



VIOLENCE WITHIN WHĀNAU AND MAHI TŪKINO

————— *A Litany of Sound revisited*

ISBN

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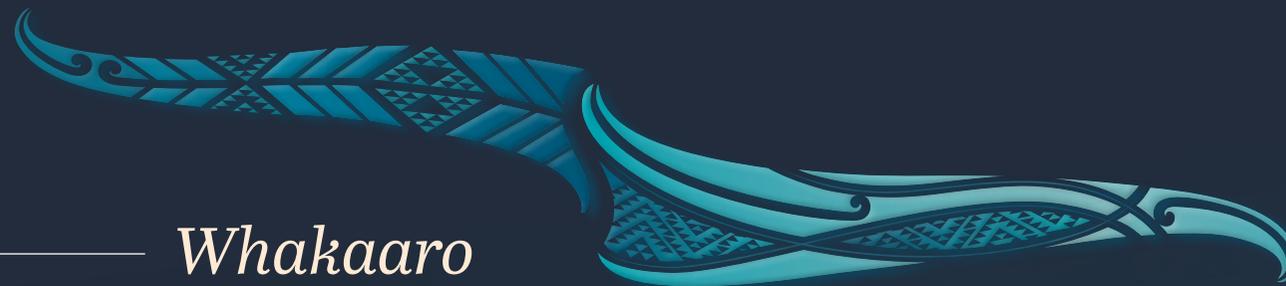
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Written by **Denise Wilson**

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## Whakaaro

This design is inspired by the korowai, a traditional Māori cloak. The korowai is a symbol of protection and care, taking the context of violence and mahi tūkino while displaying a soft and warm approach. The idea was to use elements of the korowai and create a sense of movement and flow, communicating movement into the future. The hem of the korowai being the focus.

It includes two stylised designs that resemble the hem of the korowai. One showing a more traditional look, representing the time of pre-colonisation for Te Ao Māori. The other shows a more contemporary free flowing look, moving forward into the future while embracing Te Ao Māori and kaupapa Māori.

The hem of the korowai features patterns created in the art form of whatu raranga. The techniques used to create these patterns weave the aho and whenu together.

The niho taniwha pattern is often seen in various forms and configurations on the hem of the korowai. The niho taniwha represents unity, stability, kainga and the coming together of whānau.

The koru is a symbol of new life and growth making a connection to mauri – life force. There are two koru in each, designed in a way where they are coming together – looking back to move forward.

# EXECUTIVE SUMMARY

This report aims to inform the activities of Te Pūkotahitanga - the Tangata Whenua Ministerial Advisory Group to the Minister for the Prevention of Family and Sexual Violence.

*Violence Within Whānau and Mahi Tūkino – A Litany of Sound Revisited*, a literature review, provides current information, explores some areas raised in *A Litany of Sound* in greater detail and expands the context for Māori living with violence and mahi tūkino. Eliminating violence and mahi tūkino affecting whānau Māori must be a collective effort led by Māori. Addressing the contextual, historical and social conditions must underpin such an effort that enables the persistence of intergenerational violence and trauma within whānau Māori.

Attention to the array of factors that negatively impact many whānau living with violence and mahi tūkino is necessary for prevention and healing. Invariably, these factors are generally outside their sphere of control.

**Specifically, six questions guided this literature review:**

**1. How were whānau and hapū kept violence-free in traditional Māori society pre-settlement and pre-colonisation?**

The preface to the literature provides a brief overview of traditional Māori culture. It focuses on how whānau and hapū kept violence-free in Māori society pre-settlement and pre-colonisation. Waiata (songs), mōteatea (traditional chant, lament), pūrākau tawhito (ancient stories), and other forms of knowledge transmission contain mātauranga. Whakapapa provides the basis for understanding creation and the organisation of knowledge and relationships within te ao Māori. It is also the foundation for social groupings, that is, whānau. Any violation, whether physical, psychological, emotional, spiritual or sexual, directly impacts whakapapa. Our creation stories begin with Te Kore – the void, the nothingness that holds energy and potential. Whānau living with violence and mahi tūkino have potential in the prevention and healing space.

## 2. What is violence within whānau and mahi tūkino?

Te Aorerekura defines family violence as:

*“... a pattern of behaviour that coerces, controls or harms within the context of a close personal relationship (FVDRC, 2016). Family violence includes intimate partner violence, elder abuse, child abuse, dating violence, stalking and violence towards another family or whānau member including child-to-parent violence. It can be physical, sexual, psychological, emotional, spiritual, or involve economic abuse or exploitation. Family violence often involves fear, intimidation, isolation and loss of freedoms for people impacted by family violence. It includes children being exposed to violence between adults or subject to abuse or neglect themselves. For older people, disabled people, children, or people dependent on others, family violence can also include not providing care, or preventing access to medicines or other care required. There are also distinctive cultural forms of abuse directed at women, such as dowry-related violence, forced and under-age marriage, and female genital mutilation.*

*Sexual violence (also known as mahi tūkino, sexual abuse, sexual assault, or sexual harm) is any sexual behaviour towards another person without that person’s freely given consent. Child sexual abuse includes any exposure of a child under 16 to sexual acts or sexual material. Child sexual abuse and harmful sexual behaviour can also occur within families, at school, and online. Sexual violence includes sexual violation, incest, rape, assault, exploitation, trafficking, grooming, sexual harassment, and any unwanted kissing or touching. Sexual violence also includes behaviour such as forcing someone to watch pornography or taking or sharing*

*images of children for sexual purposes, non-consensual sharing of sexual images, and other forms of digital and online sexual harm through social media. It can involve force, coercion and power used by one person (or people) over another (TOAHNNEST Tauīwi Caucus, 2021)” (Board of the Elimination of Family Violence and Sexual Violence, 2021, p. 10).*

These definitions in *Te Aorerekura* locate the role of power in violence and mahi tūkino, shaped by gender inequities such as sexism. Gender inequities and the misuse of power shape the violence within whānau and mahi tūkino that disproportionately affects wāhine Māori. These definitions, while comprehensive, are not inclusive of the historical and intergenerational violence and trauma in the lives of whānau Māori. Social marginalisation, racism, structural violence, and societal changes imposed on whānau and hapū brought about by colonisation shape violence affecting Māori. Also, state violence and adversity in the lives of whānau cannot be ignored.

Victims and perpetrators exist within whānau, and an understanding of violence within whānau and mahi tūkino needs to recognise that they are inseparable. When addressing prevention and healing, victim and perpetrator terminology is unhelpful for achieving solutions within whānau and for individual whānau members.

## 3. What is the contemporary landscape of violence impacting whānau Māori?

The contemporary landscape of violence impacting whānau Māori paints a disturbing picture. Māori are over-represented in violence within whānau, mahi tūkino, and as victims of crime compared to non-Māori living in Aotearoa. Deprivation and alcohol and/or drugs

play a role in violence impacting whānau. The lifetime effects of violence within whānau and mahi tūkinō and growing up in adverse environments extend beyond intimate partners and tamariki/rangatahi affecting wider whānau, hapū, iwi and hapori.

Almost two-thirds of wāhine Māori report lifetime prevalence for intimate partner violence (IPV), and just over half of tāne Māori. Despite this, violence within whānau and mahi tūkinō is a gendered problem. Wāhine Māori are more likely to be hospitalised because of assault and three times more likely than non-Māori women to die of IPV. Tāne Māori are more likely to be victims of intrafamilial family violence deaths and five times more likely to be the offender. Takatāpui and disabled people are at heightened risk of violence and mahi tūkinō.

Tamariki and rangatahi are adversely affected by violence within whānau and mahi tūkinō. Tamariki aged 0-4 years are four times more likely than non-Māori children to die of child abuse and neglect. They are more than three times more likely to be notified to Oranga Tamariki and make-up 68% of the children in state care. The health and wellbeing of rangatahi reflect the effects of a colonial reality for Māori. Key health measures worsened between 2012 and 2019, including depression, self-harm, suicidal thoughts and suicide attempts, with rangatahi over-represented in suicide deaths and youth offending.

Violence within whānau and mahi tūkinō is perpetuated by historical, socio-political and intergenerational contexts outside of whānau. It manifests in multiple ways that further oppress and marginalise whānau and its members. These contexts include multiple breaches of

Te Tiriti o Waitangi; the negative impacts of colonisation; loss of protective factors embedded in Māori language, values, and cultural practices; disconnection from whenua; ancestral and intergenerational trauma; contemporary poverty; and continued exposure to discrimination and racism. Systemic and structural barriers further disadvantage whānau when underpinned by deficit-framing and victim-blaming.

Colonial representations and experiences of both wāhine and tāne Māori have contributed to their experiences of violence and marginalisation. Such portrayals overlooked their need for support to live non-violent lives. Gang whānau provided rangatahi with a promising future and protection in the face of violence and abuse while in State Care, alienation from whenua and Māori cultural traditions, and intergenerational poverty. Subsequently, gang whānau are defined by deficit and criminogenic constructions, placing them on the margins of society.

#### 4. What is known about how to achieve well-being?

For whānau to flourish, they require an interplay between cultural connectedness, feeling a sense of belonging, and everyone understanding their rights and responsibilities as individuals and as a collective whānau. Importantly, they need physical, spiritual, and emotional wellbeing. Whānau also need access to joined-up and coordinated services that provide holistic and comprehensive services to meet their needs. Importantly, they need their strengths and resilience recognised, which builds on their daily life realities and circumstances. Change and achieving toiora is neither a linear nor a predictable pathway. It involves having to make sense of the violence and abuse experienced. Living in long-term violent relationships can mean few positive whānau

relationships exist. Therefore, whānau have to rely on and survive with the support of government and non-government agencies.

Therefore, achieving wellbeing for whānau living with violence and mahi tūkino must recognise and address the structural and systemic barriers and racism whānau have to navigate when seeking prevention and healing interventions. Furthermore, this includes addressing ongoing institutional failures that create structural and systemic impediments for whānau. Accessing assistance with violence within whānau and mahi tūkino is critical to achieving wellbeing.

Healing is contingent on the restoration of Māori cultural and healing paradigms. Colonisation has had detrimental impacts on whānau. It led to their disconnection from whenua and culture, assimilation, and the imposition of patriarchal and hegemonic norms that eroded Māori ways of living. These all shifted the balance between wāhine and tāne. Eliminating violence within whānau and mahi tūkino needs to dispel the misconception and normalisation of violence as ‘tikanga’.

Systemic issues impinging on whānau Māori must be acknowledged and addressed. Whānau are forced to navigate institutional or structural racism and state or system violence when seeking help for or engaging with family violence services. Failure to recognise the need for individual and collective healing can lead to the next generation being affected by intergenerational violence and trauma.

Education and empowerment, and teaching transformative practices are rooted in te ao Māori. Healing historical and intergenerational trauma must focus on the whānau as a collective and individuals. Healing needs to include a “restoration of minds and actions” of those affected by violence in whānau and mahi tūkino. In doing so, restoration includes individuals’ and the whānau cultural identity, cultural and spiritual connectedness, and education about historical events and trauma. Critical to making successful change is having the aroha and constancy of a key relatable person to walk alongside the whānau or person through the change process.

## 5. What is known about kaupapa Māori and Te Ao Māori approaches?

Māori providers across Aotearoa provide kaupapa Māori and Te Ao Māori approaches to working with whānau with violence and mahi tūkino. But it is difficult to establish what exists, although anecdotal evidence would say these approaches make a difference. There is a need to undertake a stocktake of kaupapa Māori and Te Ao Māori approaches and solutions across Aotearoa. Culturally responsive approaches are needed to meet the needs of whānau better.

## 6. What are the evidential gaps?

**Monitoring and Review** - Work has been undertaken to develop measurement frameworks. However, further work is required to create a Māori monitoring and measurement framework. Such a framework would track whānau progress concerning *Te Aorerekura*.

**Prevention and Healing** - There is a small but slowly growing body of evidence to inform Kaupapa Māori and Te Ao solutions, particularly by the He Waka Eke Noa research team. However, more research is needed, particularly with whānau and its various sub-groups like tāne, tamariki and rangatahi, disabled Māori and those who are takatāpui. Understanding the contexts and realities of whānau is essential for optimising outcomes of prevention and healing.

**Workforce Capacity and Capability** - More work is needed on preparing the Māori provider workforce for working with whānau with violence and mahi tūkinō. Whānau with violence and mahi tūkinō are specialist areas, with the whānau needing a workforce who can navigate the complexities evident in many of their lives.

Understanding the contextual landscape within which violence within whānau and mahi tūkinō occur is essential for informing te ao Māori prevention and healing solutions for whānau Māori.

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# GLOSSARY

## A

### Aho

Line of descent, strands, main- or cross-threads of weaving or a mat

### Ara

Direction

### Aroha

Empathy, compassion, love

### Ātua

Influential Māori ancestors or gods

### Awa

River

## H

### Hangarau

Technology

### Hapori

Māori communities

### Hapū

Constellations of whānau with a common ancestor

### Hapū-a-mātauranga

Hapū-specific knowledge about te ao Māori

### Hara

Violation of tapu, transgression, violate the law, offend

### Harakeke

Flax

### Hauora

Holistic health and wellbeing

### Hiki

Interconnecting threads

### Hine

Girl, daughter, feminine element

### Hinengaro

Mind, the psychological dimension

### Hopo

Fear, apprehension

## I

### Iho

Essence, heart

### Iwi

Tribal nations

### Iwi-a-mātauranga

Iwi-specific knowledge about te ao Māori

## K

**Kai**  
Food

**Kaitiakitanga**  
Guardianship, protection

**Kaumātua**  
Older men; Older men or women with status

**Kawa**  
Cultural protocols, which may be different from marae, hapū, iwi and rohe (area)

**Kāwantanga**  
Governance

**Kuia**  
Older women

**Kupu**  
Māori words

**Kuruwaka**  
The place first wāhine was created; a women's pubic region

## M

**Mahi tūkinō**  
Sexual violence affecting Māori

**Mana**  
Status as tangata whenua or Indigenous peoples of Aotearoa, esteem, authority

**Mana tapu**  
Intrinsic esteem, prestige

**Manaakitanga**  
Hosting, generosity, providing support

**Māreikura**  
Spiritual immortals representing the female dimension

**Mātauranga**  
Māori knowledge

**Mātua**  
Parents or caregivers

**Mātua whāngai**  
Parent (caregiver) who cares for a child as a whāngai

**Māui-tiki-a-Taranga**  
Is often known as Māui

**Maunga**  
Mountain

**Mauri**  
Life force, the vitality of a being or entity – human and non-human

**Maurua**  
Interconnecting threads

**Mauri mate**  
Unwell, sick

**Mauri moe**  
Unconscious state

**Mauri noho**  
Languishing

**Mauri oho**  
Proactive state

**Mauri ora**  
Wellness, flourishing

**Mauri rehe**  
Unsettled

**Mauri tau**  
In balance

**Miro**  
Main threads

**Mōrehu**  
Survivors

**Mōteatea**  
Traditional chant, lament

**Mauri**  
The dynamic life force or essence of a person that is relational and shapes their wairua

**Mokopuna**  
Grandchild, descendants

**Muka**  
Harakeke or flax fibre

**Muru**  
A process of restoration

## N

**Ngākau**  
Source of emotions, heart, mind, and soul

**Ngaro**  
Unseen, hidden out of sight

**Ngā uri whakatipu**  
Future generations

**Ngau whiore**  
Incest

## O

**Ōritetanga**  
Equity

## P

**Patu**  
Club

**Papakāinga**  
Communal housing

## Pēpeha

Saying that connects people to their waka, tūpuna, maunga, awa, and people – it explains who they are

## Pou

Post

## Pūrākau

Legends and stories

## Pūrākau tawhito

Ancient ancestral stories about creation of te ao Māori and ātua tūpuna

## Puawaitanga o te Whānau

Flourishing whānau

## R

### Rā

Sun, day

### Rangatahi

Youth, the younger generation

### Rangatiratanga

Leadership, sovereignty

### Raranga

Weave, weaving

### Rarohenga

Underworld, a place where spirits of the dead reside

## Rohe

Geographical area or boundary

## T

### Taitamariki

Young person, youth, teenager, adolescent

### Tāhuhu

Ridge pole; central theme; direct line of ancestry

### Takapau wharanui

Fine mats

### Takepū

Māori cultural wisdom, ethical ways of life that guide te ao Māori

### Tamaiti

A child

### Tamariki

Children | derived from tama and ariki, traditionally children were viewed as the 'celestial' lights in te ao Māori, representing the future (Wilson, 2002)

### Tane

Man

### Tāne

Men

## Tangata whaikaha

Māori with disabilities – whaikaha means to have ability or be enabled

## Taonga tuku iho

Cultural wisdom such as mātauranga and cultural traditions handed down through the generations

## Tapu

Restricted, sacred

## Tawhito

Ancient, old

## Te ao Māori

The Māori world

## Te ao tūroa

Enduring world

## Te Ika-a-Maui

North Island of Aotearoa

## Te kete aronui

The kete holding knowledge to advance our physical, psychological and spiritual wellbeing

## Te kete tuauri

The kete holding knowledge contained within ritual, memory, and prayer

## Te kete tuatea

The kete holding restricted spiritual knowledge, like mākatu, which could be harmful

## Te korekore

The realm of potential being

## Te korekoreā-te-rawea

The absolute nothingness that could not be wrapped; the 12th night of the lunar month – low energy

## Te-korekore-te-whiwhia

The absolute nothingness that could not be found; 19th night of the lunar month – low energy

## Te-korekore-te-tamaua

The absolute nothingness that could not be fastened

## Te-po-i-pepeke

The loftiest or highest night

## Te po-iātuturi

The lowest night

## Te-po-tangotango

Age of intense darkness, pitch black

## Te-po-uriuri

Age of the night, fragments of darkness, gloomy

## Te reo Māori

Māori language

## Te taiao

The natural world, environment

## Te Wehenga

The separation of Ranginui and Papatūānuku – an ancient creation story

## Tikanga

Customary cultural processes

## Tino rangatiratanga

Self-determination

## Toiora

Wellbeing

## Tūkino-ā-whānau

Various forms of violence occurring within whānau

## Tupuna | tipuna

Ancestor

## Tūpuna | tīpuna

Ancestors

## Tūranga

A place or location

## Tūrangawaewae

A place to stand

## U

### Uaratanga

Values

### Uha

Female essence, femininity

### Urupā

Burial ground

### Utu

Respond, avenge to seek balance and harmony

## W

### Wahine Māori

Māori woman

### Wāhine Māori

Māori women

### Waiata

Song

### Wairua

Spirit, soul

### Wairuatanga

Spirituality

### Waka

Canoe

## Whānau

Extended multigenerational family networks

## Whatukura

Spiritual immortals representing the male dimension – the equivalent of māreikura

## Whakamomori

To grieve, act in desperation, commit suicide

## Whakapapa

A line of descent, genealogy – connects people, place and purpose

## Whakapapa kōrero

Critical Māori knowledge embedded in oral traditions necessary for identity, survival and welfare

## Whakapārewa

Hardship

## Whakapari

To develop

## Whakawhanaungatanga

The process of making connections and relationships

## Whakataukāki

Proverb or significant saying

## Whakataukāki

Proverb or significant saying

## Whāngai

Tradition of raising a tamaiti (child) by someone (usually a relative) who is not the birth parents

## Whanaungatanga

Forming and maintaining connections and relationships

## Wharekura

Traditional schools

## Whare wānanga

Traditional higher house of learning

## Whariki takapau

Fine mat

## Whatu

Weave, weaving

## Whenua

Land, placenta

## Whiri

To plait

## Whiripapa

Flat plaited cord of three strands

## PREFACE: TRADITIONAL MĀORI CULTURE

### *Ko te reo te mauri o te mana Māori*

The language is the heart and  
soul of the mana of Māori

This whakataukī positions the importance of te reo and mātauranga Māori for prevention, intervention, and healing. Māori mana and cultural intelligence are embedded within whakapapa and cultural ways of living and interacting, transmitted via te reo Māori. Lessons for the prevention and healing of violence within whānau and mahi tūkino lie within our past – these important lessons are nested within a range of forms transmitted orally and visually through pūrākau tawhito, karakia, mōteatea, and our tukutuku. Pei Te Hurinui Jones (cited in Mikaere, 1994; Salmond, 2017), a Tainui expert in mātauranga Māori, explained:

*... in Māori ancestral thinking, space-time is a spiral, a vortex. Standing in the present, one can spin back to the Kore, the void, where the first burst of energy unleashed the winds of growth and life – and out into the future (p. 13).*

This chapter briefly positions whakapapa, whānau, whenua, and mātauranga as key concepts informing prevention and healing interventions. The chapter focuses on how whānau and hapū remained violence-free in traditional Māori society pre-settlement and pre-colonisation. Waiata (songs), mōteatea (traditional chant, lament), pūrākau tawhito (ancient stories), and other forms of knowledge transmission contain mātauranga. Our creation stories begin with Te Kore – the void, the nothingness that holds energy and potential.

Kruger et al. (2004b) emphasised successive colonial governments' failures to recognise the violence they enacted and continue to perpetrate on whānau Māori. Notably, the individualised, victim-blaming approach has located the violence within whānau and mahi tūkino at the feet of individual members

and the collective whānau. Kruger et al. (2004) and Mikaere (2011, 2017) emphasised colonisation's role in distorting Māori notions of whakapapa, tikanga (cultural processes and practices), kawa (cultural protocols), wairua (spirit, soul), tapu (restricted, sacred), mauri (person's life-force), and mana (status, authority, esteem). Therefore, part of articulating the problem of harm must include understanding the impacts of the past and its role in normalising violence within our whānau. That is, understanding the destructive role of colonisation in the erosion of well-established tikanga and kawa that ensured wāhine and tamariki were protected and their status upheld by whānau and hapū (Kruger et al., 2004b; Pihama et al., 2021; Wilson, 2016). Dr Fiona Cram (2018) argued that strategies aimed at solving and preventing violence within whānau first need the problem of harm articulated – this will be attended to in the following chapters.

**... in Māori ancestral thinking, space-time is a spiral, a vortex. Standing in the present, one can spin back to the Kore, the void, where the first burst of energy unleashed the winds of growth and life – and out into the future.**

**PEI TE HURINUI JONES**

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# Looking back to move forward into the future

The premise of this literature review is the whakatauākī:

***Ngā hiahia kia titiro ki te timata, a,  
ka kite ai tatou te mutunga***

**You must understand the beginning  
if you wish to see the end**

Pei Te Hurinui Jones explained we need to look back toward Te Kore to release “the winds of growth and life.” Tangata whenua across Aotearoa have been saying for decades solutions for violence within whānau and mahi tūkinō lie in our mātauranga (Balzer et al., 1997; Kruger et al., 2004b; Pihama et al., 2003; Wilson, 2002). This mātauranga is critical for grounding the prevention and healing of whānau, hapū, iwi, and hapori moving into our future.

Traditional or customary Māori culture holds knowledge and ways necessary for re-establishing Māori cultural prevention and healing interventions that existed before colonisation for going forward into the future. While Māori share some common understandings about mātauranga, these vary from iwi to iwi, hapū to hapū, marae to marae, and whānau to whānau – mātauranga-a-iwi, -a-hapū, -a-marae, -a-whānau. Traditional Māori culture is granular, and thus a universal account must always be viewed with caution, and holders of iwi, hapū, and marae mātauranga consulted. Nevertheless, this mātauranga is needed for whānau, hapū, iwi, and hapori-led and driven prevention, intervention, and healing approaches if they are to be successful.

The creation of te ao Māori traces the movement from Te Kore (the void of nothingness and a space for potential) to Te Ao Pō (the world of darkness) into Te Ao Mārama (the world of light) – the creation of the world we know. The pūrākau of Ranginui (the Sky parent) and Papatūānuku (the Earth parent) describes their forceful separation. The separation of Ranginui and Papatūānuku exemplifies the connectedness and whakapapa of humankind to the ngā maunga (mountains), ngā awa (rivers), moana (oceans), and all other facets of the environment, including the creatures that exist within these environments. Importantly, Te Kore and Te Pō highlight the potential that exists within our whānau to move from the darkness of violence to the light associated with being violence-free.

The potential for change exists within Māori, our world, and our mātauranga. Our creation stories and iwi-, hapū- and marae-a-mātauranga have embedded many lessons within whakapapa, takepū, and tikanga that showed how ātua and tūpuna resolved issues in day-to-day life. These pūrākau highlighted the importance of māreikura me whatukura and the balance between wāhine and tāne. They demonstrate the importance of our connectedness to our whenua, te taiao, and each other. Pūrākau also illustrated optimal ways of living and how to address violence against women and mahi tūkinō (Balzer et al., 1997; Pihama et al., 2021; Pohatu, 2011; Smith, 2019b).

## Mana wāhine, mana tāne

*He tapu tō te wāhine, he tapu anō tō te tāne  
Kia kua tētahi e whakaiti i tētahi.  
Engari kia whakanui tētahi i tētahi i runga  
i te mōhio mā te mahi ngātahi  
a te wāhine me te tāne e tupu ora ai ngā  
tamariki me te iwi hoki.*

**Honour the sacred potential of women and men.  
A natural balance of gender attributes and roles.  
Recognising that it is the combined and  
co-operative efforts of males and females that  
contribute to the wellbeing of children and their  
communities.**

(TE RŪNANGA NUI O NGĀ KURA KAUPAPA O AOTEAROA, 2022)

Embedded within te reo Māori are the cultural traditions, values, beliefs, and philosophies and mātauranga that position the importance of wāhine and tāne (Balzer et al., 1997). Māori cultural values and tikanga determined social control through unquestioned behaviours that ensured the protection and wellbeing of the collective whānau and hapū. Over time, the intergenerational transmission of whakapapa and tūpuna histories ensured the strength and integrity of te ao Māori through spiritual connectedness, unity, and collective manaakitanga (Figure P.1).

*The unifying relationship between land and people draws individuals together in the form of whānau, hapū and iwi providing a collective identity through close links to a sacred mountain, river, waka, and*

*whakapapa and from which they collectively connect themselves to the broader world (Balzer et al., 1997, pp. 16-17).*

Implicit in Māori philosophical approaches is the importance of weaving both female (māreikura) and male (whatukura) perspectives. Mātauranga highlights the significance of māreikura (divine, female essence – the female equivalent of whatukura) and whatukura (divine, male essence – the equivalent of māreikura) (Royal, 2003). The kupu hinengaro, broken into hine (girl, daughter, feminine) and ngaro (unseen, hidden out of sight), demonstrates how the feminine element exists within both wāhine and tāne.

Wāhine Māori and tamariki/mokopuna (grandchildren, descendants)<sup>1</sup> held positions of status in whānau and hapū Māori (Eruera & Ruwhiu, 2015; Wilson, 2002). Tamariki were viewed as sacred ‘gifts’, the celestial lights descending from ātua (spiritual deities) and tūpuna (ancestors), central to the lives and future of whānau (Balzer et al., 1997; Eruera & Ruwhiu, 2015; Wilson, 2002). Pihama et al. (2021) emphasised the importance of the sanctity of the whānau, especially wāhine:

*Our people considered the sanctity of whānau (extended family) and te whare tangata (the womb) as central to our understandings of ourselves as tangata whenua. Our connections to Papatūānuku (whenua or the earth) and our obligations and responsibilities to those connections is fundamental to the survival of all living beings, including humanity (Balzer et al., 1997; Mikaere, 2003, 2011; Pihama & McRoberts, 2009). ... In a context where such recognition was given to the role of women and children in Māori society, any form of violence against, or assault on, Māori women was viewed as an extremely serious transgression of tikanga. Such transgressions were treated accordingly, with what some would consider to be extreme responses in the form of death or the*

<sup>1</sup> All Māori hold mokopuna status

*Figure P.1. Cultural values that underpin the collective and reciprocal nature of whānau, hapū, and iwi*



Source: Balzer et al. (1997)

*perpetrator being exiled – essentially ‘declared dead’ (Balzer et al., 1997; Mikaere, 2003). Whānau and collective responses to, and the consequences of, such behaviours are well documented in pūrākau (traditional story-telling forms) (Balzer et al., 1997; Mikaere, 2003, 2011; Pihama & McRoberts, 2009) (p. 5).*

Tāne Māori had mana and held crucial roles in the protection and safety of wāhine Māori, tamariki, and mokopuna. Traditional cultural values and tikanga ensured wāhine, tamariki, and mokopuna were protected and kept safe. For example, Moana Jackson (cited in Pihama et al., 2021) stated:

*... our tupuna (ancestors) put into place a social order which maintained according to traditional practices and that ensured appropriate tikanga informed all that occurred within the papakāinga (communal housing). In those times, Māori did not require a police force or other punitive measures rather the tikanga was clear, and transgressions were addressed quickly by vigilant, alert, self-policing, self-managing communities (p. 9).*

The social order Moana Jackson refers to is centred on wāhine, tāne, and tamariki/mokopuna, all holding critical status and mana for their survival. Importantly, for the strength and wellbeing of whakapapa. An abundance of evidence exists in historical observations documented by settlers, missionaries, and government officials that attest to the absence of violence against women and children (Salmond, 2017). Māori cultural values, tikanga, and kawa determined unchallenged behaviours that ensured the collective whānau<sup>2</sup> and hapū were protected and kept safe.

<sup>2</sup> The use of the term whānau also recognises not only whakapapa whānau but also whānau constellations formed because of the impacts of colonisation, such as kaupapa whānau formed because of Māori disconnection from whakapapa whānau.

## Whakapapa kōrero – traditional Māori knowledge

Whakapapa kōrero, according to Takirangi Smith (2000) highlighted the centrality of whakapapa and the connectedness between different groups. In doing so, he also highlighted the acceptance of variations that may exist between the accounts communicated. He said:

*Another crucial difference with Western world views and a tangata whenua worldview is the idea of interconnectedness and relationships. Tangata whenua truth is not an objectified, definitive truth but a recognition of relationships and interconnectedness that defines the uniqueness of things and individuals. One of the key points of whakapapa as used by speakers of different groups, is the importance of establishing relationships by whakapapa between groups at the same time, recognising the differences. In whaikōrero speech-making, there are often contradictions with the discourses of tribal groups about particular tipuna and events. Whilst contestation occurs on marae as an accepted part of social intercourse, it is also generally acknowledged that neither group has a false discourse, and that each group has their own truth which is located spatially to the place where they belong (p. 59).*

According to Smith (2019a), Māori knowing and knowledge is “ngākau-centred”. Māori knowing resides in the heart or source of emotions rather than solely existing in a person’s head, the basis of Western approaches to knowledge and learning. Mātauranga is embedded within whakapapa kōrero. Knowledge extends beyond contemporary understandings of the brain, where knowledge is stored and thoughts formulated. The intrinsic pre-colonial knowledge Māori amassed within ever-changing environments enabled their ability to read the tohu (signs). The ability to recognise and interpret tohu was critical for Māori economic survival and their general wellbeing (Smith, 2019a).

Pūrākau are used to convey critical information, including how members of whānau were kept safe. The pūrākau of Ranginui (the Sky parent) and Papatūānuku (the Earth parent) described their separation and the movement from Te Ao Pō (the world of darkness) into Te Ao Mārama (the world of light). It is the story of the creation of the world as we know it and the connectedness of humankind to the ngā maunga (mountains), ngā awa (rivers), moana (oceans), and other facets of the environment, including the creatures that exist within these environments. Contained within the iwi versions are the stories associated with our creation, lessons about right and wrong, and how we should live our lives. These include what we refer to today as violence against women and sexual violence.

### TE WHARE TANGATA

*He wāhine, he whenua, e ngaro ai te tangata*

**By women and land, men are lost**

Whanaungatanga established the interconnectedness and the notion of balance between all living things within te ao Māori to one another and taiao (the environment). Tāne and wāhine are essential whakapapa links of Māori back to the world’s creation. As such, they form the connections between the past, the present and the future. Nevertheless, the whakataukī above exemplifies the importance of wāhine in Māori society. They are part of the collective, and there is a collective responsibility to value and protect the roles of both wāhine and tāne through a state of balance (Mikaere, 1999).

Therefore, we cannot overlook the status of wāhine as te whare tangata.

Understanding te whare tangata (the house of humankind) is critical to restoring the mana of wāhine and balance within Māori society. The whakatauaikī on page 18 underscores the importance of wāhine Māori and the whenua for the survival of Māori society. This is evident in mātauranga tawhito (ancient knowledge) and Māori creation stories. Moreover, pūrākau tawhito (ancient legends and stories) highlights the strength and power and the intrinsic tapu of women and te whare tangata.

As te whare tangata, wāhine are central to whakapapa and Māori existence, embodied in the strength and power of their reproductive and sexual functions. These functions are symbolised by the womb and the passage through Te Kore (the void of potential) and Te Pō (the world of darkness). It is through this passage that the tamariki (children) of Papatūānuku (Earth Mother) and Ranginui (Sky Father) were birthed into Te Ao Mārama (the world of light) (Mikaere, 1994, 2011, 2017). Numerous examples attest to the importance and potency of wāhine, as set out in the following examples.

**Hine-nui-te-pō.** Papatūānuku sent Tāne Mahuta (Tāne) to Kuruwaka (her pubic region), which held the uha (female essence) to gather red earth. From the red earth, Hine-ahu-one was formed. The power of the female essence was demonstrated when Tāne and Hine-ahu-one had sexual intercourse – Rangihiroa (cited in Mikaere, 1999) claimed:

*In sex matters, it is the female organ which figuratively kills its male antagonist (p. 8).*

The sexual connection between Hine-ahu-one and Tāne produced a daughter, Hine-titama, who created many children with Tāne. Upon learning that Tāne was not only her partner but her father, she rendered him powerless through the power of karakia. She left him, telling him to care

for their children. She departed life on earth and entered Rarohenga (the underworld) to prepare a place for them and to care for their children after their death. Changing her name to Hine-nui-te-pō (guardian of the spirits), she remains the eternal mother, caring for all children.

Our histories also show us that tāne and wāhine played valued roles in the production and raising of tamariki.

*... Ranginui and Papatūānuku [were] in a joint enterprise in producing their many children, by whom they were separated to yield te ao mārama. Their mokopuna Hinetitama became Hinenuitepō, who confined herself to Rorohenga. In that place, Hinenuitepō taught Māui his final lesson, and she established herself to be the guardian of the spirits of all who leave the world of the living (Winiata & Luke, 2011, p. 329).*

Apart from the obvious lessons contained in this important pūrākau tawhito about the potent impacts and consequences of incestuous relationships (like whakamomori – committing a desperate act), it highlights the critical role tāne, like Māui, has in raising tamariki. The pūrākau about Hine-nui-te-pō also demonstrates the power of wāhine, imposing limits on Māui.

**Māui-tiki-a-Taranga.** The actions of Māui-tiki-a-Taranga (often known as Māui), a descendant of Hine-ahu-one, illustrate the importance of kuia (older women) as sources of knowledge. From his kuia, Mahika, he received fire. From Muriranga-whenua, he received her jawbone that enabled him to fish and pull up Te Ika a Māui (the North Island). He also made a patu (club) with which he overpowered Rā (the sun). To attain immortality, Māui attempted to enter the vagina of Hine-nui-te-pō. However, the passage through which humankind is born into Te Ao Marama is also the passage for the journey back to Te Pō. Māui-tiki-a-Taranga's quest for immortality failed when he entered Rarohenga (the underworld) and the care of Hine-nui-te-pō, reinforcing the power of the sexual organs of wāhine. It is wāhine who

provides the passage into te ao mārama (the world of light) and the return to te pō (the darkness) upon death (Mikaere, 2017).

## Notably, the pūrākau of Mataora and Niwareka conveys the importance of whānau in ensuring the safety and welfare of members and in addressing transgressions such as violence against wāhine.

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**Mataora and Niwareka.** The pūrākau of Mataora and Niwareka not only conveys the wrong associated with intimate partner violence but also provides a pathway for healing based on a collective whānau approach. This pūrākau remains relevant today. Waitoki (2016) explains:

*The oral history of Mataora and Niwareka provides an example of how te kete aronui contains valuable knowledge about tāmoko (tattoo) and its connection to healthy relationships and whānau ora (family wellbeing). While the story of Mataora and Niwareka is typically used to describe how tāmoko came from another realm to the human world, it is also a story of how whānau support is crucial to healing from intimate partner violence. Mataora was taught the art of tāmoko by Niwareka's family. He also received a full moko kanohi (facial tattoo). Reflecting on the Niwareka story enables us to explore Māori patterns of patience, forgiveness, healing from abuse, and whānau aspirations (p. 290).*

Notably, the pūrākau of Mataora and Niwareka conveys the importance of whānau in ensuring the safety and welfare of members and in addressing transgressions such as violence against wāhine.

**Hinemoa and Tūtānekai.** One of the most well-known love stories out of Te Arawa is that of Hinemoa and Tūtānekai. Tūtānekai did not meet the approval of Hinemoa's parents. Hinemoa was determined and undeterred by her parent's wishes. She swam the waters of Rotorua to Mokoia Island, guided by the music of Tūtānekai's flute. While the colonised version of this pūrākau focuses on the love union of Hinemoa and Tūtānekai, it overlooks Tūtānekai's love for Tiki, his male companion. This pūrākau talks about the gender diversity and sexual expressions of Māori as takatāpui pre-colonisation (Kerekere et al., 2022).

The imposition of colonial knowledge systems and ways of life relegated Indigenous knowledge and methods of knowing to the realm of myth. Yet, as Smith explains:

*The central elements of stories provided a framework for which much more complex and detailed narratives connected to and accounted for events in the existing living world. These detailed narratives were sacred texts transmitted in song, incantation, artwork and other cultural institutions. ... These traditional accounts provided narratives, cultural metaphors and templates for surviving and living in the precolonial environment. Also included are strategies of resilience and surviving trauma and traumatic events, and responses that include pathways for improved lives and wellbeing (p. 2).*

Pūrākau contain 'templates' for various facets of life, including social relationships and the intergenerational transmission of cultural knowledge relevant to healing the violence and trauma associated with whānau today.

Tapu is a sacred state not confined to the spiritual realm but also regulates people and their behaviours. Its application is beyond humans but also includes places, plants, animals and social relationships (Durie, 1998; Royal, 2003). Sanctioned by the ātua, tapu is reinforced with mana – it is a protective mechanism for interacting with others. People and parts of the body, such as the head, genitalia, and heart, are tapu at varying times and circumstances. Loss of the understanding of tapu has enabled violations like violence within whānau and mahi tūkino.

## **The imposition of colonial knowledge systems and ways of life relegated Indigenous knowledge and methods of knowing to the realm of myth**

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## Transgressions against whakapapa

The ordering of te ao Māori is by whakapapa, layering relationships, and the complementary connections between māreikura and whatukura (the ancestral powers of female and male atua, respectively), from which people descend. Drawing from Waerete Norman's unpublished doctoral thesis, *Te Ira Wahine: The female principle*, Dame Anne Salmond (Salmond, 2017) used the raranga (weaving) of takapau wharanui (fine mats) to illustrate the layering of whakapapa.

*Papa (earth) is the foundation source for the materials for the weaving of mats. For example, whiri means to plait, and whiripapa is a flat plaited cord of three strands. The term for weave or weaving is raranga or whatu. The aho is the thread line, the genealogical thread that weaves shapes and flows in the design and patterning of the mat. The muka (flax fibre) is the delicate, fine fibres of aho (strands) that give the mat colour, form, shape and meaning.*

*The whakapapa itself stems at the very beginning from the tahuhu of the mat from which the ara (direction), the kaupapa (plan) of the weaving will flow and develop. This is evident in the initial weaving of the mat, which begins with maurua or hiki (interconnecting threads) and the integration of the miro or aho (main threads) from one papa to another when sections of the mat are joined together.*

*In the warp and weft of each whariki takapau (fine mat) lie a cross-section of landscapes and seascapes that reveal superimposed strata, foundation worlds (pp. 382-383).*

Individuals were part of a broader ecosystem of whānau, hapū, and iwi collective. Balzer et al. (1997) stated:

*A slight or attack on one member of a hapū could therefore be considered an attack on the whole hapū and collective retaliation might be considered warranted (p. 21).*

Marriages or unions were typically arranged around the interests of the whānau and hapū to strengthen tribal alliances and whakapapa. Whānau trusted their wāhine or tāne in the care of another hapū or iwi (Balzer et al., 1997).

**A slight or attack on one member of a hapū could therefore be considered an attack on the whole hapū and collective retaliation might be considered warranted.**

**BALZER ET AL**

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Wehipeihana et al. (cited in Te Puni Kōkiri, 2008) framed whānau violence as an “absence or disturbance in tikanga and transgressions against whakapapa” (p. 4). Kruger et al. (2004b) maintained that whānau violence and its violation of whakapapa are best understood as,

*... an epidemic because of the magnitude and serious nature of it for whānau, hapū and iwi and the way in which it is collectively spread and maintained. Whānau violence is inter-generational and directly impacts on whakapapa. It has taken several generations of learned behaviour and practice to entrench whānau violence as the most devastating and debilitating of social practices.*

*It will take time for whānau violence to be unlearned.*

*It affects Māori and their culture in the most pervasive and profound ways because it violates us. Violence is the language of the powerless. The presence or absence of violence is indicative of the state of wellbeing or dis-ease of whānau, hapū and iwi.*

*Whānau violence is a labyrinth because it is often housed inside impostor tikanga (the illusion) that has been purposely designed to validate its practice, to confuse and to prevent escape of victims. It also resists change or transformation which makes whānau violence considerably more difficult to treat and heal (p. 9).*

Customary law, whanaungatanga (connectedness) and collectivism underpinned by cultural values and practices were woven into everyday life, serving as a form of social control. Keeping people and the environment safe was everyone’s business. This connectedness and collective obligation to ensure others’ safety, together with the prohibition of behaviours and acts such as sexual violence and violence, ensured harmony and the prevention of hara (transgression, violation of tapu, or customary lore). Where hara

occurred, muru (a process of restoration) followed, involving all whānau concerned to re-establish spiritual, emotional, and physical balance (Joseph, 1999).

For instance, the prohibition of rape was because it violated the intrinsic tapu of a wāhine as whare tangata (house of humankind, womb). Therefore, the punishment for rape was death.

*It thus in turn upset the spiritual, emotional and physical balance within the victim herself, and within the relationships she had with her community and tipuna (ancestors). The act of rape was therefore proscribed against to protect that balance and to preserve the woman’s tapu (Joseph, 1999, p. 9).*

Mahi tūkino is a violation of te whare tangata. Wilson (2002) stated:

*Any violation of te whare tangata (that is the house of the people), such as abuse of the genital area and rape, has the potential to create distress amongst Māori women. This distress is not only physical or psychological in origin, but also spiritual and has multiple dimensions to it. Not only is this a violation of the woman herself, but also a violation of her tipuna and her future generations. Spiritual distress is often a dimension that is neither recognised nor acknowledged, but one that impedes recovery and healing (p. 5).*

Similarly, incest (ngau whiore) and incestuous relationships were prohibited as a form of social control. Acts of incest violated the intrinsic tapu of wāhine and whakapapa. Moana Jackson (1990) explained how interconnectedness and collective responsibility and obligations to each other functioned to protect the spiritual, emotional, and physical wellbeing and balance of whānau and hapū, stating:

## **Before the European settlement of Aotearoa, Māori had established customary processes and practices, and lore that established norms and accepted behaviours, functioning as social control.**

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*The rights of individuals, or the hurts they may suffer when their rights were abused, were indivisible from the welfare of the whānau, the hapu, the iwi. Each had reciprocal obligations found in a shared genealogy, and a set of behavioural precedents established by common tīpuna. They were based too on the specific belief that all people had an inherent tapu that must not be abused, and on the general perception that society could only function if all things, physical and spiritual, were held in balance (p. 32).*

Before the European settlement of Aotearoa, Māori had established customary processes and practices, and lore that established norms and accepted behaviours, functioning as social control. These customs and

lore were value-based and included not only prevention activities but also interventions that acted to resolve disputes and hara with consequences.

Māori had an effective cultural, legal and social system underpinned by values and was principles-based rather than rules-bound (Toki, 2005). The colonial rule meant that despite Māori having well-established customs and lore providing social control, these were discouraged and replaced by colonial law (Cavino, 2016). Tangata whenua solutions to violence within whānau and mahi tūkinō lie in our customary mātauranga, beliefs and values and in connecting whānau culturally. Toiora is holistic, relational and privileges the interconnectedness of wairua, tinana, hinengaro, whānau, and taiora. As Smith and Wirihana (2019) stated:

*Whakapapa kōrero can provide infinite value in relation to healing from trauma for the Māori community. These narratives encourage Māori to honour the sacredness of intimate partner relationships. They view children and young people as treasured gifts who are nurtured and protected by the community. ... They provide multiple examples of how to constructively express emotion and bare the weight of emotional distress. They provide specific methods for recovering from emotional distress, such as those used in the process of tangi to support healing from grief (p. 8).*



# 01

## INTRODUCTION



*Ki te kotahi te kākaho ka whati,  
ki te kāpuia e kore e whati*

When reeds stand alone they are vulnerable  
but bundled together, they are unbreakable

*(Pihama et al., 2022, pp. 61-62)*

## Summary

This literature review revisits the Interim Te Rōpū commissioned summary paper, *A Litany of Sound: Māori Insights into Family Violence and Sexual Violence*.

- The purpose of this report is to inform the activities of Te Pūkotahitanga - the Ministerial Advisory Group to the Minister for the Prevention of Family and Sexual Violence.
- Eliminating violence and mahi tūkino affecting whānau Māori must be a collective effort led by Māori. Such an effort must be underpinned by the contextual, historical and social conditions that enable the persistence of intergenerational violence and trauma within whānau Māori.
- For prevention and healing to occur, attention must be paid to the array of factors outside their sphere of control that negatively impact many whānau living with violence or experiencing mahi tūkino.
- Violence within whānau and mahi tūkino are shaped by gender inequities and misuse of power that disproportionately affect wāhine Māori.
- Whakapapa provides the basis for understanding creation and the organisation of knowledge within te ao Māori. It is also the foundation for social groupings, that is, whānau. Therefore, any violation, whether physical, psychological, emotional, spiritual or sexual, directly impacts whakapapa.
- Victims and perpetrators exist within whānau, and an understanding of violence within whānau and mahi tūkino needs to recognise that they are inseparable.
- When addressing prevention and healing, victim and perpetrator terminology is unhelpful for prevention and healing solutions within whānau and for individual whānau members.
- While the definitions in *Te Aorerekura* are comprehensive, they are not inclusive of the historical and intergenerational violence and trauma in the lives of whānau Māori.

This literature review has its genesis in the Interim Te Rōpū,<sup>3</sup> established in 2018 to work in partnership with the Crown and alongside the Joint Venture in transforming the response to family violence, sexual violence and violence within whānau. The Interim Te Rōpū comprised a wide range of expertise working in family violence, mahi tūkino, and violence within whānau areas. Their role was to assist in developing a national strategy and inform enduring governance arrangements. The Interim Te Rōpū concluded its activities on 30 June 2020.

In 2019, the Interim Te Rōpū commissioned a literature review on the Māori experience of violence. The summary paper, *A Litany of Sound: Māori Insights into Family Violence and Sexual Violence*, was completed. This paper offered a synthesis of issues and recommendations in engagement activities from Māori to Aotearoa New Zealand's government agencies. *A Litany of Sound* also contextualised the issues within broader socio-political constructs, including the causal and risk factors that increase specific population groups' exposure and/or vulnerability to violence. These factors included the impacts of colonisation, institutional racism, and interpersonal violence. The information contained within *A Litany of Sound* is necessary to understand the Māori perspective.

This literature review is a legacy of the Interim Te Rōpū, who initially requested it. As mentioned, this will be used to inform the activities of Te Pūkotahitanga – the Ministerial Advisory Group to the Minister for the Prevention of Family and Sexual Violence. *Violence Within Whānau and Mahi Tūkino – A Litany of Sound Revisited*, a literature review that provides current information, explores some areas raised in *A Litany of Sound* in greater detail and expands the context for Māori living with violence and mahi tūkino.

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<sup>3</sup> The following people were appointed to the Interim Te Rōpū: Prue Kapua (Chair), Roni Albert, Ngaropi Cameron, Ange Chaney, Paora Crawford Moyle, Te Owai Gemmell, Roku Mihiniui, Susan Ngawati Osborne, Russell Smith, and Tā (Sir) Mark Solomon.

## Literature review questions

This integrated review of the literature ('literature review') focuses on violence within whānau Māori and mahi tūkino.

It aims to gain a greater understanding of violence within whānau and mahi tūkino from a te ao Māori perspective. While this literature review identifies the existing literature and research, it highlights the gaps from a Māori perspective. Specifically, this literature review seeks to answer the following six questions:

1. What is whānau violence? (Chapter 1)
2. What is the contemporary landscape of violence impacting whānau Māori? (Chapters 2, 3 and 4)
3. How were whānau and hapū kept violence-free in traditional Māori society pre-settlement and pre-colonisation? (Preface)
4. What is known about how to achieve well-being? (Chapter 5)
5. What is known about kaupapa Māori and Te Ao Māori approaches and solutions? (Chapter 6)
6. What are the evidential gaps? (Chapter 6)

# Overview of the literature review report

**Preface: Traditional Māori culture.** The preface draws on the past to inform our understanding of today, solutions, and the future. Solutions to violence within whānau and mahi tūkino lie within te ao Māori in mātauranga such as whakapapa kōrero and pūrākau tawhito. The preface centres on the need to return to Māori led solutions.

**Chapter 1: Introduction.** In this chapter, background information sets the context for this review of the literature about the violence and mahi tūkino involving whānau, hapū, iwi, and hapori Māori. It begins by differentiating whānau and family and then defines whānau violence and sexual violence. Reflective questions suggested by the Family Violence Death Review Committee (2022b) recently posed about the duty to care associated with responding to family violence are presented as prompts for thinking about this often overlooked responsibility (Table 1.1).

**Chapter 2: Contemporary landscape of violence impacting whānau Māori.** This chapter provides an overview of the current landscape of violence and sexual violence affecting whānau Māori. In addition, it presents current knowledge about the violence affecting Māori.

**Chapter 3: Contextualising violence within whānau and mahi tūkino.**

This chapter discusses breaches of Te Tiriti o Waitangi and their relevance to violence within whānau and mahi tūkino. Also discussed are the specific contexts and realities for wāhine Māori, adverse childhood experiences, rangatahi, and tāne that should highlight tailoring prevention and intervention activities.

**Chapter 4: Detrimental impacts of colonisation – then and now.** This chapter presents the intergenerational effects of colonisation, historical and intergenerational violence and trauma, and ongoing colonisation.

**Chapter 5: Achieving wellbeing.** In this chapter, the foundations for Kaupapa Māori and te ao Māori approaches to prevention and achieving wellbeing for whānau Māori affected by violence and sexual violence are discussed.

**Chapter 6: Kaupapa Māori and te ao Māori approaches and solutions.**

This chapter presents a selection of Kaupapa Māori and te ao Māori approaches and solutions. Highlighted is the need to stocktake Māori approaches and solutions across Aotearoa in the absence of literature that reflects the work undertaken with whānau Māori. The gaps in the evidence are outlined, along with recommendations for going forward.



## Background

Eliminating violence and mahi tūkino affecting whānau Māori must be a collective effort led by Māori. Such an effort needs to be underpinned by the knowledge about “why we are where we are” and the historical and social conditions that enable the persistence of intergenerational violence and trauma within whānau Māori (McIntosh & Curcic, 2020b, p. 10). It is helpful to reflect on Dr Eru Pomare’s reflections in 1949, given the absence of violence and mahi tūkino pre-colonisation, which are now intergenerationally entrenched for some whānau Māori. In speaking of the importance of women, he said:

*Everybody who has the welfare of the people at heart knows that the child of today is the men or women of tomorrow and that the foundation of any strong virile race, fit to fight in the forefront of the battle of life, lies in the care that a mother gives her child after the birth (p. 40).*

The following whakatauākī reinforces Dr Pomare’s whakaaro that highlights the importance of wāhine Māori:

***He wāhine, he whenua, e ngaro ai te tangata***

**By women and land, men are lost**

Yet, wāhine and tamariki Māori bear the burdens of violence in their daily lives. Often the violence is inflicted by their partners or biological or non-biological parents, although not always. For example, Balzer et al. (1997) warned 25 years ago that the “social controls” (p. 10) were inadequate and that “... women and children bear the scars of their failure” (p. 10). Seven years later, in the forward to *Transforming Whānau Violence: A Conceptual Framework*, the late Hon. Parekura Horomia reiterated concerns about the violence and abuse among whānau (cited in Kruger et al., 2004b), stating:

*Violence is not normal or acceptable. We want a culture of zero*

*tolerance for whānau violence. We need to challenge all those who inflict violence and abuse on whānau members to take full responsibility for their actions. It is up to us all to work towards bringing about a transformation to a state of whānau wellbeing (p. 2).*

Ten years later, in 2014, the people of Aotearoa who came forward to talk to the Glenn Inquiry into Child Abuse and Domestic Violence echoed similar sentiments, calling for zero tolerance for violence (Wilson & Webber, 2014a, 2014b). Almost 20 years after Hon. Parekura Horomia’s call to action, we remain in a similar place, articulating the same messages about working with whānau to improve their wellbeing. Figure 1.1 provides an overview of the various governments’ journeys from 1988 to now. Beginning with Puao-Te-Ata-Tu, the Ministerial Advisory Committee were tasked to:

*... advise the Minister of Social Welfare on the most appropriate means to achieve the goal of an approach which would meet the needs of Māori in policy, planning and service delivery in the Department of Social Welfare (p. 5).*

Since 1985, various groups have been set up to advise Government on issues related to child abuse, mahi tūkino, and mostly family violence. These groups have included Māori in either their membership or as a specific

focus. In 2014, concerned about Aotearoa New Zealand's child abuse, Sir Owen Glenn funded an independent inquiry into child abuse and domestic violence. More than 500 people came forward to tell their stories of child abuse and domestic violence, of which 113 were frontline workers – 25% of respondents identified as Māori. The reports highlighted what worked well, what was not working well and how to do things differently (Wilson & Webber, 2014a, 2014b).

## **More than 500 people came forward to tell their stories of child abuse and domestic violence, of which 113 were frontline workers – 25% of respondents identified as Māori.**

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Just after the Glenn Inquiry reports were released, the Family Violence Death Review Committee (FVDRC) (2014) released its fourth report that highlighted systems failures and problematic practices. In 2016, FVDRC (2016) released its fifth report that uncovered a fragmented family violence system that functioned in silos. Both these reports highlighted the disproportionate numbers of child abuse and neglect, intimate partner violence, and intrafamilial violence affecting Māori. Between 2014 and 2017, the National coalition government set up the Ministerial Group on Family Violence and Sexual Violence and the Family Violence Prevention Advisory Board (later becoming the Family Violence Expert Advisory Group with a change to a

Labour coalition government). A whole of government approach to family violence and sexual violence resulted in the establishment of the Joint Venture for Family Violence and Sexual Violence in 2018, now named Te Puna Aonui. In 2022, Te Puna Aonui launched Te Aorerekura – *The National Strategy on Family Violence and Sexual Violence Prevention*.

Several inquiries into Oranga Tamariki – the Ministry for Children (Figure 1.2), focused on the care and protection of tamariki and rangatahi Māori (Boshier, 2020; Kaiwai et al., 2020; Office for the Children's Commissioner, 2020; Poutasi, 2022; Waitangi Tribunal, 2021). The Ministerial Advisory Group to Oranga Tamariki - the Ministry for Children (2021) stressed the need for Oranga Tamariki to improve its responsiveness to Māori and address the "... systemic, institutional and professional issues ..." (p. 8).

The Royal Commission of Inquiry into Abuse in Care<sup>4</sup> is in process. It has highlighted the injustices and abuse many young Māori have experienced while in care. Also in process at this time is the WAI2700 Mana Wahine Waitangi Tribunal Inquiry focusing on the abuse, violence and injustices wāhine Māori have endured. Without a doubt, violence within whānau (family violence, specifically within a Māori context) and mahi tūkino (sexual violence)<sup>5</sup> are destructive. Violence diminishes the mana and wairua of all concerned. It impacts the integrity of whakapapa. The ripple effects for those directly involved and the wider whānau and their communities result in personal, social, and financial costs (Kahui & Snively, 2014). The various inquiries into Oranga Tamariki, the Royal Commission of Inquiry into Abuse in Care, and the Waitangi Tribunal claims show the institutional and systemic barriers encountered by those living with violence in their whānau and mahi tūkino.

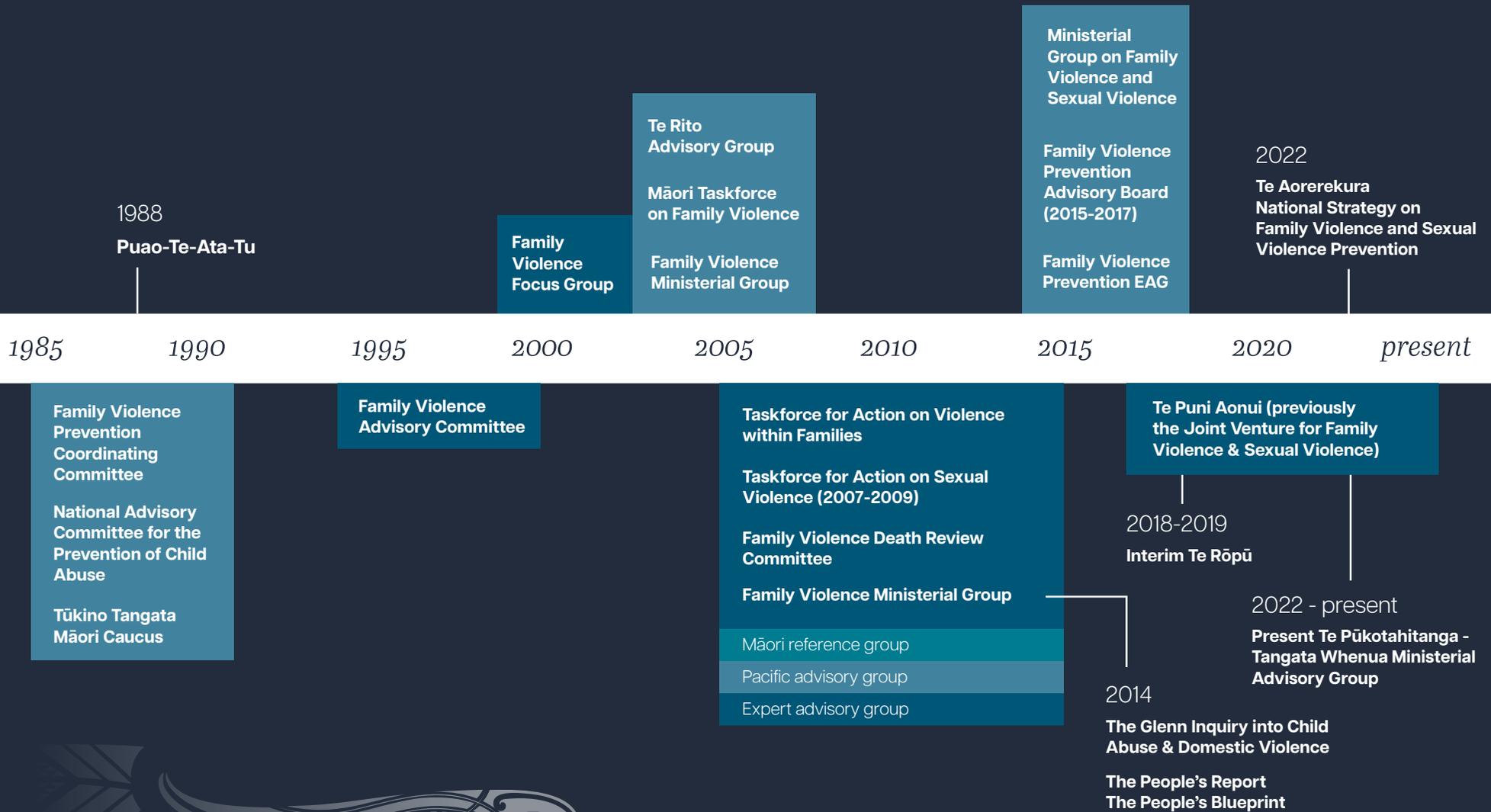
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<sup>4</sup> On 13 April 2023, it was announced that the government agreed to extend the delivery of the final report to 28 March 2024 by the Royal Commission of Inquiry into Abuse in Care.

<sup>5</sup> Whānau living with violence' and 'mahitūkino' are used in this literature review, the former referring to the various forms of violence and harm occurring within and on whānau, and the latter usually referring to sexual violence that may occur within the context of whānau but also occurs outside of whānau. The term violence within whānau rather than whānau violence is used to shift the attention from the whānau being the 'problem' to the concerns being violence and broader structural issue.

Figure 1.1. The government's journey for addressing family violence and sexual violence

Source: Adapted from the Joint Venture Business Unit for Family Violence and Sexual Violence



*Figure 1.2. Inquiries into government performance related to Māori*

## Oranga Tamariki

- Oranga Tamariki Ministerial Advisory Board Report
- Chief Ombudsman Inquiry into Oranga Tamariki
- Māori Inquiry into Oranga Tamariki
- Office of Childrens' Commissioner Review of Oranga Tamariki
- WAI2915 Waitangi Tribunal Inquiry - He Pāharake Eke, He Rito Whakakīkīinga Whāruarua: Oranga Tamariki Urgent Inquiry

## Waitangi Tribunal

- WAI2700 Mana Wāhine Kaupapa Inquiry

## Royal Commission

- Inquiry into Abuse in Care

## *Defining violence within whānau and mahi tūkino*

It is essential to clarify the terminology frequently used within the context of family violence and mahi tūkino right when referring to whānau Māori. In this report, 'violence within whānau' is used in preference to 'whānau violence'.

The rationale is that family violence disregards the many layers of historical, intergenerational, and contemporary burdens impacting whānau Māori. Furthermore, the terminology, whānau violence, focuses readers' attention on the whānau and risks blaming individuals and whānau for the existence of violence within their lives, especially victims. Mahi tūkino refers to sexual violence affecting Māori that occurs within whānau. However, mahi tūkino may be perpetrated by people who are not whānau. In addition, not all violence is enacted by Māori – many wāhine Māori are survivor-victims of their non-Māori partner's use of violence.

For prevention and healing to occur, attention must be paid to the array of factors outside their sphere of control that negatively impact many whānau living with violence or experiencing mahi tūkino. These factors include the role of colonisation; intergenerational and historical trauma and violence; ongoing social, political, systemic and structural factors; and intersectionality and the multiple forms of oppression. Social issues like social marginalisation, racism, housing and income insecurity, and poverty also challenge many whānau. Instead of recognising their circumstances and the violence they experience they are subjected to ridicule and victim-blaming for their circumstances. In this literature review, the following definitions are provided.

Whānau Māori affected by violence and mahi tūkino have additional layers of complexities and realities that demand bespoke Māori responses. For example, when discussing the “duty to care”, the FVDRC differentiated a Western legal framework to one nested in te ao Māori, explaining:

*In contrast, te ao Māori introduces relevant relational obligations, values and practices. Whakapapa creates a duty to care for those who are joined together by blood and common ancestry. Whanaungatanga extends beyond people to include the environment and spiritual realm. Manaakitanga (ethos of care) embodies a type of caring that is reciprocal and unqualified, based on respect and kindness. It is holistically embedded in the values of whānau, emphasising obligations and reciprocal relationships within the whānau and wider groupings (Family Violence Death Review Committee, 2022a, p. 1).*

The FVDRC offered a series of questions for reflecting on the values and practices for taking a whole of whānau approach to addressing family violence (Family Violence Death Review Committee, 2022b). Readers are encouraged to reflect upon these questions as they read the findings of this literature review. FVDRC (2022a) proposed these questions to prompt consideration of the shifts needed for a duty to care, achieving wellbeing and “Te Tiriti dividends” (see Table 1.1).

## **VICTIM-PERPETRATOR**

Whakapapa provides the basis for understanding creation and the organisation of knowledge within te ao Māori. It is also the foundation for social groupings, that is, whānau. Any violation, whether physical, psychological, emotional, spiritual or sexual, directly impacts whakapapa.

Victims and perpetrators exist within whānau, and an understanding of violence within whānau and mahi tūkino needs to recognise these cannot be separated. For example, wāhine Māori often want the violence to stop and not leave their relationship – they are also committed to maintaining the whakapapa of their tamariki (Wilson et al., 2021; Wilson et al., 2019). While priority must focus on the safety of the victim(s) first and foremost, healing and prevention resolutions need to be implemented within the context of the whānau whilst inclusive of the specific needs of individuals within the whānau. Nonetheless, whānau are diverse (and sometimes disconnected), so importantly, healing and prevention activities must be cognisant of each person’s needs within the wider whānau group. Furthermore, violence and mahi tūkino can occur within the wider whānau, hapū, and hapori, extending healing and prevention activities beyond whānau and the individuals within it.<sup>6</sup>

The terms victim and perpetrator are often unhelpful when looking at prevention and intervention activities for violence within whānau and mahi tūkino. These terms often polarise people affected into one of these opposing positions. For instance, those affected by violence or mahi tūkino are referred to as either the ‘victim’ of violence or the ‘perpetrator’ as the offender who inflicts or causes violence. The problem with this terminology is that it is misleading and does not account for those deemed as ‘perpetrators’ who may have also been or are a victim. Likewise, people can also be victims and perpetrators simultaneously. The dualism evident in Western perspectives of family violence has significant shortcomings when adopting a holistic wellbeing or healing approach to addressing violence within whānau and mahi tūkino.

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<sup>6</sup> Personal communication with Mereana Ruri

*Table 1.1. Reflective questions for moving to a whole whānau approach*

Values	Explanation	Reflective Questions
<b>Ūkaipo</b>	Recognising the origins of the voice and the story, recognising context and identity	<ul style="list-style-type: none"> <li>• What is the story of this community?</li> <li>• How will the community story influence interactions with government agencies?</li> <li>• What resources are available?</li> </ul>
<b>Rangatiratanga</b>	High-quality leadership, advocacy and service relationships in practice based on humility, knowledge and knowing the limits of knowledge	<ul style="list-style-type: none"> <li>• Do we come to the table to understand the needs of our community partners rather than to advance our agenda?</li> <li>• How do we support our partners, seeking to highlight their successes rather than our own?</li> <li>• How do we contribute to positive outcomes rather than determining what the outcome should be?</li> </ul>
<b>Whanaungatanga</b>	Actively strengthening meaningful, sustainable and purposeful relationships	<ul style="list-style-type: none"> <li>• What are the efforts we are putting into establishing trusting relationships?</li> <li>• How does agency leadership model an acknowledgement that we need our community partners?</li> <li>• What processes are we putting in place to help develop future leaders within the community?</li> </ul>
<b>Kaitiakitanga</b>	Protecting the vulnerable	<ul style="list-style-type: none"> <li>• Do we have a clear understanding of how current systems reinforce the experience of violence?</li> <li>• How do we support those at increased risk of being marginalised by service structures?</li> <li>• Do we listen to our community partners when they tell us we are part of the problem?</li> </ul>
<b>Aroha</b>	Accepting a person's experience, suspending judgement and focusing on strengths	<ul style="list-style-type: none"> <li>• How do we encourage victims/survivors and their family or whānau to be experts in their own life?</li> <li>• How do we acknowledge that reality without shifting it to fit our mandate?</li> </ul>
	Acknowledging the mana of others through the expression of aroha, hospitality, generosity and mutual respect	<ul style="list-style-type: none"> <li>• How does our agency embody the spirit of service to the community?</li> <li>• Do our interactions with our community partners underscore an attitude of respect?</li> <li>• Are we generous with our time and resources to support our community partners?</li> </ul>
<b>Kotahitanga</b>	Taking a collective, whole-of-whānau approach	<ul style="list-style-type: none"> <li>• How does our agency act as part of a team?</li> <li>• Are we open to radical change in order to change outcomes for families and whānau?</li> </ul>

The FVDRC's (2014) fourth report highlighted the problematic nature of using polarising terminologies, such as victim and perpetrator. The FVDRC found its use can lead to mismatched safety responses or wrongful conclusions that can cast both partners as perpetrators (see for instance, Tolmie et al., 2019; Wilson et al., 2015). Such responses lead to wrongful convictions and ignore perpetrators' realities of being a victim when a tamariki or rangatahi, for example. The FVDRC (2014) recommended using primary victim-predominant aggressor analyses to establish optimal safety and healing responses. This analysis is achieved by examining the context of the relationship, identifying the user of coercive control strategies and determining who is the primary victim and predominant aggressor. The FVDRC (2014) explained:

*It was clear from the regional reviews that some abused women retaliate and resist coercive control by using violence themselves. This can include engaging in violence to try and establish a semblance of parity in the relationship, violent self-defence, violent retaliation, and violent resistance. Primary victims may also use violence when they sense another attack from the predominant aggressor is about to occur (p. 74).*

Women, although not always, are most often primary victims (Family Violence Death Review Committee, 2014). Wilson et al. (2019) found wāhine Māori who used violence did not enter their relationships using violence. Still, they came to use it to protect their tamariki or themselves or when they feared for their lives. They also used violence to resist or respond to their partner's relentless abuse and violence when they could no longer tolerate the physical attacks. Their use of violence often occurred within the context of being unable to access effective help and support from those in their communities and the family violence system.

## DIFFERENTIATING WHĀNAU AND FAMILY

In setting the background for this literature review, it is also essential to differentiate whānau and family. Common understandings of family violence overlook the added layers that burden whānau Māori. These additional layers include:

- ongoing colonisation; historical and intergenerational violence and trauma;
- disconnection from whenua, whānau, whakapapa, and the protections within cultural values, beliefs and practices; and
- contemporary socioeconomic disenfranchisement.

While multiple definitions of whānau exist, whakapapa and whanaungatanga are defining characteristics that differentiate whānau from the dominant understandings of family. For example, when investigating whānau wellbeing, Kukutai et al. (2017) described whānau as:

*...whakapapa-based relationships of mutual obligation. 'Whānau' include intergenerational relationships, may extend beyond one household, and may sometimes include 'friends and others' (p. 1).*

When explaining the intrinsic connectedness and obligations of relationships within whanaungatanga, Khylee Quince (2018 cited in Williams et al., 2019) stressed:

*The concept of whānau is inextricably linked to whakapapa and whanaungatanga. In its literal sense, "whakapapa" means "to lay one thing upon another", a reference to genealogical relationships which have built up over time, while "whanaungatanga" describes the responsibilities that bind kin to one another across their network of relationships, which are effectively derived from the common genealogical thread that is whakapapa (p. 2).*

Understanding the difference between whānau and family is critical when planning prevention and healing practices, policies, and legislation for violence within whānau and mahi tūkino (Gemmell & Pierce, 2019). Often whānau is translated simply as a family without considering its multi-layered, flexible, and dynamic complexities embedded within an Indigenous worldview – that is, te ao Māori (Metge, 1995). Neither does the concept of family in Aotearoa New Zealand consider the intergenerational impacts of colonisation, violence, trauma, and contemporary socio-economic disadvantage that disproportionately affects whānau Māori.

## **Often whānau is translated simply as a family without considering its multi-layered, flexible, and dynamic complexities embedded within an Indigenous worldview – that is, te ao Māori.**

**(METGE, 1995)**

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Whānau are the vehicle for taonga tuku iho (treasures such as mātauranga and traditions passed down from ancestors) to transmit cultural values, knowledge, and histories. It is a cultural approach that respects the individual without ignoring the wider collective and intergenerational whānau bonds that strengthen the individual (Gemmell & Pierce, 2019). Kukutai et al. (2017) commented that:

*... the quality of whānau relationships is extremely important for whānau to thrive. Māori who feel that their whānau get along very well are much more likely to rate their whānau wellbeing very positively, whether they are rangatahi or kaumātua (p. 61).*

From a te ao Māori perspective, collective whānau wellbeing often determines individual wellbeing. Using data from Te Kupenga (Māori data from the 2013 Census), Māori indicated that “whakapapa (thriving relationships), manaakitanga (reciprocity and support), and rangatiratanga (leadership and participation)” were most likely to influence their sense of wellbeing (Kukutai et al., 2017, p. 3). Kukutai et al. found two significant factors for whānau wellbeing: the quality of whānau relationships and individual life satisfaction. Te Kupenga findings that used 2018 Census data confirmed the importance of whānau relationships for most Māori (Stats NZ, 2021). However, it is important to be mindful that while collectively, whānau wellbeing can appear positive, this may not be so for individuals. This is especially so where violence and mahi tūkino feature in an individual’s life.

### *Whānau composition*

While whānau remains the foundation of contemporary Māori society, the composition of family and whānau varies (Social Policy Evaluation and Research Unit (SUPERU), 2018). Dr Keri Lawson-Te Aho (2010) noted whakapapa (genealogical kinship) and kaupapa (purpose-driven) whānau are the most common forms of whānau. Whānau kinship relationships extend beyond the house within which whānau live, a feature differentiating family from whānau (Baker, 2016; Durie, 2003). According to Lawson-Te Aho (2010), whakapapa whānau are more permanent and culturally authentic than kaupapa whānau, whose composition of people is not bound by whakapapa. Lawson-Te Aho also noted that whānau members frequently belong to more than one whānau. Both whakapapa and kaupapa whānau contribute to building and strengthening kinship bonds, the foundation

of the collective practices of whanaungatanga (whānau support) and manaakitanga.

Traditionally, Māori affiliated to hapū and whānau within iwi, meaning sub-cultural variations existed within these Māori groupings across Aotearoa. Today, sub-cultures within those identifying as Māori vary across not only iwi, hapū, and whānau but within geographical locations in response to urbanisation, disconnection from whenua and whānau, and across generations. For instance, rangatahi growing up in South Auckland identify as being “Southside” (Borrell, 2005). Further, 20% of Māori do not affiliate with hapū or iwi. Some identify solely as Māori, while others as mixed Māori and other ethnic identities such as European and Pacific.

This means diversity within whānau extends beyond connectedness to te ao Māori and social positioning within Aotearoa. It also includes members who also identify as takatāpuhi (gender diverse), disability, gang whānau, and whānau with fractured and disconnected whānau, hapū and iwi relationships. Nevertheless, research shows that being connected to traditional Māori society and possessing cultural efficacy have protective functions associated with positive health and wellbeing outcomes (Cunningham et al., 2005; Houkamau & Sibley, 2010; Muriwai et al., 2015).

Tā Professor Mason Durie (2005) proposed diverse Māori realities fell within three main categories:

1. Māori linked with traditional Māori networks;
2. Limited connection with Māori social networks but well integrated into mainstream society; and
3. Unlikely to access Māori social networks or take advantage of mainstream services.

*The Best Outcomes for Māori: Te Hoe Nuku Roa* characterised diverse realities for Māori in more detail:

- a. Conservative – connected with traditional Māori networks and engaged in cultural practices with cultural competency in te reo me ōna tikanga;
- b. Integrated – living comfortably in New Zealand society with limited contact with Māori society;
- c. Pluralistic – can move comfortably between Māori and mainstream worlds; and
- d. Isolated – unlikely to interact with both Māori and mainstream society (Cunningham et al., 2005).

Emerald Muriwai et al. (2015) stated:

*It is important to recognise Māori identities are constructed within the diversity of a complex, colonised reality (p. 15).*

### *Whakapapa whānau*

As mentioned, whakapapa distinguishes whānau from family and other social groupings within Aotearoa New Zealand. The layering of whakapapa connects people to other people and people to their tūpuna (ancestors), waka (canoe), maunga (mountains), awa (rivers), tūrangawaewae (place to stand) and the moana (ocean). Whakapapa also includes cosmological, spiritual, physical, and emotional ties to the whenua (land), marae (communal, spiritual meeting ground) and hapū (sub-tribe). Whakapapa also prescribes the obligations and responsibilities Māori have to te taiao (natural world and environment) and other people. Tā Professor Mason Durie explained whānau as being:

*... more than simply an extended family network, a whānau is a diffuse unit based on common whakapapa, descent from a shared ancestor, and within which certain responsibilities and obligations are maintained (p. 1).*

Through pēpeha (sayings that join people to their waka, tūpuna, maunga, awa, and people), connect people to their tūrangawaewae (their place in the world). Pēpeha provides them with the opportunity to explain where they are from and their relationship to others and the natural environment. Whakapapa forms the basis of whānau, whanaungatanga (connectedness) to taiao (the innimate and animate environment and people), and wairuatanga (spirituality). Nepia Mahuika (2019) explained:

*For Māori, whakapapa has always been considered the explanatory framework for the world and everything in it. Whakapapa chronicled evolutions from the beginning of time, and explained Māori social and political organisation to each other and the natural and spiritual world (p. 10).*

Pre-colonisation, traditional whānau comprised a network of more than one or two generations – more than a single whānau grouping. Whānau was a form of social control (Mead, 2016). Nevertheless, for many, colonisation and assimilation policies diminished and severed their whakapapa links, which separated whānau from their tūrangawaewae and their broader network of whānau and hapū. However, in contemporary society, it is accepted diverse forms of whānau exist. Diversity is related to the dispossession of many from their tūrangawaewae and broader whānau (Lambie, 2018b), belonging instead to those categorised as kaupapa whānau.

### *Kaupapa whānau*

As a basic social structure, whānau support functions as a protective mechanism in the presence of adversity and aids resilience (Waiti & Kingi, 2014). Nevertheless, the forces of colonisation and urbanisation disconnected people from their whakapapa whānau, leaving them without the support structures inherent in whakapapa whānau. In the absence of whakapapa whānau, kaupapa whānau fulfils a need for those people and whānau unable to access whānau support readily. Violence and mahi tūkino can compound the alienation of whānau and its members. Removing children from whānau care has also had destructive and detrimental effects on whānau cohesiveness (Kaiwai et al., 2020).

These forms of alienation from whakapapa whānau also contributed to the loss of the protective traditions embedded in well-connected whakapapa whānau to te ao Māori (Royal Commission of Inquiry into Abuse in Care, 2022; Wilson et al., 2019). Characteristically, kaupapa whānau form for a common purpose and provide safe spaces and support when whakapapa whānau are unable to provide these. Kaupapa whānau includes urban Māori groups like kapa haka (a combination of song, dance, and chanting), membership to schools, social groups, sports teams, identity groups outside of being Māori, neighbourhood groups, and other groups such as those with disabilities or

## Whānau wellbeing

The Waitangi Tribunal (2021) found striking:

*... the resilience of individual Māori and their whānau, in the face of systemic racism and material deprivation bringing them into frequent contact with the care and protection system. We have been struck by the tenacity with which Māori individuals, whānau, and communities have strived to maintain their culture and connection and to pass this taonga to the next generation (p. 23).*

However, when talking about violence within whānau and mahi tūkino, it is easy to overlook that most contemporary whānau Māori have positive whānau relationships and some form of cultural connection to te ao Māori. People also mistakenly believe that those using violence and abuse are Māori – this is often not the reality. Māori adults (n= 8,500 aged 15 years and over) completed the 2018 Te Kupenga Survey. Most Māori reported being connected, got along well, explored their whakapapa, and were involved in Māori culture. Eighty-five percent said getting along well or very well with whānau members, with less than 3% describing their relationships as bad or very bad. Most respondents had been in face-to-face (85%) or non-face-to-face (95%) contact with whānau in the previous four weeks. Whānau wellbeing was rated highly by three out of four (74%) respondents. Notably, less than half (43%) indicated they trusted other people. Regarding being

gang whānau (Cunningham et al., 2005; Lambie, 2018b). Typically, whānau may belong to multiple kaupapa whānau simultaneously, but significantly, kaupapa whānau can contribute to Māori resilience (Durie, 2005).

The reality for many whānau with violence and mahi tūkino in contemporary Aotearoa is that they are somehow disconnected from their whakapapa whānau. Some whānau became disconnected from their whakapapa because of the violence in their lives, urbanisation, capitalism, and racism. This disconnection leaves them without the protective factors embedded within cultural values, beliefs and traditions. For other whānau, colonisation disrupted whakapapa connections because of interventions like adoption into Pākehā families, removal of pēpi and tamariki from the care of whānau or incarceration. The literature has established that state interventions have severed pēpi (babies), tamariki (children), and rangatahi (youth) whakapapa links to their whānau (Kaiwai et al., 2020; Office for the Children's Commissioner, 2020; Waitangi Tribunal, 2019).

culturally connected, 86% knew which iwi they belonged to, while three out of five Māori had explored whakapapa or family history in the previous 12 months. Nine out of ten Māori indicated they had some form of involvement in aspects of Māori culture (Stats NZ, 2021) (Figure 1.3).

The Māori analyses of the Youth '12 survey undertaken by Crengle et al. (2013) found most (92%) taitamariki felt cared a lot. Almost three-quarters (74.3%) felt close to their parents, although males were more likely to report feeling close to their parents than females. In addition, almost 70% said they had fun with whānau a lot.

**People also mistakenly believe that those using violence and abuse are Māori – this is often not the reality.**

Figure 1.3. 2018 Te Kupenga Survey (N=8,500)

### Whānau relationships



85%

Get along well or very well



3%

Bad or very bad relationships

### Whānau kept in contact

85%

Face to face contact in last 4 weeks

95%

Non-face to face contact in last 4 weeks

### Cultural connectedness

86%

Know their iwi

9 out of 10

Had some involvement in Māori culture

3 out of 5

Explored their whakapapa or family history in previous 12 months

### Whānau wellbeing

74%

Rated whānau wellbeing high

### Trust



43%

trusted other people

## Impacts of colonisation on whānau

Tamati Kruger et al. (2004b) reported in *Transforming Whānau Violence: A Conceptual Framework* the limitations with definitions of whānau violence. Definitions lack recognition of successive governments' roles in the experiences of whānau with violence, such as assimilation policies, loss of land, language and culture, and institutional racism that disempowers whānau.

Colonisation played a role in distorting Māori cultural notions of whakapapa, tikanga (right way of doing things), wairua (spirituality), tapu (sacred, restricted), mauri (life essence), and mana (status, authority, esteem). Kruger et al. (2004b) stressed that any view of whānau Māori must centre colonisation within the ongoing “normalisation of whānau violence” (p. 3). Yet, most definitions of family violence exclude colonisation and its consequent historical and intergenerational violence and trauma.

### FAMILY VIOLENCE DEFINITIONS

There has been a range of definitions for family violence in policy (Department of the Prime Minister and Cabinet (DPMC), 2006) and legislation (Family Violence Act 2018) over time. While the Family Violence Act of 2018 recognises the role of coercion and control associated with abusive behaviours and acknowledges family violence as a source of cumulative harm (Little, n.d.; Ministry of Justice, n.d). All definitions overlook the effects of colonisation and intergenerational violence and trauma affecting many whānau Māori. Also missing is the gendered nature of family violence.

However, the Family Violence Act 2018 does recognise the role of coercion and control associated with abusive behaviours and that family violence is a source of cumulative harm. While the Act refers to sexual violence, not all sexual violence affecting a whānau member occurs within the whānau,

**Colonisation played a role in distorting Māori cultural notions of whakapapa, tikanga (right way of doing things), wairua (spirituality), tapu (sacred, restricted), mauri (life essence), and mana (status, authority, esteem).**

### KRUGER ET AL. (2004B)

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it can involve offenders who are acquaintances or strangers (Ministry of Justice, 2022). Te Puni Kōkiri (TPK) (2009b) did not differentiate “whānau violence” from family violence but recognised the need to define whānau violence. In determining whānau violence, Te Puni Kōkiri recommended understanding its specific Māori context.

### *The relative silence around mahi tūkino*

Te Puni Kōkiri also highlighted the need for culturally distinct responses to meet the needs of whānau. For example, concerning mahi tūkino, Leith Comer (cited by Te Puni Kōkiri (TPK) (2009a) stated:

*Sexual violence has also been one of the more horrendous crimes that as a society we don't talk about, it is too hard, too difficult, and too embarrassing, the conversations haven't taken place, until now (p. 4).*

Arguably, the conversations between government and non-government agencies and Māori communities are still not occurring. Perhaps this is why there is a notable gap in the evidence regarding mahi tūkinō. Sexual violence offending occurs on a continuum of behaviours. It happens when there is an opportunity for sexual offending to occur. It often begins as a young person. However, when it goes “unchecked and unchallenged” (Te Puni Kōkiri (TPK), 2009a, p. 5), the potential for future offending and entrenched sexually violent behaviours becomes enabled. Te Puni Kōkiri (TPK) (2009a) talked about the need to create conversations about sexual violence as often it is not a topic of discussion. They indicated successful conversations about sexual violence required a range of activities that include those working with whānau and hapū establishing relationships; integration of Māori cultural values and approaches; workforce specialisation; and targeted education and resources that specifically address sexual violence issues for whānau and hapū.

**They indicated successful conversations about sexual violence required a range of activities that include those working with whānau and hapū establishing relationships; integration of Māori cultural values and approaches; workforce specialisation; and targeted education and resources that specifically address sexual violence issues for whānau and hapū.**

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### *Te Aorerekura: The National Strategy to Eliminate Family Violence and Sexual Violence*

Te Aorerekura: The National Strategy to Eliminate Family Violence and Sexual Violence (Board of the Elimination of Family Violence and Sexual Violence, 2021) makes it clear that family violence harm “... causes immense harm through pain, suffering and ongoing trauma”, injuring the wellbeing of “people, families, whānau and communities” (p. 10). Family violence harms are often about power, influenced by gender inequities.

*Women are three times more likely to experience intimate partner violence (IPV) and wāhine Māori are more likely to be impacted by violence than any other ethnicity (p.12).*

Drawing on the works of the Family Violence Death Review Committee (NZ Family Violence Death Review Committee, 2016) and TOAHNNEST Taiwi Caucus (Te Ohaakii a Hine - National Network Ending Sexual Violence Together (TOAH-NNEST), 2013), Te Aorerekura’s definitions for family violence and sexual violence are as follows:

*Family violence is a pattern of behaviour that coerces, controls or harms within the context of a close personal relationship (FVDRC, 2016). Family violence includes intimate partner violence, elder abuse,*

*child abuse, dating violence, stalking and violence towards another family or whānau member including child-to-parent violence. It can be physical, sexual, psychological, emotional, spiritual, or involve economic abuse or exploitation. Family violence often involves fear, intimidation, isolation and loss of freedoms for people impacted by family violence. It includes children being exposed to violence between adults or subject to abuse or neglect themselves. For older people, disabled people, children, or people dependent on others, family violence can also include not providing care, or preventing access to medicines or other care required. There are also distinctive cultural forms of abuse directed at women, such as dowry-related violence, forced and under-age marriage, and female genital mutilation.*

*Sexual violence (also known as mahi tūkino, sexual abuse, sexual assault, or sexual harm) is any sexual behaviour towards another person without that person’s freely given consent. Child sexual abuse includes any exposure of a child under 16 to sexual acts or sexual material. Child sexual abuse and harmful sexual behaviour can also occur within families, at school, and online. Sexual violence includes sexual violation, incest, rape, assault, exploitation, trafficking, grooming, sexual harassment, and any unwanted kissing or touching. Sexual violence also includes behaviour such as forcing someone to watch pornography*

**Women are three times more likely to experience intimate partner violence (IPV) and wāhine Māori are more likely to be impacted by violence than any other ethnicity.**

*or taking or sharing images of children for sexual purposes, non-consensual sharing of sexual images, and other forms of digital and online sexual harm through social media. It can involve force, coercion and power used by one person (or people) over another (TOAHNNEST Tauwi Caucus, 2021) (Board of the Elimination of Family Violence and Sexual Violence, 2021, p. 10).*

## **Disparity is manifested in a range of compounding and long-term issues, at the heart of which is deprivation, poverty, unstable employment and housing, poor health and education outcomes.**

### **GRAINNE MOSS**

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While the definitions in *Te Aorerekura* are comprehensive, they are not inclusive of the historical and intergenerational violence and trauma in the lives of whānau Māori. References to family violence and sexual violence in *Te Aorerekura* are about power, shaped by gender inequities such as sexism. It is important to be mindful when considering violence within a Māori context that it is also shaped by their social marginalisation, racism, structural violence, and the imposed societal changes on whānau and hapū brought about by colonisation (Pihama et al., 2021; Pihama, Cameron, et al.,

2019a). Furthermore, the state's role in whānau lives and the adversity they suffer cannot be ignored. For instance, the claimants in the *WAI 2915 He Paharakeke Urgent Inquiry* noted that:

*... intergenerational trauma stemming from the involvement of their whānau with the State's care and protection system, often over a long period of time (Waitangi Tribunal, 2021, p. 52).*

In the *WAI2915 He Pā Harakeke Eke, He Rito Whakakīkīinga Whāruarua: Oranga Tamariki Urgent Inquiry*, Grainne Moss (the former chief executive of Oranga Tamariki) linked the lack of critical socioeconomic determinants of health to the inequities experienced by whānau Māori. She said:

*Disparity is manifested in a range of compounding and long-term issues, at the heart of which is deprivation, poverty, unstable employment and housing, poor health and education outcomes (cited by the Waitangi Tribunal, 2019, p. 53)*

The combination of social factors outlined by the Waitangi Tribunal magnifies the impacts of intergenerational violence and trauma for wāhine Māori (Pihama, Cameron, et al., 2019b) and their ability to access safe and effective help that meets their needs (Wilson et al., 2019). What is offered in *Te Aorerekura* is the acknowledgement that almost 50% of wāhine Māori experience lifetime partner abuse and the additional harms arising from colonisation, racism and sexism that impact further their experiences of intergenerational trauma (Board of the Elimination of Family Violence and Sexual Violence, 2021). Chapter 2 explores the contemporary landscape of violence and mahi tūkinō affecting whānau Māori.



# 02

## CONTEMPORARY LANDSCAPE OF VIOLENCE IMPACTING WHĀNAU MĀORI



*He kokonga ngākau e kore e kitea*

A corner of a house may be seen and examined,  
not so the corners of the heart

*(Pihama, Greensill, et al., 2019)*

## Summary

- The contemporary landscape of violence impacting whānau Māori paints a disturbing picture. Māori are over-represented in violence within whānau, mahi tūkino, and as victims of crime compared to non-Māori living in Aotearoa:
  - » The prevalence of IPV for wāhine Māori is 64.1%; tāne 53.4%. Wāhine Māori are three times more likely to die of IPV.
  - » Tamariki Māori aged 0-4 years are four times more likely to die of child abuse and neglect.
  - » Takatāpui and disabled people are at heightened risk of violence and mahi tūkino.
  - » Tāne Māori are four times more likely to be victims of intrafamilial family violence deaths and five times more likely to be the offender.
  - » Deprivation plays a role in violence impacting whānau.
  - » More than half of the offenders have consumed alcohol and/or drugs.
- Tamariki and rangatahi are adversely affected by violence within whānau and mahi tūkino. They are more than three times more likely to be notified to Oranga Tamariki and comprise 68% of the children in state care.
- While the prevalence of IPV for tāne is high, violence within whānau and mahi tūkino disproportionately affect wāhine and tamariki/rangatahi. As a result, they are likely to have severe injuries and die.
- The lifetime effects of violence with whānau and mahi tūkino extend beyond intimate partners and tamariki/rangatahi – their ripple includes wider whānau, hapū, iwi and hapori. Intrafamilial violence affects tāne Māori disproportionately.
- Disabled Māori and takatāpui are at heightened risk of violence within whānau and mahi tūkino.
- Those affected by family violence are more likely to seek help from informal sources.



As the whakataukāki at the beginning of this chapter (page 48) indicates, there is a lot that we cannot see or do not know about regarding violence within whānau and mahi tūkino. However, it is known that violence within whānau and mahi tūkino has dire consequences for those it affects. While it is predominately a gendered problem affecting mainly wāhine and tamariki (Family Violence Death Review Committee, 2017, 2022a), it also affects tāne growing up amid violence. Some tāne have been sexually abused as a tamariki or rangatahi and some are victims of partner violence (Fanslow, Malihi, et al., 2021; Mellar, Gulliver, et al., 2023; Wilson et al., 2019; Wilson & Webber, 2014a). Exposure to abuse and violence are possible contributors to the suicide, mental health issues, and incarceration rates of tāne Māori (Ngā Pou Arawhenua et al., 2020; Suicide Mortality Review Committee, 2016b).

Undeniably violence within whānau and mahi tūkino has direct and indirect spiritual, emotional, psychological, social, economic, and physical impacts on those involved. Left unattended, the outcomes of violence may include intergenerational violence and trauma, significant injuries, long-term health conditions, and for some, death. In all these ways, it disrupts and disconnects whānau whakapapa (Blazer et al., 1997; Pihama et al., 2021; Pihama, Cameron, et al., 2019a).

Simply, much of the violence within whānau and mahi tūkino goes unseen, unrecognised, or is simply not talked about (Wilson, 2016; Wilson & Webber, 2014a). Yet, the effects for many whānau Māori affected by violence and mahi tūkino across their lifespan extend beyond intimate partners and their tamariki. It includes extended whānau members (known as intrafamilial family violence). Intrafamilial violence can involve violence between siblings, cousins, parents and their adult children, and child-to-mother violence. It is the least understood of all forms of violence within whānau (Family Violence

## **Undeniably violence within whānau and mahi tūkino has direct and indirect spiritual, emotional, psychological, social, economic, and physical impacts on those involved.**

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Death Review Committee, 2017). Furthermore, the influence of non-partner<sup>7</sup> and state violence<sup>8</sup> cannot be excluded when understanding the effects of intergenerational violence and trauma occurring within whānau Māori across Aotearoa.

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<sup>7</sup> See Chapter 3

<sup>8</sup> See Chapter 4

The gendered nature of IPV, non-partner violence, systemic bias, racism, and state violence are manifestations of colonisation, contemporary deprivation and social marginalisation of whānau Māori that overly affects all its members (Fanslow, Malihi, et al., 2022; Simmonds, 2022). Table 2.1 provides an overview of commonly understood forms of family violence (sometimes called domestic violence or intimate partner violence (IPV)) in Aotearoa and its various forms of abuse for individuals and whānau.

This chapter presents what is known about the contemporary landscape of violence within whānau and mahi tūkino. An overview explores the various forms of violence within whānau and mahi tūkino to situate these forms of violence within the broader contemporary context of Aotearoa. It also highlights the need for further Māori-specific analyses of data in research because the NZ Family Violence Survey analyses produced to date are generally not inclusive of ethnicity (see for example, Fanslow, Malihi, et al., 2022). Furthermore, yet to be published are the *He Waka Eke Noa – Māori cultural frameworks for prevention and intervention survey* findings with Māori for IPV.

## **The gendered nature of IPV, non-partner violence, systemic bias, racism, and state violence are manifestations of colonisation, contemporary deprivation and social marginalisation of whānau Māori that overly affects all its members**

## *Intimate partner violence*

### **WĀHINE MĀORI**

The NZ Family Violence Survey/He Koiora Matapopore (NZFVS) found more than half (54.7%) of the women living in Aotearoa New Zealand reported any lifetime IPV exposure. For wāhine Māori,<sup>9</sup> their lifetime IPV prevalence was 64.1%, which is almost two in every three wāhine Māori (Mellar, Hashemi, et al., 2023). Because Māori are a youthful population with a mean age of 27.6 years, younger women were under-represented in the NZFVS. Wāhine Māori are over-represented in the prevalence of all five types of IPV. Table 2.1 shows around half of wāhine Māori experience any physical IPV (46.0%) and psychological IPV (54.8%), while approximately a third reported severe physical violence (30.9%) and controlling behaviours by a partner (34.7%). One in five wāhine Māori said a partner(s) had been sexually violent (20.7%), and they experienced economic violence (Mellar, Hashemi, et al., 2023).

The 2019 NZFVS indicates an increase in the lifetime IPV prevalence of wāhine Māori (Mellar, Hashemi, et al., 2023). Prior research reported significant disparities in the prevalence of IPV for wāhine Māori compared to women from other ethnic groups living in Aotearoa (Fanslow et al., 2010; Koziol-McLain et al., 2004; Koziol-McLain et al., 2007). Just over one in two wāhine Māori (57.6% and 57%) reported IPV across their lifetime (Fanslow et al., 2010; Koziol-McLain et al., 2004, respectively). Although research conducted in a hauora (kaupapa Māori) clinic setting found four out of five (80%) wāhine Māori reported IPV across their lifetime (Koziol-McLain et al., 2007). Between 60% and 96% of wāhine Māori also reported tamariki lived with them (Koziol-McLain et al., 2004; Koziol-McLain et al., 2007).

<sup>9</sup> Wāhine Māori made up 14.4% of the survey respondents, slightly less than the 17.4% Māori population estimate as at 30 June 2022 (StatsNZ – Māori population estimates – At 30 June 2022). The mean age for wāhine Māori is 27.6 years.

Mellar, Hashemi, et al. (2023) observed a cumulative (sometimes called a dose-response) increase in the number of types of IPV exposure to a rise in poor health outcomes<sup>10</sup> experienced. Exposure to multiple IPV types meant women were more likely to report poorer health outcomes. This finding led Mellar, Hashemi, et al. (2023) to propose the health consequences of IPV were critical determinants of health because of their adverse effect on women’s health outcomes. This proposition becomes an important consideration for wāhine Māori, who are more likely to experience disparities in health outcomes and inequities in the access to and quality of health services (Ministry of Health, 2015; Stokes et al., 2018).

### TĀNE MĀORI

The 2019 NZFVS found a lifetime IPV prevalence for half (49.9%) of men living in Aotearoa New Zealand. For tāne Māori, their lifetime IPV prevalence was higher (53.4%) (Mellar, Gulliver, et al., 2023). Mellar, Gulliver, et al. (2023) noted tāne Māori had the highest prevalence of the IPV types except for economic abuse. However, tāne Māori comprised 8.9% of the survey respondents, lower than the estimates for the Māori population at 17.4%. Table 2.2 shows that less than half (46.0%) of tāne experience psychological violence, while just over a third (37.2%) experience any physical violence. About one in four reported severe physical violence, controlling behaviours by a partner(s), and economic abuse. Sexual violence, while twice that of European men, is less than five percent (Mellar, Gulliver, et al., 2023). Unlike women, there was minimal evidence of a cumulative association between the number of IPV types and health outcomes. However, these findings were not reported by ethnicity. Given the overall higher lifetime IPV prevalence for tāne Māori and poorer health outcomes in those over 50 years, Māori and Pacific men, more is needed to understand the nature of violence for tāne Māori for promoting relevant and appropriate prevention and healing solutions.

**Table 2.1. Lifetime IPV Prevalence by Type of Violence for Wāhine Māori**

Types of IPV	Wāhine Māori	European Women
Physical		
Severe	30.9%	14.4%
Any	46.0%	26.7%
Sexual	20.7%	12.8%
Psychological	54.8%	51.6%
Controlling	34.7%	20.3%
Economic	22.6%	15.6%
Any IPV	64.1%	57.4%

Source: Mellar, Hashemi, et al. (2023)

<sup>10</sup> Health outcomes measured were: General health | Recent pain or discomfort | Recent pain medication use | Frequent pain medication use | Recent health care consultation | Diagnosis of physical health condition | Mental health condition

## GENDER ANALYSIS

Intimate partner violence is a social and public health issue affecting just under one in every three women and men living in Aotearoa New Zealand, in their lifetime (Fanslow, Malihi, et al., 2022). However, it is also a gendered issue with women, especially wāhine Māori suffering greater severity and lethality of violence. Fewer women who responded to the 2019 NZFVS agreed with statements promoting traditional gender roles (48.1% in 2003, decreasing to 38.4% in 2019). While Fanslow, Hashemi, et al. (2022) observed significant changes in attitudes, beliefs about traditional gender roles and the tolerance of justifications that support a man hitting his wife, more than a third of women still accept reasons for a partner hitting them.

Lifetime patterns of intimate partner violence (IPV) demonstrate gendered patterns of victimisation (Figure 2.1; Table 2.3). While men experience violence from a partner, something Fanslow, Hashemi, et al. (2022) found, the prevalence for women is much higher. For example, the Ministry of Justice (2022) found 1 in 5 females experienced lifetime partner violence compared to 1 in 13 males. Similarly, 1 in 5 females compared to 1 in 17 males experienced threats of force or violence by a partner or ex-partner (Figure 2.1). Moreover, intimate partner violence is the leading cause of homicide for women living in Aotearoa (Lambie, 2018a).

Wāhine Māori are three times more likely than other women living in Aotearoa to die as a result of partner violence (Family Violence Death Review Committee, 2017). They are also more likely to be hospitalised for severe injuries resulting from an assault (Ministry of Health, 2015). According to the FVDRC, Māori were also three times more likely to be the offender. The gendered nature of IPV extends to the differences

**Table 2.2. Lifetime IPV Prevalence by Type of Violence for Tāne Māori**

Types of IPV	Tāne Māori	European Men
Physical		
Severe	23.0%	13.2%
Any	37.2%	31.0%
Sexual	4.7%	2.3%
Psychological	46%	42.6%
Controlling	27.0%	18.2%
Economic	25.9%	11.0%
Any IPV	53.4%	52.4%

Source: Mellar, Gulliver, et al. (2023)

in lifetime prevalence of the types of IPV between wāhine and tāne (Table 2.2). While tāne are more likely to report economic IPV than wāhine, across the various IPV types, the prevalence remains greater for wāhine than tāne. Of particular note is that wāhine are four and a half times more likely to be exposed to sexual violence than tāne (20.7% versus 4.7%, respectively). Mellor, Gulliver, et al. (2023) observed a lower prevalence in men experiencing multiple types of IPV. They concluded it could reflect the lower prevalence in the wider male population.

## Intimate partner violence is a social and public health issue affecting just under one in every three women and men living in Aotearoa New Zealand, in their lifetime

*Figure 2.1. Gendered patterns of lifetime intimate partner violence (IPV)*

**1 in 5 females**



**1 in 13 males**



Ever had a partner, experienced force or violence by a partner or ex-partner in their lifetime

**1 in 5 females**



**1 in 17 males**



Ever had a partner, experienced threats of force or violence by a partner or ex-partner in their lifetime

Source: Ministry of Justice (2022)

## Sexual violence

The NZVCS survey found one in five offences by a family member involved sexual assault, with high prevalence rates for adults who are separated (11%) and in sole-parent households (9%) (Ministry of Justice, 2022). Generally, intimate partners cause two-thirds (63%) of sexual assaults by other family members or someone they know. Almost half occurring in residential areas (Ministry of Justice, 2022).

The prevalence of intimate partner violence-sexual violence (IPV-SV) is gendered, with a lifetime prevalence for all women of 12.4% compared to 2.1% for all men. Men were more likely to report one sexual violence act (79.4%) compared to women (42.2%). However, women reported two acts (30.5%) and three acts (27.2%). In contrast, men reported no more than a single act of sexual violence (Fanslow, Malihi, et al., 2022). Women were eight more times likely than men to report forced sexual intercourse and being afraid of what their partner would do when having sex. They were also six times more likely to report being forced to engage in humiliating or degrading acts. Most acts of IPV-SV were perpetrated by recent or previous partners (68.5%) (Fanslow, Hashemi, et al., 2022).

The Ministry of Justice (2021) confirmed the gendered nature of sexual violence. One in five females and 1 in 12 males experienced sexual assault in their lifetime, which increased to 1 in 18 males for lifetime violence by an intimate partner (Ministry of Justice, 2022) (Figure 2.2). Disabled adults experience an elevated risk of lifetime sexual assault and intimate partner violence. Despite the prevalence of sexual assault, only 25% of crime victims reported the offence to police – this drops to 8% for reporting sexual assault

Figure 2.2. Lifetime prevalence of sexual assault

1 in 5 females



1 in 18 males



Experienced forced intercourse (or attempts) in their lifetime

1 in 3 females



1 in 8 males



Experienced unwanted touching (attempts) in their lifetime

Source: Ministry of Justice (2021)

offences. Forty-one percent of survey respondents indicated the offence was:

*... too trivial, there was no loss or damage, or it was not worth reporting (Ministry of Justice, 2021).*

### USE OF VIOLENCE AGAINST A VIOLENT PARTNER

While there is no evidence about the prevalence of wāhine and tāne Māori perpetration of violence, the 2019 NZFVS shed light on the issue of women’s use of violence. The perpetration of violence was predominately by men against women (96.5%) and women against men (98.3%). However, perpetration was low for men against men (1.6%) and women against women (3.1%) (Fanslow, Hashemi, et al., 2022). Understanding violence perpetrated by women must consider the context within which violence against a violent partner occurs (Dhunna et al., 2018; Fanslow, Hashemi, et al., 2022; Wilson et al., 2019; Wilson et al., 2015). Fanslow, Hashemi, et al. (2022) found women (53.4%) are more than twice as likely than men (22.3%) to “fight back” when their partner uses violence. In addition, Fanslow, Hashemi, et al. (2022) found women experience a higher proportion of risk factors than men, such as:

- the severity of IPV,
- injuries that needed health care,
- fear of their partner,
- more likely to experience other types of IPV, and
- more likely to report the presence of children during their partner’s use of violence.

**Table 2.3. Comparison of Lifetime IPV Prevalence by Type of Violence for Wāhine and Tāne Māori**

Types of IPV	Wāhine Māori	Tāne Māori
Physical		
Severe	30.9%	23.0%
Any	46.0%	37.2%
Sexual	20.7%	4.7%
Psychological	54.8%	46%
Controlling	34.7%	27.0%
Economic	22.6%	25.9%
Any IPV	64.1%	53.4%

Source: Mellar, Hashemi, et al. (2023) and Mellar, Gulliver, et al. (2023)

## Intrafamilial family violence

The FVDRC (2017) found histories of intergenerational victimisation and perpetration for offenders and the deceased for intrafamilial family violence death events. Māori comprised 41% of the IFV deaths and 42% of the IFV offenders. They were more likely to be men (79%) than women (19%). Māori were four times more likely to die of an intrafamilial family violence death event and five times more likely to be an offender than non-Māori.

Many of those affected by intrafamilial family violence death events faced high levels of structural inequities. For example, Māori deceased (77%), and Māori offenders (69%) lived in areas with high deprivation, compared to non-Māori deceased (29%) and non-Māori offenders (36%). Furthermore, offenders and deceased had known histories of family violence, sexual offending and/or violence against non-family members (Family Violence Death Review Committee, 2017). The FVDRC found the following factors were evident in intrafamilial family violence death events:

- family violence histories,
- mental health histories,
- high alcohol consumption at social gatherings, and
- family disputes over inheritance and property or financial exploitation.

### CHILD-TO-MOTHER VIOLENCE

Neither the 2019 NZFVS nor the 2022 NZCVS reported family offences where tamariki and rangatahi have assaulted or abused parents, grandparents or other adults living in their households. Child-to-mother

violence is a little-recognised form of family violence. Ryan and Wilson (2010) interviewed five wāhine Māori about their experiences of violence enacted by a rangatahi or tamariki. These wāhine loved their tamariki/rangatahi, but it meant they protected them despite their use of abuse, intimidation, and violence. It was a source of whakamā, trauma, and fuelled self-doubt about their mothering. They indicated this form of abuse and violence from their rangatahi or tamariki affected their mental health. The wāhine did reach a stage where they wanted change to occur, but as Ryan and Wilson (2010) noted:

*The lack of recognition of their plight, and mother blaming attitudes by those working with health and social services deny these mothers their needed help, so further demeaning and disempowering them (p. 34).*

Ryan and Wilson (2010) found that wāhine suffered alone, holding their situation secret, motivated by shame and embarrassment and disconnection from their whānau. This under-recognised area of violence within whānau requires further evidence and understanding for prevention and healing solutions, particularly as it impacts whakapapa and whānau wellbeing.

## *Victims of crime*

The 2022 New Zealand Crime and Victims Survey (NZCVS) reported Māori (4.7%) were twice as likely to experience offending by a family member than New Zealand European adults (2.3%) and Pacific peoples (2.7%).

Females (3.2%) reported the most offending. Within the previous 12 months, Māori respondents (2.1%) were significantly more likely to experience offending and controlling behaviours by an intimate partner than New Zealand European (0.8%) and other New Zealand adults (Ministry of Justice, 2022). In addition to Māori, young people aged 15-29 years were also most likely victims of offending and controlling behaviours (Ministry of Justice, 2022). The offending prevalence rate for wāhine Māori is just over twice that of other New Zealand women (6.9% compared to 3.1%). For tāne Māori, it is three times that of other New Zealand males (3.4% compared to 1.2%). Of all offences, alcohol and other drugs affected just over half (52%) of offenders.

The 2022 New Zealand Crime and Victims Survey (NZCVS) (Ministry of Justice, 2022) found offending decreased significantly for current partners between Cycle 3 (October 2019 to November 2020) and Cycle 4 (November 2020 to November 2021). In Cycle 3, family members were most likely to offend (27%) and to be repeat offenders (46%), with their victims accounting

for 82% of the offences reported by family members. The Ministry of Justice (2021) also highlighted the following:

*... 2% of adults experience one-third of all crime incidents.*

The 2022 NZCVS examined patterns of victimisation by family members (Ministry of Justice, 2022). Of all New Zealand adults, 2.1% experienced one or more offences by a family member, with intimate partners committing almost two-thirds of the offences by family members. In the 12 months prior, 1 in 6 adults was aware of someone experiencing a family offence, with more than half (59%) supporting someone or others affected. Victims are injured in 28% of violations by family members, with 16% needing medical attention (Ministry of Justice, 2022).

Family member offenders comprised partners (43%), ex-partners (27%), and other family members (38%) (Ministry of Justice, 2022). In most cases,

**The 2022 NZCVS examined patterns of victimisation by family members (Ministry of Justice, 2022). Of all New Zealand adults, 2.1% experienced one or more offences by a family member, with intimate partners committing almost two-thirds of the offences by family members. In the 12 months prior, 1 in 6 adults was aware of someone experiencing a family offence, with more than half (59%) supporting someone or others affected.**

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offending family members were separated (13.2%) or not partnered (4.1%) compared to 2.2% of the New Zealand average. Seven percent, or 16 in every 100 adults, experienced one or more interpersonal violence offences with 2.1% occurring within families, 1.5% by an intimate partner, and 0.6% by other family members (Ministry of Justice, 2022).

The 2019 NZFVS (Fanslow, Malihi, et al., 2022) and the NZCVS (Ministry of Justice, 2021) highlighted that Māori are also over-represented in non-partner violence and are victims of crime. Given the complexity associated with violence within whānau and mahi tūkinō, non-partner violence must be considered another piece of this complex jigsaw.

**Of all New Zealand adults, 2.1% experienced one or more offences by a family member, with intimate partners committing almost two-thirds of the offences by family members.**

Those twice as likely to experience sexual assault are adults:



With bisexual (16%) and diverse (lesbian, gay, bisexual, or other) (11%) sexualities



Aged 15-19 years (5%) and 20-29 years (4%)



Who are separated (5%) who were never married, in a civil union, or a de facto relationship (4%)



Studying and not working (4%)



Living with others, such as flatting situations (5%)

(Ministry of Justice, 2022)

## Impacts of violence

Violence is not confined to physical assault alone. For example, 4 out of 10 offences involve physical violence; 3 out of 10 offences involve threats and harassment; 2 out of 10 offences involve sexual assault, and 1 out of 10 involve property damage (Figure 2.3) (Ministry of Justice, 2022).

The Ministry of Health (2015) highlighted the severity and lethality of interpersonal violence for Māori that results in assault and homicide mortality or assault and attempted homicide hospitalisation (Ministry of Health, 2015). Māori are just over two and a half times (RR<sup>11</sup> 2.67) more likely to die from assault and homicide, with tāne Māori nearly four times (RR 3.66) more likely to die from assault and homicide. Māori are hospitalised more than three times (RR 3.38) for assault and attempted homicide compared to non-Māori. The likelihood of hospitalisation for assault and attempted homicide for wāhine Māori is almost six times (RR 5.87) that of non-wāhine Māori.

While the following information from the NSFVS and the NZVCS does not explicitly report Māori-specific data, they highlight the impacts of violence in more detail. The NSFVS reported a significantly higher lifetime prevalence of injuries from physical and sexual violence – almost three times more for women (40.8%) compared to men (14.7%), with women five and a half times (19.0%) more likely than men (3.5%) to require health care. Furthermore, the partner's behaviours affected respondents' physical health (11.0% women vs 2.5% men) and mental health (25.4% women vs 11.5% men) (Fanslow, Hashemi, et al., 2022). Fanslow, Hashemi, et al. (2022) stated IPV:

*... is a complex, multi-faceted issue which is associated with extensive negative psychological and physical health consequences including posttraumatic stress disorder, depression, physical injury, reproductive health problems, irritable bowel syndrome and chronic pain (p. 2).*

<sup>11</sup> RR = relative risk

*Figure 2.3. Impact of offences by a family member*

For every 10 offences by a family member

- 4 Physical violence
- 3 Threats and harassment
- 2 Sexual assault
- 1 Property damage

The NZVCS explored patterns of victimisation by a family member and found 49% of respondents knew someone else who had experienced incidents of offending within the whānau. Most (80%) are involved by talking with or supporting the victim (Ministry of Justice, 2022). Of those victims who experienced offending and were partnered within the last 12 months, more than half (56%) experienced an intimate partner's controlling behaviours only. Although almost half (45%) reported more than one controlling behaviour occurring, those who had separated were more likely to report controlling behaviours. Victims experienced:

- High levels of psychological distress (12.4%),
- Lower ratings of life satisfaction (5.8%), and
- Poor feelings of safety (5.1%) (Ministry of Justice, 2022).

The Ministry of Justice (2022) indicated the consequences for victims of crime go beyond being injured. For example, family members were the offenders in 21% of interpersonal violence offences. For 15%, it involved taking time off work (compared to 9% of victims of crime).

## HOMICIDE

The Family Violence Death Review Committee (2017) reported 98% of women in IPV death events were primary victims of their male partners. Māori make up 50% of family violence-related homicides. In 2021, the proportion of Māori family violence-related homicide decreased to 23% of deaths compared to 44% between 2009 and 2019. NZ European/Other remained stable at 41% and 43% in 2009 and 2019, respectively (Family Violence Death Review Committee, 2022b). While the Family Violence Death Review Committee (2022b) suggested the work of Māori organisations might relate to the change observed in 2021, it was too early to make this conclusion.

The profile for family violence deaths changed during 2009-2019. Then, 50% of the family violence-related deaths were IPV, 27% were child abuse and neglect, and 23% were intrafamilial. In 2019, intrafamilial deaths comprised 50% of family-violence-related deaths, while IPV accounted for 20% and child abuse and neglect 30%. In addition, the weapons, level of premeditation and planning, escalation of threat, and use of overkill differed for males and females. However, the primary victims were primarily women, and the predominant aggressors were men (Family Violence Death Review Committee, 2022b).

## Disabled Māori

According to the 2013 Disability Survey, one in four (26%) Māori have a disability. Māori have a younger population profile (median age 40 years) than the general New Zealand population with a disability (median age 57 years) is more likely to occur in the older population.

When age-standardised, the Māori disability rate is one in three (32%) (Statistics NZ, 2015). Tangata whaikaha,<sup>12</sup> aged between 15-64 years, experience significant socioeconomic marginalisation. They are less likely to be employed (38.7% compared to 78.3% of non-disabled people) and can rely on others for care and support (NZ Human Rights, 2021).

Disability includes a range of physical, cognitive, sensory, and psychological impairments that hinder tangata whaikaha from fully interacting in their environment (NZ Human Rights, 2021). Mobility impairments are the most common disability (12%) Māori have (Statistics NZ, 2015). More than a quarter (26.3%) of Māori responding to the NZ Family Violence Survey had a disability compared to those who were NZ European (20.3%) (Fanslow, Malihi, et al., 2021). However, the survey results did not provide further analyses by ethnicity. Veale et al. (2019) reported that 25% of gender-diverse participants reported having one or more disabilities.

The findings from the 2013 Disability Survey indicated accidents and injury caused just under a third (28%) of disabilities for Māori. However, Statistics NZ did not provide further detail (Statistics NZ, 2015). However, Fanslow, Malihi, et al. (2021) reported participants with disabilities (35.1%) confirmed accidents and injury caused their disabilities. In addition, almost one in five (18.5%) indicated their injury resulted from physical and/or psychological abuse.

Tangata whaikaha have additional layers of risk and marginalisation non-disabled people have. For example, the NZ Human Rights (2021) refer to the notion of adult risk:

*The term ‘adult at risk’ refers to any adult who has needs for care and/or support, is being harmed or is at risk of violence and/or abuse and is unable to remove or protect themselves because of their needs for care and/or support (NZ Human Rights, 2021, p. 24).*

There is growing knowledge about abuse and violence for tangata whaikaha and disabled communities. However, NZ Human Rights (2021) maintained that tangata whaikaha must lead solutions to address the violence, abuse, ableism, and inequities that challenge their safety and security. Hence, approaches for addressing violence and abuse for tangata whaikaha must be Te Tiriti o Waitangi and human rights-based. They suggest the use of a twin-track methodology – that is, focus on (1) services and information that is accessible and (2) offer a variety of specialist prevention initiatives.

<sup>12</sup> Sometimes referred to as whānau hauā

## Takatāpui - gender diverse whānau

Takatāpui is an inclusive concept encompassing Māori identifying as gender diverse or LGBTQI+ (Aspin & Hutchings, 2007; Hamley et al., 2021; Kerekere et al., 2022), and is a term Māori reclaimed in the 1980s.

Traditionally, before the colonisation of Aotearoa, people identifying as takatāpui were an accepted part of the whānau and were part of the rich diversity within whānau. Like all tamariki and rangatahi, takatāpui were valued as being divine images of their tūpuna ātua (Kerekere et al., 2022). Kerekere et al. (2022) explained that:

*Takatāpui is a traditional Māori term meaning 'intimate companion of the same sex.' It has been reclaimed to embrace all Māori who identify with diverse sexes, genders and sexualities such as whakawāhine (trans women) tangata ira tāne (trans men), lesbian, gay, bisexual, transgender, intersex and queer. These are often grouped under the term 'Rainbow communities.'*

*Being takatāpui is about whakapapa (descent from ancestors with sexual and gender fluidity); mana (authority and power to be who we are); identity (claiming all of who we are – culture, gender, sexuality and ability); and inclusion (unity across all iwi, sexes, genders and sexualities) (Kerekere et al., 2022).*

However, with colonisation, takatāpui identity and their role within Māori society became invisible. Like wāhine Māori, they were erased from Māori history through the rescripting of pūrākau Māori by English anthropologists and the imposition of Christian messaging about sexual behaviours (Aspin & Hutchings, 2007). The introduction of British laws, such as the English Laws Act of 1958, prevented people from identifying as takatāpui by criminalising sodomy. By legally entrenching heterosexist ways of being and introducing

homophobia and transphobia, takatāpui became socially marginalised. Kerekere et al. (2022) makes it clear that:

*While the whānau may still be a strong way of connecting to Māori culture, that culture may no longer accept takatāpui behaviour. For whānau today who often live without traditional Māori views and acceptance of gender and sexual fluidity, views about takatāpui in the whānau can take on the worst of colonial and Western culture: shame, silence and religious persecution.*

**Traditionally, before the colonisation of Aotearoa, people identifying as takatāpui were an accepted part of the whānau and were part of the rich diversity within whānau.**

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This reality is reflected in the interpersonal violence experiences of many people identifying as takatāpui (Kerekere et al., 2022). Half (50%) of Māori identifying takatāpui were likelier to agree that they had a strong sense of belonging to an ethnic group (Veale et al., 2019). Takatāpui reported that whānau were supportive (Veale et al., 2019), although Hamley et al. (2021) pointed out that while whānau can be:

*... sources of great affection, love and support, and, sometimes, experiences of marginality (p. 9).*

Whanaungatanga is a dynamic and evolving process in response to the changing needs of whānau members. A process of 're-remembering moments of connectedness' enables a sense of belonging and storying their lives (Hamley et al., 2021, p. 10). Veale et al. (2019) also reported that 14% of takatāpui were most likely to want a child or more children. Connectedness and belonging for takatāpui are important. Whānau support halves the likelihood of attempted suicide (9% vs 17% with no whānau support) (Veale et al., 2019).

Takatāpui are at heightened risk of sexual violence. A third (32%) of takatāpui reported someone had sex against their will since the age of 13 years, which Veale et al. (2019) noted was a much higher rate than for males and females in the general population. They were also twice as likely to attempt suicide than those who did not report forced sex. Almost half (47%) said someone had attempted sex against their will since 13 years of age. A third (30%) of takatāpui were more likely than others to obtain support for sexual violence from whānau (than other sources).

Fenaughty et al. (2022) explored the association between suggestions for social orientation and gender identity change efforts (SOGICE) and non-suicidal self-injury (NSSI) and suicidality, raising caution. Their study sample included 2.8% who identified as Māori. Experiences of harmful advice from whānau members and other trusted people were associated with increased NSSI, suicidal planning, and suicide attempts (Fenaughty et al., 2022). They also reported that those identifying as takatāpui (or gender diverse) were more at risk of material deprivation, homelessness, and statutory care. They were also more likely than others to trade sex for food (Veale et al., 2019).

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## Disclosures and help-seeking

The 2019 NZFVS found disclosure rates for violence (77% in 2003; 70% in 2019) remained high despite a 7% reduction.

However, help received from formal sources remained relatively low (21.1% in 2003; 19.4% in 2019). Formal sources of support accessed by respondents included Police/lawyers/court (13.8%), counsellors (12.2%), health workers (11.2%), and women's refuge/non-government organisations/women's organisations/marae (6.9%) (Fanslow, Hashemi, et al., 2021). Respondents accessed women's refuges combined with other organisations at approximately half the rate of other formal institutions or agencies. One in three women (33.9%), compared to less than one in five men (18.7%), sought help from formal institutions or agencies (Fanslow, Malihi, et al., 2022). No significant changes occurred between 2003 and 2019 in seeking help from formal sources or in respondents' views about the helpfulness of resource sources (Fanslow, Hashemi, et al., 2021). The proportion of women seeking help from informal sources decreased by 6.7%, from 71.3% in 2003 to 64.6% in 2019.

Similarly, the NZVCS found most help-seeking behaviours involved looking for assistance from informal sources – any help (37%), help from family/whānau (28%), and services (20%) (Ministry of Justice, 2022). Those reporting a family member offending and having experienced controlling behaviours<sup>13</sup> by an intimate partner were less likely to seek help (37%) than those not subjected to controlling behaviours and offences (76%) (Ministry of Justice, 2022).

Between 2003 and 2019, Fanslow, Hashemi, et al. (2021) observed in the 2019 NZFVS the reduction in the severity of violence could be associated with help-seeking and current physical violence and lifetime sexual violence. They suggested the reduction in current physical violence and lifetime sexual violence could indicate diminished severity of violence, providing a potential explanation for the patterns in seeking help.



<sup>13</sup> Controlling behaviours measured in the NZVCS included: stopping you from contacting friends; following or tracking you; stopping or controlling access; stopping you getting healthcare; pressuring you into work; and stopping you from working.

## Child abuse and neglect

The care and protection of pēpi and tamariki Māori living in Aotearoa are frequently cited as a national shame. They are associated with the ongoing effects of colonisation and historical and intergenerational trauma. Rouland et al. (2019) indicated:

*... the available safety net and associated policies have failed to remediate conditions tied to maltreatment risk (p. 1257).*

Despite the New Zealand Government's commitment to the United Nations Declaration of the Rights of Indigenous Peoples (UNDRIP) and the United Nations Convention on the Rights of Children (UNROC), tamariki Māori experience marked disparities in the care and protection system. The UNICEF (2020) report card cited colonisation, education bias and exclusion, socioeconomic background, poverty, cultural influences, and inequality as contributing factors to poor suicide and child well-being outcomes.

Establishing the prevalence of child abuse and neglect and child sexual abuse is difficult. Instead, determining the magnitude of violations against children relies on retrospective morbidity and mortality data and reports of concern (RoC) data (discussed in the next section). For F2021, Oranga Tamariki - Ministry for Children (2022b) reported 12,725 documented substantiated abuse cases. In addition, the NZ Police were investigating 4,734 cases of family harm, an increase from 3,609 in F2015 (Oranga Tamariki - Ministry for Children, 2022b).

For F2021,<sup>14</sup> tamariki Māori aged 0-17 years made up approximately half (49%; n= 22,293) of the children in Aotearoa New Zealand, with a report of concern about their care and protection. Despite the number of reports of concern declining over the last decade, no change has occurred for tamariki Māori. The rate of notifications for tamariki Māori is 91 per 1,000 compared to 28 per 1,000 for non-Māori children. Tamariki comprised 68% (compared to 32% non-Māori) of children in care, while 69%

<sup>14</sup> F2021 = financial year ending 30 June 2021

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Tamariki reported

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In addition, the NZ  
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an increase from

**3,609** in F2015

Tamariki comprised

**68%** of children in care

(compared to 32% non-Māori)

while **69%** exited care.

(compared to 31% non-Māori)

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**Tamariki Māori aged 0-4 years are four times more likely to die of child abuse and neglect**

(compared to non-Māori children)

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**75%**

**of Tamariki Māori killed lived in the most deprived neighbourhoods**

(compared to 22% of non-Māori children)

(compared to 31% non-Māori) exited care. Since 2019, there has been a reduction in tamariki in care, while non-Māori children remain stable (Oranga Tamariki Evidence Centre, 2022).

Tamariki Māori aged 0-4 years are four times more likely to die of child abuse and neglect compared to non-Māori children – 75% of Tamariki Māori killed lived in the most deprived neighbourhoods compared to 22% of non-Māori children (Family Violence Death Review Committee, 2017). The FVDRC claimed offenders were often known to the Police for IPV perpetration. IPV perpetration reinforces the importance of recognising the co-occurrence of child abuse and neglect and IPV. Media portrayal of ‘perpetrators’ of child abuse disproportionately promotes myths and beliefs about Māori parenting (Deckert, 2020). Cootes (2022) explored wāhine Māori’s perceptions of the effects of media portrayal on help-seeking for IPV. She confirmed the damage of the constant adverse reports of wāhine Māori deterred them from seeking help. Wilson et al. (2019) referred to the systemic entrapment of wāhine, which included a fear of their tamariki being removed from their care, encountering judgemental and disrespectful people, ineffective people, and services that do not meet their needs.

Suicide made up 46% and injury 37% of deaths for rangatahi aged 15-19 years, while for those aged 20-24 years, suicide comprised 43% and injury 34% of the deaths (Child and Youth Mortality Review Committee, 2021). Ngā Pou Arawhenua et al. (2020) reported rangatahi were over-represented for suicide between 2002 and 2016 – they died at a rate of 25.3 per 100,000 compared to 9.13 per 100,000 for non-Māori, non-Pacific young people. They found suicide accounted for a third (33.8%) of deaths for rangatahi. Many rangatahi were:

- Known to secondary mental health and addiction services (61.7%),
- Notified to Child Youth and Family (46%), and
- Stood down from school (43%).

The role of violence in whānau and mahi tūkino in rangatahi suicide is difficult to establish accurately. However, Ngā Pou Arawhenua et al. (2020) made the following recommendations:

1. Embed and enact Te Tiriti into all policy and practice to support mana motuhake, accelerating this process for rangatahi within the education and health sectors.
2. Urgently address the impact of socioeconomic determinants of health on whānau, including poverty, alcohol, racism, housing and unemployment.
3. Invest in what works for Māori, iwi, hapū and whānau – invest in, fund and build communities to lead initiatives that support communities in suicide prevention and postvention.
4. Work collectively, nationally and locally to leverage government investment in what works for Māori (p. 13).

Suicide for rangatahi is discussed further in Chapter 3.

**Whānau helped maintain their connections to cultural traditions and to engage with the practices of their tūpuna. They wanted to be heard and taken seriously, which was not guaranteed outside their whānau.**

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### *Voices of tamariki and rangatahi*

We cannot underestimate the importance of whānau for tamariki and rangatahi. A survey undertaken by the Office of the Children's Commissioner with mokopuna (tamariki and rangatahi) documented the importance of whānau (like aunts and uncles) and other people in their community for their identity and being able to be themselves. Tangata whenua mokopuna needed a sense of whanaungatanga. Nonetheless, they felt judged by others and encountered racism and bullying outside of whānau and community environments. Whānau helped maintain their connections to cultural traditions and to engage with the practices of their tūpuna. They wanted to be heard and taken seriously, which was not guaranteed outside their whānau (Children's Commissioner, 2022).

### *Child sexual abuse*

Fanslow et al. (2007) reported the prevalence of child sexual abuse in 2,885 women aged 18-64 years in New Zealand living in urban and rural regions. They found the overall prevalence of child sexual abuse was 23.5% for women in the urban setting and 28.3% for those living rurally. Māori had a higher prevalence – 30.5% (17.0% for non-Māori) in urban areas and 35.1% (20.7% for non-Māori) in rural areas. They calculated the median age for the onset of abuse was nine years. In comparison, the median age of the perpetrator was estimated to be 30 years. While half of these women experienced abuse once or twice, 27% reported it occurred a few times, and 23% said it happened multiple times. Most cases (83%) involved a sole perpetrator. Compared to non-victims, those who experienced child sexual abuse were twice as likely to go on to experience IPV (Fanslow et al., 2007).

Māori in the Christchurch longitudinal birth cohort study reported higher rates of IPV victimisation (2.36-2.59 times) and perpetration (2.6 times higher) than non-Māori. They were 3.41 times more likely to have experienced an injury related to IPV than non-Māori (Marie et al., 2008).

**The Inquiry heard that most people who had lived with child abuse and domestic violence experienced its aftermath in many ways – for instance, long-term problems affected them physically, mentally (emotionally/psychologically), spiritually and socially, in varying combinations (Wilson & Webber, 2014a, p. 39).**

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Marie et al. (2008) indicated ethnic differences could be explained by socioeconomic disadvantage (related to parents' lack of formal education qualifications, lower living standards, socioeconomic disadvantage at birth, low educational achievement, low family income, and greater dependency on welfare support) and family problems (such as alcohol and substance use, parents' criminal offending, harsh or abusive punishment, exposure to inter-parental violence, family adversity and conflict, and higher rates of conduct problems in childhood). Exposure to socioeconomic disadvantage and adversity during childhood explained the greater tendency for Māori to IPV victimisation and perpetration in their adult relationships (Marie et al., 2008).

Kelly and Farrant (2008) examined infants with non-accidental head injury resulting in a subdural haematoma (SDH) between 2000-2002, often associated with violent shaking of babies. They found the incidence for Māori infants under two years of age was twice that of non-Māori (32.5-38.5 per 100,000 and 14.7-19.6 per 100,000). The consequences of non-accidental head injury are significant - infant mortality occurred in 13.5% of those with SDH. Non-accidental head injury was deemed a significant child health issue (Kelly & Farrant, 2008). Being Māori, living in poverty, and being single are risk factors that disrupt mother-baby attachment and are potential mechanisms for abusive head trauma (Kelly et al., 2017).

Early experiences in life matter! The impacts of adverse experiences during childhood are discussed later in this chapter. A third of respondents participating in the Glenn Inquiry into Child Abuse and Domestic Violence talked about their child sexual abuse:

*The Inquiry heard that most people who had lived with child abuse and domestic violence experienced its aftermath in many ways – for instance, long-term problems affected them physically, mentally (emotionally/psychologically), spiritually and socially, in varying combinations (Wilson & Webber, 2014a, p. 39).*

Growing up amidst violence triggers substantial fear with significant and long-lasting consequences. These fear responses are not ‘outgrown’. Removing a child from dangerous circumstances does not reverse the negative fear responses learned (National Scientific Council on the Developing Child, 2010). Therefore, there is a need to address the needs of tamariki beyond their physical safety.

*Children who have had chronic and intense fearful experiences often lose the capacity to differentiate between threat and safety (National Scientific Council on the Developing Child, 2010, p. 5).*

Violence and persistent fear disrupt how tamariki view the world as threatening, trigger anxious behaviours, and impair their abilities to learn and socially interact (National Scientific Council on the Developing Child, 2010).

Lambie (2018a) provided a convincing picture of why Aotearoa should be concerned about children’s exposure to family violence. Of child and youth offenders under the age of 17 years, 80% had family violence in their homes. Of the 5660 children between birth and five years living in the Counties Manukau Police District, 38% had repeated exposure to family harm and violence – 13% had five or more incidents.

**They found nearly 1 in 4 (23.5%) children had at least one notification to child protection services by 17 years, and 9.7% had confirmed child abuse or neglect.**

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#### REPORTS OF CONCERN AND STATE CARE

Rouland and Vaithianathan (2018) used linked administrative data for a cohort study of all children born (n = 55,443) in Aotearoa from 1998 until 2015. They documented the cumulative prevalence of notifications to child protection services,<sup>15</sup> substantiation of child maltreatment, and out-of-home placements. They found nearly 1 in 4 (23.5%) children had at least one notification to child protection services by 17 years, and 9.7% had confirmed child abuse or neglect. A further study examined data for ethnic disparities. They found 1 in 2 (42.2%) tamariki Māori had a notification to child protection services before turning 18 years of age, twice that of Pacific children and three times that of NZ European children (Rouland et al., 2019). Furthermore, they were five times more likely to be physically abused than NZ European children. Children born to adolescent mothers had fewer ethnic disparities for child maltreatment. However, they suffered higher levels of social disadvantage, and for Māori, the ongoing effects of colonisation, assimilation, and contemporary socioeconomic and educational disadvantage (Rouland et al., 2019). Rouland et al. (2019) noted that:

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<sup>15</sup> Child, Youth & Family now known as Oranga Tamariki – Ministry for Children

*Despite long-standing child support policies and reparation for breaches of Indigenous people's rights, significant child maltreatment disparities persist. More work is needed to understand how New Zealand's benefit services can be more responsive to the needs of Indigenous families and their children (p. 1255).*

*During the period of study, New Zealand provided cash benefits to single parents, supported universal home-visiting programs, and funded a national public health system. Although these are all important foundations of maltreatment prevention and addressing social inequities, Māori are known to underutilise primary health care services, are more likely to have unmet health needs, and experience other institutionalised barriers to accessing health and welfare systems (p. 1257).*

State care influences women's life as a parent. In a birth cohort study, Templeton et al. (2016) found 6% had been notified to child protection services before they reached 23 years. For those with contact with child protection services in their childhood, 20% had children who were subject

## **Survivors speaking to the Royal Commission of Inquiry into Abuse in Care discussed enduring and far-reaching psychological, cultural, emotional and physical adversities of being in State Care.**

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to notification of child maltreatment concerns. Furthermore, early parenting positively correlated with women's contact with child protection services. This correlation is significant because 38% of wāhine Māori were mothers before 23 years, compared to 28% of Pacific women and 11% of other women. Depending on ethnicity, those women with prior contact with child protection services were four to ten times more at risk of having a child notified to child protection services (Templeton et al., 2016).

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**Lambie (2018a) provided a convincing picture of why Aotearoa should be concerned about children's exposure to family violence. Of child and youth offenders under the age of 17 years, 80% had family violence in their homes. Of the 5,660 children between birth and five years living in the Counties Manukau Police District, 38% had repeated exposure to family harm and violence – 13% had five or more incidents.**

The impacts of state care are intergenerational, as outlined by the various reviews of Oranga Tamariki (and its predecessors), confirm the findings of Templeton et al. (2016). When discussing the controversies about the efficacy of Oranga Tamariki – Ministry for Children for Māori, Dr Alayne Mikahere-Hall (2020) stated:

*The Ministry for Children is experienced by many Māori as punitive and untrustworthy. Rigorous debates regarding the effectiveness of child welfare services to adequately respond to the needs of Tamariki Māori continue (p. 52).*

The Youth '19 survey explored the experiences of taitamariki involved in the care of Oranga Tamariki (16.7% were ever involved with Oranga Tamariki, while 4.4% were currently involved). They found differential outcomes compared to taitamariki, with no involvement with Oranga Tamariki. While the majority of taitamariki felt part of their school, those who were ever involved with Oranga Tamariki were:

- less likely to have adults at school who cared about them
- less likely to feel that teachers treat students fairly
- less likely to feel safe at school
- three times more likely to be bullied at school weekly or more in the last year (Archer et al., 2022, p. 18).

Compared to those never involved with Oranga Tamariki, taitamariki involved with Oranga Tamariki were more than 4.5 times more likely to smoke (aOR<sup>16</sup> 4.82) or vape (aOR 4.73), more than 2.5 times more likely to drink alcohol at least once a week (aOR 2.87) and to smoke marijuana

(aOR 2.70). These taitamariki were also more likely (aOR 1.80) to be hurt or physically harmed in the last 12 months, more than three times more likely to be deliberately hurt or physically harmed by an adult in their home in the previous 12 months (aOR 3.20) and experienced sexual violence, abuse or unwanted sexual experiences (aOR 3.08) (Archer et al., 2022).

State care is fraught for many young people with long-term and intergenerational consequences. Survivors speaking to the Royal Commission of Inquiry into Abuse in Care discussed enduring and far-reaching psychological, cultural, emotional and physical adversities of being in State Care. The impacts extended beyond them to their whānau, hapū, iwi, and subsequent generations. Losing their fundamental attachment relationship was talked about by survivors. They spoke of enduring trust issues and resentment in response to their abuse and treatment. Most experienced a persistent “sadness, guilt, and internalised blame.” However, some talked about State Care offering relief from their whānau violence and

**The Ministry for Children is experienced by many Māori as punitive and untrustworthy. Rigorous debates regarding the effectiveness of child welfare services to adequately respond to the needs of Tamariki Māori continue.**

**DR ALAYNE MIKAHERE-HALL**

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<sup>16</sup> aOR = adjusted odds ratio

harsh environments. Coping with the pain and trauma involved in drug and alcohol use. The Royal Commission of Inquiry found most had their health impacted and were socially and educationally disadvantaged. Their whānau also experienced difficulties and sadness in response to the fractured relationship caused by having their tamariki removed from their care (Savage et al., 2021).

**The Royal Commission of Inquiry found most had their health impacted and were socially and educationally disadvantaged. Their whānau also experienced difficulties and sadness in response to the fractured relationship caused by having their tamariki removed from their care**

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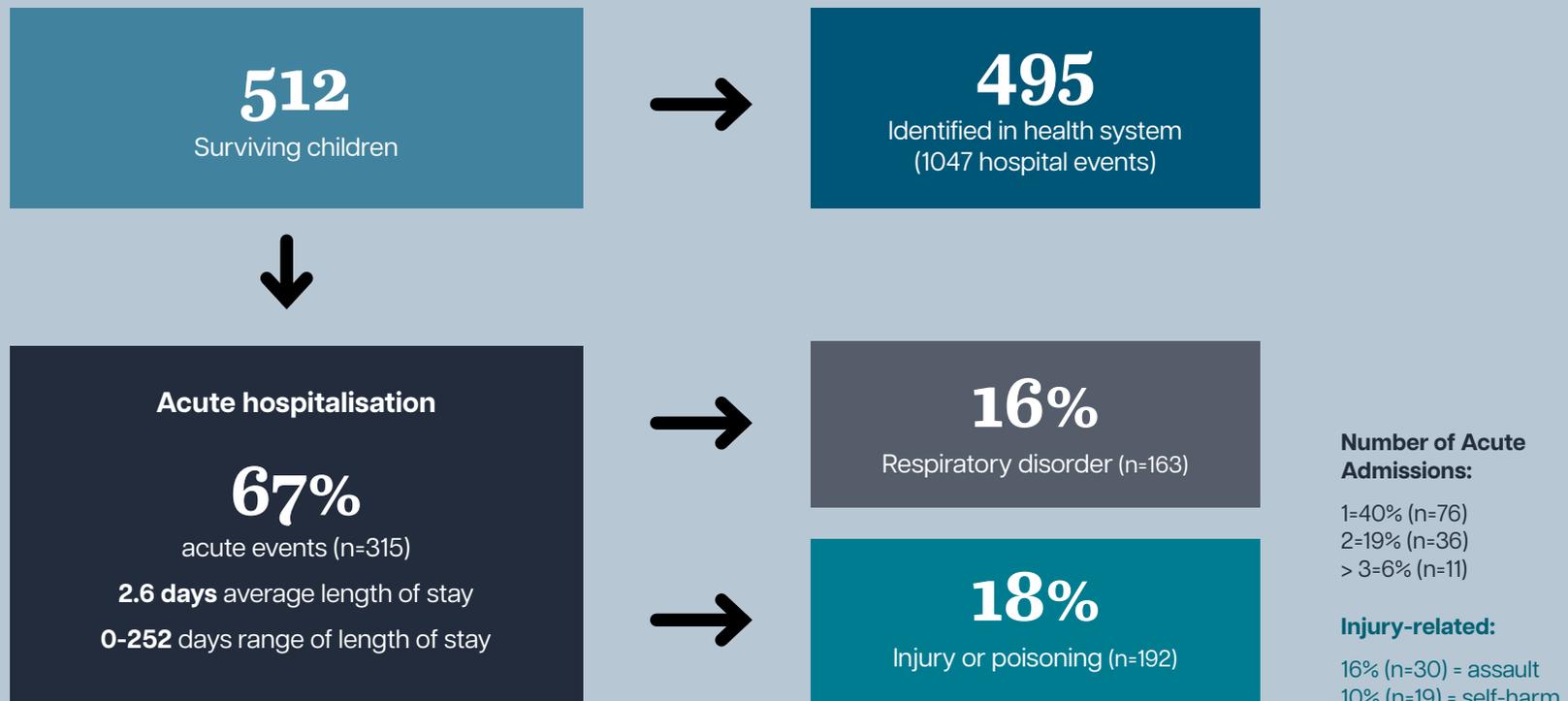
## **AFTER-CARE FOR TAMARIKI IMPACTED BY HOMICIDE**

The FVDRC (2022b) stated:

*In 2013, the Committee recommended an after-care process for families and whānau impacted by violence. Originally, it considered that such an intervention after a death event provided an opportunity to impact on intergenerational trauma and violent behaviour. However, the current analysis also points to the need to address physical and emotional wellbeing and, by extension, to address material need, adequate housing and other social determinants of health. Nearly a decade on, as far as we are aware, the recommendation for an after-care system has yet to be adopted (p. 83).*

The health implications of being present at a homicide can be observed in the 512 children who survived or witnessed a homicide. Of these, 495 presented to the health system for 1,047 hospital events, and 67% had acute hospitalisations (Family Violence Death Review Committee, 2022b). Tamariki being present at or witnessing a homicide of a whānau member (parent, sibling or other whanaunga) are at high risk of ongoing trauma (Family Violence Death Review Committee, 2013). These acute hospitalisations involve injury or poisoning (18%), which includes assault (16%) and self-harm (10%) or a respiratory disorder (16%) (Figure 2.4) (Family Violence Death Review Committee, 2022b). Surviving or witnessing a homicide can be considered the ultimate adverse childhood experience (ACEs), an important consideration given Māori over-representation in family violence death events.

Figure 2.4. Hospitalisations of children surviving or witnessing a homicide





# 03

## CONTEXTUALISING VIOLENCE WITHIN WHĀNAU AND MAHI TŪKINO

*He toka tūmoana, he ākinga nā ngā tai*

A standing rock in the sea, lashed by the tides

*(Kawharu, 2008)*



## Summary

- Understanding the contextual landscape within which violence within whānau and mahi tūkino occur is essential for informing te ao Māori prevention and healing solutions for whānau Māori.
- Violence within whānau and mahi tūkino is perpetuated by historical, socio-political and intergenerational contexts outside of whānau that manifests in multiple ways that serve to oppress further and marginalise whānau and its members.
- These contexts include multiple breaches of Te Tiriti o Waitangi; the negative impacts of colonisation; loss of protective factors embedded in Māori language, values, and cultural practices; disconnection from whenua; ancestral and intergenerational trauma; contemporary poverty; and continued discrimination and racism.
- Whānau are disadvantaged further by systemic and structural barriers underpinned by deficit-framing and victim-blaming discourses.
- Adverse childhood environments have life-long impacts on mental, physical, and social health and wellbeing and are connected to poverty. In addition, ACEs contribute to the victimisation and perpetration of violence in adulthood and the intergenerational transfer of violence.
- The health and wellbeing of rangatahi reflect the effects of a colonial reality for Māori. Key health measures worsened between 2012 and 2019, including depression, self-harm, suicidal thoughts and suicide attempts, and are over-represented in suicide deaths and youth offending.
- Colonial representations and experiences of both wāhine and tāne Māori have contributed to their experiences of violence and marginalisation while overlooking their need for support to live non-violent lives.
- Gang whānau provided rangatahi with a promising future and protection in the face of violence and abuse while in State Care, alienation from whenua and Māori cultural traditions, and intergenerational poverty. Subsequently, they have been defined by deficit and criminogenic constructions, placing them on the margins of society.



As the whakatauākī at the beginning of this chapter (page 76) indicates, whānau Māori who stand resiliently within violence are also buffeted by unseen undercurrents that perpetuate violence within whānau and mahi tūkino.

The undercurrents need to be understood as a manifestation of the violence of ongoing colonisation and contemporary deprivation, discrimination, racism, and marginalisation whānau Māori experience daily. Intergenerational violence, trauma, and adversity many Māori endure compounds violence against whānau and mahi tūkino. These factors differentiate violence within whānau and mahi tūkino from general understandings of family violence. It explains why many approaches to addressing violence within whānau have limited efficacy. Dobbs and Eruera (2014a) remind us that:

*Western approaches have not curbed the epidemic of whānau violence (p. 1).*

Violence within whānau and mahi tūkino have resisted resolution because they are entangled amongst multiple intersecting and complex causal factors. For example, the negative impacts of colonisation; the loss of cultural protective factors embedded within Māori language, cultural values and tikanga; the disconnection to whenua; ancestral and intergenerational trauma; contemporary poverty; and continued discrimination and racism are all contributors to the burdens that whānau, hapū, iwi and hāpori (Māori communities) endure (Kruger et al., 2004b; Pihama et al., 2021; Pihama, Cameron, et al., 2019a; Wilson, 2016). On their own, each violates whakapapa and diminishes the mana and wairua of individuals and whānau. However, collectively their impact is compounded.

The deliberate and insidious nature of colonisation and the assimilation policies imposed on whānau, hapū, Colonial patriarchy and the privileging of male status allured tāne and, in the process, stripped wāhine of their mana and status as te whare tangata (the house of humankind, womb) (Mikaere, 2017; Pihama et al., 2021). Consequently, in this newly colonised reality, wāhine and tamariki became socially marginalised and the property of men (Mikaere, 2017; Wilson, 2002). Furthermore, as Kruger et al. (2004b) pointed out, it harshly pathologised users of violence and isolated victims within systems through ‘victim blaming’ – it was “anti-whakapapa” (p. 13).

To develop strategies to solve and prevent violence within whānau, Dr Fiona Cram (2018) argued the need to more fully articulate the harm caused by violence within whānau and mahi tūkino. This chapter discusses key contextual aspects impacting whānau affected by violence and mahi tūkino. It begins by briefly examining breaches of Māori rights under Te Tiriti o Waitangi. Also considered are the factors influencing wāhine, rangatahi, tāne, and the role adverse childhood experiences have in the intergenerational transmission of violence within whānau and mahi tūkino.

# Breaches of Te Tiriti o Waitangi

Māori, tangata whenua and the Indigenous peoples of Aotearoa also have fundamental rights under Te Tiriti o Waitangi, signed with the representative of the British Crown in 1840.

Both Māori and tauīwi have responsibilities affirmed in Te Tiriti o Waitangi, with the Crown obliged to protect the interests of Māori. Te Tiriti affirmed Māori kawanatanga (governance), tino rangatiratanga (self-determination as Māori), ōretitanga (equity), and wairuatanga (spirituality). Within the text of Te Tiriti o Waitangi. Article 2 outlines the guarantees of tino rangatiratanga to live as Māori, and Article 3 the citizenship rights to live equally as other people living in Aotearoa. However, Māori have been systematically denied these rights, often marginalised in conversations about the resolution of violence within whānau and mahi tūkinō affecting Māori. For many whānau,

**Since the early 1980s, Crown policies have undermined whānau Māori despite being designed to involve and support them in their aspirations. Instead, whānau were provided intermittent and fragmented involvement and support because of various legislative and policy changes over time.**

the outcome has been a fracturing of whānau evident in the various inquiries into Oranga Tamariki, for instance (Boshier, 2020; Kaiwai et al., 2020; Poutasi, 2022; Waitangi Tribunal, 2021).

Since the early 1980s, Crown policies have undermined whānau Māori despite being designed to involve and support them in their aspirations. Instead, whānau were provided intermittent and fragmented involvement and support because of various legislative and policy changes over time (Kaiwai et al., 2020; Rangihau, 1988; Walker, 2006). More recently, the Waitangi Tribunal's Urgent Inquiry into Oranga Tamariki – Ministry for Children outlined the multiplicity of Crown failures for tamariki Māori, whānau, hapū, and iwi. That is:

- Failure to implement the recommendations of *Puao-te-Ata-Tu*<sup>17</sup>
- Structural racism influenced legislation, policy, and practice in the care and protection system with detrimental effects on tamariki Māori and whānau
- A lack of whānau, hapū, and iwi trust in the care and protection system
- Historical disregard of Māori views and solutions
- Failure to partner with Māori.

Thirty-four years ago, the Royal Commission on Social Policy (1988a) hui with Māori published *Ngā kohikohinga mai no ngā pūtea i whakairia ki ngā*

<sup>17</sup> Rangihau, J. (1988). Puao-Te-Ata-Tu <https://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/archive/1988-puaoteatatu.pdf>

*tāhuhu o ngā whare tūpuna: An analysis of views expressed on marae.* They found alienation from culture and decision-making were key concerns arising from multiple inquiries into government departments related to a lack of Māori representation. In addition to alienation, the Royal Commission heard Māori frustrations about exposing their souls and offering suggestions for their social wellbeing with no action or change. In response to the inaction, a wāhine stated, “We’ve bared our souls” (Royal Commission on Social Policy, 1988a, p. 274). A similar sentiment echoed in recent inquiries into Oranga Tamariki and by the Waitangi Tribunal.

In addition to the rights Māori have under Te Tiriti o Waitangi, Dr Fiona Cram (2012) highlighted they also have international human rights, ratified by Aotearoa. She stated:

*The right of Māori, including Māori children, to their cultural identity, and the state’s responsibility to protect this right is also found in key documents that this country has acceded to (p. 14).*

In 2010, Aotearoa signed the United Nations Declaration of the Rights of Indigenous Peoples (UNDRIP) that guaranteed Indigenous peoples, including Māori:

- the right to self-determination,
- to be free from discrimination,
- to live equally as other people and individuals, and
- to exercise their cultural identity, among other factors (United Nations, 2007).

Observing these rights is fundamental for resolving violence within whānau and mahi tūkino. Furthermore, Aotearoa ratified the United Nations

Convention on the Rights of the Child in 1993.

- Article 2.2. requires states to take “appropriate measures” to protect children from “discrimination and punishment” based on their parents or family members’ beliefs;
- Article 6 refers to a child’s right to life, survival and development;
- Article 19 refers to the right to protection from violence;
- Article 30 affirmed Indigenous children their right to their cultural identity and to practice their cultures without impediment;
- Article 34 affirms the right to protection from sexual violence; and
- Article 35 refers to the right to protection from exploitation; and
- Article 39 refers to the right to recovery from difficult situations and life experiences, which requires healthy, functioning and connected whānau (United Nations, 1990).

Government and non-government systems and structures underpinned by deficit framing and victim blaming create barriers that disadvantage whānau. Such actions are other sources of trauma and violation of whakapapa (Pihama, Cameron, et al., 2019a; Wilson, 2016; Wilson et al., 2019). The Waitangi Tribunal (2019, 2021) highlighted breaches of Te Tiriti o Waitangi that contributed to damaging and inequitable outcomes for whānau. They also noted the role of institutional racism. The *WAI2915 He Pāharake Eke, He Rito Whakakīinga Whāruarua: Oranga Tamariki Urgent Inquiry* captured some of Oranga Tamariki’s breaches affecting whānau. The Waitangi Tribunal (2021) indicated the taking of pēpi and tamariki from whānau was:

*“...perhaps the most fundamental and pervasive breach of te Tiriti/the Treaty and its principles” (p. xv)*

Similarly, the *WAI2575 Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry* also found the Crown seriously failed to support and resource Māori to design and deliver health care (Waitangi Tribunal, 2019). The Crown's failures and discrimination were attributed to detrimental effects on Māori wellbeing. Claimants of the *WAI2700 Mana Wāhine Kaupapa Inquiry* have also contended the Crown breached Te Tiriti o Waitangi. These breaches caused discrimination against wāhine Māori, affecting their status and place in society (Waitangi Tribunal, 2022). This inquiry focuses on the following:

*... the denial of the inherent mana and iho [essence] of wāhine Māori and the systemic discrimination, deprivation and inequities as a result (Waitangi Tribunal, 2022).*

The foundations of the Mana Wāhine Kaupapa Inquiry concentrate on the loss of critical tikanga related to mana wāhine and the pre-colonial understandings of wāhine in te ao Māori that kept them safe. These include:

*(i) atua Māori; (ii) relationality and balance (including te ira wāhine and the balance and complementarity of wāhine and tāne); (iii) rangatiratanga, whenua, whānau, mātauranga and whakapapa; and (iv) te mana o te wāhine in Māori society (Waitangi Tribunal, 2022).*

***Te Aorerekura* outlines the national strategy for family violence and sexual violence. It outlines for sectors their obligations and responsibilities under Te Tiriti o Waitangi. These responsibilities involve:**

- **Kāwanatanga** – building relationships and partnerships with Māori iwi and Māori organisations for the delivery and governance of *Te Aorerekura*;
- **Tino Rangatiratanga** – enabling whānau, hapū, iwi and Māori communities to have full authority (mana motuhake) over their own wellbeing;
- **Ōritetanga** – working with tangata whenua to strengthen protective factors and achieve equitable outcomes that allow whānau, hapū, iwi and Māori communities to realise their potential, free from family violence and sexual violence; and
- **Wairuatanga** – enabling iwi, hapū, whānau and Māori communities to practice ritenga (customs) framed by te ao Māori, enacted through tikanga Māori and encapsulated within mātauranga Māori (The Board for the Elimination of Family Violence and Sexual Violence, 2021, p. 22).

## Adverse childhood experiences (ACEs)

ACEs<sup>18</sup> are to some extent controversial in that they focus on deficit experiences during childhood – something Māori frequently encounter. Nonetheless, Hashemi et al. (2021) linked ACEs with early morbidity and mortality associated with physical and mental health conditions and poor social and educational outcomes.

In addition, previous overseas research confirms the lifetime effects of ACEs (Anda et al., 2006; Brown et al., 2009; Dube et al., 2002; Whitfield et al., 2003). ACEs:

- Influence victimisation and perpetration in later life and are connected to poverty, long-term social, psychological, and physical health and wellbeing, mental health problems, substance use, and incarceration (Felitti et al., 1998).
- Affect a person's sense of stability, security, and ability to have positive bonding and attachment with others (Marie et al., 2014).

Exposure to violence in childhood is theorised to contribute to the intergenerational transfer of violence through imitation of violent behaviours, tolerance for violence, low self-belief, and other maladaptive beliefs about relationships (J. Fanslow et al., 2021). The greater the number of ACEs, the higher risk of harmful outcomes. ACEs reinforce the importance of positive childhood experiences for future wellbeing in adulthood. They also highlight the necessity of children and their whānau to access necessary health

determinants – such as food security and quality warm housing (Hashemi et al., 2021).

The Christchurch Health and Development Study, a longitudinal birth cohort study, analysed data from 1,011 (80% of the original 1,265 participants) participants aged 21 years (Marie et al., 2009). Of the participants, 11.1% (n=114) identified as Māori, of which 45.9% identified solely as Māori. They found Māori reported more physical abuse and inter-parental violence than other ethnic groups. This finding opposed the widely held view that they were at increased risk of all types of maltreatment. While Marie et al. concluded sole Māori identity was protection from sexual abuse, this was not the case for physical abuse and inter-parental violence. While this research provides valuable insights, it is limited by the singular geographical location of the study and the small number of Māori participating in the study.

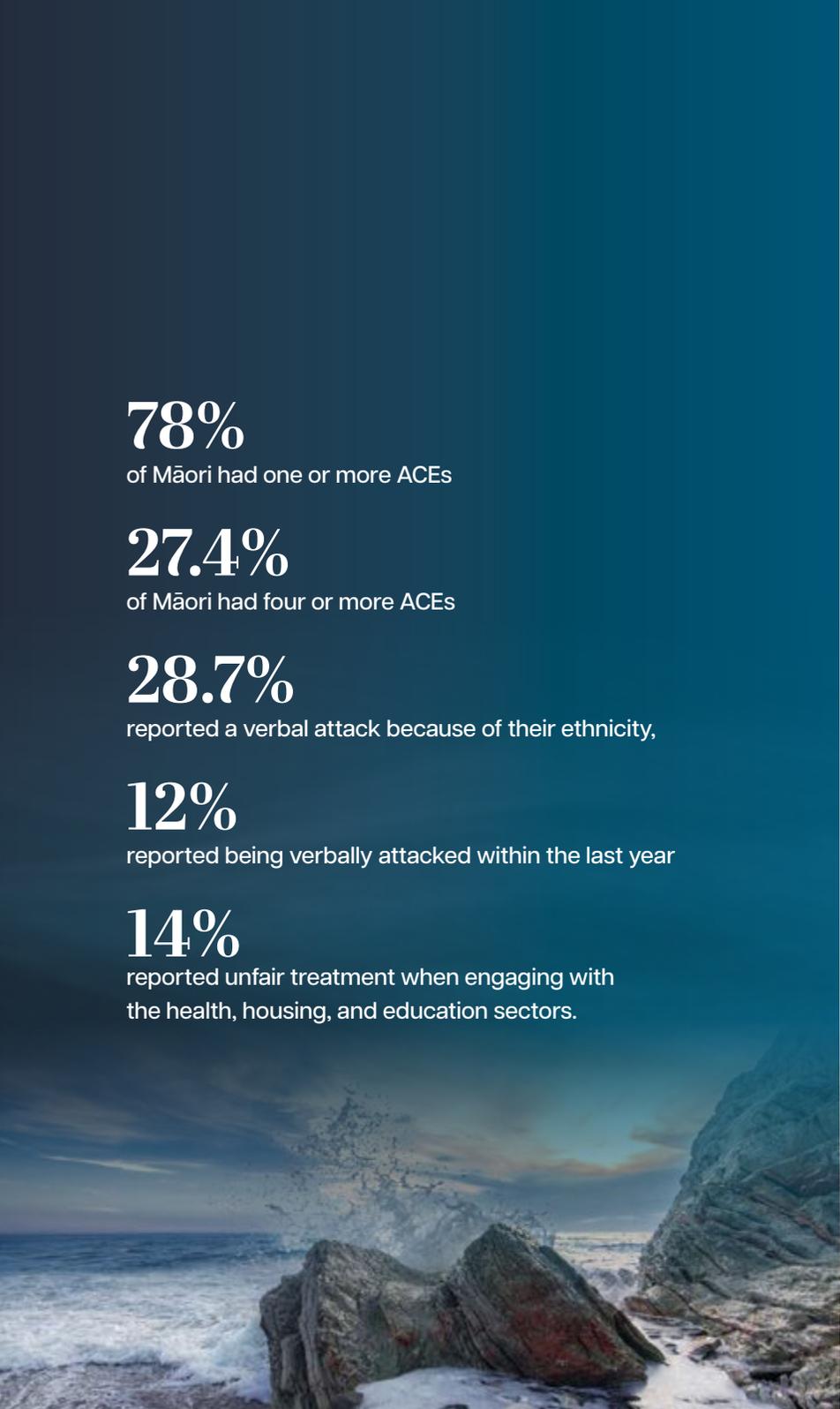
The New Zealand Family Violence Survey<sup>19</sup>, undertaken during 2018-2019 with 2,887 people (n=1,464 (12.9%) females and n=1,423 (9.1%) males),

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<sup>18</sup> ACEs: Abuse/maltreatment – physical abuse before age 18 years | emotional abuse before age 18 years | sexual abuse before age 15 years; Household dysfunction before age 18 years – IPV witnessing | household substance use | household mental illness, | parental separation/divorce | incarcerated household member.

An ACE score is derived by a totalling the yes responses to each of the eight items – a high number of ACEs is ≥4 adverse childhood experiences (Hashemi et al. 2021).

<sup>19</sup> Data collected from 2,887 respondents in the 2017-2019 New Zealand Family Violence Survey comprised 1,464 females and 1,423 males, and 11% identified as Māori (12.9% females, 9.1% males).



# 78%

of Māori had one or more ACEs

# 27.4%

of Māori had four or more ACEs

# 28.7%

reported a verbal attack because of their ethnicity,

# 12%

reported being verbally attacked within the last year

# 14%

reported unfair treatment when engaging with the health, housing, and education sectors.

explored the association between respondents' experiences of ACEs<sup>20</sup> under 18 years of age and violence by intimate partners and non-partners during their adulthood (Hashemi et al., 2021). Hashemi et al. (2021) found Māori had the highest prevalence of almost all ACEs.:

- Three-quarters (78%) of Māori had one or more ACEs (compared to 53.8% for NZ Europeans).
- More than a quarter (27.4%) of Māori had four or more ACEs (compared to 10.1% for Europeans).
- Those with four or more ACEs were more likely to experience:
  - » an intimate partner's controlling behaviours, and
  - » report intimate partner violence (IPV), physical non-partner violence, and non-partner sexual violence.
- Younger people have a greater prevalence of all ACEs except child sexual assault.
- Those with four or more ACEs were:
  - » 4.3 times more likely to experience controlling behaviour by an intimate partner
  - » 5.8 times more likely to report physical intimate partner violence
  - » 9.5 times to experience non-partner sexual violence (Hashemi et al., 2021).

Hashemi et al. (2021) also noted that the greater the number of ACEs experienced by someone, the greater the odds of experiencing IPV and non-partner violence. Those with higher exposure to ACEs were younger, Māori, unemployed, lived in

<sup>20</sup> ACEs = Includes eight adverse childhood events under two domains: (A) Abuse/Maltreatment: [1] Physical abuse – [2] Emotional abuse – [3] Sexual abuse; (B) Household Dysfunction: [4] Intimate Partner Violence witnessing – [5] Household substance use – [6] Household mental illness – [7] Parental separation or divorce – [8] Incarcerated household member.

Each ACE = a score of 1. ACEs are considered high if there ≥ 4 ACEs

## Those with higher exposure to ACEs were younger, Māori, unemployed, lived in highly deprived areas and reported food insecurity.

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highly deprived areas and reported food insecurity. In addition, women reported a higher prevalence of all types of ACEs. They were more likely to report sexual abuse (26% versus 10.6% for males).

Importantly, adverse environments can begin before the birth of pēpi. The Growing Up in New Zealand (GUiNZ) study also affirmed Māori parents are more prone to adversity as they are likely to: be younger, have lower educational qualifications, have lower incomes, and live in areas of high deprivation (Bécares & Atatoa-Carr, 2016). Wāhine Māori reported a higher prevalence of racial discrimination across all domains:

- 28.7% reported a verbal attack because of their ethnicity,
- 12% reported being verbally attacked within the last year, and
- 14% reported unfair treatment when engaging with the health, housing, and education sectors.

A third of Māori partners also reported verbal and personal attacks, with 9% experiencing physical attacks in the last 12 months.

Māmā Māori who experienced unfair treatment by a health professional were 88% more likely to suffer postnatal depression than mothers who had not experienced unfair treatment (Bécares & Atatoa-Carr, 2016). Suicide is the leading cause of postnatal deaths, with wāhine Māori almost three times (2.91) more likely to die by suicide than NZ European women.

The Postnatal Maternal Mortality Review Committee (PMMRC) reported the health system continued to fail those who are Māori, under the age of 20 years, and who live in high-deprivation areas. The PMMRC (2022) indicated the:

*Prevention of maternal suicide requires not only individual interventions but also a systems-level response; addressing the wider political and social systems that create the structural determinants of health – these include poverty, housing, employment and institutional racism (p. 14).*

### IMPORTANCE OF ADDRESSING ACES

Despite concerns about the use of ACEs, Fanslow et al. expressed concern about the high rate of ACEs among Māori, especially given the high prevalence of all ACEs (except child sexual abuse) in younger respondents. They concluded that adverse childhood experiences:

*... demands urgent action to develop, resource and implement culturally informed intervention and prevention strategies (p. 14).*

The higher prevalence of ACEs for Māori signals the need for urgent attention to resolving adversity during childhood and the importance of comprehensive assessments for multiple forms of hardship and trauma. It is important to note that tamariki and rangatahi do not choose their households or whānau they live in or with. Decisions are mainly made for them. The Children's Commissioner (2022) found less than half of the mokopuna they spoke to felt listened to. Barbarich-Unasa (2023) also found that rangatahi struggled to have their voice heard about essential things in their lives. Mokopuna expressed their desire for manaaki of whānau so they can thrive (Children's Commissioner, 2022). Addressing ACEs signal the need for increased investment, addressing structural impediments (such as poverty, discrimination, racism, and colonisation), and culturally informed

**Exposure to violence in childhood contributes to the intergenerational transfer of violence through (a) imitation, (b) tolerance for violence, (c) low self-belief, and (d) maladaptive ideas about relationships...**

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prevention and intervention activities (Hashemi et al., 2021).

Fear-inducing environments such as violence within whānau and mahi tūkinu shape the view of the world of tamariki.

*Children who have had chronic and intense fearful experiences often lose the capacity to differentiate between threat and safety (p. 5). ... [Yet] Advances in the science of child development tell us that significant fear-eliciting experiences early in life can disrupt the typical development of stress regulation as well as learning, memory, and social behaviour, yet there is still widespread resistance in the policy arena to fully addressing the needs of young children who have been traumatized (National Scientific Council on the Developing Child, 2010, p. 9) (p. 9).*

When 'home' is perceived as a threatening place, it triggers anxiety and impairs their ability to learn and interact socially. Moreover, adverse events triggering severe fear have serious and long-lasting consequences. These are neither "outgrown" nor resolved by removing a child from dangerous environments (National Scientific Council on the Developing Child, 2010).

## **THE CONSEQUENCES OF ACES**

The brain views all ACEs as toxic stress and equally damaging to a child/person's wellbeing (Ellis, 2017). Ellis (2017) used a tree as a metaphor to illustrate the connection between ACEs and adverse community environments – the roots that feed adverse childhood experiences (Figure 3.1). Adverse community environments include violence, poverty, poor quality housing, lack of opportunity, low social capital, constrained economic mobility, whānau and community disruption. In addition, Indigenous peoples experience historical and intergenerational trauma and disconnection from whakapapa. These factors combined negatively impact the concept of te pa harakeke in caring for and raising healthy children. These environments also affect adults' capacity and capability for caring for tamariki.

Shonkoff spoke to Udesky (2018) about the importance of working with community leaders to connect and work with parents. Each whānau, hapū, and hāpori have diverse needs and solutions. In addition, the sensitivity to adversity varies. For example, some tamariki are more sensitive to this adversity. In contrast, others demonstrate resilience, and their parents do a "magnificent" job. However, living with "toxic stress" has biological effects that activate

increased stress and inflammatory responses, trigger epigenetic changes, and reduce brain activity and neurobiological mediation (Udesky, 2018).

While two out of three adults experience at least one ACE, the more adverse experiences encountered during childhood, the increased the likelihood of experiencing significant health, social and behavioural effects during adulthood (Figure 3.2). People with four ACEs are twice as likely to smoke and seven times more likely to become an alcoholic. There is also a 400% increased likelihood of emphysema and chronic bronchitis and a 1,200% increased risk of attempted suicide. Furthermore, there is an increased likelihood of being violent, more relationship breakdowns, broken bones, having prescription medications, depression, and autoimmune diseases. People with six or more ACEs have a reduction in their lifespan of 20 years (Figure 3.2) (Ellis, 2017).

### ACES AND INTERGENERATIONAL VIOLENCE AND TRAUMA

One of the least talked about adverse childhood environments is that of State Care. The Royal Commission of Inquiry into Abuse in Care has demonstrated that successive governments and their policies used State Care for Māori to dismantle whānau Māori systematically. In the process, tamariki were exposed to differential, racist, and inequitable treatment. Furthermore, such policies and actions by the State undermined and eroded whānau, hapū, and iwi structures that, before the colonial intervention, served to keep everyone safe (Savage et al., 2021). Today, tamariki continue to be exposed to differential, racist and inequitable treatment in State Care (Kaiwai et al., 2020; Oranga Tamariki - Ministry for Children, 2022a; Oranga Tamariki Evidence Centre, 2022; Rouland et al., 2019).

Exposure to violence in childhood contributes to the intergenerational transfer of violence through (a) imitation, (b) tolerance for violence, (c) low self-belief, and (d) maladaptive ideas about relationships (Hashemi et al., 2021). The ‘vulnerability’ tamariki and rangatahi have due to choices adults make highlight the need for holistic, whole-of-whānau approaches to addressing violence within whānau and mahi tūkinō. While violence may become a “tool” often learned during childhood and adolescence for use in situations of frustration or interpersonal conflict, it reinforces pain originating from:

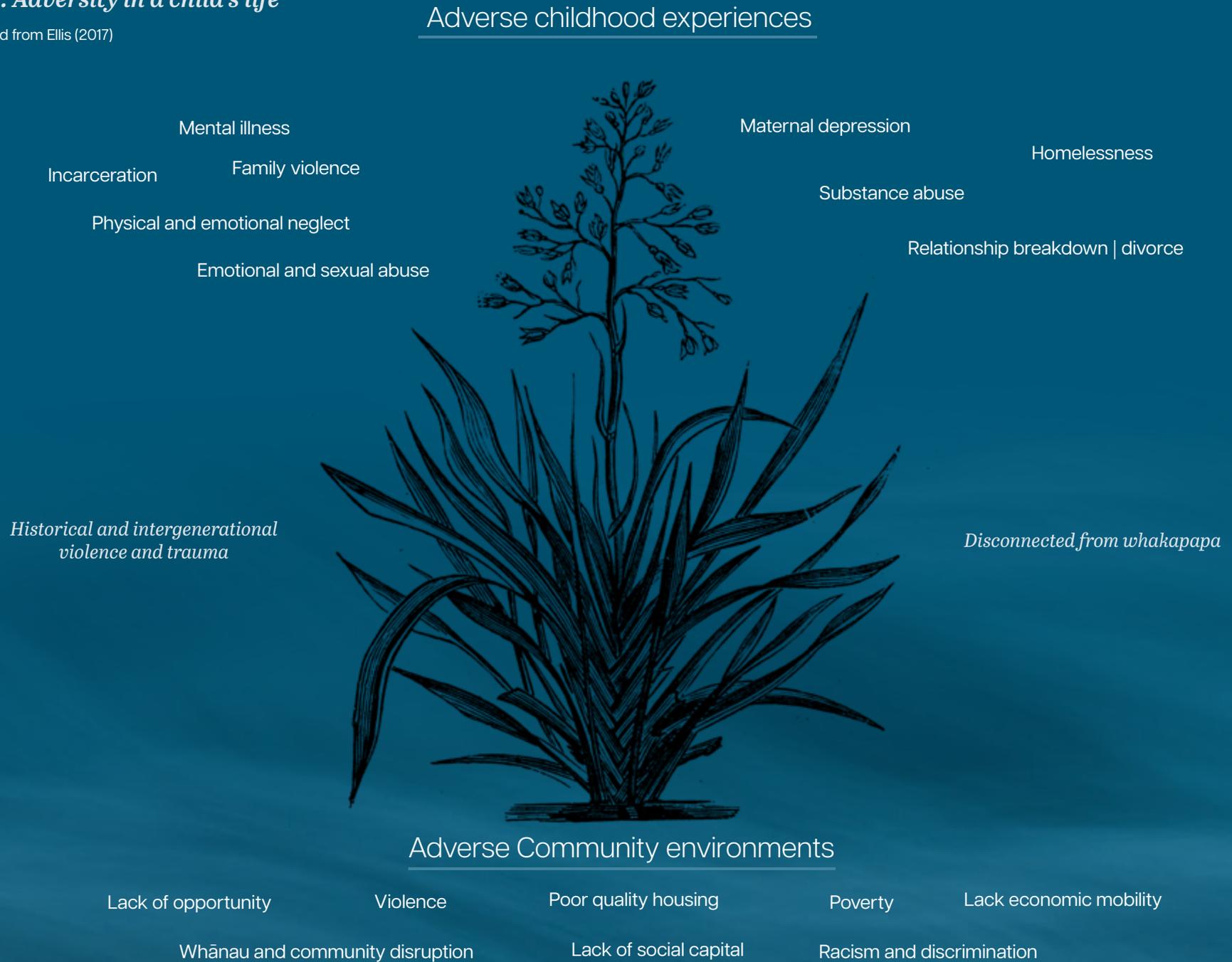
*... physical (assault), psychological (fear, anxiety, shame), social (stigma, social isolation) and political sources (from direct police/military to institutional violence) (McIntosh & Curcic, 2020a, p. 228).*

Moreover, violence becomes normalised through broader structural and symbolic forms subtly and invisibly integrated into people’s lives and ways of being (McIntosh & Curcic, 2020a). According to McIntosh and Curcic (2020), violence associated with poverty and precarity can make prison a realistic resolution for the realities of everyday life, mitigating worry and the lack of opportunity.

The increasing number of ACEs increased the odds of experiencing IPV and non-partner violence in adulthood. J. Fanslow et al. (2021) highlighted the importance of comprehensive assessments for multiple forms of adversity and trauma. Although, Thorn et al. (2019) cautioned against using universal screening for ACEs and the Strengths and Difficulties Questionnaire by Well Child Tamariki Ora services because of the lack of evidence that they have positive outcomes. They also highlighted the shortcomings of tools like the Strengths and Difficulties Questionnaire for whānau Māori. Māori parents preferred kanohi ki te kanohi discussions about their tamariki. Thorn et al.

**Figure 3.1. Adversity in a child's life**

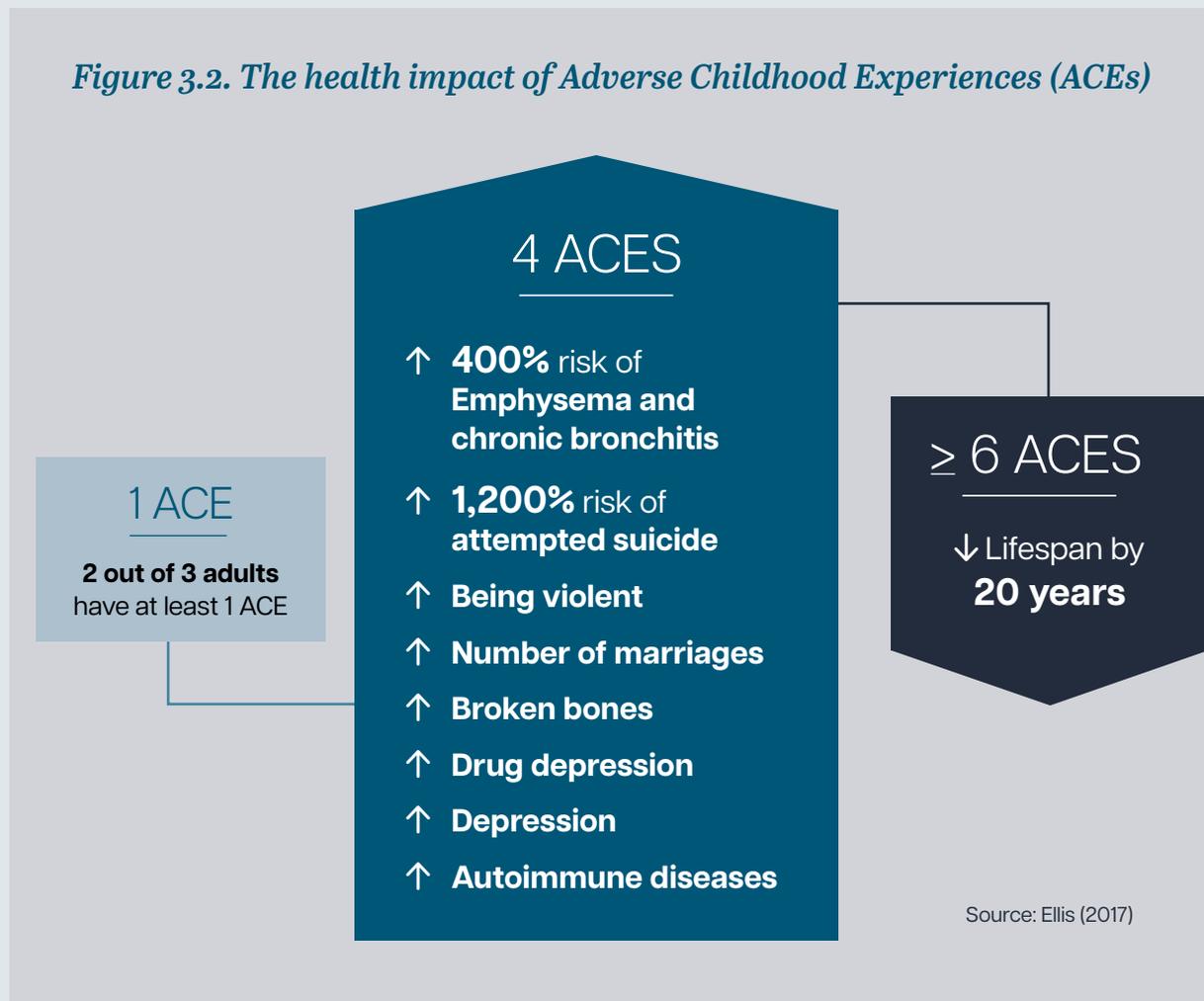
Source: Adapted from Ellis (2017)



(2019) stressed any consideration of screening for ACEs must involve Māori. They suggested using He Awa Whiria (the braided rivers model) to combine te ao Māori and Western approaches (Cram et al., 2018; Macfarlane et al., 2015).

Some ACE surveys have expanded the types of ACEs to include other forms of adversity such as racism, gender discrimination, witnessing a sibling being abused, witnessing violence outside the home, witnessing a father being abused by a mother, being bullied by a peer or adult, involvement with the foster care system, living in an unsafe neighbourhood, and losing a whānau member to homicide. These situations are all determinants of health and wellbeing that affect adulthood, such as the capacity to engage in healthy relationships and effective parenting.

**Figure 3.2. The health impact of Adverse Childhood Experiences (ACEs)**



## Rangatahi Māori

Despite rangatahi<sup>21</sup> being the future for Māori, they face “... significant and persistent disparities ...” (Crengle et al., 2013, p. 25) compared to NZ European/Pākehā young peoples.

According to Sutcliffe et al. (2023), the expanding inequities between 2012 and 2019 for rangatahi represent “significant failures” of the system regardless of Te Tiriti o Waitangi obligations and cross-government goals. Rangatahi experience unacceptably high risks for violence, suicide attempts, and substance use (Crengle et al., 2013; Sutcliffe et al., 2023). Sutcliffe et al. (2023) maintained these inequities are a complex interaction of individuals, families, schools, and societal factors that need constant observation for known determinants of health and wellbeing, such as racism, discrimination, exclusion from school, poverty, inequality, and abuse and neglect.

The Youth 2000 Survey Series Youth '19 reported the mental health and wellbeing of 2,335 (24.5% of the total sample) Māori students (referred to as taitamariki) aged 12-17 years in schools with rolls more than 30 students (Sutcliffe et al., 2023). Nine out of ten (89.6%) taitamariki lived with one parent. Almost half (48.5%) experienced higher poverty levels at home, in their neighbourhood, and at school than non-racialised migrants from high-income countries and Pākehā (Clark et al., 2022). They were also more likely to forgo healthcare (38.3%) (Sutcliffe et al., 2023). Taitamariki and racialised migrants were more likely than their non-racialised peers to report having insufficient money for food, rent, electricity and transport (Simon-Kumar et al., 2022). In addition, Taitamariki reported low contraception use (51.8%). However, there has been an improvement in smoking, binge drinking, and risky driving since the Youth '12 survey (Clark et al., 2022).

While significantly improved between 2012 and 2019, inequities remain for taitamariki smoking, binge drinking, and risky driving (Clark et al., 2022). Clark et al. (2022) and Ball et al. (2022) stressed the need to understand alcohol use for taitamariki is influenced by historical and broader social issues. These include intergenerational experiences of colonisation, discrimination and inequities that impact whānau wellbeing. Ball et al. (2022) stated, “... before contact with Pākehā Māori did not drink alcoholic beverages” (p. 5).

Taitamariki also indicated feeling unsafe in their neighbourhoods. More than one-third (37.7%; 28.8% in 2012) experienced racism, although by including the ‘not sure’ responses, possible experiences of racism increased to 60% (Clark et al., 2022). Notably, taitamariki “perceived to be white” had better social experiences than those seen as Māori, as found in other research (Barbarich-Unasa, 2023). Barbarich-Unasa (2023) also found that rangatahi faced racism, discrimination, and sub-optimal healthcare services when they engaged with health services. Access to health is critical in violence prevention and healing. It highlights the importance of targeted prevention and intervention for violence within whānau and mahi tūkinō. (King & Robson, 2022).

### VIOLENCE

Findings related to taitamariki experiences of violence in the Youth '19 were unavailable, except for those presented in Chapter 2 for taitamariki who

<sup>21</sup> The term rangatahi is used in this report except where authors have used a specific term. It is recognised that other terms can be used such as taitamariki and taiohi.

had involvement with Oranga Tamariki (Ball et al., 2022). In the Youth '12 survey, three out of five (60%) taitamariki had witnessed adults yelling or swearing at a child. Additionally, just over half (55.3%) saw adults yelling or swearing at another adult. Taitamariki also reported witnessing an adult hit children (17.1%) or another adult (10.3%). Almost sixteen percent (15.6%) said an adult living in their home hitting or physically hurting them. Furthermore, 17.7% of taitamariki reported being touched or made to engage in unwanted sexual activities at least once in the previous 12 months, with marked differences noted between females (24.0%) and males (10.6%). Most of these taitamariki (61.2%) had not told anyone about their experiences (Crengle et al., 2013)

### OFFENDING BY RANGATAHI

Rangatahi are disproportionately represented in youth offending, with their first offence more likely to be serious or violent. They account for 47.4% of youth apprehensions for high violence, property or other offending rates than New Zealand European youth. As a result, rangatahi have higher rates of conviction for their offending, being over-represented at all stages of the youth justice pathway (Figure 3.3). They are also more likely to have a family violence and physical abuse background and live with high levels of deprivation than New Zealand European youth (Ioane et al., 2016). Four out of five (80%) child and youth offenders had experiences of family violence, and most (87%) youth offenders aged 14 to 16 years had a care and protection report of concern (Lambie, 2018a). Templeton et al. (2016) found 4.4% of those aged between 10 and 17 years with a lifetime prevalence of contact with child protection services<sup>22</sup> had at least one youth justice contact.

<sup>22</sup> Child Youth and Family, now Oranga Tamariki – Ministry for Children

In the Youth '19 survey, taitamariki reported decreased mental health and wellbeing between 2012 and 2019. Notable is the doubling of taitamariki reporting depressive symptoms and attempted suicide:

**28%** reported significant depressive symptoms  
(12.8% in 2012)

**47.8%** had possible anxiety symptoms

**42%** reported low mood

**32%** reported deliberate self-harm (27% in 2012)

**25%** had suicidal thoughts (18% in 2012)

**12.8%** attempted suicide (6.2% in 2012) (Sutcliffe et al., 2023)

**66.5%** ever drank alcohol (58.3% in 2012)

**10%** consumed alcohol at least weekly  
(12.7% in 2012)

**28.4%** in the past month binge drank  
(34.8% in 2012)

**51.0%** of current drinkers binge-drink in the past month (59.0% in 2012) (Ball et al., 2022)

The Henwood Trust's report for the Iwi Chair's Forum noted that the apprehension of youth offenders is declining. However, it is slower for Māori youth offending (Henwood et al., 2017). Rangatahi Māori comprise 25% of the 12- to 16-year-old population. Yet, they are almost two and a half times more likely than non-Māori to be apprehended by the police and appear in the youth court, making up one in four in supervision in residence. The disparities in the pathway for youth offending are stark (Figure 3.4).

Judge Carolyn Henwood CNZM commented:

*One problem is that the law provides for specific sentences for offending, such as a secure placement in a youth justice residence. There are other alternatives for young people who have the support and a well-thought-out plan arising from the FGC, but for many young Māori offenders there is no alternative plan available and the default practice is a formal sentence in a secure placement. ... Without meaningful engagement with Iwi, the potential to structure a well-thought-out plan does not happen (Henwood et al., 2017, p. 9).*

Lambie (2018a) concurred that solutions need to be Iwi-based. Local communities, non-government organisations (NGOs), and programmes must sit within te ao Māori and, where relevant, be informed by Western science. Although, tangata whenua are seeking hapū and marae-based solutions rather than only iwi solutions. Without realistic solutions, many rangatahi entering the youth justice system at any stage influences their lifelong health and wellbeing. For example, in reviewing rangatahi suicides, 61% had a police offence in the previous ten years, 34% in the year before death, and 40% had a file with corrections (Suicide Mortality Review Committee, 2016a).

## SUICIDE

The Youth '19 survey found that rangatahi are over-represented in self-harm, thinking about, and attempting suicide. A third of taitamariki had engaged in self-harm, a quarter had suicidal thoughts, and just over one in ten attempted suicide (Sutcliffe et al., 2023). Ngā Pou Arawhenua (2020) highlighted the stark reality of suicide for rangatahi:

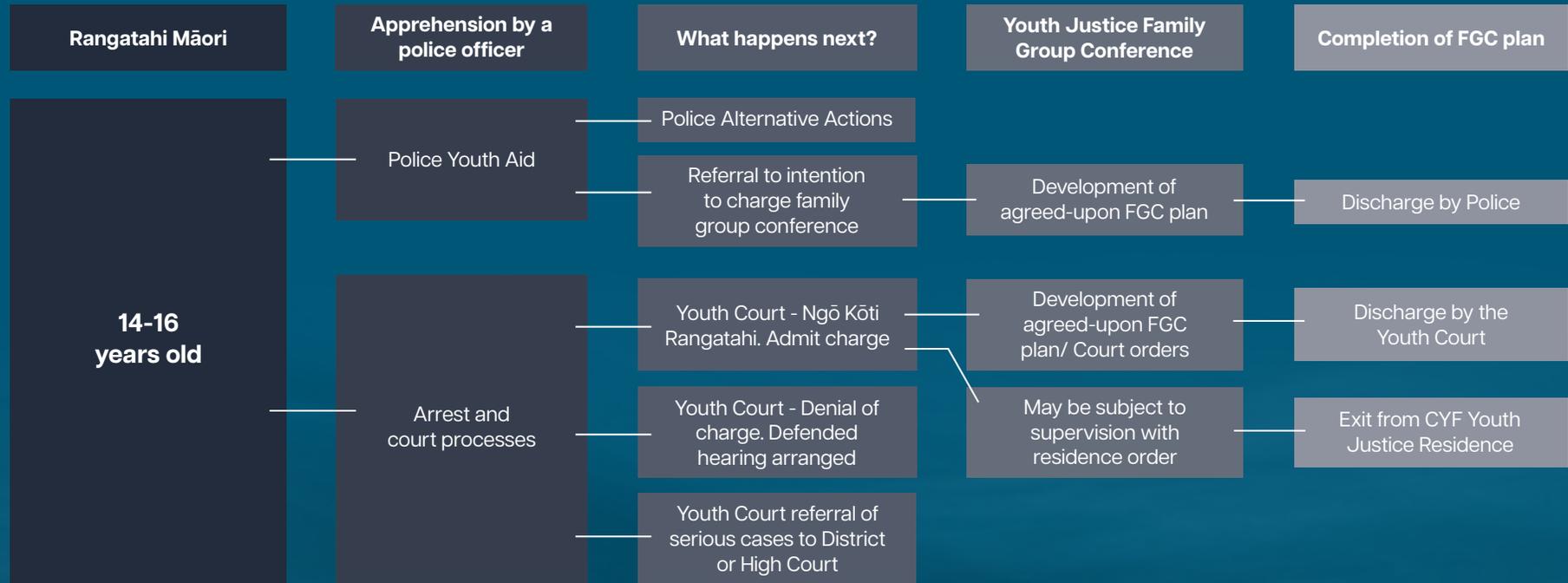
*...for every non-Māori, non-Pacific person aged 10-24 years who died by suicide there were approximately three rangatahi who died by suicide (Ngā Pou Arawhenua et al., 2020, p. 13).*

Compared to other youth (10-24 years), Māori have the highest suicide rate that affects tāne more than wāhine rangatahi. Although wāhine rangatahi were more likely to attempt suicide. Significant depressive symptoms increase the risk of suicide nine times for rangatahi (Clark, 2011). Over 15 years (2002 to 2016), rangatahi were almost three times more likely to die by suicide than non-Māori (Ngā Pou Arawhenua et al., 2020). Nearly two-thirds (61.7%) had accessed secondary mental health services less than non-Māori and non-Pacific youth (63.2%). Suicide accounts for one-third of rangatahi deaths compared to just over a quarter (26.1%) of non-Māori, non-Pacific.

Of the rangatahi who died by suicide, 46% had a report of concern to Child, Youth and Family, and 43% stood down from their school, double that of non-Māori, non-Pacific (Ngā Pou Arawhenua et al., 2020). The Suicide Mortality Review Committee (2016b) reported that one in five (21.6%, n= 42/194) rangatahi had been exposed to family violence as a tamariki or had been in a violent relationship. Of these rangatahi, almost three-quarters (73.8%, n=31/42) were male. Further, 13.9% (n= 37/194) of rangatahi Māori disclosed sexual abuse (na Nagara, 2016).<sup>23</sup>

<sup>23</sup> Inquest into youth suicide finds exposure to family violence. NZ Family Violence Clearinghouse. <https://nzfvc.org.nz/news/inquest-youth-suicides-finds-exposure-family-violence>

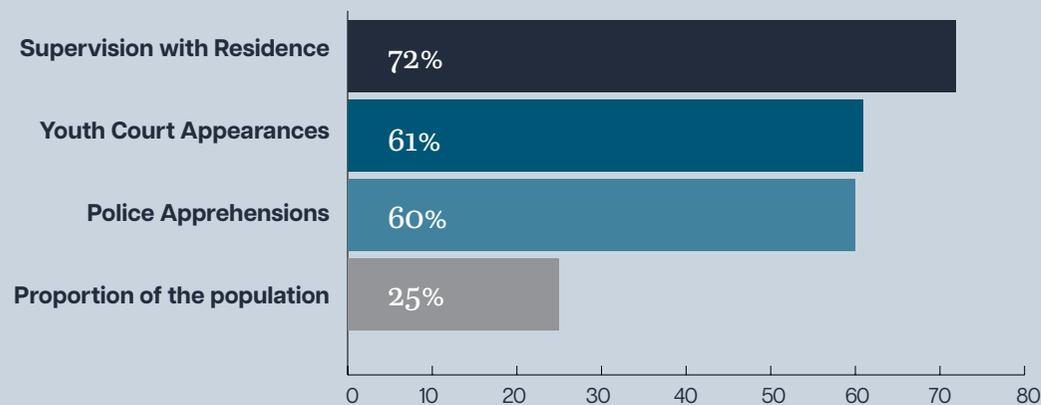
Figure 3.3. Youth justice pathways



Source: Reproduced from Henwood et al. (2017, p. 27)

**Without realistic solutions, many rangatahi entering the youth justice system at any stage influences their lifelong health and wellbeing. For example, in reviewing rangatahi suicides, 61% had a police offence in the previous ten years, 34% in the year before death, and 40% had a file with corrections (Suicide Mortality Review Committee, 2016a).**

*Figure 3.4. Overview of Māori in the youth justice pipeline*



Source: Henwood et al. (2017)

Coroner Carla na Nagara (2016)<sup>24</sup> investigated the suicides of four young Māori women. She found they experienced significant stressors associated with their exposure to domestic violence that included:

- parental separation
- difficult relationships with step-parents
- a difficult or no relationship with a biological parent
- lack of parental control
- high levels of responsibility for younger siblings
- domestic violence and abuse
- alcohol and drug use
- online bullying

These stressors indicate the need for support to develop effective and responsible parenting, including alcohol and drug use, bullying, and positive relationship guidance for rangatahi. Clark et al. (2011) found risk factors included:

- depressive symptoms
- having a friend/family member die of suicide
- being 12-15 years old
- having anxiety symptoms
- witnessing an adult hit another adult or child at home, and

<sup>24</sup> Inquest into youth suicide finds exposure to family violence. NZ Family Violence Clearinghouse. <https://nzfvc.org.nz/news/inquest-youth-suicides-finds-exposure-family-violence>

- being uncomfortable in NZ European social settings.

Hirini and Collins (2005) found an association between violence and abuse within whānau and suicide. While family connections reduce the risk of suicide attempts, Clark et al. (2011) found these connections do not act to prevent suicide.

In traditional Māori communities, suicide was rare and did not exist among rangatahi (Kingi, 2005). The collective and shared responsibility ensured rangatahi protection and wellbeing. Traditionally whakamate (suicide) was considered a human tragedy and loss of potential that involved a state of whakamomori (overpowering sadness and depression) and kahupō (spiritual blindness). The introduction of early colonial legislation made suicide a moral and criminal offence, leading to a ban on the burial of those who died of suicide in urupā. Over time, colonisation impacted the psychological and spiritual wellbeing of whānau and hapū Māori. In addition, colonisation disintegrated fundamental cultural beliefs and practices of Māori society, including loss of land, language, and identity (Ngā Pou Arawhenua et al., 2020). Colonisation removed the protective factors that kept Māori safe and well.

Risk factors for suicide include various forms of trauma, lack of social support, dysfunctional or poor personal and family relationships (often related to violence and abuse), and challenging economic situations (Beautrais & Fergusson, 2006). For rangatahi, colonisation has created conditions for growing up with socioeconomic, educational, and cultural disadvantages (Durie, 2001; Emery et al., 2015). In addition, violence, abuse, poor mental health, and ineffective whānau functioning promote

a breakdown in social connections, diminishment of hope and agency, experiences of grief, and states of desperation. Suicide then can become an option to “... end the pain and grief of intolerable suffering” (Durie, 2001, p. 226).

According to Emery et al. (2015), whānau need:

- *the right person, place and time to undertake a healing process that guides them from a state of whakamomori (deep sadness) to a state of toiora (wellbeing);*
- *to understand the suicide of their loved one better through an analytical process involving open honest dialogue and reflexivity;*
- *to feel that the mana (integrity) of the deceased is restored (as part of the healing process) (p. 227).*

Emery et al. (2015) stressed the need for a compassionate approach that involves understanding the full context leading up to suicide. Importantly, viewing it as a tragedy and loss of potential rather than an act of weakness. The following whakatauaākī captures postvention with whānau, connecting the living with a departed whānau member:

***Ka āpiti hono, he tātai hono***

**That which is joined together becomes an unbroken line**

**(EMERY ET AL., 2015, P. 236).**

# Wāhine Māori

Western models of patriarchal values and hierarchies placed men in positions of dominance and power, putting wāhine Māori at risk of violence (Balzer et al., 1997). Balzer et al. (1997), Mikaere (2017), and Wilson (2002) highlighted how church, state and assimilationist policies functioned to undermine and dismantle the structure of Māori society. Its tikanga-based systems provided social control and protection from interpersonal violence.

The breakdown of traditional Māori social structures enabled the introduction of patriarchal hierarchy and leadership that disrupted the balance between tāne and wāhine. This breakdown facilitated the elevation of tāne Māori by oppressing the roles and functions of wāhine Māori. As a result, historians' lack of reference to wāhine Māori led to their invisibility in the literature. As Dhunna et al. (2018) claimed, it was an “affront to their mana.”

Traditionally, the collective ecosystem of whānau and hapū ensured the safety of wāhine Māori. As Balzer et al. (1997) explained:

*A slight or attack on one member of a hapū could therefore be considered an attack on the whole hapū and collective retaliation might be considered warranted (p. 21).*

Fast-forward to today, many wāhine Māori women affected by violence and mahi tūkinō sit on the margins of society. Yet, often, they are engaged in battles to keep their tamariki in their care and for survival.

## RECLAIMING MANA WĀHINE

Mana wāhine positions the importance of wāhine in te ao Māori. The concept of mana wāhine opposes commonly-held beliefs by non-Māori that tāne Māori traditionally oppressed wāhine Māori. Mana wāhine is not anti-non-Māori or anti-Māori men or seeking an “oppressive matriarchal alternative” (Diamond, 1999 cited in Simmonds, 2011, p. 13). Instead, mana wāhine offers a te ao Māori view of feminism that currently has not benefited wāhine Māori (Simmonds, 2011). It is the restoration of a te ao Māori understanding of whakapapa and whanaungatanga that rightly positions wāhine as māreikura alongside whatukura, tāne.

Western and white feminist worldviews misappropriated and redefined mātauranga Māori. In doing so, Western and white feminist worldviews perpetuated colonial discourses. They introduced gendered understandings<sup>25</sup> within the broader social context of hegemonic masculinity. Western and white feminist worldviews served to disrupt the balance between mana wāhine and mana tāne, all of which Simmonds (2011) claimed many wāhine and tāne have internalised. These changes distorted perceptions of their role and status in Māori society. Instead, Christian missionary discourses imposed cultural morals onto wāhine, shaped by the roles and status of European women. This feminist

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<sup>25</sup> For example, the introduction of pronouns (for instance, he/she)

positioning trampled the mana and sanctity of wāhine embedded in Māori cosmology and whakapapa (Mikaere, 2011, 2017; Pihama et al., 2021; Simmonds, 2011).

The marginalisation of the reproductive status of wāhine and the invalidation of mātauranga and tikanga-based practices all diminished the power and tapu of te whare tangata (Mikaere, 2017; Simmonds, 2011). Instead, these reproductive powers were relegated to the realm of ‘witchery’ and became a source of shame. Furthermore, over time tikanga and the tapu nature of te whare tangata became lost for many wāhine and tāne. White male ethnographers aided this loss of status, mātauranga and the spiritual significance of te whare tangata. They essentially wrote wāhine out of our history, privileging instead tāne ātua and replacing wāhine ātua with Eurocentric ideologies of women. Instead, narratives about wāhine Māori described them as “wanton, immoral and undisciplined” (Simmonds, 2011, p. 15).

The 1907 Tohunga Suppression Act defined what constituted legitimate knowledge, demonising Indigenous Māori mātauranga and cultural practices. Thus, the landscape was right for white feminism in the early 1970s to inform responses to violence against all women and the

establishment of Women’s Refuges. While raising the issues related to gender, power, and control used by men over women, this was limited when addressing the violence affecting wāhine Māori. Indigenous women’s critiques of Western feminism and its ideological positions reinforce colonisation’s role in the oppression and marginalisation of wāhine Māori (for instance, Beck, 2021; Moreton-Robinson, 2020; Murphy, 2013; Pihama et al., 2021; Simmonds, 2011). Beck (2021) talked about how feminism for Indigenous and people of colour differ, stating:

*White feminism is an ideology; it has completely different priorities, goals, and strategies for achieving gender equality; personalized autonomy, individual wealth, perpetual self-optimization, and supremacy. It’s a practice and a way of seeing gender equality that has its own ideals and principles, much like racism or heterosexual patriarchy. And it always has (p. xvii).*

In this way, without acknowledging the role of Western feminist approaches to violence against women, Indigenous women like Māori will be kept on the margins. Furthermore, the intersecting and compounding forces that keep them oppressed must also be acknowledged and addressed.

**Western and white feminist worldviews misappropriated and redefined mātauranga Māori. In doing so, Western and white feminist worldviews misappropriated and redefined mātauranga Māori. In doing so, Western and white feminist worldviews perpetuated colonial discourses.**

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## Tāne Māori

There has been a focus on wāhine Māori women and their deficits, particularly their need to be safe and protective mothers (Family Violence Death Review Committee, 2016).

This focus has meant overlooking the needs of tāne Māori and the support they need to be non-violent. The demeaning of tāne Māori through colonial discourses has positioned them as innately aggressive and violent (Hokowhitu, 2007; King & Robertson, 2017). This portrayal opposes the “compassion, affection, creativity, and caring, particularly toward children” characteristics tāne possessed before their colonisation (King & Robertson, 2017, p. 2). Tāne went from “nurturing warrior” (Mataira, 2017) to “distorted” or “toxic” masculinity, which restricts Māori masculinity to either being humble or violent (King & Robertson, 2017; Roguski & Gregory, 2014).

### DISTORTED MASCULINITY

The breakdown of whānau, hapū, iwi, marae and tūrangawaewae and the consequent disconnection and assimilation of colonisation enabled issues such as family violence to erode traditional knowledge and practices that kept everyone safe (Te Puni Kōkiri, 2010). Colonial practices imposed on Māori fragmented their socio-cultural landscape that pre-colonisation centred on whakapapa and whānau (King & Robertson, 2017). This fragmentation process redefined Māori masculinity within the dominant hegemonic and patriarchal colonial masculine constructs that privileged male supremacy, hegemony, misogyny, and domination over women and children. Consequently, vastly divergent images of Māori men cast them as ‘humble’ or ‘violent savages’. Hokowhitu (2007) maintained,

*The construction of the humble ideal of Māori masculinity has been crucial to Māori masculine subservience and the subjugation of subversion because of its positioning against the violent Māori savage archetype. The ignoble savage is violent, physical, staunch and silent, epitomised by “Jake the Muss” in the film Once Were Warriors (p. 66).*

The masculinity of tāne, according to Hokowhitu (2004), is historically constructed and requires acculturation. Colonisers saw Māori as “inferior and abnormal” (Hokowhitu, 2004, p. 265) and engaging in barbaric practices.<sup>26</sup> This framing of tāne set up the dualistic views of men living in Aotearoa, with tāne Māori as abnormal and Pākehā men benchmarked as the norm. Hokowhitu (2004) argued dualistic portrayals further divided tāne into either possessing positive characteristics, such as being physically able, honourable, and warrior-like or having negative savage-like qualities, such as being physical, aggressive, impulsive, and violent.

Within Māori society, there are many positive examples of tāne Māori. For example, the late Moana Jackson, Tā Professor Mason Durie, and Tā Tipene O’Reagan are all tāne with great mana. They each demonstrate humility, wisdom, and calm approaches in everyday life. Despite the many positive examples, negative portrayals are reinforced in films, such as *Once Were Warriors* and its sequel, *What Becomes of the Broken Hearted*. The “noble warrior culture” (Hokowhitu, 2004, p. 263) signifies contemporary Māori

<sup>26</sup> A factor often overlooked is the violent nature of western-based civilisations. This omission adds strength to the dualistic narrative that portrayed and positioned tāne Māori as being barbaric and violent.

dysfunction in films such as these. The last movie demonstrates the more appropriate enactment of violence by returning to cultural practices and relocating to rural locations. Likewise, the warrior gene<sup>27</sup> debate added fuel to the socially and politically charged context of the discourses related to Māori dysfunction (Crampton & Parkin, 2007). The “warrior gene” (monoamine oxidase-A) was linked to antisocial behaviours. However, the basis of these claims was the poor interpretation of science (Merriman & Cameron, 2007; Perbal, 2013). Nevertheless, the global attention to *Once Were Warriors and the Warrior Gene* discourse negatively impacted societal perceptions of tāne Māori in Aotearoa.

Undoubtedly, tāne Māori are often cast as aggressive, violent, and criminal, creating tensions between being a “man” and living up to their portrayal in the media and public domains (Hodgetts & Rua, 2010). This positioning of tāne Māori makes invisible their everyday social interaction and engagement within whānau. Instead, they are cast in a “Jake the Muss” archetype whereby they readily resorted to their fists to solve problems (Hodgetts & Rua, 2010; King & Robertson, 2017). Furthermore, King and Robertson (2017) raised concerns about gender-specific approaches defaulting to tāne being problematic and users of violence, stating:

*... there has been a pattern of relying on stereotyped and negative archetypal images of Māori men as inherently violent and aggressive that ignores the dynamism of Māori masculinity as an ongoing process of development that is contextual, situational, and pluralistic (p. 2).*

Subsequently, the diversity within the modern Māori social context means that some tāne will relate to te ao Māori and cultural ways. In contrast, others will be more comfortable with te ao Pākehā having little or no

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<sup>27</sup> “Warrior Gene” was claimed to be associated with the gene, monoamine oxidase-A, linked to antisocial behaviours (see Merriman & Cameron, 2007; Perbal, 2013).

**... there has been a pattern of relying on stereotyped and negative archetypal images of Māori men as inherently violent and aggressive that ignores the dynamism of Māori masculinity as an ongoing process of development that is contextual, situational, and pluralistic.**

**KING AND ROBERTSON**

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**The consumption of Pakeha masculinity by tane served to assimilate them late them into the violent, physical, stoical, rugged, and sports-oriented mainstream masculine world that has pervaded New Zealand society for most of its colonial history.**

**HOKOWHITU**

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connection to the Māori world, and others engaging comfortably with both te ao Māori and te ao Pākehā (Hokowhitu, 2007; King & Robertson, 2017). Although, Cunningham et al. (2005) pointed out that some Māori will also be disengaged from both te ao Māori and te ao Pākehā.

Colonisers', anthropologists', and missionaries' limited views about the capacity and capability of tane were reinforced by narrowed opportunities afforded them through the colonial education system. Such ideas routed tane into physical and practically focused education with academic subjects considered inappropriate, thereby restricting their employment prospects to manual labour (Hokowhitu, 2004). In addition, while assimilating Pākehā hegemonic masculinity (Hodgetts & Rua, 2010), granted them limited access to te ao Pākehā. Hokowhitu (2004) said:

*The consumption of Pakeha masculinity by tane served to assimilate them late into the violent, physical, stoical, rugged, and sports-oriented mainstream masculine world that has pervaded New Zealand society for most of its colonial history. Yet this assimilation did not include indoctrination into the full gamut of colonial masculinities (p. 269).*

Despite the limitations imposed on tane Māori, sport has enabled them to gain success and recognition without public backlash.

King and Robertson (2017) discussed Māori men's "yearning" to reconnect with Māori ways of being and to engage in re-membering. They maintained that this requires accessing a public space to enact everyday practices within a Māori cultural context because te ao Māori is a collective and relational way of being. Being together enables engagement in oral traditions and cultural archetypes, such as whakapapa, pūrākau, waiata, and haka. Such involvement assists them in strengthening their identity and re-member cultural principles to guide everyday life.

Nonetheless, King and Robertson (2017) highlighted that it is a struggle to find safe spaces to be vulnerable, express themselves emotionally, and be confident in who they are. Safe spaces as everyday life where Māori men can express themselves within the context of the “... contradictions, messiness, and lived realities ...” (p. 6) is something absent in the domestic violence literature. King and Robertson (2017) made it clear that:

*... everyday collective tasks, such as going fishing and preparing food for others, are multi-layered, multidimensional, and serve an important role in the transmission of cultural knowledge, maintenance of societal bonds, and the day-to-day functioning of social spaces” (p. 6).*

Just as a context defined by colonisation and assimilation shaped tāne Māori identities and ways of being within a dominant colonial culture, so can introducing safe, culturally defined spaces. Such spaces enable them to learn cultural principles and values that guide everyday life and relationships. King and Robertson (2017) recommended shifting domestic violence research away from being offender focused, dependent upon deficit constructions of Māori men as violent and criminal.

## **ROLE OF TRAUMATIC EVENTS**

The impact of traumatic events has been primarily ignored, according to Hirini et al. (2005). They questioned the relevance of Western conceptualisations of trauma responses and culturally sanctioned displays of distress, such as whakamā or hopo (fear, apprehension). Hirini et al. (2005) undertook a cross-sectional survey with 502 Māori adults with a lifetime prevalence of 12 traumatic events (combat, child sexual abuse, sexual abuse as an adult, family violence, other physical assault, theft by force, vehicle accident, other accident, natural disaster, disaster precautions, secondary trauma (traumatic death)) and their impacts on physical and mental health.

**... everyday collective tasks, such as going fishing and preparing food for others, are multi-layered, multidimensional, and serve an important role in the transmission of cultural knowledge, maintenance of societal bonds, and the day-to-day functioning of social spaces**

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Sixty-five percent of participants had experienced one or more traumatic events during their lifetime (Hirini et al., 2005). Unsurprisingly, Hirini et al. (2005) found men reported more combat, assault, theft by force, and vehicle or other forms of accidents. In contrast, women were more likely to report family violence and sexual abuse as a child or an adult and the traumatic death of a loved one. In addition, younger participants were significantly more likely to experience sexual abuse as a child or adult, physical assault, family violence, traumatic death, and secondary trauma. Those living in urban areas were also more likely to be exposed to family violence, vehicle accidents and secondary trauma.

## **NEEDING TO REFRAME PORTRAYALS OF TĀNE MĀORI**

Aspects of Māori culture, such as the haka and moko in advertising, aid the romanticisation of tāne Māori in sports. Such portrayals reinforce dominant discourses about Māori and falsely characterise their masculinity as colonised (Hokowhitu, 2004). Roguski and Gregory (2014) claimed unhealthy

attitudes about tāne Māori masculinities leave little space to express emotions, talk about problems, or seek help when needed.

In considering Māori portrayals of tāne in various media, Hokowhitu (2004) discussed Patricia Grace's (1986) depiction of Tamihana in *Potiki*, declaring:

*Tamihana is sensitive, hardworking, patient, and wise. Regardless of what images of tane exist, and whether or not they bolster or challenge the colonial indoctrination of a physical masculine type, many tane are able to live beyond such hypermasculine constraints. That is, the dominant image of Maori men often belies the tane who exist outside such constructions (p. 277).*

Mataira (2017) highlighted the role of the media and their biases and the harmful politicisation of election cycles that focus on unruly tāne Māori. In addition, the focus of Māori masculinities has been on problems such as crime and violence, overshadowing the positive aspects men possess (Hodgetts & Rua, 2010). Mataira urged the need to talk about Māori through a Māori lens rather than the cultural biases embedded in Pākehā views of tāne, stating:

*We are reminded constantly of everything that's bad about Maori men's behaviour. We have to radically change the paradigm – and also the practice – and work towards building new images of Maori men as real-life 'nurturing warriors' (Mataira, 2017, p. 36).*

Moreover, Mataira signalled the notable absence of tāne in working with wāhine on family violence prevention. However, he makes it clear that tāne have a role in curbing the violence used by other tāne.

*Given that everything is connected, then the abusive actions, behaviours and choices of violent men are by design the actions and behaviours of all men, so too, then, we become responsible for the consequences. I've often heard the phrase 'we don't make decisions, we make consequences'. This is true in the case of understanding men's violence (Mataira, 2017, p. 36).*

This reframing will require taking apart and interrogating the same structures that prioritise men's power and privilege to understand better the contradictions whereby tāne Māori can hurt the wāhine they love (Wilson et al., 2019). This is a necessary part of reclaiming and restoring tāne roles and cultural practices, such as tika, pono and aroha, and responding to those tāne who want to cease their use of violence (Mataira, 2017; Wilson et al., 2019). Mataira refers to the challenge of the masculinity of tāne as "sitting in the fire":

*Sitting in the fire requires that we help construct a korowai for our men. This korowai is worn as a protector especially as internalised expectations of one's masculinity is exposed and open to challenge. In such a potentially aggrieving state, violence can quickly become the compensatory mechanism which is a way of re-establishing balance and of reasserting one's masculine credentials. Making consequences to address feelings is where it starts and ends (p. 39).*

However, some tāne will not want to relinquish the power and privilege that came with colonisation.

The FVDRC's 6th report suggested a range of strategies to assist men in moving away from using violence:

- use strategies that recognise the relationship between structural and interpersonal violence
- focus on healthy masculine norms to promote behaviour change, responsibility and accountability
- reconnect men with positive forms of social support, including cultural reconnection and restoration
- engage wider organisation structures, families, whānau and communities in the change process
- set an expectation that men as fathers can make a positive (rather than violent) contribution to the family environment
- address negative health and social factors, such as poor housing, lack of employment, and drug and alcohol abuse, while acknowledging that where a man has no experience of these factors, it does not rule out the possibility that he will use violence (Family Violence Death Review Committee, 2020, pp. 17-18).

Māori men need opportunities and spaces to decolonise their distorted masculinities and move from violence to non-violence (Te Puni Kōkiri, 2010). This needs to involve community-based non-violence programmes led and supported by recognised and relevant community leaders and former perpetrators of violence (Roguski & Gregory, 2014; Wilson et al., 2019). Further, psychiatric and counselling education must include content on working with perpetrators to address their experiences, requirements, and mental health needs (Roguski & Gregory, 2014).

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**(MATAIRA, 2017, P. 36)**

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## Gang whānau

Gang whānau occupy a space in Aotearoa, defined by deficit and criminogenic constructions. They are identified as violent (perpetrating family violence and child abuse and neglect), having problematic alcohol and drug use, and having low levels of prosocial employment.

The Royal Commission of Inquiry into Abuse in Care (Savage et al., 2021), Waitangi Tribunal inquiries (Waitangi Tribunal, 2021), and authors such as Taonui and Newbold (2011) and Roguski and McBride-Henry (2020) all claim gangs and their antisocial behaviours originate from the processes of colonisation and the structural racism whānau encounter. Violence against women and children and gang rape of women is pervasive within gangs. Fueled by intergenerational trauma and pain, alcohol and drug use is also endemic. Taonui and Newbold (2011) refer to violence against women and children transpiring as “... anger seeks out its easiest targets” (p. 221). There is an over-representation of Māori in gangs, “metaphorical family structures” for those labelled as criminals and deviants who are socially excluded and resist authority (Roguski, 2019).

The 1950s and 1960s saw the emergence of Māori and Pacific gangs – the Mongrel Mob and Black Power – that were initially youth gangs that evolved into adult gangs. Subject to violence and abuse while in State Care, alienation from whenua and Māori cultural traditions, and intergenerational poverty, gang membership offers rangatahi support in the form of protection and the promise of a worthy future (Savage et al., 2021; Taonui & Newbold, 2011). At the hands of ‘carers’ in State Care, their exposure to violence and abuse affirmed its acceptance while laying the foundations for mistrust and resentment.

*As an amplification of the resentment and mistrust of ‘the system’ and authority, gangs represent violent resistance (Savage et al., 2021, p. 202).*



Gangs coincided with the urbanisation of Māori that, intensified a loss of culture and connectedness for those making this shift (Roguski, 2019). This disconnection was compounded by the State's removal of tamariki Māori from the care of their whānau and placement in foster care and boys' correction facilities. Consequently, they were perfectly placed for gang recruitment, having suffered violence and abuse while in care (Savage et al., 2021).

Gangs' existence directly links to colonisation and leads to many Māori becoming socially marginalised. Those channelled through state care as tamariki and rangatahi, gangs provided them with a "whānau" the state had disconnected them from. Roguski (2019) maintained:

*... rather than identities associated with culture and family structures, these young people's identities often developed through metaphorical family structures, rather than biological affiliations, that were unified through a history of State care, a combination of criminalised labelling, a resistance to authority and social exclusion. It was within this context that the Mongrel Mob and Black Power developed, classed as Māori and Polynesian ethnic gangs by the 1981 Committee on Gangs (p. 82).*

Roguski and McBride-Henry (2020) took a socio-historical approach to understand better the existence of gangs and their identity formation and stated:

*... many gang members, and their whānau, have developed constructions of self that are embedded within a socially marginalised space; a space created by exclusionary processes and necessity. On one hand, these identities have been forced upon gang whānau as a*

*result of dominant criminogenic constructions. However, whānau have often understandably embraced a marginalised space as it provides a sense of safety – social exclusion effectively means the whānau exists outside of state and public surveillance. Within this marginalised space, and associated context, government and community organisations are treated with caution (p. 2).*

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The continued criminogenic framing of gangs and their members reinforces their negative social labelling, marginalisation, and exclusion (Roguski & McBride-Henry, 2020). However, Roguski (2019) found "gangs" referred to themselves as whānau or roopuu. This is important

**The intergenerational cycle of poverty is created and ongoing structural marginalisations many individuals and some communities continue to experience has led to a state of hopeless alienation; a condition which destroys ambition, erodes family relationships, darkens the soul, and leads to a search for relief through alternative forms of identity, commitment and meaning.**

**TAONUI AND NEWBOLD**

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when looking at violence prevention and healing, particularly as some are disconnected from their whakapapa whānau. Stigmatised labels and enforced approaches entrench the cohesiveness within gang whānau (Gilbert, 2013), often motivated by self-preservation.

Roguski (2019) claimed three mechanisms rendered gangs on the margins and silent regarding the formation of prevention and intervention strategies: silence, paternalism, and suppression. Frequently, externally imposed prevention and healing strategies for gang members are accompanied by a desired outcome of members exiting the gang (Roguski, 2019). Taonui and Newbold (2011) stated:

*Colonisation in its worst manifestations was devastating. The intergenerational cycle of poverty is created and ongoing structural marginalisations many individuals and some communities continue to experience has led to a state of hopeless alienation; a condition which destroys ambition, erodes family relationships, darkens the soul, and leads to a search for relief through alternative forms of identity, commitment and meaning. It is in this soil that the roots of Māori gang membership lie (pp. 231-232).*

Social isolation, exclusion, and mistrust are often intergenerational experiences that make engaging with health and social services difficult. These factors position their needs and aspirations on the borders of society, meaning the support they need in addressing violence within their whānau is not readily available. Silence means they are unable to articulate their needs and aspirations. Paternalism and the belief outsiders know best facilitate the imposition of prevention and intervention strategies on gang whānau. Suppression lacks efficacy and sustained impact, instead further entrenching gang culture (Roguski, 2019).

These approaches overlook gang whānau aspirations for improved social and health wellbeing. Programmes like E Tū Whānau<sup>28</sup> show how community mobilisation can assist gang whānau in achieving their aspirations and dreams, using a kahukura to inspire and support communities on their journey for a better life without violence and alcohol and drugs. Several gang chapters have been working for some time to pave a better life for their mokopuna. This is where community social mobilisation approaches such as *Waka Moemoea* and *E Tu Whānau* are valuable. Roguski (2019) offered important advice following his work with gang whānau:

*The challenge is to reject outmoded criminogenic constructions and associated strategies, and listen, and appropriately respond, to the lived realities of the people in question (p. 102).*

**The challenge is to reject outmoded criminogenic constructions and associated strategies, and listen, and appropriately respond, to the lived realities of the people in question.**

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Taonui and Newbold (2011) have documented government-led initiatives to change gang activities and curb the recruitment of rangatahi into gangs, with little to no success. They concluded, because gang whānau sit on the margins of society, any change needs to come from within.

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<sup>28</sup> See for example, <https://etuwhanau.org.nz/blog/2022/05/13/eugene-ryder-e-tu-whanau-ann-dysart-kahukura-award-finalist/>



# 04

## DETRIMENTAL IMPACTS OF COLONISATION



*Kia whakatōmuri te haere whakamua*

I walk backwards into the future with my eyes fixed on my past

*(Rameka, 2017, p. 387)*

## Summary

Colonisation, disconnection from whenua and culture, the forces of assimilation, and patriarchal and hegemonic norms eroded Māori ways of living, shifting the balance between wāhine and tāne.

- Eliminating violence within whānau and mahi tūkino needs the illusion surrounding its normalisation dispelled, removing opportunities through education and empowerment, and teaching transformative practices embedded in te ao Māori.
- Healing historical and intergenerational trauma must focus on the collective group and individuals. Healing needs to include a “restoration of minds and actions” of those affected by violence in whānau and mahi tūkino.
- Healing also needs to include the restoration of individuals and the collective’s cultural identity, cultural connectedness, spiritual connectedness, and education about historical trauma. It is contingent on the restoration of Māori cultural and healing paradigms.
- Importantly, systemic issues also impinging on Māori must be acknowledged and addressed. Whānau are forced to navigate institutional or structural racism and state or system violence when seeking help for or engaging with family violence services.
- Failure to recognise the need for individual and collective healing can lead to the next generation being affected by intergenerational violence and trauma.

Without a doubt, colonisation's role in the distortion, and some cases, the destruction of Māori notions of whakapapa, tikanga (cultural processes and practices), kawa (cultural protocols), wairua (spirit, soul), tapu (restricted, sacred), mauri (person's life-force), and mana (status, authority, esteem) have had detrimental impacts on whānau (Kruger et al., 2004b). The whakataukī refers to learning past lessons that can then inform and shape our present and future. Kruger et al. (2004b) highlighted the lack of recognition of the violence perpetrated on whānau Māori by successive colonial governments. They claimed this manifests by viewing violence within whānau and mahi tūkino as an individual problem rather than something affecting whānau, hapū, and iwi collectively.

Therefore, part of articulating and contextualising the problem of harm, undertaken in the previous chapter, is understanding past effects and their role in normalising violence within our whānau and its detrimental impacts. That is, understanding the destructive role of colonisation in the erosion of well-established tikanga and kawa that ensured wāhine, tāne, and tamariki were protected and their status upheld by whānau and hapū (Kruger et al., 2004b; Pihama, Cameron, et al., 2019a; Wilson, 2002).

History and mātauranga embedded within oral traditions such as waiata (songs), mōteatea (traditional chant, lament), pūrākau tawhito (ancient stories), and other forms of transmitting mātauranga highlighted the importance of māreikura (respected women) and whatukura (the respectable male – the equivalent of māreikura), and tamariki. Pūrākau conveyed the importance of māreikura me whatukura and the balance between tāne and wāhine and illustrated optimal ways of living.

Wāhine Māori and tamariki, rangatahi, and mokopuna held positions of mana and status in traditional Māori whānau and hapū. Tāne Māori also had

mana and status, possessing crucial roles in the protection and safety of wāhine Māori and tamariki and mokopuna. Traditional cultural values and tikanga ensured wāhine, tamariki and mokopuna were protected and kept safe. Moana Jackson (cited in Pihama et al., 2021) stated:

*... our tupuna (ancestors) put into place a social order which was maintained according to traditional practices and that ensured appropriate tikanga informed all that occurred within the papakāinga (communal housing). In those times, Māori did not require a police force or other punitive measures rather the tikanga was clear, and transgressions were addressed quickly by vigilant, alert, self-policing, self-managing communities (p. 9).*

An abundance of evidence exists in historical observations documented by settlers, missionaries, and government officials that attest to the absence of violence against women and children (Salmond, 2017; Taonui, 2010). Māori cultural values and tikanga determined unchallenged behaviours that ensured the collective whānau<sup>29</sup> and hapū were protected and kept safe.

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<sup>29</sup> The term whānau also recognises not only whakapapa whānau but also whānau constellations formed because of the impacts of colonisation, such as kaupapa whānau and gangs, because of state care whānau because of disconnection from whakapapa whānau.

Dr Takirangi Smith (2019a) explained colonisation and neo-colonial imposition on many Māori significantly impacted the transmission of tribal whakapapa kōrero (traditional Māori knowledge emanating from tūpuna (ancestors)). It disrupted traditional Māori knowledge and ways of knowing and interrupted the connectedness of whānau, hapū and iwi to their tribal lands, tūranga (place or location), and tūrangawaewae (place of belonging). Without tribal whakapapa, kōrero and other forms of mātauranga like pūrākau and mōteatea, the blueprints that kept everyone well and safe were no longer accessible. Despite the adversities that many Māori have encountered since the European settlement of Aotearoa, Dr Rawiri Tinirau and Dr Cheryl Smith (cited in Smith, 2019a, p. i) reminded us that within our whānau, hapū and hapori, a space of potential and hope exists:

*Struggle and trauma can give birth to strength, courage, aroha (compassion and sympathy), and can create new ways of being in the world. Our stories are embedded with many examples of the ways in which we can seek to understand struggle and trauma, and to not only heal, but also to cause change in the world (Tinirau & Smith cited in Smith, 2019a, p. i).*

In their research with wāhine Māori, Wilson et al. (2019) and Wilson et al. (2021) also found they possessed inner strength and aroha despite their daily struggles and trauma. Their values of aroha and manaakitanga for others provided a basis for restoring mātauranga and tikanga and ridding violence from their lives.

Colonisation brought patriarchal views and Cartesian dualism that negated the credibility and relevance of various long-established tohu that guided Māori living their daily lives (Smith, 2019a). Tohu, in the form of environmental signs associated with the sky, landmarks, whakapapa kōrero, leadership and chieftainship, signalled impending death or ill health and seasonal changes. Notably, the tohu provided information that guided future actions to elicit positive outcomes and avoid negative consequences. Tohunga were critical people in interpreting tohu, but the 1907 Tohunga Suppression Act prohibited their practice and the loss of tūrangawaewae and whenua for many through confiscation and other means. As a result, the significance of tohunga diminished, as was their relevance for many Māori in their everyday lives (Smith, 2019a).

Smith (2019a) stated that the deep understanding of tohu, vital for survival, was lost when Māori became disconnected from tūrangawaewae through colonisation. The spiritual significance of pre-colonial beliefs and understandings became diminished and demeaned by missionaries' influence, together with the loss of land, language, and livelihoods, as well as social and economic marginalisation. Smith (2019a) claimed:

*The spirituality of the land, associated with Papatūānuku, the Earth mother or forebear of all natural things on Earth, was negated through the promotion of a patriarchal view by declaring Rangi-the-sky as heaven and the missionary concept of God as ruler of Heaven and Earth (p. 268).*

## *Intergenerational impacts of colonisation*

Violence within whānau and mahi tūkino has its roots in the intergenerational effects of colonisation. The intergenerational effects of colonisation have been, and continue to be, devastating, and the harm on Māori wide-reaching. The persistence of colonialism that perpetrates violence within whānau sees those affected by violence and mahi tūkino remain on the margins of society. For example, this is evident in the high levels of poverty for some whānau, and the proportions of those incarcerated, comprising 63% (wāhine) and 53.4% (tāne) (Ara Poutama Aotearoa - Department of Corrections, 2022; McIntosh & Curcic, 2020a; Shalev & New Zealand Human Rights Commission, 2021).

Defining the problem of harm, as recommended by Cram (2018), must include those harms that extend beyond the physical effects of violence within whānau and mahi tūkino. For example, the varying forms and combinations of psychological, spiritual, social, sexual, and socio-economic harms, incarceration, alcohol and substance misuse, pornography, and problem gambling. State violence has contributed to Māori disconnection from their whakapapa, their people, places, and spaces. This disconnection is damaging to people's identities (Simmonds, 2022). This type of violence is:

*... a ubiquitous source of fear, distress, and injury ... with far-reaching consequences in terms of morbidity and quality of life" (Goodman et al., 1993, p. 79).*

Cavino (2016) maintained colonisation laid the foundation for intergenerational violence and trauma:

*It changed our relationship to land – our mother, and it changed our relationships with each other. Forced migration led to participation in modalities of gendered settler colonialism, which is perhaps the most critical factor necessary to quickly set us up for the perpetuation of internalised violence within whānau. Displaced Māori were in effect*

*turned into 'new settlers' on the lands of other iwi, and this produced important changes in not only our relationship to land, but also our practices and structures of social organisation and control. These shifts lay the foundation for the cycles of intergenerational abuse and violation that we now find within many Māori families (p. 5).*

The displacement of many Māori from their whenua (land, placenta) resulted in the loss of communal papa kāinga and the associated connectedness and obligations. This displacement included surveillance that everyone conformed to tikanga and that relationships were respectful and safe. Moreover, colonisation and assimilation eroded Māori ways of living. The introduction of patriarchal and hegemonic norms shifted the balance between wāhine and tāne, instead privileged patriarchy, hegemonic masculinity, and misogyny. These shifts in Māori social structure and functioning encouraged violence within homes. Especially as the role and status of wāhine Māori were decimated, rendering them inferior to men and positioned on the margins of society (Balzer et al., 1997; Mikaere, 2003, 2011).

### **NEO-COLONIAL IMPOSITION ON TRIBAL WHAKAPAPA**

Takirangi Smith (2019) explained how colonisation and neo-colonial imposition significantly impacted Māori tribal whakapapa kōrero (traditional

Māori knowledge) emanating from tūpuna (ancestors) for many whānau. It disrupted traditional Māori knowledge and ways of knowing and severed whānau, hapū and iwi connectedness to their tribal lands, tūranga (place or location), and tūrangawaewae (place of belonging). Undoubtedly, the imposition of colonial knowledge systems and ways of life relegated Indigenous knowledge and methods of learning to the realm of myth. Yet, as Smith (2019a) explained:

*The central elements of stories provided a framework for which much more complex and detailed narratives connected to and accounted for events in the existing living world. These detailed narratives were sacred texts transmitted in song, incantation, artwork and other cultural institutions. ... These traditional accounts provided narratives, cultural metaphors and templates for surviving and living in the pre-colonial environment. Also included are strategies of resilience and surviving trauma and traumatic events, and responses that include pathways for improved lives and well-being (p. 2).*

These relationships and intergenerational transmission of cultural knowledge relevant to healing are essential for addressing the violence and trauma affecting many whānau today (Smith, 2019a). For example, Coupe (2005) highlighted the importance of connectedness to whakapapa and whenua, finding cultural alienation, deculturation, and colonisation are all indicators of attempted suicide.

The pūrākau of Ranginui (the Sky parent) and Papatūānuku (the Earth parent) described their separation and the movement from te ao pō (the world of darkness) into te ao Mārama (the world of light) and the creation of the world we know. The separation of Ranginui and Papatūānuku exemplified the connectedness and whakapapa of humankind to ngā maunga (mountains), ngā awa (rivers), moana (oceans), and all other

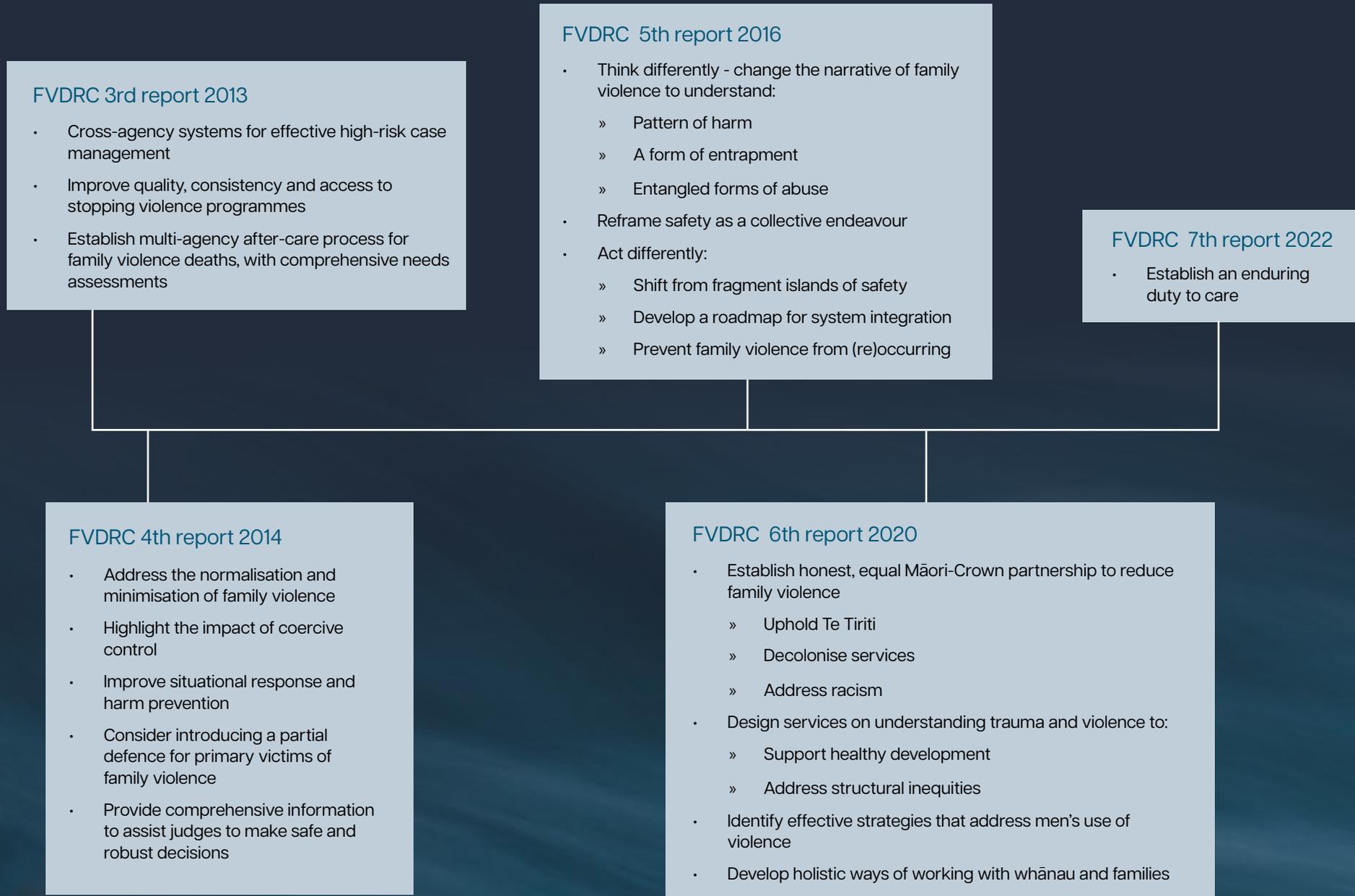
facets of the environment, including the creatures that exist within these environments. Many lessons embedded within our creation stories and iwi- and hapū-a-mātauranga are whakapapa, takepū, tikanga, signaled how ātua and tūpuna resolved issues in day-to-day life. For example, pūrākau highlighted the importance of māreikura me whatukura and the balance between females and males. They also illustrated optimal ways of living, including what we refer to today as violence against women and sexual violence (Smith, 2019a).

## **More recently, the Ministry of Justice (2022) reported that wāhine Māori participating in the NZ Victims of Crime Survey are at higher risk than other survey respondents of offences committed by family members.**

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Kruger et al. (2004a) noted that most research from the dominant Western paradigm does not include Māori perspectives or research methodologies. Mātauranga and views of Māori are critical for understanding the dynamics of violence occurring within contemporary whānau and generating culturally based solutions. More recently, the Ministry of Justice (2022) reported that wāhine Māori participating in the NZ Victims of Crime Survey are at higher risk than other survey respondents of offences committed by family members. They recommended “... culturally responsive, individualised and relevant” support services (p. 5). The NZVCS reinforces current Māori

*Figure 4.1. Overview of the Family Violence Death Review Committee findings*



communities' kōrero that culturally based solutions are critical for restoring the balance within whānau, hapū and hapori.

Whānau living with violence and mahi tūkinō, tangata whenua (the Indigenous peoples) of Aotearoa, cannot solely be explained as power and control issues within intimate relationships. The origins of family violence and sexual violence within whānau (extended family networks) are rooted in the ruthless violence of colonisation inflicted on our tupuna (ancestors) and its subsequent intergenerational harm. Until recently, continuing colonisation is reflected in the ongoing failure of decision-makers within the family violence system to view violence within whānau and mahi tūkinō as products of the deliberate political, economic, racist, and sexual colonial oppression of Māori, especially wāhine Māori (Kruger et al., 2004b; Pihama et al., 2021; Wilson, 2002).

What cannot be argued is that the introduction and enablement of violence within whānau and mahi tūkinō has had devastating intergenerational impacts on whānau, hapū (constellations of whānau), iwi (tribal nations), and hapori Māori (urban Māori communities) (Kruger et al., 2004b; Pihama et al., 2021; Pihama, Cameron, et al., 2019a).<sup>30</sup> Māori have increasing diversity extending beyond connections to hapū and iwi. However, Kruger et al. (2004b) asserted that diversity and whakapapa can simultaneously co-exist. Nevertheless, violence within whānau and mahi tūkinō have had destructive effects on whakapapa and takahi (trample, disregard) the mana (status, esteem) and tapu (restriction, scaredness) of tamariki, wāhine, tāne, whānau, hapū, iwi and hapori. More than 180 years since the signing of Te Tiriti o Waitangi, it remains a significant challenge facing Māori and Aotearoa today.

Over the last ten years, the FVDRC has also exposed the role of the family violence system in perpetuating poor outcomes for whānau Māori, especially wāhine and tamariki Māori (Figure 4.1) (Family Violence Death Review Committee, 2011, 2013, 2014, 2016, 2017, 2020, 2022b). More recently, their sixth report called for a need to uphold Te Tiriti o Waitangi, decolonise services and address the racism that disadvantages Māori and perpetuates the structural inequities (Family Violence Death Review Committee, 2020). The FVDRC, in this report, also called for effective strategies for addressing men's use of violence. Finally, in its seventh report, the FVDRC called for an enduring duty to care by those in the family violence system (Family Violence Death Review Committee, 2022b). The need for alternative approaches to addressing violence within whānau and mahi tūkinō is well established. However, the current approaches and systems generally lack the necessary efficacy to heal whānau and eliminate the violence that has had corrosive effects on whānau, hapū, and iwi.

It is a fact that while most whānau Māori do not have violence in their whānau or their lives and members enjoy positive relationships (Stats NZ, 2021), Māori are disproportionately and intergenerationally affected by the violence of colonisation. It manifests as violence within whānau and mahi tūkinō and poor health and social outcomes. Importantly, violence within whānau and hapū is an intergenerational phenomenon that did not exist within whānau and hapū before colonisation (Pihama et al., 2021; Salmond, 2017). A trader, Joel Polack's (1830s cited in Salmond, 2017) observations confirmed this, stating:

*The New Zealand father is devotedly fond of his children, they are his pride, his boast, and peculiar delight; he generally bears the burden of carrying them continually within his mat ...*

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<sup>30</sup> It is recognised that hapori may well extend beyond urban Māori groups of Māori. However, urban Māori incorporates those whānau who have become disconnected from their tūrangawaewae (a place to stand) or whakapapa (genealogical links).

*The children are seldom or never punished; which, consequently, causes them to commit to many annoying tricks, that continually renders them deserving of a sound, wholesome castigation.*

*The father performs the duty of a nurse; and any foul action the embryo warrior may be guilty of, causes rather a smile than a tear from the devoted parent (p. 386).*

Colonisation, ancestral, historical, intergenerational trauma and contemporary disenfranchisement differentiate violence within whānau from family violence. Poata Watene maintained:

*Where violence exists in homes, balance and the correct use of Māori traditions must be restored in the minds and actions of individuals and whānau (Watene cite in Kerr, 2020, para. 4).*

## **STRUCTURAL AND INSTITUTIONAL RACISM**

Despite affirmations enshrined in the articles of Te Tiriti o Waitangi, ongoing structural and institutional racism perpetuates the continual ignoring of Māori rights. The disregard of Te Tiriti rights means the inequities and needs of whānau affected by violence and mahi tūkinō are unmet. For example, Professor Jacinta Ruru (2013) argued for secure connections between Māori (individuals and collective groups), te ao tūroa (an enduring world), and their tūrangawaewae (a place to stand), and the protection of taonga tuku iho (treasures handed down). However, productive interactions have not eventuated despite rhetoric about Māori participation in various forums to improve outcomes. The failure to meet the needs and rights of Māori is often associated with structural or institutional racism (Cormack et al., 2018;

Harris et al., 2012).<sup>31</sup> The Health Quality & Safety Commission (HQSC) (2019) provided a helpful definition of institutional racism:

*Institutional racism presents as inappropriate action, inaction in the face of need, and monocultural perspectives and worldviews embedded in systems (p. 43).*

Reid and Robson (2007) claimed racism's normalisation leads to inaction, and the Waitangi Tribunal (2019) sees that despite "high need", ongoing inaction reflects the presence of institutional or structural racism.

*... Institutional racism manifests in the ideologies underpinning structures, institutions, policies and practices; public policy decisions and processes are not objective nor ideologically neutral (Boulton et al., 2020, p. 4).*

Deficit-focused language and stereotypes directed at individuals normalise inequities and structural inequalities in service delivery, which Boulton et al. (2020) maintained endorses structural racism.

Without argument, the exposure of Māori to ongoing institutional or structural racism results in poor outcomes. It contributes to inequities in their social, health, justice, and political status. Racism in all its forms has adverse impacts and is a recognised determinant of health and social wellbeing (Cormack et al., 2018; Harris et al., 2012). The Ministry of Health (2014) suggested achieving equity within the health system requires leadership that promotes equity in outcomes, developing knowledge about delivering effective and high-quality health care, and commitment to meeting Māori needs and aspirations.

<sup>31</sup> References to institutional or structural racism are usually devoid of reference to the people who work in these institutions or structures – people whose actions maintain discriminatory and racist practices. Hayward and Lukes (2008) reinforced this notion, stating, "Structures do not determine action, then, but they produce predictable patterns of action" (p. 15).

As mentioned, violence and mahi tūkino are not present in all whānau. Nevertheless, between 2009 and 2019, Māori accounted for 44% of family violence deaths (Family Violence Death Review Committee, 2022b). Dr Fiona Cram (Chair of the Family Violence Death Review Committee) reported that provisional 2021 data showed this prevalence had dropped to 23%, possibly related to Māori leading in forming responsive relationships with whānau during the pandemic. Nonetheless, as mentioned earlier, where family violence does exist in whānau, it is wāhine and tamariki who bear the significant burden of harm and death compared to other groups of people living in Aotearoa (Family Violence Death Review Committee, 2017).

Furthermore, intrafamilial violence between tāne (men) within whānau and hapū are also evident (Family Violence Death Review Committee, 2017). The corrosive effects of inadequate and effective responses to violence on whānau have helped reinforce its everyday occurrence and normalisation in some whānau, hapū and hapori. Kruger et al. (2004b) explained:

*It [violence within whānau] affects Māori and their culture in the most pervasive and profound ways because it violates us. Violence is the language of the powerless. The presence or absence of violence is indicative of the state of wellbeing or dis-ease of whānau, hapū, and iwi.*

**Table 4.1. Impact of State Violence on He Waka Eke Noa Respondents**

Type Of State Violence	Experiences (%)			Top Five Ranked State Agencies				
	A Lot	A Few	Never	1	2	3	4	5
Neglect	21%	46%	32.6%	Health	WINZ	Education	Police	WINZ
Failure to protect	17%	47.1%	35.9%	Police	Health	Justice	Education	WINZ
Abuse or abuse of power	22.8%	49.1%	28%	Police	Health	Justice	Education	WINZ
Racism	36.7%	46.8%	16.6%	Education	Health	Police	WINZ	Justice
Breaches of Te Tiriti	43.7%	39.1%	17.2%	Not applicable				
Police Violence	8.7%	43.3%	48%	Not applicable				

Source: Simmonds (2022)

*Whānau violence is a labyrinth because it is often housed inside ‘imposter’ tikanga (the illusion) that has been purposely designed to validate its practice, to confuse and to prevent escape of victims. It also resists change or transformation, which makes whānau violence considerably more difficult to treat and heal (p. 4).*

Simmonds (2022) highlights the enormity of the impacts of institutional and structural violence on whānau Māori. When engaging with state or government agencies, respondents to the He Waka Eke Noa survey reported experiences of neglect, failure to protect, suffered abuse and abuse of power, racism, and breaches of Te Tiriti of Waitangi. Almost half (48.9%) and a third (31.6%) of respondents indicated state violence had some or a lot, respectively, of impact on their wellbeing.

### STATE VIOLENCE

The *He Eke Waka Noa* survey was conducted with 1,624 Māori respondents aged between 18 and 87 years (median age 49 years) resident in Aotearoa, mostly in Te Ika a Māui (North Island). Of the respondents, 80% were female, 17% were male, and 4% self-described gender identity. The survey investigated the role of culture in violence prevention and intervention, particularly the impact of violence on the collective and individuals. A broad definition of violence was used, from the multiple effects on individuals to the online denigration of whakapapa to various forms of state abuse and violence. Simmonds (2022) reported on the effect of state violence on respondents. Two-thirds of respondents had a few or a lot of experiences of neglect from state government agencies.

Most respondents reported a lot or a few experiences of neglect (63.0%), failure to protect (54.1%), abuse or abuse of power (71.9%) and racism (83.5%), Police violence (52.0%) and breaches of Te Tiriti (82.8%) (Table 4.1). The state agencies most commonly involved were Police, Health, Education, WINZ, and Justice. The impact of state or system violence was significant. A third (31.8%) of respondents

The *He Eke Waka Noa* survey was conducted with 1,624 Māori respondents aged between 18 and 87 years (Table 4.1)

63.0%

respondents reported a lot or a few experiences of neglect

54.1% failure to protect

71.9% abuse or abuse of power

83.5% racism

52.0% Police violence

82.8% breaches of Te Tiriti

stated it affected their health and wellbeing, with almost a half (48.5%) indicating it had some effect (Simmonds, 2022).

Simmonds (2022) analysis of the *He Waka Eke Noa* survey highlighted the enormity of state agencies' perpetration of violence impacting individual Māori, whānau and communities. When asked what respondents did to minimise state agency violence, they had multiple strategies for responding:

- Disengaged from services
- Adhered to rules and laws
- Education and system navigation through their research and education
- Advocacy by taking a trustworthy support person
- Self-advocacy
- Seeking their healing, tikanga and connections
- Rangatiratanga

## THE NORMALISATION OF VIOLENCE WITHIN WHĀNAU AND MAHI TŪKINO

Kruger et al. (2004b) highlighted how the legacy of colonisation and institutional racism has contributed to the normalisation of violence within whānau, along with the rationalisation that it was tikanga. In addition, Kruger et al. (2004b) indicated that the high threshold for violence had enabled its normalisation. They also mentioned a lack of awareness that violence is a transgression against tikanga and whakapapa. They claimed:

*People who commit violence are under the illusion that what they do is okay. The illusion is given life by opportunities to commit violence and so it validates itself. The helplessness or indifference of others sustains violence. The illusion can mature from the misrepresentation of tikanga,*

*the silence and modelling around the perpetrator and the transfer across generations (p. 11).*

Wilson (2016) explained how growing up with violence normalised the realities for tamariki and rangatahi:

*Mokopuna (indigenous children) growing up in homes with abuse and violence maintains the intergenerational transmission of violence as an acceptable way of functioning because they are often without opportunities to learn alternative non-violent modes of interacting. Living with violence heightens their risk of becoming victims, perpetrators or both (p. 32).*

Hashemi et al. (2021) also proposed that exposure to violence during childhood can lead to the transmission of violence across generations. Transmission occurs by copying behaviours, developing a tolerance for violence, low self-belief, and using violence to inform expectations about relationships.

However, breaking the intergenerational pattern of violence is not straightforward. Ariana Simpson (cited in Sherson & Irvine, 2018) said every wahine's (and by association, every whānau) life is "... a complex weave of threads unique to her, and hard to disentangle" (p. 32). This complex weaving involves the threads of being isolated, coerced, and entrapped by their partner; not recognising their partner used violence when they met; and a culture of victim-blaming centring on wāhine who are "deserving of her fate" (Sherson & Irvine, 2018, p. 32). She further observed:

*We acknowledged we were both in places we would rather not be – the men in prison; the women uprooted from their homes and families (Ariana Simpson cited in Sherson & Irvine, 2018, p. 47).*

Understanding the complexities associated with violence within whānau and mahi tūkino is only one part of disrupting the intergenerational transmission of violence. Wilson (2016) suggested parents need support and guidance in healthy interpersonal relationships and parenting. She also highlighted the importance of positive social responses when tamariki and rangatahi raised concerns about violence. Negative social responses – that is, not believing claims of violence or mahi tūkino, being ignored, and being discredited – reinforce the normality of violence. Wilson (2016) stated:

*... breaking the cycle of violence needs to be informed by the reality that for many young parents, for instance, they need support and development of alternative ways of interacting with other adults and with children, as parents. Mokopuna making actual or attempted disclosures, or having expectations that others will notice something becomes unsuccessful when they encounter negative social responses (Wilson & Webber, 2014). Such responses come in the form of not believing mokopuna. Instead, their claims are discredited, or simply ignored (p. 37).*

Niwa Nuri (cited in Sherson & Irvine, 2018) talked about “the way ahead” and stated:

*Success requires new ways of thinking and operating. There will always be growing pains (p. 121).*

Kruger et al. (2004b) advocated that to achieve mauri ora,<sup>32</sup> the following is required:

1. Dispel the illusion that surrounds the normalisation of violence.
2. Remove opportunities through education and empowerment, enabling those affected by violence and mahi tūkino to reclaim their autonomy and agency.
3. Teach transformative practices based on Māori cultural beliefs, values, and practices.

To this end, addressing the intergenerational transmission of violence requires balancing whānau realities while offering them support and a range of alternative ways of responding to each other and to tamariki and rangatahi. Transformation involves a range of strategies unique to each whānau and their needs. For example, it can involve a mixture of promotion, prevention, protection and restoration strategies to assist in navigating life without violence (Wilson, 2016).

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<sup>32</sup> Kruger et al. (2004) explained: “Mauri ora, or toiora, is one of a number of Māori terms for wellbeing/wellness of both the collective and the individual. It is regarded as the maintenance of balance between wairua (spiritual wellbeing), hinengaro (intellectual wellbeing), ngākau (emotional wellbeing) and tinana (physical wellbeing). Mauri ora is sustained and restored by experiences of ihi (being enraptured with life), wehi (being in awe of life) and wana (being enamoured with life)” (p.15).

# Historical and intergenerational trauma

The American Psychological Association has defined trauma as:

*Any disturbing experience that results in significant fear, helplessness, dissociation, confusion, or other disruptive feelings intense enough to have a long-lasting negative effect on a person's attitudes, behaviour, and other aspects of functioning. Traumatic events include those caused by human behaviour (e.g., rape, war, industrial accidents) as well as by nature (e.g., earthquakes) and often challenge an individual's view of the world as a just, safe, and predictable place (American Psychological Association, 2022).*

Traumatic events have psychological and physiological consequences that can have long-term and intergenerational impacts.

*Exposure must result from one or more of the following scenarios, in which the individual:*

- *directly experiences the traumatic event;*
- *witnesses the traumatic event in person;*
- *learns that the traumatic event occurred to a close family member or close friend (with the actual or threatened death being either violent or accidental); or*
- *experiences first-hand repeated or extreme exposure to aversive details of the traumatic event (not through media, pictures, television or movies unless work-related)*

*The disturbance, regardless of its trigger, causes clinically significant distress or impairment in the individual's social interactions, capacity to work or other important areas of functioning. It is not the physiological*

*result of another medical condition, medication, drugs or alcohol (American Psychological Association, 2013)).*

The American Psychological Association (2013) included post-traumatic stress disorder within the DSM-5 Trauma and Stress-Related Disorders category, having previously classified it as an anxiety disorder. Although the DSM-5 has eight criteria for diagnosing trauma and stressor-related disorders for those over six years of age and older, different criteria exist for those under six years.<sup>33</sup> The eight criteria relate to the following:

1. Stressors
2. Intrusion symptoms like unwanted upsetting memories
3. Avoidance of thoughts, feelings, and external reminders of the trauma-event
4. Negative alterations in cognitions and moods
5. Alterations in arousal and reactivity
6. Duration longer than one month
7. Functional significance
8. Exclusions include symptoms related to medication, substance use or other illnesses.

In addition, there are two additional considerations: (a) dissociative specification and (b) delayed specification. However, the trauma definition and related criteria do not consider historical and intergenerational trauma, including (a) the processing of events, (b) prior life history, and (c) length of exposure to a traumatic event(s). Importantly, it overlooks historical and intergenerational trauma events (American Psychological Association, 2013).

<sup>33</sup> See <https://www.ncbi.nlm.nih.gov/books/NBK519712/table/ch3.t4/>

Hirini et al. (2005) suggested the need to understand better the cultural context of Aotearoa within which traumatic events occur for Māori. They questioned whether exposure to personal and institutional forms of prejudice and discrimination should be included. They believed:

*... an understanding of the institutional, social and cultural parameters which influence the meaning of a traumatic experience may provide significant insights into the linkages between such trauma and subsequent health/mental health outcomes for Māori (p. 26).*

## **HISTORICAL TRAUMA**

Maria Yellow Horse Brave Heart (1998) described Indigenous historical trauma as a collective trauma in response to ‘cataclysmic events’ (p. 289). These events were often rapid and severe (such as invasion and the introduction of fatal infectious diseases). They were evident in the unresolved grief amongst those affected. Historical trauma is the:

*... cumulative, emotional, and psychological wounding over the lifespan and across generations, emanating from massive group trauma experiences (Brave Heart, 2003, p. 7)*

Hartmann and Gone (2014) suggested conceptualising Indigenous historical trauma as the 4C’s:

1. Colonial injury (including forced assimilation and marginalisation);
2. Collective experience;
3. Cumulative effects; and
4. Cross-generational impacts.

Historical trauma involves a constellation of factors wounding individuals and collective groups emotionally and spiritually. Bans on customary practices such as spiritual healing have contributed to deep pathological and unresolved grief affecting Indigenous peoples. Historical trauma responses include individual and collective:

- a. Withdrawal and psychic numbing
- b. Anxiety and hypervigilance
- c. Guilt
- d. Identification with ancestral pain and death, and
- e. Chronic sadness and depression (Brave Heart, 1998, p. 291)

Historical trauma creates intergenerational Indigenous suffering that results in a “soul wound” that must be understood within the political, cultural, and spiritual contexts in which it occurs (Pihama, Cameron, et al., 2019a). Beyond individuals and collective Indigenous peoples, Kirmayer et al. (2014) also highlighted structural factors associated with historical and intergenerational trauma like poverty, undermining community autonomy, loss of lands and resources, economic inequalities, often living in rural and remote areas, and discrimination. Pihama, Cameron, et al. (2019a) referred to the destructive nature of this collective trauma caused by the deliberate and intentional acts by one group of people on another and stated:

*Forced compliance with strategies of the colonial government was imposed on whānau, hapū and iwi through legislation, incarceration, confiscation of lands and other forms of punishment. In the early stages of colonisation, the death toll from introduced diseases, starvation and warfare saw the massive depopulation of our people (p. 10).*

Historical trauma continues to have wide-reaching and intergenerational social, physical, psychological, and spiritual health impacts. Also evident are oppression and unresolved intergenerational grief, such as suicide and mental health disorder rates observed within Indigenous communities (Brave Heart, 1998, 2003). Dr Alayne Mikahere-Hall refers to intergenerational trauma as whakapapa trauma, which involves:

*... unresolved trauma that has been transmitted and passed on through the whānau system generation after generation. The original trauma was significant involving many and often repetitive forms of abuse, including cultural invasion and seizure of political power ... that led to displacement, abandonment, illness, poverty, and marginalisation, resulting in the inability to fully participate and engage in a rapidly changing environment (Hall, 2015, pp. 72-73).*

#### *The embodiment of historical, intergenerational, and contemporary trauma*

The physiological and psychological embodiment of traumatic events is a small but slowly growing body of scholarship. Walters et al. (2011) work, the *Bodies don't just tell stories, they tell histories*, speaks to the intergenerational social and biological embodiment of historical trauma experiences. They explored the embodiment of traumatic events, how these events influence the extent and distribution of health and social inequities, and how subsequent generations have a predisposition or vulnerability to increased stress and effects from previous generations' trauma. The multiple dimensions associated with historical and intergenerational trauma are embodied and expressed psychologically and physically (Figure 4.2).

Neuroendocrine responses to stress arising from historical trauma events are thought to have toxic physical, chemical, biological, and psychosocial insults on a person's body. These insults are associated with epigenetic (determiners of gene expression), neurobiological effects (changes in brain

## **They explored the embodiment of traumatic events, how these events influence the extent and distribution of health and social inequities, and how subsequent generations have a predisposition or vulnerability to increased stress and effects from previous generations' trauma.**

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functioning), and hypothalamus-pituitary-adrenal (HPA) axis dysfunction (hormonal stress-response changes) (Walters et al., 2011). For example, maternal psychological and nutritional stress have biological and epigenetic modifications that predispose offspring to diabetes, cardiovascular disease, and other non-communicable diseases (Godfrey et al., 2011; Walters et al., 2011).

Neuroendocrine changes, such as the over-activity of the amygdala, affect the HPA axis by triggering the release of stress hormones. Chronic exposure to stressors impacts a person's psychological and physical health over time:

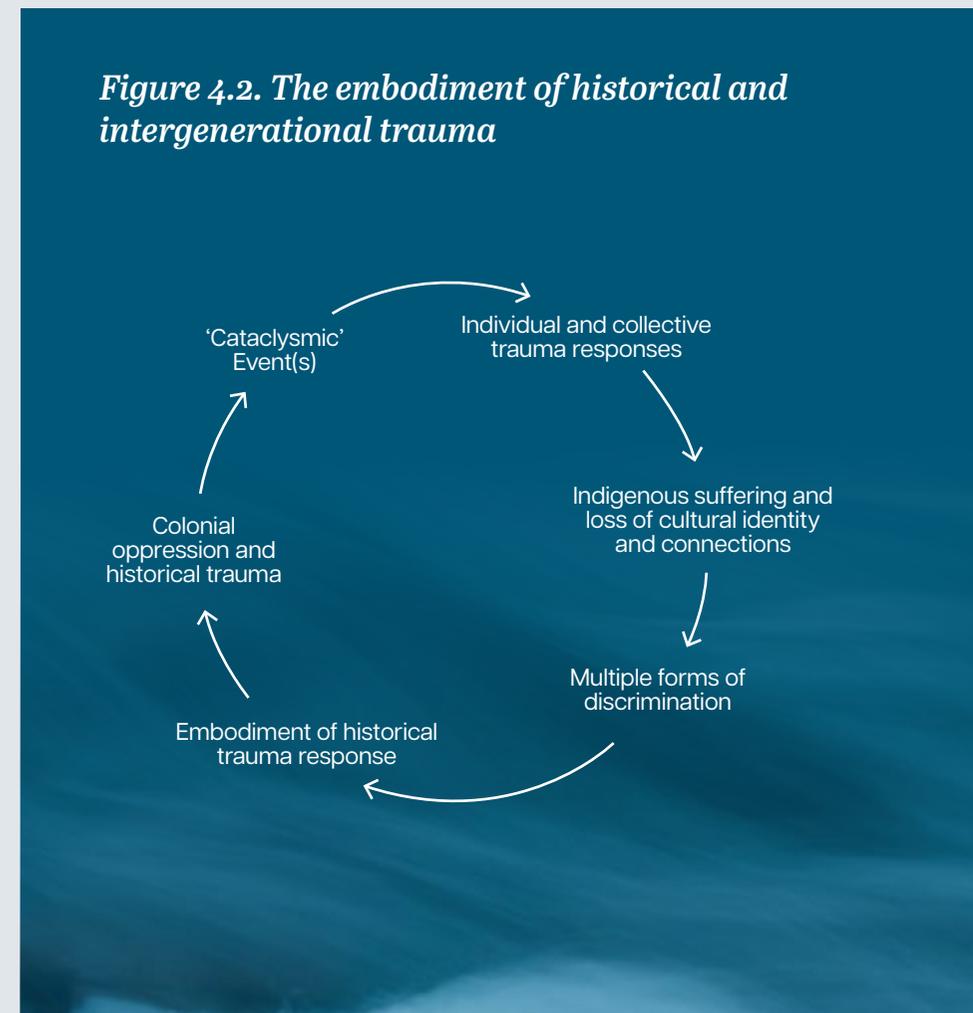
*The HPA axis is the part of the neuroendocrine system that controls reactions to stress as well as regulates digestion, the immune system, mood and emotions, and sexuality. This overactivation of the amygdala and HPA axis due to re-experiencing the initial trauma sends the message to the adrenal glands to release epinephrine and cortisol ... Current research has shown that the continual release of cortisol due to exposure to recurrent stressors, particularly during development, can cause the HPA axis to shutdown, which results in low cortisol levels ... Therefore, chronic exposure to stressors can relate to either a hypo- or hyper-stress response in the HPA axis (Brown-Rice, 2013, pp. 121-122).*

Sensitivity to sleep loss and neurobiological function alterations can be seen in children exposed to family violence and sexual violence. For instance, they have increased activity of the amygdala in the brain (the part that processes emotions, fear, and threatening stimuli) and decreased medial prefrontal cortex activity (the part of the brain responsible for impulse control, mediates decision-making, and spatial and long-term memory) results in blunted emotional responses, aggression, irritability, and difficulty in beginning activities. These children perform poorly on tasks, long-term planning, and impulse control – all factors that need consideration, especially as these can be interpreted as behaviour problems (Menzies, 2019).

### Healing

Survivors of historical trauma are resilient and have the capacity for healing and growth despite having areas of vulnerability (Evans-Campbell, 2008; Kirmayer et al., 2014). Stressors can be acute (one time and not including physical and sexual abuse) or chronic (which involves multiple and ongoing physical and sexual abuse). Although, the process of reliving people’s mind and body experiences during healing activities adds to their stressors (Evans-Campbell, 2008). Violence within whānau is one manifestation of historical trauma. At a community level, social unease, weakened social and family structures, high suicide rates, alcohol and drug misuse, and high levels of child maltreatment can be observed (Evans-Campbell, 2008).

Even when a trauma event(s) has passed, traumatised people continue to experience traumatic events (Menzies, 2019). Evans-Campbell and Walters (2006, cited in Evans-Campbell, 2008) proposed a colonial trauma response (CTR) extending the focus of historical trauma to include contemporary traumas:



**Table 4.2. Trauma-Related Symptoms for Adults and Children**

Adults	Children
Depression	Difficulties expressing emotions
High anxiety levels	Difficulties regulating aggression
Mistrust	Feelings of guilt
Guilt	Increased self-criticism
Anger	Physical symptoms arising from psychological distress
Management difficulties	
Physical symptoms from psychological distress	

Source: Evans-Campbell (2008)

*... a set of both historical and contemporary trauma responses to collective and interpersonal events. A defining feature of CTR is its connection to colonization. ... CTR reactions may arise as an individual experiences a contemporary discrimination event or microaggression that serves to connect him or her [sic] with a collective and historical sense of injustice and trauma (p. 332).*

Both adults and children can display symptoms of historical trauma, although they do so in different ways (Table 4.2).

The historical trauma healing work conducted by Brave Heart (1998) led her to state:

*... healing from generations of trauma and unresolved grief appears feasible (p. 302).*

It is essential that healing historical trauma and preventing the intergenerational transmission of violence and trauma is inclusive of the collective whānau, hapū, and iwi (Pihama, Cameron, et al., 2019a). Healing also needs to include restoring individuals and the collective's cultural identity, cultural connectedness, and spiritual connectedness (Hall, 2015; Pihama, Cameron, et al., 2019a; Wirihana & Smith, 2014). Pihama, Cameron, et al. (2019a) advocated for healing to involve the restoration of Māori cultural and healing paradigms – defined by Māori, for Māori, and delivered by Māori.

Pihama, Cameron, et al. (2019a) urged a multi-level historical trauma response that includes addressing personal, collective, and systemic issues together. Healing must involve education about historical trauma, recognising that sharing grief within traditional cultural contexts not only aids healing but is also cathartic (Brave Heart, 1998, 2003).

Traumatic events and exposure sit outside everyday life stressors (Evans-Campbell, 2008). Barriers to Indigenous approaches to historical trauma healing include the limitations inherent in the standard DSM-5 PTSD classification. Specifically, the limitations are the exclusion of intergenerational trauma and its collective impacts (Evans-Campbell, 2008) and the multiple, compounding historical and contemporary contexts, events, or protective factors (Evans-Campbell, 2008; Pihama, Cameron, et al., 2019a). Furthermore, intergenerational transmission requires consideration of the relationship between historical and contemporary trauma responses and the variability in individual and collective responses to traumatic events resulting in mild to significant distress (Evans-Campbell, 2008). Trauma events are uncontrollable and unpredictable, are human-initiated, and involve separation from family, leading to heightened levels of PTSD. PTSD impairs a person's ability to function socially. They possess a sense of helplessness, feel threatened, and can involve survivor guilt (Evans-Campbell, 2008). Pihama, Cameron, et al. (2019a) stressed:

*Understanding the role of intergenerational trauma in historical trauma theory is critical (p. 16).*

Without this critical understanding, healing can lead to inappropriate treatment and misunderstandings. Western approaches to healing from trauma for Indigenous peoples are limited. They do not address intergenerational trauma and the complex responses to the multiple stressors, family and social reactions to trauma. Neither do they explore how historical and contemporary trauma occurs within the context of historical events or understand factors that mediate traumatic events. Evans-Campbell (2008) maintained:

*... the lens of historical trauma allows us to expand our focus from isolated events and their impacts to the compounding effect of numerous events over time (p. 321).*



# The next generation

Unresolved historical and intergenerational trauma can have widespread consequences for subsequent generations. Furthermore, unresolved trauma impacts adults' interactions with their children regarding bonding, attachment, and effective parenting.

## BONDING AND ATTACHMENT

Prenatal development and under five years of age are vulnerable stages of brain development and epigenetic influence when trauma and stressors are present. This vulnerability makes pēpi and tamariki susceptible to disruptions in their brain development, relationships, and physical and mental health. For example, violence within whānau and mahi tūkinō are forms of abuse and neglect that can disrupt healthy brain development. This disruption can lead to traumatic attachment of pēpi to their primary caregiver. Schore (2001) explained that the failure of infants to form an attachment with their primary caregiver (usually their mother) could lead to maladaptive infant mental health and impairment in the development of the brain's stress-coping system. Also, the methylation of epigenomes<sup>34</sup> can influence the nervous system along with other systems, especially when parents or prior generations have experienced trauma, including historical trauma (Conching & Thayer, 2019).

Prenatal development during pregnancy and the first five years of life is when pēpi and tamariki rely on primary caregivers to act as a buffer for their experiences and the external environment until their brain develops and they can process their experiences themselves (Schore, 2001). The process of healthy brain development is experience-dependent. Schore

(2001) maintained that quality experiences are necessary for the healthy maturation of infants' brains. Positive attachment experiences expand a child's coping capacities for adapting and having positive mental health into adulthood.

Simply, stability in an infant's attachment is necessary for positive neurobiological development – they rely on their primary caregiver being emotionally and physically present. Conversely, attachment failures occur when primary caregivers have early relationship trauma themselves, a predisposition to a posttraumatic stress disorder, live in violent and abusive relationships, are no longer physically present, or experience neurobiological dissociation that blocks an infant's ability to form an attachment bond. Schore (2001) described dissociation as a “real-time manifestation of neglect” (p. 218) because caregivers are emotionally and sometimes physically not present.

## IMPACTS OF VIOLENCE ON PARENTING

Violence replaced the protective structures and tikanga within many whānau. For some whānau, this resulted in an intergenerational loss of positive role models into whānau necessary for forming healthy relationships and positive environments for raising tamariki (Wilson, 2016).

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<sup>34</sup> Methylation occurs when a small molecule called a methyl group gets added to DNA epigenome. When the methyl group is added, called methylation, to the epigenome it can influence the DNA by turning it on or off interfering in the regulation of an aspect of the body's functioning.

Growing up amidst violence and mahi tūkino impacts tamariki and rangatahi and can lead to intergenerational violence and trauma (Wilson, 2016; Wilson & Webber, 2014a).

Parental stress and unrealistic expectations for the development of tamariki (Cram, 2012), reinforced by the fear of them being taken into state care, further disconnect caregivers from their whānau (Wilson et al., 2019). These factors significantly impact the health and wellbeing of tamariki (Eruera & Ruwhiu, 2015) and result in the loss of their revered status as tama-ariki (boy or son – high-ranking family), or as Wilson (2002) described:

*The 'celestial' lights of those who enter the world and represent the future (p. 5).*

Exposure to IPV impacts the capacity to parent, increasing the risk of neglect and hypervigilance that manifest as aggressive and authoritarian parenting styles (Lambie, 2018a).

Murphy et al. (2013) discussed the connections and relationships between child maltreatment, intimate partner violence and parenting. They highlighted the under-involvement of fathers in their children's upbringing:

*Under-involved fathers tend to be preoccupied with controlling their partner and getting their own needs met, rather than making the compromises necessary to meet parenting responsibilities. They may see their children as hindrances and they may expect the mothers to take sole responsibility for the daily routine and aspects of childcare such as nappy changes and helping children with homework. Underinvolved fathers tend to be physically and emotionally unavailable to their children. (p. 27).*

Despite wāhine having their tamariki as their highest priority and using a range of strategies to protect them and keep them safe, they are susceptible to the trauma associated with the violence in their homes and whānau (Wilson et al., 2021; Wilson et al., 2019).

Pre-colonial Indigenous communities acknowledged trauma as a consequence of events occurring in their lives, such as death, separation, and tribal warfare. Still, in contemporary times trauma includes sexual abuse, rape, psychological abuse, and accidents (Linklater, 2014). However, while trauma existed in our tūpuna lives, they also had ways of responding to and healing trauma when it occurred (Duran, 2006; Duran & Duran, 1995; Evans-Campbell, 2008; Pihama, Cameron, et al., 2019a; Smith, 2019a).

Indigenous trauma stories are insidious and extend beyond an immediate whānau into hapū, iwi, and hapori across generations. It is a communal experience, often called historical or intergenerational trauma. Brave Heart (2003) defined historical trauma and historical trauma responses as follows:

*Historical trauma (HT) is cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive groups trauma experiences. The historical trauma response (HTR) is the constellation of features in reaction to this trauma. The HTR may include substance abuse, as a vehicle for attempting to numb the pain associated with trauma. The HTR often includes other types of self-destructive behaviour, suicidal thoughts and gestures, depression, anxiety, low self-esteem, anger, and difficulty recognizing and expressing emotions. Associated with HTR is historical unresolved grief that accompanies the trauma; this grief may be considered impaired, delayed, fixated, and/or disenfranchised (p. 7).*

From an Indigenous perspective, trauma cannot be solely isolated to an individual or a 'family'. For example, Professor Judy Atkinson (2002) positioned historical trauma as a collective or communal form of trauma in response to traumatic experiences causing multiple forms of distress made worse by ongoing colonisation. She stated:

*Collective or communal trauma refers to traumatic experiences which are experienced by large groups of people, who may therefore share some of the psychological, cultural, physical, spiritual, or social and mental distress that results. ... Collective trauma is compounded and made more complex as the bureaucratic response dismantles the natural support and caring that people have for each other in extended family and community networks during times of distress (Atkinson, 2002, p. 53).*

This historical and collective experience results in what Duran and Duran (1995) referred to as a "soul wound" (p. 24) and the internalisation of oppression in response to the eradication of traditional Indigenous cultural ways. Kruger et al. (2004b) referred to the damage wairua, hinengaro, ngākau and tinana that destroys the "... ihi (being enraptured with life), wehi (being in awe of life) and wano (being enamoured with life)" (p. 15).

Cultural eradication destroyed Indigenous notions of 'family' from Indigenous people's thinking and ways of life, leading to despair and self-hatred for many. Unable to direct anger at their oppressors, it is redirected towards helpless family members who represent themselves (the user of violence). While family violence provides temporary catharsis, it also destroys a part of themselves – that they hate (Duran & Duran, 1995). While most approaches to trauma target individuals, Evans-Campbell (2008) recommended healing

**Indigenous trauma stories are insidious and extend beyond an immediate whānau into hapū, iwi, and hāpori across generations. It is a communal experience, often called historical or intergenerational trauma.**

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approaches that include family and community. Within the context of Aotearoa, Wirihana and Smith (2014) emphasised the consequences of historical trauma for Māori and its impacts on child-rearing:

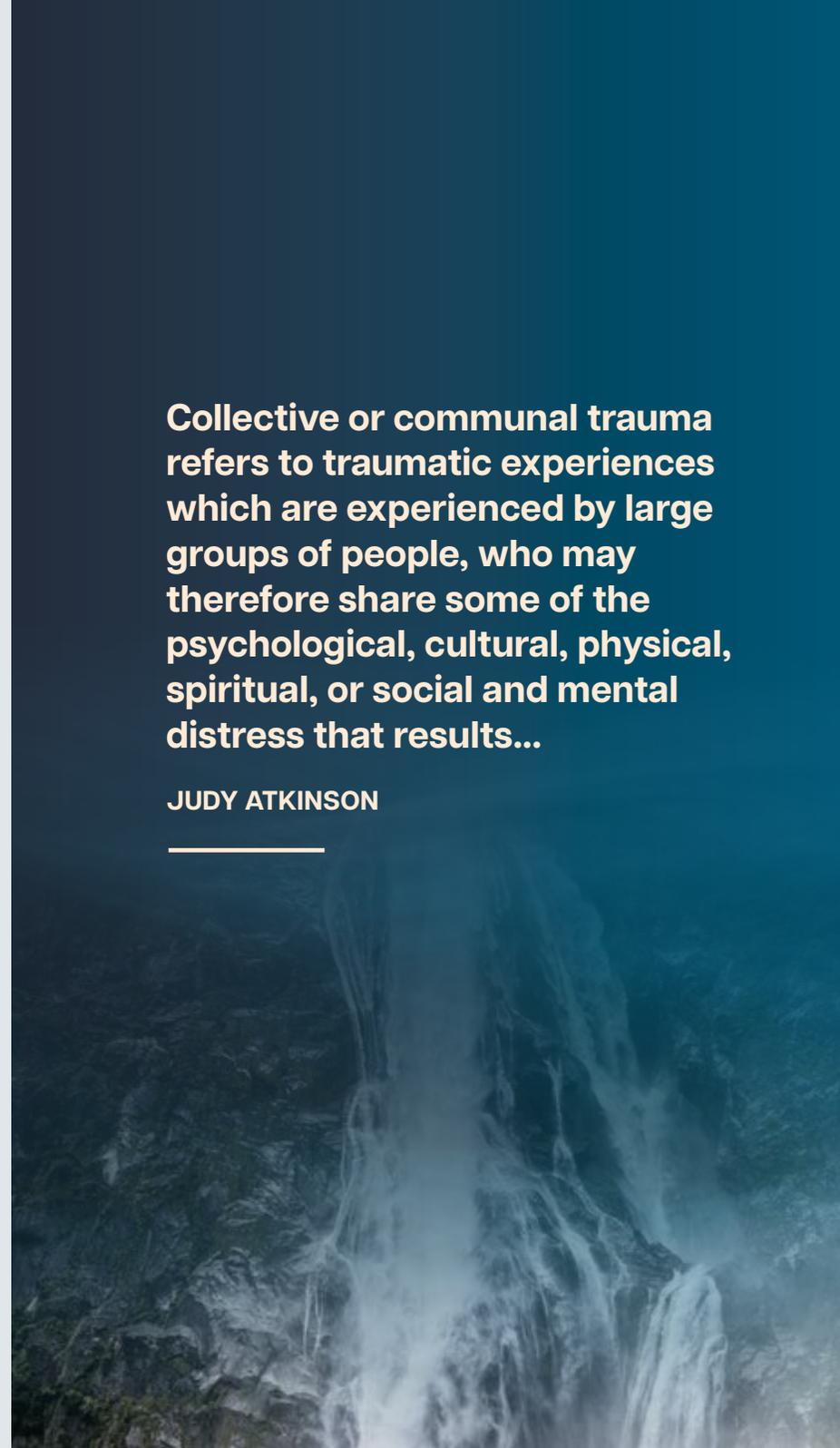
*Legal imperialism facilitated the loss of language and cultural practices and damaged protective social structures and interpersonal relationships within Māori families and communities. These processes exposed Māori to chronic and complex trauma precipitating the development of physical and psychological conditions across generations. Moreover, they ruptured the sacredness of relationships between men and women and destroyed the nurturing protective environments required for child rearing. In short, the accumulative impact of historical trauma on Māori wellbeing has been severe and understanding this history is especially important at present as Māori are suffering high rates of exposure to physical, sexual and psychological abuse (p. 201).*

This trauma impacting whānau Māori is layered. The make-up is determined by their unique whānau, hapū, iwi, and hapori experiences. Violence within whānau and mahi tūkino has its roots in the ongoing effects of colonisation. Colonisation brought about the destruction of critical tikanga and mātauranga that contained protective factors that kept everyone within whānau and hapū safe and well. Thus, the state has a role in working with Māori to address the issues that trauma has caused for Māori.

**Collective or communal trauma refers to traumatic experiences which are experienced by large groups of people, who may therefore share some of the psychological, cultural, physical, spiritual, or social and mental distress that results...**

**JUDY ATKINSON**

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# 05

## MAURI OHO: ACHIEVING WELLBEING

*Ka pō, ka pō, ka pūao ngā hua te atatū*

The darkness is always replaced by the dawn and its potential

*(Royal Commission of Inquiry into Abuse in Care, 2022, p. 27)*



## Summary

- Colonisation, disconnection from whenua and culture, the forces of assimilation, and patriarchal and hegemonic norms eroded Māori ways of living, shifting the balance between wāhine and tāne.
- Addressing ongoing institutional failures that create structural and systemic impediments for whānau seeking assistance with violence within whānau and mahi tūkino is critical to achieving wellbeing.
- The over-representation of Māori in prisons and state care heightens the risk of the intergenerational transmission of violence and trauma within whānau and mahi tūkino.
- The negative media portrayal of wāhine Māori influences how those working within agencies and services may view them.
- Critical to making successful change is having the aroha and constancy of a pivotal person to walk alongside the person through the change process.
- Change and achieving toiora is neither a linear nor a predictable pathway. It involves having to make sense of the violence and abuse.
- Living in long-term violent relationships can mean few positive whānau relationships exist. This can mean having to rely on and survive on government and non-government agency support.

Despite the layers of trauma impacting whānau Māori, many whānau demonstrate resistance, resilience, and survival regardless of the violence they experience (Penehira et al., 2014; Pihama et al., 2021; Pihama, Cameron, et al., 2019a).

These qualities provide a foundation for whānau Māori to achieve *toi ora* – they are the signs of the “dawn and its potential”. Dobbs and Eruera (2014a) referred to the need to:

*... change the way whānau violence is understood and managed (p. 7).*

Achieving *toi ora* (wellbeing) requires a sound understanding of not only the contemporary landscape for violence within whānau and mahi tūkinō but also the contextual and detrimental impacts on whānau Māori. The persistence of disparities in violence within whānau and mahi tūkinō compared to other groups of people living in Aotearoa signals that current approaches to family violence are not meeting the complex needs of whānau Māori. The family violence system, designed to respond to and protect those in need, instead pathologised and victim-blamed wāhine Māori. It was to their detriment and overlooked the needs of tāne Māori (Family Violence Death Review Committee, 2016). Achieving wellbeing and responding to violence within whānau and mahi tūkinō must centre the historical and contemporary colonial contexts. The colonial contexts are significant drivers in the continuance of violence within whānau and mahi tūkinō. Despite the layers of trauma impacting whānau Māori, many demonstrate resistance, resilience, and survival.

This chapter addresses the need to understand critical levers for change in whānau, such as the ongoing institutional failure and systemic entrapment to achieve wellbeing for whānau. Change and moving beyond violence toward flourishing whānau will be discussed, and culturally responsive approaches and measures will be presented.

**The persistence of disparities in violence within whānau and mahi tūkinō compared to other groups of people living in Aotearoa signals that current approaches to family violence are not meeting the complex needs of whānau Māori.**

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**... seeking help is exceptionally difficult for victims, and can force them to remain in or return to a violent relationship. If they do manage to leave, they are often faced with increased risk to their safety, as well as a life of poverty and desperation.**

**WILSON AND WEBBER**

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## *Ongoing institutional failure*

Wilson and Webber (2014a), reporting people's experiences of domestic violence and child abuse and neglect, found:

*... seeking help is exceptionally difficult for victims, and can force them to remain in or return to a violent relationship. If they do manage to leave, they are often faced with increased risk to their safety, as well as a life of poverty and desperation (p. 12).*

Understanding the compromising realities and structural barriers Māori encounter is needed to clear the prevention and healing pathways when seeking services. Many Māori living with violence within their whānau and mahi tūkinu encounter various structural and systemic failures. Wilson et al. (2019) reported that wāhine Māori found seeking help extraordinarily difficult when faced with leaving their relationship. They encountered barriers related to access, availability, affordability, and acceptability issues associated with government and non-government agency help. Wāhine reported few options resulting in them having to “navigate decision making” and the potential for precarity. One wāhine stated:

*They just don't get it! They just don't get that if I leave, I have no money, no job, no home, no food for my kids. But... if I stay, they [tamariki] have a roof over their heads, they will have food on the table, and they will be safe (p. 16).*

Without considering the institutional contextual factors and how to overcome these will do little to change the current situation.

Punitive interventions and approaches in the absence of remedial support necessary for whānau to change, like the incarceration of tāne and wāhine Māori or the removal of tamariki into state care, does little or nothing to

guidance and support needs (Wilson, 2016). For instance, many whānau who have had a report of concern about the care and protection of their tamariki reported difficulties in obtaining information and support. Often they did not know how they needed to do things differently. Furthermore, the personal and financial costs for whānau for not getting it right were substantial, and their experiences were traumatic (Kaiwai et al., 2020; Wilson et al., 2019).

## INCARCERATION

Aotearoa has one of the highest incarceration rates, with Māori making up approximately 50% of the prison population. While 93% of the prison population is men, of concern is the sharp growth (56%) in wāhine Māori incarcerated between 2012-2017 – they made up 60% of the female prison population (Monasterio et al., 2020). Wāhine Māori were four times more likely than non-Māori, non-Pacific women to be suspected criminals. Wāhine Māori are five times more likely to be arrested, charged, and convicted than Pākehā women and ten times more likely to be sentenced. Tāne Māori are four times more likely to be arrested and seven times more likely to be imprisoned (Deckert, 2020).

Exploring prison as a destiny, McIntosh and Curcic (2020a) advocated needing to know “why we are where we are?” They also asked, “what are the trajectories that lead to lives of privilege or profound precarity?” (p. 224). Answering this question includes understanding historical and social processes and contexts that influence individual narratives and how their role in the future shapes life opportunities across generations. Answers require drawing on the knowledge, experience, and insights of those affected, such as wāhine Māori and men. McIntosh and Curcic (2020a) maintained:

*They weave their insider knowledge into the fabric of our (in)justice system. It is clear that wāhine Māori with personal experience can, once appropriately resourced and supported, devise innovative Māori-centred solutions. Privileging their insider status means that we are able to go beyond merely describing the prison world but move toward new creative solutions (p. 227).*

The questions posed by McIntosh and Curcic (2020a) help us understand Māori experiences and the relationship between the consequences of profound dispossession to their disproportionate incarceration and the intergenerational effects on whānau and whakapapa. Significantly, answering these questions can assist in addressing the social harms that lead to disparities in imprisonment, poverty, and the other societal legacies of racism and colonialism. In all its forms, systemic violence, such as the removal of children, is a source of trauma that creates the contexts for whānau violence and incarceration to exist and persist (McIntosh & Curcic, 2020a).

## ROLE OF THE MEDIA

The media is highly influential in shaping societal views of Māori, especially Wāhine Māori (Cootes, 2022; Deckert, 2020; Nairn et al., 2012), all the while keeping hidden their realities, strengths, and assets. Media representations of wāhine Māori, particularly those who are mothers impacted by mahi tūkinō and violence within whānau, are detrimental in multiples ways. For instance, the Kahui twins’ deaths received intense and prolonged media attention that shone the spotlight on their mother, Maccsyna King. She was vilified and demonised based on what Wishart (2011) called “Chinese whispers,” leading to what can only be called a trial by the media. In *Breaking Silence: The Kahui case*, Maccsyna stated:

*It's been asked, "why speak up now?" There's this idea that I've stayed silent for five years, said nothing. Well, I've said nothing publicly because I lost trust in the news media. They were happy to sell papers based on my sons' deaths, but they didn't care about whether they were printing the true [sic] or just rumours (p. 278).*

## **Māori crime was considered newsworthy, because the stories feed into a hegemonic narrative in which Māori are cast as inadequate, poorly socialised primitives unworthy of full citizenship.**

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Wilson and Webber (2014a) also raised concerns in The People's Report about the media's role in reinforcing negative and stigmatising portrayals of those affected by family violence that impacts help-seeking, stating:

*The reporting of high profile child abuse deaths that more often than not "mother blame", even when the mothers were not present at the time of the child's fatal injuries. In this way, journalists' portrayal of violence-related events deters victims from seeking help – why would they when national media reinforces negative stereotypes, deficit explanations and engages in biased reporting? (p. 124).*

Nairn et al. (2012) determined that two discourses prevail – that Māori are innately violent or aggressive, violent, intimidating and belong to gangs,

or are good Māori and conform to "Pākehā colonial culture" (p. 44). When examining 21 days of television news items over six months, Nairn et al. (2012) found of the 1,757 news items, a minority (n=278; 15.8%) of news items featured Māori. Most of these appeared on two of the Māori language news networks, with only 28 (1.6%) items on the five English language broadcasters – however, 17 of these 28 news items related to specific stories about Māori people or matters. Sixteen (57.1%) stories focused on seven child abuse cases – only three of these seven stories appeared on Māori news. While the minimal Māori news items speak to Māori being relatively invisible in New Zealand society, this changes when a crime is involved and the news items are negative. Nairn et al. (2012) explained the media's fixation on Māori, focusing on deprivation, poverty and violence, promoted and reinforced negative stereotypes and views. They referred to this as:

*... the violence of colonialism [that] is repeated over and over again... (p. 39)*

Māori media, like *Whakaata Māori*, *Te Karere*, and *The Hui*, all offer balanced representations of Māori. They often highlight positive role models, events, and issues important to Māori. However, framing Māori in news items, supported by props (such as toys or candles) to tell their story in the non-Māori media forms, infers family violence is a Māori issue. In doing so, it emphasises their lack of the capacity to care for their children. Such representations lead media consumers to believe what was said and inferred wholeheartedly. The findings prompted Nairn et al. (2012) to conclude:

*Māori crime was considered newsworthy, because the stories feed into a hegemonic narrative in which Māori are cast as inadequate, poorly socialised primitives unworthy of full citizenship (p. 46).*

Karina Cootes (2022) talked with wāhine Māori living with violence about how media portrayals of wāhine Māori affected their help-seeking. She found a critical need for the media to engage in socially and ethically responsible journalism. Instead of socially and morally accountable reporting, wāhine recounted racist, harmful and inaccurate media portrayals of wāhine Māori. Wāhine reported the media consistently and negatively framed wāhine Māori using racial profiling, focusing on their ethnicity, cultural status, and identity of wāhine Māori. These wāhine noted that non-Māori women were not subjected to these portrayals based on stereotypes and assumptions.

## **The unjust and inaccurate reporting about Wāhine Māori and endless negative depictions affected their wellbeing, affected their trauma, and added to their fear of seeking help.**

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Wāhine claimed that these negative medial portrayals were discriminating and served to demean and trample the mana of wāhine Māori (Cootes, 2022). Wāhine reported “whakamā” stemming from constant negative accounts. The unjust and inaccurate reporting about Wāhine Māori and endless negative depictions affected their wellbeing, affected their trauma, and added to their fear of seeking help. Cootes (2022) commented that:

*The reality of having to step out of one’s comfort zone to seek help was one of the hardest things many of these participants had to endure. The*

*ongoing discrimination within the media has not only had a huge impact on damaging one’s sense of self but also played a large part in damaging the worldviews of service providers who should be there as a support system for these whānau (Cootes, 2022, pp. 48-49).*

Wāhine wanted the media to work more directly with wāhine Māori and their advocates to get their stories right. Importantly, this research highlighted the need for the media to be prepared in Te Tiriti o Waitangi to understand better colonisation’s impacts in shaping views of wāhine and their role in preventing and healing violence within whānau and mahi tūkino. While the New Zealand Media Council (the Media Council) has 12 principles of ethical media practice (Media Council of New Zealand, 2022), they do not appear to be upheld in the reporting of news related to wāhine Māori (Cootes, 2022). The wāhine in Cootes’ research questions the Media Council’s Accuracy, Fairness and Balance principles. Moreover, the principle of *Discrimination and Diversity* clearly outlines that,

*Publications should not, however, place gratuitous emphasis on any such category [gender, religion, minority groups, sexual orientation, age, race, colour or physical or mental disability] in their reporting (Media Council of New Zealand, 2022).*

Deckert (2020) confirmed unfavourable and disproportionate media discourse about wāhine Māori, especially Māori mothers, influenced the shaping of crime and penal policies. Deckert examined 42 articles and the portrayal of woman offenders in the media. Indigeneity, Māori, and Pacific were frequently identified, more often than sex. However, wāhine Māori were disproportionately mentioned compared to tāne Māori. Contrary to Pākehā women, media accounts of wāhine Māori described them as “conniving, heartless, uncaring, aloof and lacking remorse” (Deckert, 2020, p. 349). Such reports harm wāhine Māori getting fair and just treatment, especially within the justice system.

**The destruction of whānau structures for many Māori has been exacerbated by the disproportionate taking of pēpi and tamariki from whānau and placing them into state care, the incarceration of their māmā and pāpā, and the adoption or life placement of tamariki Māori into Pākehā families.**

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Ironically, the victimisation of mahi tūkino affecting wāhine Māori remains relatively invisible. Deckert (2020) confirmed this relative invisibility of mahi tūkino is because it is under-reported compared to the reporting of sexual assault affecting Pākehā women. While on the one hand, it means not being in the spotlight, on the other hand, it conveys that mahi tūkino is not a significant problem for wāhine Māori.

#### **CARE AND PROTECTION OF TAMARIKI**

The destruction of whānau structures for many Māori has been exacerbated by the disproportionate taking of pēpi and tamariki from whānau and placing them into state care, the incarceration of their māmā and pāpā, and the adoption or life placement of tamariki Māori into Pākehā families. Each of these acts has damaged, sometimes irreparably, the whakapapa of whānau.

##### *Care and protection of tamariki*

Before the 1960s, the care and protection of tamariki was the responsibility of whānau (Cram, 2012). However, the migration of Māori from their whenua to urban areas in the 1960s saw tamariki and rangatahi coming to the attention of child and protection services. Figure 5.1 provides an overview of state care and protection over time. Crown-run care and protection existed in the 1880s in state-led industrial schools where abused and neglected children could be committed under the Neglected and Criminal Children Act of 1867. The Children's Protection Act of 1890 gave police the power to intervene and place children at risk in care. In 1925, care and protection of children moved from the Justice Department to the Education Department, where Child Welfare and urbanisation policies moved Māori into urban areas away from their whenua. As a result, Tamariki Māori began appearing before Children's Courts. Notably, in 1940, no tamariki Māori were in the Child Welfare Division (Waitangi Tribunal, 2021).

Figure 5.1. Historical overview of the state care and protection system

**Child Welfare Division (Justice Dept)**

- State-led industrial schools - Neglected and Criminal Act 1867
- Abused and neglected children committed to these schools
- Children protection Act 1890 - enabled police to intervene and place children at risk into care

1880s-1925

**Dept of Social Welfare**

- Dept of Social Welfare Act 1971
- The Children and Young Persons Act 1974 replaced previous legislation
- 1983 Maatua Whāngai programme placed Māori into Māori homes
- 1988 Puao-te-Ata-Tu- identified institutional racism existed

1970s

**Oranga Tamariki - Ministry for Children**

- Transformed needed
- Legislation renamed Oranga Tamariki Act 1989
- 2019 Number of reviews of Oranga Tamariki
- Modernisation of the care and protection system

2015

2017

**Child Welfare Division (Education Dept)**

- 1940 - no children in care were Māori
- Post-WW2 | urbanisation, Māori children appearing before Children's Courts
- Next 3 decades, Crown attempted to keep Māori children connected to whānau
- 1960-1970s rapid rise in Māori children institutionalised

**Expert Advisory Panel Report**

- System fragmented, lacked accountability
- Unable to prevent repeat abuse and victimisation
- Need to address over-representation of Māori in the system



Over the three decades between the 1940s to 1970s, the Crown attempted to keep tamariki Māori connected to their whānau. Nonetheless, in the 1960s and 1970s, a rapid rise in the institutionalisation of tamariki Māori was observed. During the 1970s, legislation changed, with The Children and Young Persons Act of 1974 replacing the Department of Social Welfare Act of 1971. Despite the Department of Social Welfare introducing the Maatua Whāngai programme in 1983 (the placement of tamariki Māori into Māori homes), there were increasing Māori concerns over what was happening for tamariki in state care. A Ministerial Advisory Group investigated the Department of Social Welfare operations from a Māori perspective (Waitangi Tribunal, 2021). In 1988, Puaote-Ata-Tu identified institutional racism, and despite making explicit recommendations (Rangihau, 1988), the Crown never actioned the recommendations (Savage et al., 2021; Waitangi Tribunal, 2021).

### *State care and protection*

The Waitangi Tribunal (2021) described the disparities between tamariki and rangatahi Māori in the state care and protection system as “stark and enduring” (p. xiv). This situation reflected an ongoing disregard for Māori resolutions and endemic structural and widespread societal racism that increased reporting of care and protections concerns about pēpi and tamariki Māori. The Waitangi Tribunal (2021), in its WAI2915 Urgent Inquiry into Oranga Tamariki, reported a key issue was:

*... policies and practices inconsistent with te Tiriti o Waitangi ... have caused significant and irreversible prejudice to tamariki Māori taken into State care, as well as their whānau, hapū, and iwi (p. 1).*

While the focus is generally on state care and Oranga Tamariki, notably that all the family violence agencies work together in ways that result in the removal of pēpi and tamariki from the care of their mātua and whānau. For instance, the police are notified of a care and protection concern or involved

in supporting Oranga Tamariki in removing pēpi and tamariki. In addition, corrections involvement in the separation of māmā and pēpi, and the judicial system is involved in their ongoing placement outside of whānau. Speaking to the Royal Commission of Inquiry into Abuse in Care, Mr Gary Williams stated:

*I think that we need to stop the pipeline, we often talk about the ambulance at the bottom of the cliff. We need to stop people being shoved over the cliff and not only that we need to change, be intentional about change (Royal Commission of Inquiry into Abuse in Care, 2022, p. 731).*

Undeniably, the adverse intergenerational effects on tamariki, whānau, hapū, and iwi, and the profound damage to, and in some cases, the severing of, whakapapa (Royal Commission of Inquiry into Abuse in Care, 2022).

The Waitangi Tribunal documented increasing disparities over time, with tamariki in state care rising from 1 in 125 tamariki Māori in 2000 to 1 in 64 tamariki Māori taken into state care. Between June 2013 and June 2017, tamariki Māori increased from 54.7% to 61.2% of children in state care. For the same period (June 2013- June 2017), Pākehā children in state care reduced from 33.2% to 26%. The Waitangi Tribunal criticised the Crown's failure to meet its obligations under Te Tiriti o Waitangi and its failure to implement the recommendations laid out in Puaote-Ata-Tu 1988 by the Ministerial Advisory Committee (Waitangi Tribunal, 2021).

A birth cohort study of 56,904 children born in 1998 through 17 years of age explored any notification of a child protection concern, a substantiation of the concern, and out-of-home placements. One in four New Zealand children was notified to Child Youth and Family (later renamed as Oranga Tamariki – Ministry of Children) at least once, and 3.1% experienced out-

of-home placement, with boys more likely to be affected (Rouland & Vaithianathan, 2018). Rouland et al. (2019) found that one in two tamariki Māori were notified to child protection services at least once, with tamariki five times more likely to be physically abused than NZ European children (Rouland et al., 2019). The authors concluded that:

*Māori, in particular, face ongoing effects of colonisation, assimilation, and contemporary social, economic, and educational disadvantage. ... we are unable to resolve whether observed disparities reflect increased surveillance or differential standards for reports, substantiations, and placements across ethnic groups. ... Our study, however, suggests the available safety net and associated policies have failed to re-mediate conditions tied to maltreatment risk (Rouland et al., 2019, p. 1257).*

## **Māori, in particular, face ongoing effects of colonisation, assimilation, and contemporary social, economic, and educational disadvantage.**

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The intergenerational effects of tamariki being removed from whānau by Oranga Tamariki, and for many (as already mentioned) severed their whakapapa links. General mistrust of the child and protection system has increased over the decades due to sub-standard practices, lack of engagement and cultural understanding (Waitangi Tribunal, 2021). The Royal Commission noted:

*Active protection means recognising that the vast majority of whānau in contact with Oranga Tamariki are not out to harm their tamariki, but they may have ongoing needs that place stress on the whānau. These include factors such as poverty, poor housing, poor mental health, substance abuse, intimate partner violence, or children with high needs. Growing inequality and the disparities in child protection, education, justice, and health that result are not the inevitable outcomes of individual choice. They are substantially the outcomes of legislation, policy, and economic settings about which a society has choices. Active protection requires substantive changes designed to address these structural conditions (Royal Commission of Inquiry into Abuse in Care, 2022, p. 20).*

### **ADOPTION OF TAMARIKI MĀORI INTO PĀKEHĀ FAMILIES**

Whāngai is a customary practice for Māori whereby tamariki are placed with whānau members that:

*...while being cognisant of the [best] interests of the child, is weighted more towards establishing, nurturing and cementing relationships between individuals, families and broader relational networks (McRae & Nikora, 2006, p. 1).*

Still practised today to a lesser extent, whāngai maintains kinship connections and, importantly, whakapapa. However, some whāngai experiences are negative, result in their disconnection from whakapapa, and are treated poorly within their whāngai whānau. Nevertheless, it is a practice that enables wider whānau to fulfil their roles and responsibilities to care for their members in times of need and involves maintaining customs and values. McRae and Nikora (2006) claimed that whāngai promotes the interests of tamariki and whānau by providing the necessary care and

# Too white to be Māori in the Māori world, and too Māori to be white in the white world

MARIA HAENGA-COLLINS

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increasing social and cultural capital. In these ways, whāngai has potential strengths in promoting positive whānau environments.

Whāngai contrasts with the current practice of removing tamariki from the care of their whānau and placed in non-kin foster care or adoption, even though wider whānau support exists. Essentially, whānau placement of tamariki at risk results in the following:

- Often traumatic separation for their mothers and whānau,
- Risks severing them from their whakapapa, and
- Potentially devastating impacts on their spiritual, social and physical wellbeing and mental health (see Kaiwai et al., 2020; Royal Commission of Inquiry into Abuse in Care, 2022).

Historically, the Adoption Act of 1955 enabled “thousands” of pēpī Māori to grow up in Pākehā families under closed adoptions that effectively severed their whakapapa links (Hurihanganui, 2019). Between 1955 and 1985, 45,000 closed stranger adoptions took place in Aotearoa, with a significant number of these involving pēpī of Māori ancestry being adopted into Pākehā homes (Haenga-Collins, 2016, 2019). Dr Maria Haenga-Collins (2019) reported that many hapū māmā were pressured to adopt. Stigmatising colonial discourses framed illegitimate tamariki as shameful. The subsequent disgrace and scandal for wāhine created further pressured hapū māmā into adoption. Paradoxically tamariki were regarded as “unwanted babies”. Haenga-Collins claimed closed stranger adoptions were a “social engineering narrative” (p. 37) responding to a need for babies.

Haenga-Collins (2016) found a significant link between race and adoption. The dislocation of pēpī from their whakapapa left many growing up feeling disconnected, grounded in neither Māori nor Pākehā worlds and struggling with their identity (Haenga-Collins & Gibbs, 2015):

*Too white to be Māori in the Māori world, and too Māori to be white in the white world (Maria Haenga-Collins cited in Hurihanganui, 2019).*

Paradoxically, Māori wanting to adopt pēpi into their whānau frequently did not meet the requirements for legal adoptions, often being too old or socioeconomically poor. This was despite whāngai being a traditional cultural practice whereby whānau would organise the care of any pēpi needing care while maintaining their whakapapa links. Regardless of their adoption experiences, Māori invariably navigated feeling rejected, not belonging, and cultural loss (Haenga-Collins, 2019). Haenga-Collins (2011) maintained without access to the whakapapa necessary for their identity and sense of belonging to whānau, Māori risk cultural and social invisibility in te ao Māori.

It was not until the Adult Adoption Information Act of 1985 that adoptees could access their birth records. Regardless of this legislation, for many adopted Māori, their connection to whakapapa and, therefore, their Māori identity remains severed. Muriwai et al. (2015) showed how having strong cultural efficacy (that is, Māori identity, connectedness, and ability to engage in Māori cultural activities) improved psychological resilience. Conversely, those with a low cultural efficacy experienced more significant psychological distress.

## **PUAO-TE-ATA-TU – DAY BREAK**

In 1986 the Minister of Social Welfare (the Right Hon. Ann Hercus) tasked the Māori Perspectives Advisory Committee (led by John Rangihau) to provide their views of those “aspects of Department of Social Welfare detrimental for the Māori people” (Rangihau, 1988, pp. 5-6). The Advisory Committee found the Department of Social Welfare could not meet its goals without substantial change. It also identified institutional racism as a significant problem, and the monocultural ideologies and practices were notable drivers for the disproportionate representation of Māori.

These disparities existed not only in the social welfare system but in criminal justice, education, and health systems (Jackson, 1987; Royal Commission on Social Policy, 1988b). Puaote-ata-tu clearly set out Māori aspirations for tamariki needing care and protection, the changes required, and government agencies’ roles in facilitating the care and protection of tamariki Māori that needed to change.

Within the context of fostering and uplifting tamariki from their whānau, Rangihau (1988) indicated:

*At the heart of the issue is a profound misunderstanding or ignorance of the place of the child in Maori society and its relationship with whanau, hapū, iwi structures (p. 7)*

For instance, the amendments of the Children, Young Persons and Their Families Act of 1989 shifted the focus from a whānau to a more child-centred focus. Beneficial for Pākehā families but not Māori. Furthermore, Moyle (2013) highlighted the emphasis on individualism over the collective and concluded:

*Only the individual factors of social need are being focused on for Māori because they are measurable, whilst the drivers such as colonisation, structural discrimination and cultural genocide that perpetuate the marginalisation of Māori are ignored. This is proactive monoculturalism... (p.i).*

As Williams et al. (2019) stated:

*Aotearoa New Zealand was lauded for enacting world-leading child welfare legislation with the passing of the Children, Young Persons, and Their Families Act 1989 (the 1989 Act). The original 1989 Act acknowledged that the welfare and best interests of a child were paramount and made provision for Māori children to be viewed and cared for in the context of their whānau, hapū and iwi. The 1989 Act was intended to represent the aspirations of Māori to be able to care for their own children even in situations of family crisis, and provided a platform for the practical application of tikanga Māori in decision-making (p. 4).*

Mātua whāngai (a parent who takes on a child as a whāngai) represented the government working with Māori communities. However, the Advisory Committee indicated, in the first instance, mātua whāngai should return to its traditional focus on nurturing tamariki within whānau before placing them into different care options. It also found that there was a reliance on voluntary aid, and there needed to be adequate reimbursement for volunteers' expenses (Rangihau, 1988).

Despite *Puao-Te-Ata-Tu* highlighting the need for significant structural and practice transformation and informing the development of the Children, Young Persons and Their Families Act 1989, the recommendations and vision were never realised. Nevertheless, the observations and recommendations outlined by *Puao-Te-Ata-Tu* are as relevant today as in 1989 – 33 years after it was released (Boulton et al., 2020; Walker, 2006).

Widespread concerns were also raised by the:

- Glenn Inquiry into Child Abuse and Domestic Violence (Wilson & Webber, 2014a, 2014b),
- Family Violence Death Review Committee (2013); (Family Violence Death Review Committee, 2014, 2016),
- Hāpaitia te Oranga Tangata – Safe and Effective Justice (Hui Māori, 2019), and
- Various inquiries into Oranga Tamariki (for example, Boshier, 2020; Kaiwai et al., 2020; Waitangi Tribunal, 2021) all signalled the damaging effects of state care on whānau Māori.

They all signalled the damaging effects of state care on whānau Māori. For example, the Hui Māori (2019) highlighted the government's role in the removal of tamariki Māori and the trampling of the mana of tamariki and placing them into a “gateway to criminal offending” (p. 19).

Most recently, the Royal Commission of Inquiry into Abuse in Care has brought to light that from 1997 to 2017, the mandate of the childcare and protection system was to ensure the care and protection of vulnerable children. Yet, as Māori talking to the Royal Commission of Inquiry into Abuse in Care (2022) revealed, instead of care and protection, Māori articulated experiences of damaging and traumatic abuse and violence while in state care. Many speaking to the Royal Commission of Inquiry into Abuse in Care remember the day and time they were removed from their whānau. Ms Hera Clarke stated in her summary:

*I was absolutely taken by the memories of many of our mōrehu [survivors] who remembered the exact time and the date when they were uplifted and the word is uplifted. I'm using tango (taken) here, because they were snatched from their homes. Pūtake [origin, cause], so*

*the impact that this has had on many of those who shared their stories, many of you heard throughout the week. I want to say that in my own summary, it's about the direct and intentional systemic and racial abuse on tamariki and whānau.*

*Unsubstantiated evidence, you know, that really got to the ngākau [essence] of why these mokopuna, there was no rhyme or reason that had anything to do with their living circumstances. Nobody was taking notice, no one was listening, aroha pūmau ana mō ēnei tamariki [English: genuine love towards these children.]*

*My second stand out. Ko tēnei mea te mokemoke me te mamae o ngā tamariki mō ō rātou mātua, me te wehenga o rātou [English: The hurt, the loss and the pain of these children in losing their parents] for our tamariki who were in care that were separated as siblings. Once again, systemic and racial abuse, little to nil consideration of what was and still remains the best interests of our tamariki. No whānau support was offered, nor accountability. (Royal Commission of Inquiry into Abuse in Care, 2022, pp. 726-727).*

*I thought about the organised nature and culture of the violent dehumanisation of tamariki Māori and their whānau. ... its time for utu, its time for muru (Denise Messiter cited in Royal Commission of Inquiry into Abuse in Care, 2022, p. 732).*

Furthermore, Denise Messiter reported:

*I've heard about the torture of tamariki in concentration type camps, I've heard about them being placed in detention, I've heard about the wholesale uplift of whānau Māori, tamariki Māori and being dumped and placed in places with people they don't know, with no connection to their whānau, no connection to their whakapapa, no connection to*

*their whenua, no connection to their tūpuna. I've heard about rejection, I've heard about racism, I've heard about disconnection, I've heard about how our own turned on our own tamariki, whakapakari and other places.*

*We've heard about the intergenerational transmission of pain, of hurt, of grief, and the unspeakable depth of spiritual harm. I've heard about broken spirits, I've heard about anxiety, confusion, depression, fear of crowds, fear of strangers. I've heard about the pipeline from care to prisons (Royal Commission of Inquiry into Abuse in Care, 2022, p. 728).*

Mr Tupua Urlich observed that instead of the Crown acting as carer and protector of our at-risk tamariki and rangatahi Māori, they caused trauma and pain. In the process, they denied tamariki care and protection. Furthermore, Mr Urlich talked about rebranding a violent and tyrannical system.

*The Crown has abused us, and we're here to plea our case, you know. It's just – it's a big evil beast that's profiting off the back of our people's trauma. It's generating our poverty and it's cashing in on the pain and it's still happening today. So while we are talking about what's happened, it's so important to remember it is still happening, that's why we are here.*

*... our society doesn't respect that adults come from children. I find that when we listen to our whānau a lot of that stuff that's happened in childhood has been ignored for so long, has been denied for so long, care and protection is not what we have (Royal Commission of Inquiry into Abuse in Care, 2022, p. 729).*

*You know, actually one last point around changing the names on things. People love redesigning what it looks like, but they fail to change what it feels like and how it actually operates. We just continue to rebrand an abusive, oppressive system with a flashier name and pour more dollars into something that is harming our people (Royal Commission of Inquiry into Abuse in Care, 2022, pp. 729-730).*

The role of government in whānau harm needs to be acknowledged, and steps to mitigate the risks to whānau and tamariki Māori. Moving forward requires identifying the systems and structures that are barriers or racist, which prevents whānau from achieving toiora.

**I've heard about the torture of tamariki in concentration type camps, I've heard about them being placed in detention, I've heard about the wholesale uplift of whānau Māori, tamariki Māori and being dumped and placed in places with people they don't know, with no connection to their whānau, no connection to their whakapapa, no connection to their whenua, no connection to their tūpuna.**

**ROYAL COMMISSION OF INQUIRY INTO ABUSE IN CARE**

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## Understanding systemic entrapment

Staying in violent relationships or situations has been a mystery challenging those helping women affected by IPV and family violence. To counter the victim-blaming and pathologising approaches by theories such as battered women's syndrome and learned helplessness, Evan Stark (2007) focused on coercive control to explain how users of violence employ various strategies to control, coerce, and manipulate their partners. He claimed:

*...perpetrators use various means to hurt, humiliate, intimidate, exploit, isolate and dominate their victims. ... unlike other capture crimes [like kidnapping], coercive control is personalised, extends through social space, as well as over time, and is gendered in that it relies for its impact on women's vulnerability as women [sic] due to sexual inequality. ... Men deploy coercive control to secure privileges that involve the use of time, control over material resources, access to sex, and personal service. Like assaults, coercive control undermines a victim's physical and psychological integrity (p. 5).*

Research by Thorburn and Jury (2019) in Aotearoa New Zealand, with 712 women (10.33% identified as being Māori) about intimate partner stalking identified four domains of patterns: intrusive contact; intimidation and violence; monitoring and surveillance; and life sabotage. Stalking behaviours varied in length of time, lasting from months to years. Thorburn and Jury (2019) identified (ex)partner's stalking used schemas that justified their behaviours such as: 'because you're mine'; 'because you/women are untrustworthy'; 'because you did something'; and 'because I love you'. Living with and constantly avoiding an (ex)partner's stalking was emotionally taxing and impacted women's mental health, sense of safety, employment, and financial stability. Thorburn and Jury (2019) concluded:

*Stalking by intimate partners invaded multiple domains of victims' lives, including their capacity to enter into new partnerships, their employment and professional reputations, their relationships with their families and friends, their own and their children's sense of safety, their economic and housing security, and their mental health. The risks of stalking, therefore, extend far beyond physical safety; accordingly, victims' need for support encompasses their physical, emotional, social, and relational wellbeing (p. 149).*

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**Earlier Aotearoa New Zealand research documented 161 (13.3% identified as Māori) women's experiences of their partners' control over their reproduction.**

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Earlier Aotearoa New Zealand research documented 161 (13.3% identified as Māori) women's experiences of their partners' control over their reproduction. For example, women reported partners' controlling their access to or tampering with a woman's contraception; coercing them into pregnancy; abortion control (either preventing access to abortion services or being forced into an abortion or deliberate attempts to bring about a miscarriage, such as repeated punching a woman's abdomen); monitoring and controlling their sexuality; controlling sexual and reproductive health outcomes; non-consensual condom removal; sexual and physical violence (Burry et al., 2018).

However, in addition to the partner's coercive control impacting women's autonomy and agency over their lives, the Family Violence Death Review Committee (2016) found the family violence system's fragmentation and lack of responsiveness played a key role in keeping victim-survivors in their relationships. Tolmie et al. (2018) broadened the understanding of coercive control and explained the concept of social entrapment. The social system (partner, family, friends, institutions, and other social groups) also entraps them in their relationship. That is, it was not only partners' control and coercion strategies such as surveillance, threats of harm or death (to themselves or others), and a range of other strategies to manipulate and entrap them in a relationship. The dimensions of social entrapment include:

- a. The social isolation, fear and coercion that the predominant aggressor's coercive and controlling behaviour creates in a victim's life;
- b. The indifference of powerful institutions to the victim's suffering; and
- c. The exacerbation of coercive control by the structural inequities associated with gender, class, race and disability (Tolmie et al., 2018, p. 185).

Tolmie et al. (2023) provided more clarity on three dimensions of social entrapment in recent work to also include colonial and state-sanctioned violence and structural inequities that disproportionately affect Indigenous women:<sup>35 36</sup>

- 1 The social isolation, fear and coercion the abusive partner's violence creates in life;
- 2 The efficacy and responsiveness of the family violence safety system to the victim, her (ex) partner and their families, kinship groups and communities;
- 3 How the infrastructure of colonial violence, the operation of state-sanctioned violence, and structural inequities shape the quality of the responses available to particular groups of people and can compound their abusive partners' use of violence (Wilson et al., 2023).

<sup>35</sup> Tolmie, J., Wilson, D., & Smith, R. (2022). Intimate partner violence (IPV) entrapment. Invited presentation at the International Feminist Legal Network Inaugural Webinar.

<sup>36</sup> Tolmie, J., Wilson, D., & Smith, R. (2023). Introducing Expert evidence on intimate partner violence entrapment to defend primary victims on homicide charges. Strategies of Success for Improving Access to Justice for Women Who Kill Their Abusers International Workshop, Deakin University, Melbourne.

Wāhine Māori repeatedly reported being entrapped by the system. Systemic entrapment has four key dimensions whereby wāhine (Wilson et al., 2019):

-  Fear of having their tamariki taken
-  Fear of encountering people with judgmental, discriminatory, and racist attitudes
-  Encountering unhelpful people
-  Receiving services that do not meet their needs

All these factors combine to make it difficult for women, particularly wāhine Māori, to exit a violent relationship. It highlights the importance of an effective family violence response. Graham et al. (2020) identified three core threads that acted as barriers to accessing the services whānau need:

-  Organisational structures
-  Staff interactions
-  Practical barriers

When someone or a whānau needs help, the social response (that is, people's reactions and responses) can determine the outcome. For example, Wilson et al. (2019) found that wāhine Māori were not only entrapped in their relationships by partners who used coercive control strategies. The family violence system also entrapped them.

Negative social responses lead to adverse outcomes and the propensity for Māori to disengage from services or distrust the service and its people. Māori are aware of people's negative (social) responses towards them. They detect these through body language, facial expressions, and hostile attitudes that they interpret as discrimination and racism. But instead, people in agencies often interpreted wāhine Māori as having aggressive behaviours – however, lacking or having low trust, wāhine Māori approached agencies or services on the offensive with their 'walls up' expecting to be mistreated (Wilson et al., 2019). Furthermore, wāhine Māori reported being culturally and spiritually alienated and compromised, with no space for karakia or ronogā in services. Often they left services or agencies without their needs unmet, not wanting to be a nuisance and without establishing a relational connection (Wilson et al., 2019). Indeed, blame directed towards whānau did little to assist them in prevention and healing activities, especially when they have grown up within contexts involving intergenerational normalisation of violence, alcohol, drugs, and so forth (Wilson, 2016).

**Māori are aware of people's negative (social) responses towards them. They detect these through body language, facial expressions, and hostile attitudes that they interpret as discrimination and racism.**

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## Moving beyond the violence to toiora

Roguski (2019) maintained:

*The challenge is to reject outmoded criminogenic constructions and associated strategies, and listen, and appropriately respond, to the lived realities of the people in question (p. 102).*

When wāhine Māori seek help, they usually do so when the violence they experience has escalated beyond their ability to keep themselves and their children safe, something the Family Violence Death Review Committee (Family Violence Death Review Committee, 2016); and also Wilson et al. (2019) found. Contrary to victim-blaming and pathologising approaches, Cathy Richardson (a Metis scholar) uses the metaphor of Islands of Safety to understand Indigenous women's resistance. Islands of Safety illustrates how wāhine draw on their safety knowledge, thereby preserving their human dignity. Richardson described this as a culturally safe approach. She stated:

*Islands of Safety begins with the view that human beings are spirited, agentive beings who sometimes choose to use violence and who invariably seek to preserve their own and others' dignity – on physical, spiritual, emotional and social levels (Richardson, 2009, p. 3).*

Response-based approaches inform Islands of Safety (Richardson, 2009; Richardson & Wade, 2013) that relate to women responding to what is happening in ways that optimise their and their children's safety. This approach calls on those working with Indigenous women to reframe how they view them and then explain their behaviours. The choice of language used to describe events can redefine and diminish wāhine Māori experiences. This framing of wāhine affects the integrity and quality of the information recorded and the action(s) taken to support or assist them.

*... the language policy makers and practitioners use redefines women's experiences of abuse, often minimising, disregarding or refuting the victim's version of events. This reframing of victims' experiences will influence practitioners' actions and the strategies they use to respond to a victim's safety and protection needs. Such framing can shape collective interpretation of, and responses to, what occurred (p. 27).*

Furthermore, strategies such as empowerment at a time of crisis are unhelpful. Instead, language has been used to conceal violence, confuse and diminish an offender's responsibility, conceal a victim's resistance, and blame and pathologise (Wilson et al., 2015).

The decision to move beyond living in a whānau with violence occurs at different stages of relationships. It often ends up overlooking or diminishing the seriousness of a partner's use of violence and the havoc it brings to their lives. Often the motivation for change comes when relationships have reached a point where the lives of women and tamariki are at heightened risk. Change requires hope for their future and trust – trust in others and services. But trust has been eroded for many Māori living in whānau with violence and mahi tūkino, especially when isolated from their immediate and broader whānau and services are deemed untrustworthy (McDonald, 2014; Wilson, 2016; Wilson et al., 2021). But importantly:

*Trust is also about hope (McDonald, 2014, p. 7)*

Victims looking to flee violence often have little trust in others, especially government and non-government agencies. As a result, they have little belief they will get what they need to keep their tamariki safe and protected and successfully rebuild a new life (Wilson et al., 2021). Leaving a relationship

or making whānau decisions to move beyond the violence comes with multiple risks:

- Precarity;
- Increased risk and threats against their children and their own lives;
- Fears about how they can live with no financial or food and housing security;
- Fear that their children will be removed from their care if they ask for help; and
- Have nowhere to live (Wilson, 2016; Wilson et al., 2021).

Leaving a partner who uses violence and abuse requires more than trust and hope. Often, partners are on different timelines for addressing their violence. It requires building self-confidence, often eroded during a violent relationship where psychological abuse and coercive control have featured.

**Organisations need to be strongly client-focused on activities aimed at ensuring wāhine and tamariki are safe in their own homes (rather than in refuges or emergency and transitional housing), they have the support of whānau who are free from violence, and have access to specialist peer support.**

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They must rely on the strengths, strategies, and resourcefulness they have acquired over time (Wilson et al., 2019).

### **MOTIVATORS FOR CHANGE**

At some point, triggers for change become evident, whether reaching a “breaking point”, having had enough of “feeling broken”, or have had a report of concern about their tamariki’s protection and safety. These all indicate to wāhine (and tāne) that change is required to either keep their tamariki in their care or get them back from state care (McDonald, 2014; Wilson, 2016; Wilson et al., 2019).

Critical to making successful change is having the aroha and constancy of a key person to walk alongside the person through the change process. Wilson et al. (2019) found that both wāhine Māori and tāne often wanted someone who understood their reality, had lived it, and had successfully made the change. In addition, they needed someone who had aroha, displayed manaakitanga, and knew how to navigate the plethora of government and non-government agencies they were required to engage with.

Change and achieving toiora is neither a linear nor a predictable pathway. It involves having to make sense of the violence and abuse. This may involve multiple activities such as obtaining information, counselling, mediation and writing to understand the experiences they have gone through (McDonald, 2014). Wāhine Māori reported needing access to money, housing, food, and safety. Often, they left with nothing and worried they could not keep their tamariki safe (Wilson et al., 2019). Whether participating in family court, restorative justice processes or the conviction of their abuser, prolonged police and court processes influenced their recovery and risked withdrawing complaints, all the while adding to their anxiety and reinforcing a sense of powerlessness (McDonald, 2014).

## THE ROLE OF ORGANISATIONS IN SUSTAINING THE CHANGE

Living in long-term violent relationships can mean few positive whānau relationships exist. This means relying on and surviving on government and non-government agency support (McDonald, 2014; Wilson et al., 2019). This can be worse for male victims of abuse and violence, who often go unrecognised. McDonald (2014) claimed sustaining change depends on the person possessing resilience, self-acceptance, and self-worth and accessing practical help to transform their lives. The change also requires trust in themselves, having healthy relationships, and believing that life will be better for the next generation. Wāhine Māori are exceedingly resourceful, resilient and able to strategise to ensure they are safe and their tamariki protected in challenging situations. Being resourceful, resilient and able to strategise is a foundation on which change can be made and sustained with the proper support and encouragement (Wilson et al., 2021; Wilson et al., 2019).

Social marginalisation and exclusion undermine the healing and recovery of whānau. Thus, the practices of agencies and services need to be underpinned by a strong sense of social justice to ensure high-quality processes that are equitable and fair processes. But these agencies must critically examine their strengths and weaknesses for working and interacting with whānau affected by violence and mahi tūkino. Organisations need to be strongly client-focused on activities aimed at ensuring wāhine and tamariki are safe in their own homes (rather than in refuges or emergency and transitional housing), they have the support of whānau who are free from violence, and have access to specialist peer support. With the right resources and support, whānau can be safe and independent (McDonald, 2014).





# 06

## KAUPAPA MĀORI & TE AO MĀORI APPROACHES & SOLUTIONS



*Ma te huruhuru, Ka rere te manu*

Me whakahoki mai te mana ki te whānau, hapū, iwi

*Adorn the bird with feathers so it can fly and return  
the mana to whānau, hapū, iwi*

## Summary

- There is a need for kaupapa Māori and te ao Māori approaches and solutions to prevention and healing activities for whānau with violence and mahi tūkinu.
- Healing is not just about wāhine and tamariki. It also recognises that tāne Māori need to heal and that whānau approaches are necessary to address the long-term pain and suffering that exists within Māori communities.
- Achieving wellbeing needs to be Māori-led and -driven with frameworks that draw on mātauranga Māori and the development of measurement tools that make sense to Māori and that incorporate Māori realities.
- There is a need for targeted education and resources and specialisation of the workforce for working with whānau with violence and mahi tūkinu.
- Various measurement frameworks exist to measure whānau wellbeing. However, work is needed to develop a comprehensive framework to monitor and measure whānau progress towards toiora.
- Cultural intelligence involves the restoration of mātauranga Māori and tikanga for whānau.
- Whānau need violence prevention strategies that integrate kaupapa and mātauranga Māori with practical information to improve their wellbeing and create safer households and communities.

There is a need for kaupapa Māori and te ao Māori approaches and solutions to prevention and healing activities for whānau with violence and mahi tūkino. Healing is not just about wāhine and tamariki. It also recognises that tāne Māori need to heal and that whānau approaches are required to address the long-term pain and suffering that exists within Māori communities. Professor Leonie Pihama (2021) and her colleagues stated clearly:

*Kua takoto te manuka. Hikina te manuka. The challenge is laid. We must accept the challenge. It is time for us as Māori to take control of not only how we understand violence, including sexual violence, but also to construct the pathways for healing both individuals and whānau. To make changes in all parts of society to support the wellbeing of all whānau. To challenge ourselves and to challenge all institutions, structures and government agencies to fulfil their obligations as laid out within Te Tiriti o Waitangi. As Niwareka returned to her whānau for guidance and solace, so too must we provide whānau and societal contexts that are safe, secure and culturally grounded (p. 158).*

Te Puni Kōkiri (TPK) (2009a)) offered guidance on creating programmes and conversations about mahi tūkino must involve the following elements:

- Relatability for people working with whānau and hapū,
- Cultural values integrated into a Māori approach to prevention and healing,
- The specialisation of the workforce is needed, and
- Having targeted education and resources specifically focused on sexual violence within whānau and hapū (Te Puni Kōkiri (TPK), 2009a).

As already mentioned in this literature review, there is a need for uniquely Māori-led and delivered approaches and solutions for the prevention and healing of violence within whānau and mahi tūkino. These approaches, where possible, should be grounded in iwi-, hapū-, marae-, and whānau-mātauranga as determined locally. Such approaches focus on meeting the individual and whānau needs within the community. As one person has indicated:

*I think that the difference is as a Māori person, dealing with experiences of domestic violence and the oppression of being Māori, on top of the judgement around experiencing violence, is something they don't need to explain when they come to a Māori service. Because we already know that (Maltest International, 2019, p. 1).*

In writing this chapter, it is acknowledged that many tangata whenua providers across Aotearoa of services for violence and mahi tūkino undertake mahi. However, there is a need for a comprehensive stocktake of successful approaches as many are not formally evaluated or available on databases storing literature. Moreover, Te Puni Kōkiri (2009) highlighted the need for targeted education and resources and specialisation of those working with whānau with violence and mahi tūkino. Nonetheless, there needs to be further work in the areas of:

- Māori designed and led approaches and solutions for prevention and healing,
- Tangata whenua education and resources to support the mahi and whānau,
- Workforce development within tangata whenua providers of services for whānau with violence and mahi tūkino, and
- Monitoring and reviewing tools enable measuring whānau strengths and growth rather than focusing on deficits and problems.

This chapter begins with a brief discussion on culturally responsive approaches needed to prevention and health approaches and solutions, followed by examples of some frameworks and approaches. The chapter concludes by reviewing some of the measurement frameworks for flourishing whānau.

**I think that the difference is as a Māori person, dealing with experiences of domestic violence and the oppression of being Māori, on top of the judgement around experiencing violence, is something they don't need to explain when they come to a Māori service. Because we already know that.**

**MALTEST INTERNATIONAL**

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## Culturally responsive approaches

Fotheringham et al. (2021) conducted an international review of government domestic violence prevention plans<sup>37</sup> and the extent they included Indigenous peoples. They confirmed insufficient research exists about domestic violence policy and Indigenous communities. However, they found prevention plans (mainly from Australia and Canada) focused on Indigenous prevalence rates, framed Indigenous women as being “at-risk” or “vulnerable,” and having special needs. Paora Moyle (cited in the Royal Commission of Inquiry into Abuse in Care, 2022) stated:

*I want healing pathways to also include the ways in which our people want to begin the healing, because you'll never get back your life, you'll never get back your childhood (p. 745).*

Doing more of the same or re-dressing current non-Indigenous prevention and intervention activities and approaches will not affect the change needed for whānau. Instead, changing the narrative that informs prevention and service delivery activities is required. A changed narrative can promote whānau with violence and mahi tūkinu approaches driven by Māori, inclusive of culturally responsive practices. King and Robertson (2017) pointed out the shift needed, stating:

*The holistic ways in which people and relationships are understood from a Māori perspective stands in direct contrast to the reductionist and atomistic [sic] approaches that dominate colonial scholarship about marginalised social groupings, like Māori. ... In order to understand and respond to domestic violence within Māori communities it is important that domestic violence is not seen as a discrete issue, but rather, is situated within the broader context of social and everyday life (p. 1).*

Kruger et al. (2004b) signalled 18 years ago the challenges to achieving mauri ora. That is, undoing the pervasive effects of colonisation and reducing the harm to whānau needs. As previously mentioned, Kruger et al. (2004) proposed three fundamental tasks that needed to occur:

1. Dispell the illusion of the normality of violence within whānau and mahi tūkinu as acceptable and ‘culturally valid’,
2. Remove opportunities for violence to occur within whānau through education and empowerment of whānau, hapū, and iwi to free them from violence and move toward whānau wellbeing, and
3. Teach transformative practices for “empowerment and self-realisation” based on Māori cultural values and practices to provide alternatives to violent behaviours.

Gifford et al. (2017) critiqued prevention programmes constructed by Western health service providers. This critique highlighted a general failure to incorporate the broader cultural, social, and economic complexities faced by Māori and consider the “multidimensional” role of whānau. Instead, prevention activities focused on individuals. They recommended the need

<sup>37</sup> Fotheringham et al. (2021) included New Zealand’s 2009 Te Rito New Zealand Family Violence Prevention Strategy.

for a more integrated approach to working with whānau. That is Māori designed services – a whānau-centred approach that better addresses their needs and priorities, cognisant of socioeconomic and cultural determinants of wellbeing.

Mātauranga Māori and culturally responsive frameworks must be embedded in the design of prevention and healing approaches and delivered by Māori. Far from being a static phenomenon, mātauranga is ever-evolving while remaining anchored to fundamental principles and values. It is:

*A unique Māori way of viewing the world means that we consider traditional and contemporary knowledge and culture – we are not trapped in history. Our lives, as we live them, are guided by the past, and shaped by the future (Waitoki, 2016, p. 284).*

Palmer (2005) provided a clear explanation of how Māori cultural tradition exemplifies the ability to conceptualise and measure the relational “ebb and flow” (p. 44) between the physical, psychological, and spiritual realms. The three ancestral kete – te kete aronui (knowledge to advance our physical, psychological and spiritual wellbeing), te kete tuauri (knowledge contained in ritual, memory, and prayer), and te kete tuatea (restricted spiritual knowledge, like mākatu, which could be harmful). Explained by Marsden these kete weave important mātauranga within these realms (Royal, 2003). Waitoki (2016) explained, for example, that te kete tuatea is where:

*Human suffering and hardship as the result of war, financial greed, poverty, environmental destruction, structural and personal violence, racism, disenfranchisement and oppression resides ... (p. 288).*

Within the context of violence within whānau and mahi tūkino, such actions limit tamariki and adults from achieving their potential. Palmer (2005) stated:

*In retelling of Te Wehenga, the ancient creation story painstakingly describes subtle differences in character, form, disposition and quality. For example, the concepts of te korekore, te korekoreāte-rawea, te-korekore-te-whiwhia, te-korekore-te-tamaua and te po-iātuturi, te-po-i-pepeke, te-po-uriuri, and te-po-tangotango, represent particular states with discernible purpose, intent and implication... Within the unfolding of the universe there is the establishment of hierarchy, relativity and conceptual frameworks for the measurement of difference over aeons.*

Thus, achieving wellbeing needs to be Māori-led and -driven with frameworks that draw on mātauranga Māori, and the development of measurement tools that make sense to Māori and that incorporate Māori realities.

## EXAMPLES OF MĀORI-DESIGNED AND LED SOLUTIONS

### *Te Whakaruruhau*

Waikato Women’s Refuge Te Whakaruruhau (‘Te Whakaruruhau’) recognised that many whānau lived in high-deprivation neighbourhoods and resorted to fragmented service delivery. Te Whakaruruhau uses a Māori cultural framework that underpins the support provided to whānau to ensure all whānau members are protected and supported. Informed by the values of whanaungatanga, mana, and manaakitanga, they work with wāhine, tāne, and whānau in ways that aim to uplift them. They ensure they are non-judgmental and supportive in their approach. The cornerstones of their mahi involve working with tāne, involving whānau, and taking a long-term view.

*Ultimately Te Whakaruruhau do not want to see men moving into new relationships and potentially harming more women and children. Keeping quiet about who was using violence and who was a victim to violence allows the collective to sacrifice the wellbeing of some, in the belief it is supporting the greater good. This has been a dominant view in the past (McDonald, 2014, p. 39)*

Te Whakaruruhau acknowledges that tāne, who are also survivors of mahi tūkino, require different services and approaches to wāhine. Therefore, Waikato Women's Refuge Te Whakaruruhau works with other organisations and agencies within the Waikato and Hauraki rohe to meet the needs of the whānau and ensure consideration of tamariki and rangatahi welfare.

#### *Manawanui, Manawaroa, Manawaora e!*

Healthy Families Whanganui Rangitikei Ruapehu (nd) responded to rural community needs in Raetihi and Ohakune and found people wanted to be considered a 'whole' person. However, they talked about navigating the 'service landscape' leading to frustration and being disconnected from services. They spoke about formal services not understanding their culture and needs. Instead, they felt shamed or blamed for actions that impacted their health and wellbeing. They needed consistency in the advice and information they received and requested social connections and peer-to-peer learning. Similar to other research, these communities encountered unhelpful people, inconsistencies in information and communication that disempowered them, and disconnected pathways causing excessive wait times. Essentially, the people of Raetihi and Ohakune designed a future that was a holistic wellness system. This system has at its core people and whānau that were value-driven and enabled self-navigation.

#### *Amokura Family Violence Consortium*

Using the Amokura Family Violence Consortium's Mauri Ora Framework Mauri Ora framework is underpinned by cultural imperatives comprising whakapapa, tikanga, wairua, tapu, mauri, and mana (Dobbs & Eruera, 2014a). Transformative elements include:

- **Te Ao Māori** – expressed by the cultural imperatives of whakapapa, tikanga, wairua, tapu, mauri, and mana.
- **Te Ao Hurihuri** – contemporary influences that undermine te ao Māori that span cultural constructs to colonisation and outcomes.
- **Transformative Elements** – application of te ao Māori constructs while navigating environmental and contextual influences.

Understanding what mauri ora means for whānau and hapū is integral to the intervention and prevention of whānau violence. Dobbs and Eruera (2014b) reinforced the need to "... change the way whānau violence is understood and managed" (p. 7).

#### *E Tū Whānau*

E Tū Whānau is an Indigenous strengths-based community mobilisation approach. It draws on kaupapa Māori approaches to deliver a culturally responsive, community-led approach that draws on Māori principles and values (aroha, whanaungatanga, whakapapa, mana manaaki, kōrero awhi, and tikanga). Key strategies include growing kahukura (leadership), through wānanga and community collaborations to "reawaken, nurture and embed E Tū Whānau values, and Te Mana Kaha o te Whānau!" (E Tu Whānau, 2019, p. 4). E Tū Whānau utilises the transition from Te Kore (potential) to Te Pō (transformation) to Te Ao Marama (Enlightenment) for hapori development, strengthening whānau, promoting tāne ora/wāhine ora, and for rangatahi development. A review of E Tū Whānau found it made a difference across various communities, supporting them to identify and achieve their aspirations.

### *She's Not My Rehab*

My Father's Barbers was founded on the notion that barbers could create safe spaces for tāne to be vulnerable and discuss trauma and harm in their lives. The wānanga for barbers utilises Indigenous forms of masculinity whereby tāne can be vulnerable, admit to trauma, express emotions and love, and, through the process, gain mana. The influencer space includes four stages:

1. **Teina** (shared past trauma, able to be vulnerable, started a healing journey, making lifestyle changes and being more open and honest, able to listen and connect with others)
2. **Tuakana** (provides a safe space for others to share, encourages and models new forms of masculinity, and influences those they know in their daily life)
3. **Rangatira** (intentionally leads opportunities and is recognised as a leader in their community, creates spaces to influence – something significant within the community)
4. **Ariki** (provides teina-tuakana and rangatira support and is nationally and internationally recognised as a leader) (Leonard, et al., 2020).

### *Waka Moemoea*

Pop-drive social mobilisation intervention that was initiated and driven by gang whānau. Waka Moemoea highlighted the importance of contextual understanding of the intergenerational social isolation and social exclusion of these whānau (Roguski, 2019).

**The wānanga for barbers utilises Indigenous forms of masculinity whereby tāne can be vulnerable, admit to trauma, express emotions and love, and, through the process, gain mana.**

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## *Measuring flourishing whānau*

Māori survival and resilience are evident in the success of some of our whānau who have endured the adversities over time associated with colonisation to thrive and flourish (Durie, 2003). Essential to flourishing whānau is restoring the wairua, mana of and the balance between wāhine and tāne (Mikaere, 2011). Fundamental to flourishing whānau is the recognition that whānau have a variety of ways of functioning based on their experiences, support, knowledge, skills and resilience (Table 6.1) (Durie, 1998, 2005; Wilson, 2016). In other words, there is no “one-size fits all” approach.

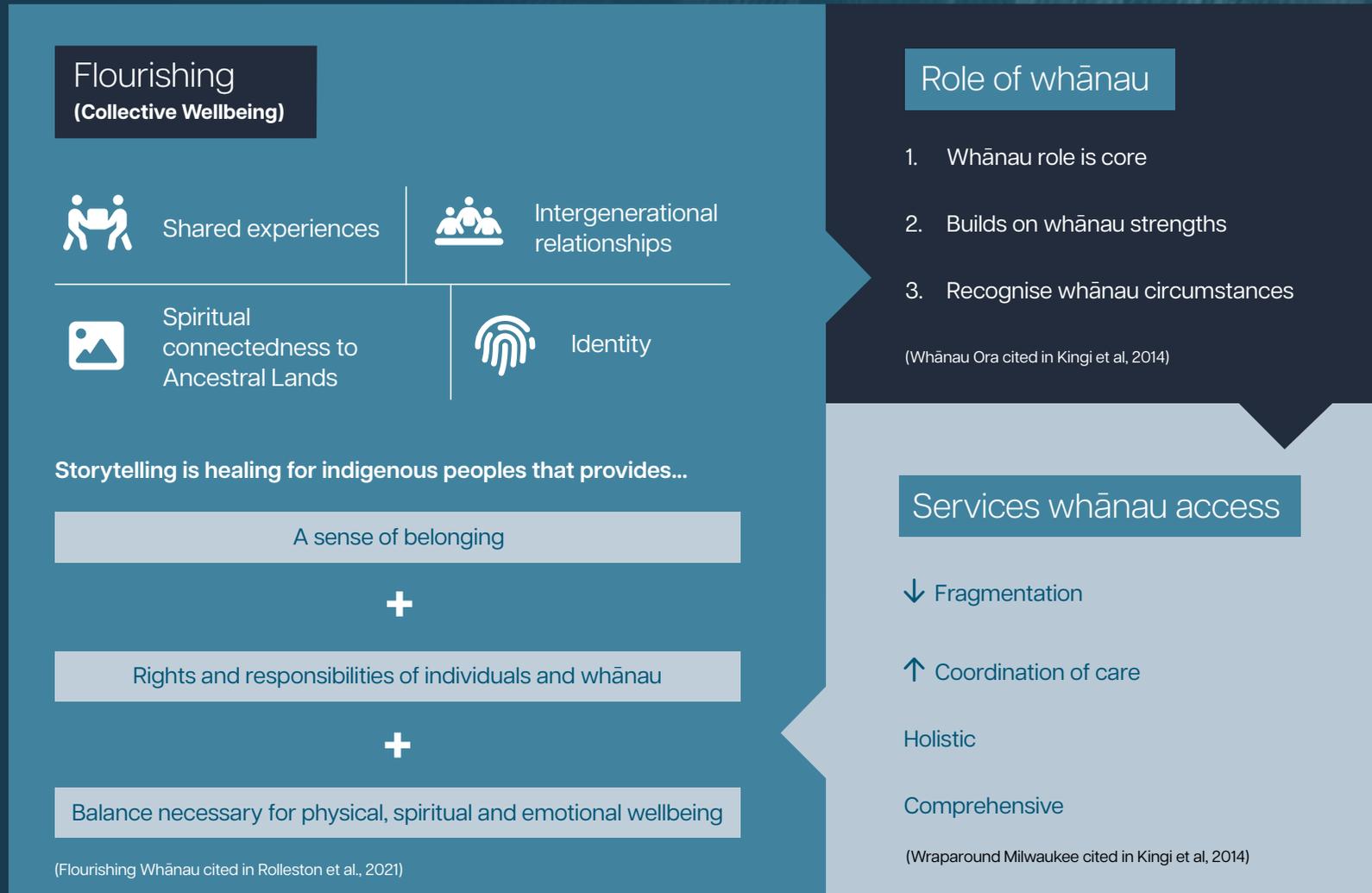
For whānau to flourish, they require an interplay between cultural connectedness, feeling a sense of belonging, and understanding their rights and responsibilities as individuals and as a collective whānau. Importantly, they need physical, spiritual, and emotional wellbeing. Whānau also need access to joined-up and coordinated services that provide holistic and comprehensive services to meet their needs. Importantly, they need the strengths and resilience they possess recognised and built on together with their daily life circumstances (Figure 6.1).

Durie et al. (2010) stressed Whānau Ora was about wellness, health, resilience, aspirations, and diversity. They were clear that it was not about deficits and problems but rather about solutions and being whānau-centred. Previously, Tā Professor Mason Durie (1998) identified several (Table 6.1) functions and outcomes indicative of whānau capacities (Table 6.2). Recognising the different needs of whānau is essential in supporting them to move to a state where they can flourish. For example, not all whānau are unsafe or have backgrounds of violence within whānau or mahi tūkino. Some whānau, while wanting to do their best, lack the necessary knowledge and experience or resources to do things differently. Instead, these whānau require support to build on their aspirations and strengths (Durie, 1998; Wilson, 2016).

**For whānau to flourish, they require an interplay between cultural connectedness, feeling a sense of belonging, and understanding their rights and responsibilities as individuals and as a collective whānau. Importantly, they need physical, spiritual, and emotional wellbeing.**

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Figure 6.1. Overview of flourishing whānau wellbeing



Whānau Ora programmes result in positive changes in whānau (Ihi Research & Social Change & Innovation, 2019; Robertson et al., 2013; Whānau Ora Review Panel, 2018). The Whānau Ora Review Panel (2018) claimed it is an approach that works, stating:

*Whānau Ora is a culturally anchored approach, shaped by Māori worldviews, cultural norms, traditions and heritage. Its foundational promise is that by empowering whānau to be self-determining, and providing support, encouragement, and inspirational ideas and opportunities, whānau can be the architects and drivers of a positive future. It is aspirational and strengths-based. Whānau Ora puts whānau in charge of decision-making, empowering them to identify their aspirations to improve their lives and build their capacity to achieve their goals (p. 5).*

Ihi Research & Social Change & Innovation (2019) found that small levels of investment in whānau “... can disrupt the trajectory of intergenerational disadvantage.” They reported that Te Pūwaitahitanga o Te Waipounamu’s iwi-led Whānau Ora model enabled investment for social impact and beneficial outcomes for whānau.

Robertson et al.’s (2013) evaluation concluded Whānau Ora Wellbeing Service at Te Whakaruruhau Māori Women’s Refuge was transformational, going beyond responding to government priorities. This programme aimed to strengthen whānau with tailored interventions that empowered them to live violence-free lives. This service provided wāhine accessing an individualised “wrap-around” plan that responded to their unique needs. In addition to a relationship with an advocate, plans included a

**Table 6.1. Types of Whānau Functioning**

TYPE	WHAT YOU CAN EXPECT TO OBSERVE
Positive	High level of connectedness & functioning among whānau members and the whānau as a collective
Laissez-faire	No ill will, but whānau members are disorganised, lacking direction & guidance
Restricted	Well-meaning, but whānau members lack the necessary resources to function optimally
Isolated	Whānau are alienated from Māori networks – members lack confidence & have narrow perspectives
Unsafe	Whānau members have a basic lack of respect for others, often resorting to violence

range of programmes. For example, parenting, drug and alcohol, women’s empowerment, and counselling, depending on the needs of each wāhine. Advocates provided “practical and emotional” support. The outcomes included wāhine feeling safe, having suitable housing, achieving financial independence, successfully addressing drug and/or alcohol misuse, being a confident parent, and feeling healthy. Notably, Te Whakaruruhau’s approach focused on whānau, including tāne.

Robertson et al. (2013) reported on the value of collaboration with agencies and their involvement in case planning and monitoring. However, the

Whānau Ora Review Panel (2018) expressed concern about government agencies’ understanding of Whānau Ora, how it operates, and their role in outcomes for whānau. They went further, indicating that a cultural shift is needed within the government to improve support for Whānau Ora and reduce barriers that whānau encounter. For example, rather than measuring and focusing on deficits, Whānau Ora approaches focus on the strengths that exist within whānau, signalling the need for measuring strengths and achievements for whānau Māori outcomes. Strengths-based approaches like Whānau Ora require a fundamental shift in funding and supporting successful programmes for whānau to become violence-free.

**The outcomes included wāhine feeling safe, having suitable housing, achieving financial independence, successfully addressing drug and/or alcohol misuse, being a confident parent, and feeling healthy.**

*Table 6.2. Whānau Capacities*

Capacity	Function	Outcome
Manaakitanga	Whānau care	The wellbeing of whānau members
Pupuri Taonga	Guardianship	Management of whānau resources
Whakamana	Empowerment	Whānau participation in society
Whakaatatoko Tikanga	Planning	Future generations
Whakapūmau	Cultural endorsement	Whānau members - protocols
Whakawhanaungatanga	Whānau consensus	Whānau cohesion

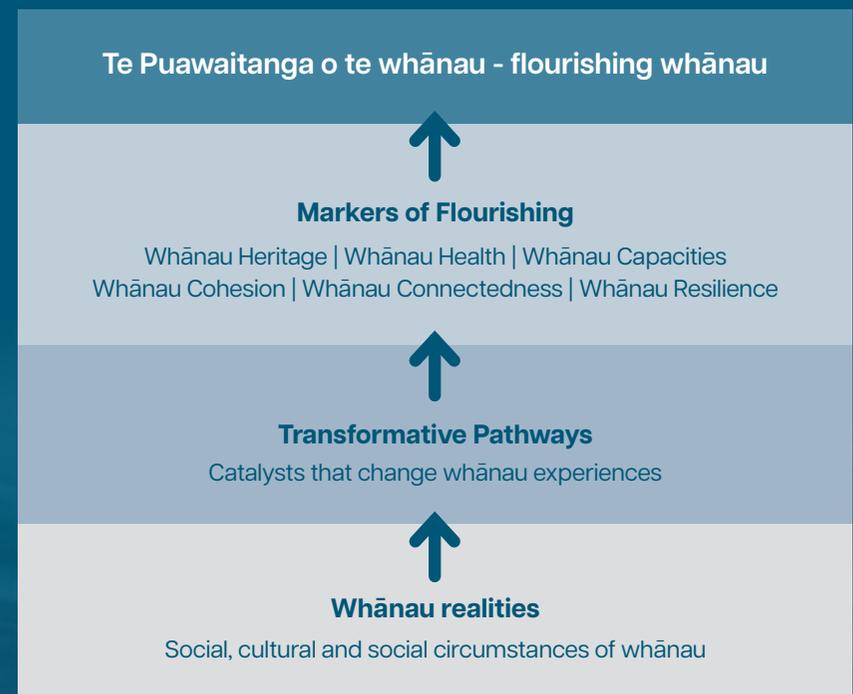
## PUAWAITANGA O TE WHĀNAU

Measuring the wellbeing of contemporary Māori whānau must be inclusive of Māori views and consider the interdependence, mutual inclusiveness, and inter-reliance of economic, social, cultural and environmental factors that influence whānau realities (Kingi et al., 2014). These factors influence whether whānau flourish (a state of mauri ora). Flourishing whānau are spiritually robust, culturally engaged, have emotional vitality, think positively, have high levels of energy, participate in activities and events, and have sustainable and rewarding relationships (Durie, M K, 2012 cited in Kingi et al., 2014). Alternatively, languishing whānau (a state of mauri noho) being culturally and spiritually alienated, have negative emotions, and knowledge gaps, experience chronic pain, are lethargic, have negative relationships and are socially isolated (Durie, K 2012 cited in Kingi et al., 2014).

In Puawaitanga o te Whānau, Kingi et al. (2014) offered six indicators of whānau wellbeing: whānau heritage, whānau wealth, whānau capacities, whānau cohesion, whānau connectedness, and whānau resilience. Each of these dimensions has several indicators that collectively provide a measurement of whānau wellbeing (Figure 6.2). This provides the possibility to measure whānau capacities and provides whānau with a mechanism to evaluate their progress.

Offering alternative narratives to the deficit discourses is critical to shifting from those of dependence and inequities that keep Māori in a space of needing to survive. To do this, Rolleston et al. (2021) engaged in co-design with whānau – this involved 56 people, with 3 in 4 being adults and 1 in 4 being tamariki and rangatahi. Of these 69% were female and 37% were male. Flourishing whānau refers to the collective wellbeing of the whānau through shared experiences,

*Figure 6.2. Components of Te Puawaitanga o te Whānau – flourishing whānau*



Source: Kingi et al. (2014)

**Table 6.3. Flourishing Whānau Pou**

	<b>Pou</b>	<b>Role in promoting flourishing</b>
<b>Uaratanga</b>	Values	<ul style="list-style-type: none"> <li>· Sense of place, respect, and care in the natural environment</li> <li>· Self-respect and respect for others</li> <li>· Taonga tuku iho for tamariki and rangatahi</li> </ul>
<b>Whanaungatanga</b>	Kinship relationships	<ul style="list-style-type: none"> <li>· Relationships formed</li> <li>· Sense of whānau rights and obligations</li> <li>· Commitment to strengthen others</li> </ul>
<b>Manaakitanga</b>	Support	<ul style="list-style-type: none"> <li>· Provision of support and protection</li> <li>· Respect and generosity to whānau and manuhiri</li> <li>· Enabling confidence in individuals and whānau abilities</li> </ul>
<b>Hauora</b>	Health and wellbeing	<ul style="list-style-type: none"> <li>· Holistic view of health for the overall wellbeing of whānau</li> <li>· Healthy relationships</li> <li>· Emotional harmony</li> </ul>
<b>Whakapārewa</b>	Hardship	<ul style="list-style-type: none"> <li>· Identification of the causes of suffering, distress, and hardship</li> <li>· Resolving problems including historical abuse and trauma</li> </ul>
<b>Kai</b>	Food	<ul style="list-style-type: none"> <li>· A collective approach to the practice of growing and providing kai</li> <li>· Increases connections to whenua</li> <li>· Intergenerational experiences for some</li> </ul>
<b>Tikanga</b>	Customs	<ul style="list-style-type: none"> <li>· Customary system of values embedded in Māori culture</li> <li>· Adapt to changing environments</li> <li>· Holders of knowledge – kaumatua and kuia</li> </ul>
<b>Hangarau</b>	Technology	<ul style="list-style-type: none"> <li>· Provides opportunities to learn</li> <li>· Can disrupt relationships</li> </ul>

Source: Rolleston et al. (2021)

intergenerational relationships, and connections to ancestral whenua. Aside from these aspects of flourishing identified by Rolleston et al. (2021) being pivotal to identity and spiritual connectedness, they provide a sense of belonging and balance that promote physical, spiritual and emotional wellbeing. Furthermore, they establish rights and responsibilities for individuals and the collective whānau. Together with whānau participants, Rolleston et al. identified eight pou integral for flourishing whānau (Table 6.3).

Healing and holistic health are sustained through cultural knowledge and customs by creating an environment for connected action that becomes the basis of restoring and re-storying the world. Storytelling is critical for healing Indigenous peoples because stories provide context, lived experiences, and spoken experiences while locating people's place in the world that can then be shared (Rolleston et al., 2021). Rolleston et al. (2021) recommended:

*Service development should therefore be aimed at providing every whānau with the support and resources to recognise and identify the flourishing pathways unique to their own whānau within a broader kaupapa Māori framework of whānau toi ora. Such an approach should enable whānau rangatiratanga (self-determination) and their right to identify and cultivate their own set of flourishing whānau values and the ways in which they wish to express values (p. 18).*

Several frameworks have been developed to capture and measure wellbeing with different kaupapa in mind. Still, all focus on capturing Māori cultural concepts and constructs. For instance, their focus ranges from wellbeing, mental health, environmental impacts, and cultural needs. Table 6.4 provides an overview of the strengths and limitations of a range of Māori measurement tools that aim to gather information related to individual and whānau wellbeing.

**Service development should therefore be aimed at providing every whānau with the support and resources to recognise and identify the flourishing pathways unique to their own whānau within a broader kaupapa Māori framework of whānau toi ora.**

**ROLLESTON**

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**Table 6.4. Overview of Strengths and Limitations of Māori Measurement Tools**

Measurement	Author	Focus	Strengths	Limitations
He Oranga Hapori	Māori Economic Taskforce (2012)	Māori growth and development indicators	How these Māori indicators might differ from conventional measures	Need more comprehensive and qualitative indicators
Te Ngahuru	Durie (2002)	Māori specific outcomes	Purpose to raise issues and promote discussion	Potentially complex to implement
The KORS (Kaupapa Outcomes Rating Scale)	Dury	Reinterpretation of the ORS (Outcomes Rating Scale)	Measures individual, relational, and social functioning	None noted
Hua Oranga	Kingi & Durie (2003)	Māori health perspectives and aspirations - questionnaire based on Te Whare Tapa Wha.	Useful but based on mental health, although Harwood et al. (2012) found good responsiveness and adequate psychometrics in Māori and Pacific peoples after stroke.	Needs further application in different settings.
A Māori Alcohol and Drug Measure (ADOM)	Robertson (2003)	General use included Māori in its development so it aligned with Māori aspirations to monitor the progress of those receiving treatment.	Found consistency between Māori and non-Māori.	None noted
Māori Cultural Related Need	Maynard (1999)	Complements Criminal Need Inventory (CNI) that collects information about offending behaviours and informs pre and post-sentencing.	Collects information of cultural significance that can be used to inform plans and interventions.	Not a measure of outcome, progress flourishing
Homai te Waiora ki ahau	Palmer (2007)	A 12-item measure of Māori wellbeing that considers 13 dimensions of te ao Māori.	Self-administered test using pictures and a 13-point Likert scale.	None noted
Mauri Model	Morgan (2004)	Environmental concerns and the mauri of: <ul style="list-style-type: none"> <li>• Hapū/Band</li> <li>• Family</li> <li>• Community</li> <li>• Ecosystem</li> </ul>	Allows for environmental impacts to be assessed	None noted
Māori Disability Information (MDI) Framework	Te Pūmanawa Hauora (1994)	It includes three principles and four datasets and four considerations for data generation and transference.	Highlights the need to attend to cultural and Māori-specific data. Aimed at national level policy.	None noted
He Anga Whakamana	Ratima et al. (1995)	Six key principles reflecting Māori values with indicators for each principle to highlight the need for disability services.	Alignment of disability needs of Māori with appropriate services.	None noted
He Taura Tieke	Cunningham (1996)	Health service effectiveness to guide the planning and development of services.	Identifies health service characteristics to meet the needs and expectations of Māori. Aims to meet the diverse needs of those using services. Stresses the interface between clinical and cultural measures.	None noted
CHI Audit Model	Durie (1993)	Adapted to audit contracts for cultural integrity, medical pluralism, and self-determination.	Measures cultural appropriateness and health gains.	None noted
Te Pae Mahutonga	Durie (2000)	Uses the Southern Cross constellation of stars to symbolise Māori health and wellbeing. Focuses on capturing cultural values related to wellbeing rather than conventional methods.	Used across the health sector including primary health care and mental health. Enables flexibility in its application.	None noted

Source: Kingi et al. (2014)

## *Cultural intelligence required for whānau Māori*

Cultural intelligence involves the restoration of mātauranga Māori and tikanga for whānau. Whānau need violence prevention strategies to aim to pull together kaupapa and mātauranga Māori with practical information whānau can use to improve their wellbeing and create safer households and communities. Continuing to use Western constructs and ways of viewing family violence is limited and will do little to improve the situation for whānau now and in the future.

Cultural intelligence should be underpinned by an in-depth critique and analysis of the issues outlined in Chapters 2-4 for understanding violence within whānau and mahi tūkino. Furthermore, cultural intelligence needs to be led by Māori. Denise Messiter explained the need for a change in approach from crisis intervention to one that is focused on balancing the need for intervention but is simultaneously reliant on the need for prevention and education:

*We so easily have the word “racism” rolls off our tongue, but if we go underneath racism we have this xenophobic belief, approach, attitude that our people do not know what’s good for them, that we don’t know what’s good for ourselves. I’m not saying that some of us, you know, that there are some whānau who need care and protection, or some tamariki who need care and protection. But that doesn’t mean their whānau are incapable. There seems to be this whole focus on the end, picking a child up, putting them in care, it’s all about crisis prevention. What happened to intervention, what happened to prevention, what happened to education? (Denise Messiter cited in Royal Commission of Inquiry into Abuse in Care, 2022, p. 750).*

**We so easily have the word “racism” rolls off our tongue, but if we go underneath racism we have this xenophobic belief, approach, attitude that our people do not know what’s good for them, that we don’t know what’s good for ourselves.**

**DENISE MESSITER**

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*Figure 6.3. Promotion, prevention, protection, and restoration framework*



Source: Wilson (2016)



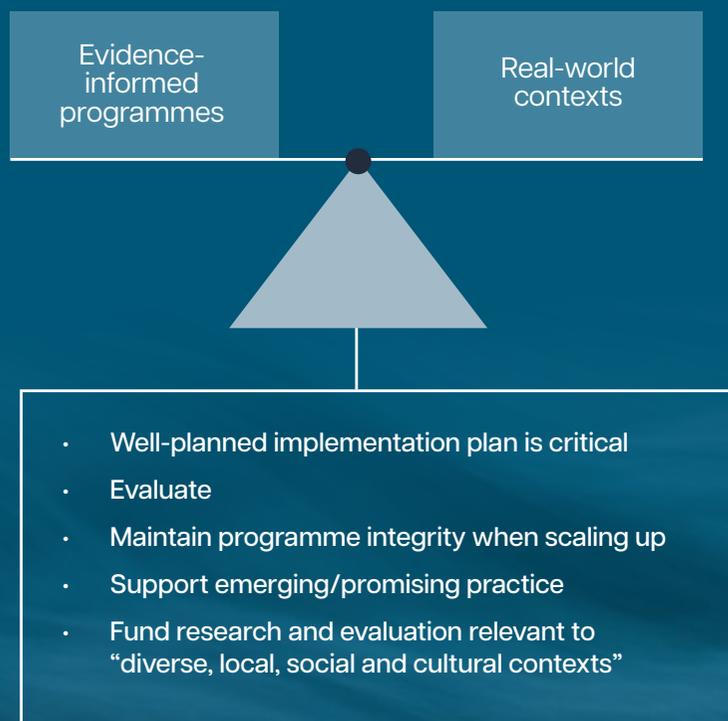
Messiter's statement speaks to the need to understand the beginning fully. Historically, violence within whānau and mahi tūkino did not exist. Instead, whānau and hapū swiftly and decisively addressed transgressions against wāhine and tamariki. Violence within whānau and mahi tūkino had dire consequences. But more importantly, mātauranga and Māori cultural values and tikanga provided the pou (posts) that ensured everyone collectively look out for and looked after others. Everyone was responsible for doing this – it was prevention in action.

Cultural intelligence within the context of violence within whānau and mahi tūkino involves the capacity and capability to work effectively with whānau, hapū, iwi, and hāpori in culturally acceptable ways. That is, using mātauranga grounded in te ao Māori, including cultural values, tikanga, and kawa – also mātauranga-a-iwi, a-hapū. Figure 6.3 provides a framework in which prevention and healing activities can occur, recognising that journey toward toiora is neither linear nor without relapses, signified by movement between states. Not all whānau know how to be violence-free. Therefore promotion activities involve education and role modelling related to building strong cultural identities (critical for toiora), positive relationships, health interactions, and positive parenting. Knowing the signs of risk and when to seek support are essential for prevention, particularly for whānau living with multiple daily stressors or where they may be at risk of violence. At times, whānau will require protection, and those causing harm need additional support. Where possible, restoration of whānau relationships and mana is essential for toiora (Wilson et al., 2019).

In addition to mātauranga Māori, cultural intelligence within the context of violence within whānau and mahi tūkino includes undertaking the following to inform policy and practice:

- A sound critique of the:
  - » Impacts of colonisation, especially the social, political and cultural disenfranchisement that occurred (Pihama et al., 2021; Pihama, Cameron, et al., 2019a; Wilson, 2016);
  - » Contemporary social, cultural, and economic realities affecting whānau;
  - » Diversities within whānau, especially those disconnected from their whakapapa and whenua and, therefore, dispossessed of culture and language (Durie, 1997, 2001; Simmonds, 2022).
- In-depth knowledge of intergenerational violence and trauma and the layers of social, cultural, and political disenfranchisement and their consequences (Kruger et al., 2004b; Pihama et al., 2021; Pihama, Cameron, et al., 2019a; Simmonds, 2022; Smith, 2019a).
- Understanding culture's role in strengthening individuals' and whānau cultural identity and efficacy is necessary for healing (Muriwai et al., 2015; Pihama et al., 2021; Pihama, Cameron, et al., 2019a).
- In-depth understanding of the strengths, resilience, and strategies enabling whānau to survive adverse realities (Wilson et al., 2019).

Figure 6.4. Critical factors in a planned implementation plan



### SOLVING THE VIOLENCE IN WHĀNAU AND MAHI TŪKINO ‘PROBLEM’

Early intervention is critical and requires a community response. Lambie (2018a) maintained people should have access to help when needed. It may be, for example, health care, trauma recovery, addiction recovery or early intervention to prevent lifelong harm. Solving the violence in whānau and mahi tūkino “problem” requires whānau members to be healthy and have safe, quality housing, housing security, food security, and clothes. In other words, meeting their basic needs is critical for prevention and healing solutions.

Whānau also needs a sense of belonging and involvement through jobs, education, social activities, communities, and other activities. Importantly, they must engage with people who show kindness and compassion, such as families, neighbourhoods, communities and non-government and government agencies. Addressing intergenerational violence and trauma within whānau and mahi tūkino requires a well-planned and implemented approach that balances real-world contexts (and relevant community knowledge) with evidence-informed programmes (Figure 6. 4).

A well-planned plan tailored to the realities of each whānau is critical. Much evidence regarding successful kaupapa Māori approaches is anecdotal and word of mouth. Often tangata whenua providers have not received the support and funding to undertake robust evaluations in culturally appropriate and acceptable ways. Promising

Figure 6.5. A schema for solving violence in whānau and mahi tūkino



and emerging practice with whānau experiencing violence and mahi tūkino needs to be supported. But equally important is the funding of research and evaluation for the diversity in whānau, hapū, iwi, and hapori across Aotearoa.

Table 6.5 presents a schema of things that need consideration in preventing and healing violence within whānau and mahi tūkino. Being connected to services that work collaboratively to share information for the good of whānau Māori, as collective and individual members, is critical for whānau building sustainable relationships built on trust. Whānau should have access to help when needed, whether it is healthcare, trauma recovery, addiction recovery, or early intervention to prevent lifelong harm. Importantly, services need to be local and accessible and provide face-to-face support that is responsive, culturally safe, and evidence-based, where possible. Lambie (2018a) claimed it is about knowing we can all face hard times regardless of our resources.

Whānau need opportunities to stay healthy (having housing, financial, and food security). They need ways to stay involved, whether through employment, education, social activities, communities or cultural activities. They need to feel they belong, are connected and have a purpose of building trust and sustainable relationships. Notably, the services whānau require locally accessible and provide kano ki te kano support that is prompt, culturally responsive, and evidence- and real-world-based (Lambie, 2018a; Wilson, 2016; Wilson et al., 2019). Barriers to improving outcomes for whānau include personalities, politics, power and control tactics, lack of leadership and sustainable vision, and harmful media (Lambie, 2018a). Strategies must be whānau-centred, led by Māori, and able to be culturally interpreted and adapted.

**Whānau should have access to help when needed, whether it is healthcare, trauma recovery, addiction recovery, or early intervention to prevent lifelong harm. Importantly, services need to be local and accessible and provide face-to-face support that is responsive, culturally safe, and evidence-based, where possible. Lambie (2018a) claimed it is about knowing we can all face hard times regardless of our resources.**

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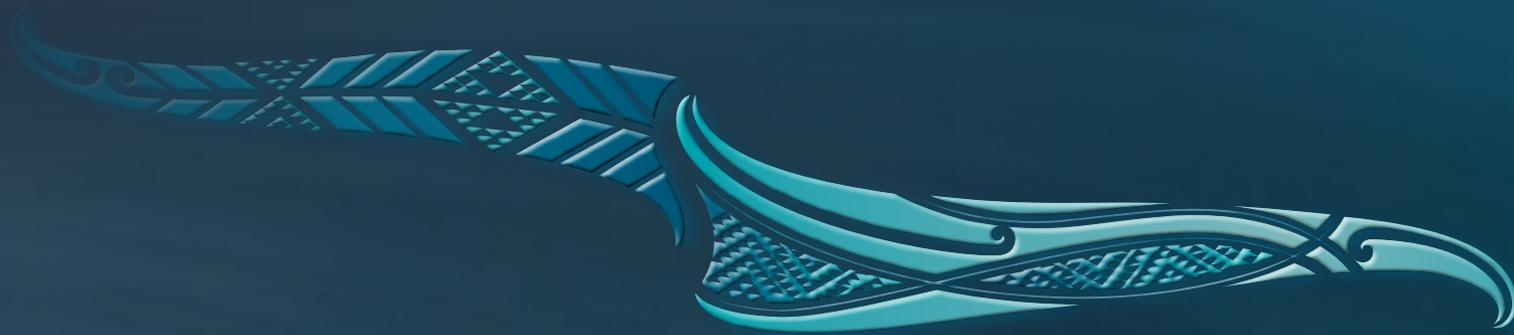
## *Gaps in evidence*

There is a small but slowly growing body of evidence to inform kaupapa Māori and te ao Māori solutions, particularly by the He Waka Eke Noa research team. However, more research is needed, particularly with whānau and its various sub-groups like tāne, tamariki and rangatahi, disabled Māori and those who are takatāpui. Understanding the contexts and realities of whānau is essential for optimising outcomes of prevention and healing.

More work is required to prepare a Māori provider workforce for working with whānau with violence and mahi tūkino. Whānau with violence and mahi tūkino area are specialist areas. Therefore, whānau need a workforce who can navigate the complexities evident in many of their lives for prevention and healing from violations inflicted on them.

While work has been undertaken in developing measurement frameworks, further work has to be conducted to create a Māori monitoring and measurement framework. A Māori monitoring and measurement framework must be able to track whānau progress concerning Te Aorerekura and, importantly, whānau success.





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