideally it should be led by local women's rights advocates who have an understanding of cultural protocols who can ensure the cultural and ethical sensitivity of the programme. Part of this must be a determination about expectations of accountability, the legal implications of disclosure, and support for community accountability processes if needed. Being culturally-specific also involves the knowledge of historical trauma specific to the community in focus. Language is also a key concern. If this type of intervention were to be

used in Niue, it is essential that it is conducted in Vagahau Niue to capture the emotions and meanings for those participating.

CONCLUSION

While there are challenges to researching and addressing GBV, the family-tree mapping method presents several opportunities for addressing the enduring negative impacts of this problem. Spaces within families offer opportunities to support one another when they disclose experiences with GBV; to learn and educate each other about healthy relationships among all genders; to hold space for accountability in the community; and to critically consider how to respond and contribute to community discourses about GBV-related gossip. For many participants, engaging with family around this topic was familiar. Examples of disclosure, education, accountability, and Talanoa/ gossip could all be found in their stories. As we map it out together, we see how genealogies live through descendants and families, chosen and biological, and have always been spaces where our stories are shaped, together.

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