

*Kia hora te marino
Kia whakapapa poumanu te moana
Kia tere te karohirohi*

KIA HORA TE MARINO

Trauma Informed Care for Māori

*Let the calm be widespread
Let the sea glisten like the greenstone
Let the sun's rays dance across your pathway*

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Executive Summary

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Let the calm be widespread
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A national approach to Trauma Informed Care in Aotearoa (New Zealand) relevant to Māori (Indigenous people) must consider the effects of historical, cumulative, intergenerational and situational trauma. Seminal to this is an understanding of a pre-European Māori society where whānau violence was not acceptable nor common (Cooper, 2012; Durie, 2001; Jenkins & Harte, 2011; Pihama et al, 2017; Te Puni Kōkiri, 2008, Walker, 1990; Wirihana & Smith, 2014).

Therefore, this literature review explores Māori specific cultural understandings to assist Trauma Informed Care for Māori relevant to:

- service delivery;
- workforce responsiveness; and
- aspects that will help facilitate implementation.

Phillips (2008:1) describes three specific trauma related areas likely to be experienced by colonised Indigenous peoples thus relevant to Māori. These areas consider:

- Situational trauma: due to being disassociated from ones immediate, extended family
- Cumulative trauma: subtle feelings that build up over time, such as racism, discrimination
- Inter-generational trauma: being negatively indoctrinated about being Indigenous

In addition, the term historical trauma has been used to encompass the profoundly negative and significantly harmful impacts of colonisation on Māori health including physical, emotional, spiritual, social, cultural and economic wellbeing. Māori experiences of law enforced separation from land, from language and from culture as well as discrimination, marginalization, systemic and structural racism continue to have their impact (Cooper, 2012; Durie, 2001, Walker, 1989; Wirihana & Smith, 2014).

The longterm effect of historical trauma, has meant unacknowledged and unresolved challenges continue to have a residual influence on Māori health and wellbeing. This manifests as:

- internal racism, not wanting to identify as Māori;
- assimilative cultural and language deprivation causing low self esteem; and
- associated grief, anger and violence (Hingston, 1993; Moeke-Pickering, 1996; Lamers-Winkelmann, Willemsen, & Visser, 2012; Walker, 1989) .

Intergenerational issues and those related to situational events are also challenges, trials and tribulations confirmed and released as government statistics related to violence, accident compensation, incarceration, poor mental health and suicide (Accident Compensation Corporation, 2004; Berry, Harrison, & Ryan, 2009; Brownridge, 2008; Curtis, 2012; Hukill, 2006; Ministry of Health, 2014a)

¹ A whakataukī (proverb) that speaks of the willingness for calmness in the face of turbulence and threat. It emphasises that no matter what challenges might arise that drawing on the strengths' of the past will provide sustenance for the future.

Trauma Informed Care in Aotearoa is prioritised in government policy, including the relevancy for Māori (Minister of Health, 2016; Ministry of Health 2014b; 2012; 2018). National strategic government documents over the past decade outline the priorities towards health and wellbeing, which have specific application for Trauma Informed Care in Aotearoa. The documents include:

- *Mental Health and Addiction Workforce Action Plan (2017 -2021)* (Ministry of Health. 2018);
- *New Zealand Health Strategy* (Minister of Health, 2016);
- *He Korowai Oranga, the Māori Health Strategy* (Ministry of Health, 2014b); and
- *Rising to the Challenge, The Mental Health and Addiction Service Development Plan 2012–2017* (Ministry of Health. 2012).

The Mental Health and Addiction Workforce Action Plan (2017 -2021) (Ministry of Health. 2018: 30) while Trauma Inform Care is not specifically mentioned the Plan states: To achieve the goals of an inclusive, culturally responsive model of mental health care, service providers need to work to international human rights standards. As a member of the United Nations, the New Zealand Government is working towards meeting its obligations under various United Nations conventions and declarations. For mental health and addiction, a relevant convention and declarations is the *United Nations Declaration on the Rights of Indigenous Peoples* (United Nations, 2008)

Article 23

Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, Indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions.

Article 24

Indigenous peoples have the right to their traditional medicines and to maintain their health practices including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without discrimination to all social and health services.

Current mental health statistics reflect low prioritisation in showing increased unwellness, depression and anxiety for Māori (Ministry of Health, 2014a, Te Pou o te Whakaaro nui, 2018). It is timely that Trauma Informed Care for Māori becomes the responsibility of Māori. The literature sourced for this publication raises the importance of the traditional and contemporary understandings of Māori constructs such as whānau, hapū, iwi and community as being significant concepts to te Ao Māori (Durie, 2007; Smith, 1992). Therefore, it is imperative that practices and implementation of a Trauma Informed Care approach for Māori be supportive of healing in the context of individuals, whānau, hapū and communities (Durie, 2007; Smith, 1992).

Durie (2007) describes the importance of both reducing adversity and building resilience to ensure the ability for Indigenous people to thrive and prosper. Resiliency involves the capacity for Indigenous people to engage in their culture, networks and resources as well as with global Indigenous societies and communities. While resilience literature has focused predominantly on individual factors relating to overcoming adversity, for Indigenous people resilience also has strong links to cohesion, and the achievements and success of the collective (Durie, 2007).

Culturally safe Trauma Informed Care approaches that are cognisant of a Māori worldview and cultural experiences as Māori for service users, providers as well as a Māori health workforce are seminal. The Māori worldview expressed within this publication highlights pertinent Māori healing processes, several healing concepts that can be utilised such as, wairua, tikanga, whakapapa, whakataukī, te reo Māori, whenua, whānau, tapu, mana, and mauri (Alsop & Kupenga, 2016:13; Mahuika, 1998; Maniapoto, 1993; Mead, 2003). These values and beliefs are also espoused by Kruger, et al. (2004) in their healing Framework.

Conclusion

Trauma Informed Care in Aotearoa continues to focus on situational trauma, a current harmful incident and perhaps cumulative trauma but for Māori, this is inadequate. It is imperative that practices and implementation of a Trauma Informed Care approach for Māori be supportive for individuals, whānau, hapū, communities and consider intergenerational and historical trauma.

Providing culturally safe Trauma Informed Care approaches that are cognisant of a Māori worldview and experiences, as Māori; that incorporate the values and beliefs expressed in this document is pivotal. Trauma Informed Care needs to support collectivism as within Te Ao Māori the traditional and contemporary cultural realities that are actively expressed through whanaungatanga and whakapapa relationships in contrast with fundamental western valuing of individualism.

Indigenous narratives are explored within this publication that aim to contribute to an approach for Māori that addresses trauma through traditional and contemporary healing practices. Important to this discussion is the relevancy of health service providers and an associated skilled Māori health workforce. Understanding the knowledge, skills and processes required to successfully deliver quality, evidence based Trauma Informed Care or Trauma Specific Services by a Māori workforce must be cognisant of historical, intergenerational, cumulative trauma as well as situational traumatic events. It is pivotal to utilise the values and beliefs expressed within this publication and to access the depth and breadth of Mātauranga (knowledge) Māori. Until this occurs any other effort to provide Trauma Informed Care for Māori will be less than effective.

Introduction

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Let the calm be widespread
Let the sea glisten like the greenstone
Let the suns' rays dance across your pathway²

A national approach to Trauma Informed Care in Aotearoa (New Zealand) relevant to Māori (indigenous people) must respect the effects of historical, cumulative, intergenerational and situational trauma. Understanding of pre-European Māori society where whānau violence was not acceptable nor common is seminal (Cooper, 2012; Durie, 2001; Jenkins & Harte, 2011; Te Puni Kōkiri, 2010; Wirihana & Smith, 2014).

This review explores Māori (Indigenous people) specific cultural approaches to assist trauma informed care relevant to:

- service delivery;
- workforce responsiveness; and
- aspects that will help facilitate implementation.

Māori Experience of Trauma

Phillips (2008:1) describes three specific trauma related areas that can be experienced by colonised Indigenous peoples relevant to Māori. These areas take into account:

- Situational trauma: due to being disassociated from ones immediate, extended family
- Cumulative trauma: subtle feelings that build up over time, such as racism, discrimination
- Inter-generational trauma: being negatively indoctrinated about being indigenous

Indigenous peoples have experienced trauma through colonisation, dispossession and dislocation, as well as the trauma of on-going racism, family violence and other events in which the effects are indisputably unacceptable (Phillips, 2008; Walker, 1989).

In addition, the term historical trauma has been used to encompass the profoundly negative and significantly harmful impacts of colonisation on Māori health including physical, emotional and spiritual, social, cultural and economic wellbeing. This is experienced through alienation from land, language and access to culture as well as discrimination, marginalization and systemic and structural racism (Durie, 1998; Pihama et al, 2017; Wirihana & Smith, 2014).

² A whakataukī (proverb) that speaks of the willingness for calmness in the face of turbulence and threat. It emphasises that no matter what challenges might arise that drawing on the strengths' of the past will provide sustenance for the future.

Trauma within whānau is a national and Māori issue, particularly the impact of long-term and intergenerational physical, psychological and social consequences (Campbell, 2002; Lamers-Winkelman, Willemen, & Visser, 2012). In pre-European Maori society whānau violence was not acceptable nor common (Cooper, 2012; Durie, 2001; Jenkins & Harte, 2011; Te Puni Kōkiri, 2010).

Evidence highlights the ongoing negative impacts on the Māori population due to the imposition of colonial laws, systems and institutions (Hingston, 1993; Moeke-Pickering, 1996; Walker, 1989). Entrenching the acceptance of Māori values and beliefs as inferior to the more civilised western way of living, resulting from planned assimilation processes is evident (Hingston, 1993; Moeke-Pickering, 1996; Walker, 1989). The overriding dynamics of the *we are one*, assimilationist mentality that continues to be promoted by the dominant culture is also problematic for Māori to cultivate their own cultural identity (Durie, 2007; Smith 1992; Walker, 1989).

Intergenerational trauma can be described as negatively indoctrinated, feeling inferior about being Māori influenced by the colonisation of the Māori mind (McCarthy, 1997) and the coercion of Māori people to deny their own identity and their language (Pihama et al, 2017; Smith 1992; Walker, 1989). Overt and covert processes within mainstream systems are generally passed down unwittingly in what *we do and say* to each other, our children and whānau (Phillips, 2008). Therefore, it is imperative that collaboration with both the individual as well as the whānau occurs when it comes to working with and endeavouring to break the trauma cycles of negativity, hatred and violence (Durie, 2007; Phillips, 2008).

Phillips (2008) describes subtle feelings that build up over time because of racism and discrimination as cumulative trauma. Evidence of racism against Māori in Aotearoa show that Māori are ten times more likely to experience multiple forms of racism than non-Māori and that experiences of racism are also associated with higher incidences of disease burden (Harris et al., 2006). Ongoing trauma within the context of whānau is known to have a detrimental effect on their functioning, mental, social health, and spiritual wellbeing. Recognising the historical, social, and emotional environment affecting whānau and their members is crucial to restoring the health and wellbeing of the whānau (Lamers-Winkelman, Willemen, & Visser, 2012; Pihama et al, 2017).

The Accident Compensation Corporation (ACC) data reveals a consistent yearly submission rate by Māori to be one and a half times the percentage of Māori in the general population (Accident Compensation Corporation, 2004). Claim submission rates are affected by multiple factors, the ACC data reveals that Māori are seeking assistance for childhood trauma at rates that suggest significant exposure to trauma.

Māori are also over-represented as victims and perpetrators of family violence, trauma including whānau violence related deaths (Family Violence Death Review Committee, 2011). In addition, Māori are more likely to be suspects and incarcerated because of violence-related incidents and child homicides (Curtis, 2012). Wāhine (women) and tamariki (children) are over-represented in the intimate partner violence (IPV) and child maltreatment statistics, like other Indigenous groups (Berry, Harrison, & Ryan, 2009; Brownridge, 2008; Hukill, 2006). Prevalence studies have found that Māori women are 64% more likely to screen positive for IPV and that 96% of these women had children living in the same household (Koziol-McLain, et al, 2004; Koziol-McLain, et al., 2007).

In 2010/2011 Māori comprised 50% of women using Women's Refuge (New Zealand Family Violence Clearinghouse, 2012) and had greater police involvement. Māori tamariki feature highly in child death from maltreatment statistics (Dannette, Fergusson, & Boden, 2008; Duncanson, Smith, & Davies, 2009). Whānau violence differs from family violence, which is based on the nuclear family, and does not acknowledge Te Ao Māori or the realities of whānau. It is also imperative to understand that in pre-European Māori society whānau violence was not acceptable nor common (Cooper, 2012; Durie, 2001; Jenkins & Harte, 2011; Te Puni Kōkiri, 2008).

The Māori adult population is reported as 1.5 times more likely as non-Māori to report a high or very high probability of having a diagnosed anxiety or depressive disorder (RR 1.56, CI 1.24-1.97). This issue being of greatest concern regarding the Māori male population (Ministry of Health, 2014a). Braveheart, Chase, Elkins, & Altschu. (2011) believe for Indigenous people unresolved grief, complicated/prolonged grief, Post Traumatic Stress Disorder and depression, are often comorbid with substance abuse. The limited capacity of the Mental Health and Addiction workforce to offer a Māori relevant cultural approach continues to leave the sector searching for answers (Te Pou o Te Whakaarounui, 2018).

Government Strategies: Trauma Informed Care

Government priorities in Aotearoa over the last decade acknowledge the need to address trauma for Māori. Of note is a significant focus on the importance of an effective health workforce that would benefit from recognising the long-term history of loss due to law enforcement, grief, assimilation and racism towards Māori and the associated trauma that continues through intergenerational behaviour (Phillips, 2008). Important issues also relate to political and societal impacts of the day and for some amplified by a health system often reluctant or inadequate to incorporate cultural relevant responses. These can be offered by a kaupapa Māori driven workforce and services who have the potential to provide culturally appropriate and positive Māori health care services (Ministry of Health, 2014b).

The New Zealand Health Strategy: Future Direction (Ministry of Health, 2016:15) positions *All New Zealanders live well, stay well, get well* as a central statement. In relation to the guiding principles for the system, and within the context of cultures and values (pg 14), stated as the *Acknowledgement of the special relationship between Māori and the Crown under the Treaty of Waitangi*.

He Korowai Oranga – the Māori Health Strategy (Ministry of Health, 2014b) reiterates the principles of *partnership, participation and protection* that underpin the relationship between the Government and Māori through the Treaty of Waitangi:

- *Partnership* involves working together with iwi, hapū, whānau and Māori communities to develop strategies for Māori health gain and appropriate health and disability services.
- *Participation* requires Māori to be involved at all levels of the health and disability sector, including in decision-making, planning, development and delivery of health and disability services.
- *Protection* working to ensure Māori have at least the same level of health as non-Māori, and safeguarding Māori cultural concepts, values and practice

He Korowai Oranga – the Māori Health Strategy (Ministry of Health, 2014b) further places:

- Emphasis on building a competent, capable, skilled and experienced Māori health and disability workforce by increasing the number and developing the skill base of Māori in the health and disability workforce and enabling equitable access for Māori towards training opportunities; and
- The overarching framework to guide the government and the health and disability sector to achieve *Pae Ora – healthy futures* for Māori and supporting this direction by aligning to the:
 - New Zealand Public Health and Disability Act 2000;
 - Treaty of Waitangi; and Māori health outcomes and equity.

Rising to the Challenge, The Mental Health and Addiction Service Development Plan 2012–2017 (Ministry of Health. 2012) also provides a mandate for the integration of Trauma Informed Care workforce competencies into mental health and addiction services by stating in Section 8: Supporting and Strengthening Our Workforce 8.3 Summary of the *Plans'* workforce implications as: Competences for people working across the spectrum of health services, primary care, general health, and specialist mental health and addictions, that will support implementation of *Rising to the Challenge, The Mental Health and Addiction Service Development Plan 2012–2017* (Ministry of Health, 2012: 60). This includes the ability to:

- provide Trauma Informed Service delivery; and
- incorporate knowledge of tikanga (protocols), Whānau ora and Māori models of care.

The Mental Health and Addiction Workforce Action Plan (2017 -2021) (Ministry of Health. 2018: 30) While Trauma Inform Care is not specifically mentioned the Plan states: To achieve the goals of an inclusive, culturally responsive model of mental health care, service providers need to work to international human rights standards. As a member of the United Nations, the New Zealand Government is working towards meeting its obligations under various United Nations conventions and declarations. For mental health and addiction, relevant conventions and declarations include but not limited to the *United Nations Declaration on the Rights of Indigenous Peoples* (United Nations, 2008)

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The afore mentioned government documents provide the essential policy direction to the development and implementation of Informed Trauma Care for Māori. In addition, the detail in this publication further offers the broader concepts to an approach of Trauma Informed Care for Māori appropriate in a range of health, other related sectors and specific to a workforce.

Trauma Care in Aotearoa

Trauma Informed Care in Aotearoa, has been defined as grounded in and directed by a thorough understanding of the care neurological, biological, psychological and social effects of trauma on people. Included in this definition is the understanding of the prevalence of these experiences concerning those who receive mental health services (Ministry of Health, 2008). Trauma Informed Care also recognises that mental health and addiction treatment can itself be traumatic for service users (not just those with trauma histories) and that Māori staff may even be affected when working with very distressed clients and whānau. The service seeks to minimise trauma for all service users and practitioners (Ministry of Health, 2008).

Trauma Informed Service is presented as services that ensure staff are aware of the high incidence of childhood trauma among people with mental health and addiction issues, inquire about trauma histories, are sensitive to trauma-related issues and avoid re-traumatisation of people who use their services eg the use of seclusion, as well as the attitude towards a Māori workforce (Ministry of Health, 2012).

Furthermore, there is acknowledgment that Trauma Informed Care is growing as a philosophical understanding of mental health issues within Aotearoa, with *He Korowai Oranga, Māori Health Strategy* (2014b) utilising the concept of Whānau ora. There is a focus on whānau aspirations towards self-management, living healthy lifestyles and confidently participating in Te Ao Māori (the Māori World) and the wider society. This development in the context of Trauma Informed Care provides a much broader understanding of what is needed to contribute to Trauma Informed Care for Māori. Due to the over-all and ongoing negative impacts on Māori clientele and their whānau, it is imperative that the development, implementation and provision of Trauma Informed Care for Māori be addressed not only through a clinical lens but given indigenous evidence, importantly in a culturally specific way (Durie, 2007; Pihama, et al., 2017).

To effectively address whānau trauma and violence such approaches must fundamentally be grounded in Māori cultural worldviews and tikanga. A growing number of interventions based on Te Ao Māori are utilised such as, Te Whare Tapa Whā (Durie, 1982) and Te Wheke (Pere, 1997). However, most Trauma Care approaches offered continue to be overwhelmingly through a clinical lens and work to remove men and children and do little to heal the whānau (Berry, Harrison, & Ryan, 2009; Brownridge, 2008; Hukill, 2006).

The mana (status) and wairua (spirituality) of whānau and its members, child-rearing practices, and the way that whānau members relate to each other, and others within wider society, is embedded in their historical, cultural and social contexts (Hingston, 1993; Lamers-Winkelmann, Willemen, & Visser, 2012; Moeke-Pickering, 1996; Pihama et al, 2017, Walker, 1989). Nevertheless, violence within whānau has become normalised and, for some, viewed as an acceptable cultural practice. This has been noted as an *imposter' tikanga* (Durie, 2001). Essential is identifying factors that enable (and present barriers) to contributing to the mana and healthy relationships of whānau living with violence, to help break the ongoing cycles of power and control by mainstream methodologies and protocols.

It is also very important that service content and delivery incorporates knowledge of tikanga (correct protocols, principles), and Māori models of care that are aspirational and transformative for whānau (Durie, 2001, Durie, 2007; Hingston, 1993; Lamers-Winkelmann, Willemsen, & Visser, 2012; Moeke-Pickering, 1996; Pihama et al, 2017, Walker, 1989).

Cultural Effective Trauma Informed Care

Priorities to develop and implement solutions to address trauma are reinforced through documents such *Rising to the Challenge, Mental Health and Addiction Workforce Action Plan* (Ministry of Health, 2012). Specific factors in the Action Plan vision include:

- to identify the priority areas and actions required to develop an integrated, competent, capable, high quality and motivated workforce focused on improving health and wellbeing;
- this means ‘enabling people to thrive and experience wellbeing wherever they live and whatever their circumstances’; and
- a capable and motivated workforce working with people, their families and whānau to get best outcomes. Further to this directive, effective service delivery for Māori emphasis must remain strongly on iwi, hapū and collective Whānau Ora aspiration, development and participation.

The Mental Health and Addiction Workforce Action Plan (2017 -2021) (Ministry of Health. 2018: 30) also acknowledges the Government’s commitment to the articles within the *Declaration of the Rights of Indigenous people* (United Nations, 2008) as stated previously in this publication.

The Mental Health and Addiction Workforce Action Plan (2017 -2021) (Ministry of Health. 2018: 30) while Trauma Informed Care is not specifically mentioned the Plan states: To achieve the goals of an inclusive, culturally responsive model of mental health care, service providers need to work to international human rights standards. As a member of the United Nations, the New Zealand Government is working towards meeting its obligations under various United Nations conventions and declarations. For mental health and addiction, relevant conventions and declarations include but not limited to the *United Nations Declaration on the Rights of Indigenous Peoples* (United Nations, 2008)

In offering an effective Trauma Informed Care approach it is important that there is an inclusion of a Māori Worldview perspective that connects to a history of health and wellbeing pre-European times. The traditional Māori philosophical worldview is a continuum of ancestral influence, ancestral precedence, ancestral inheritance and ancestral continuity (Durie, 2013; Mahuika, 1998).

The emphasis is on holism and all that constitutes life, spiritual, physical, mental, environmental in the context of whānau, hapū and iwi all important to Māori (Durie, 2013; Mahuika, 1998). Tikanga determine the ethics of what is ‘right or wrong’. This involves moral judgements about appropriate ways of behaving and acting in everyday life, as well as addressing, correcting and compensating for challenging behaviours. (Mead, 2003).

Wairua

The belief of spiritual implications and consequences have known to be one of the most important reinforcers or deterrents for Māori values, customs, conduct and protocol. As a means of 'social control' the respect and reverence of *things* wairua is believed to place upon the receiver a unique responsibility of ensuring that ngā mea wairua (things pertaining to the spirit world) are maintained, nurtured and carefully adhered to (Mead, 2003).

It was believed that when these lore's and orders were not handled or dealt with according to each specific *tikanga* then the principle of utu (reciprocity) for the he (wrong doing) was understood to eventuate (Maniapoto, 1993). Chaplow, Chaplow, & Maniapoto (1993) spoke of the spiritual 'lore' and the concepts of mana (prestige, authority, control, spiritual power, influence, status), ihi (energy, essential force within), wehi (manifestation of te ihi – energy force, the awe and reverence, respect), mauri (life force, the vital essence of be-ing), tapu (sacred, holy, prohibited, restricted, forbidden), noa (without restraint, restrictions, an absence of limitations or conditions) as related to the understanding of wairua. This brought to every living thing an ethos and life force that must be honoured and respected. These were believed to also have strong implications for spiritual, psychological, mental and emotional wellbeing.

Whakapapa

Whakapapa constitutes the elements of wairua, of mana, of mauri, ihi and wehi. Whakapapa, connectedness is the determinant of whom one is affiliated to, – based on descent and blood, connecting the individual / whānau group with their eponymous ancestor, iwi, hapū, or waka (allied kinship group/s descended from the crew of a canoe which migrated to New Zealand and occupying a set territory) and thus gives to each tribal group and its own diverse uniqueness, identity and autonomy (Himona, 2001; Mahuika, 1998).

Not only does whakapapa give one a 'positive' sense of identity, dignity and responsibility, but it can also be a tool of empowerment - of resolution, determination, strength and perseverance when times are hard. Whakapapa connectedness within the spiritual dimension of wairua can provide for Māori a reverence, awe and respect for existing and being that strongly influences values and beliefs (Haereroa, 1997).

McClintock (2018) spoke of the importance of whakapapa in his Book review of *Moetu* by Witi Ihimaera with Hēmi Kelly.

You learn from *Moetū* that our tūpuna (ancestors) were heavily outnumbered, were in an underresourced Paa (fortified village), had women, through choice fighting alongside the men, reduced to using fruit pips and sticks as bullets, and had their children running supplies in the trenches.

Yet, they fought on with determination, while running out of ammunition, food and water. And in the end, facing all these challenges, the colonial forces were still unable to destroy our tūpuna at Orākau (1864). It was said that our tūpuna had haka and karakia (prayers) on their lips as they chose death on the battlefield rather than submission or surrender.

Those of us who have whakapapa to these incredible people in *Moetū* can stand tall with pride because of their mana and strength. If we hold on to their example of resistance and courage, they will live on in us, and we can all journey forward as one. *Ka whawhai tonu mātou mo ake ake. We will fight on forever.*

Whakataukī

Whakataukī are drawn from accumulated experience of a culture, a gift from the school of life, distilled to its most potent form, to catapult new generations to higher wellbeing. A vehicle for conveying a values system and, above all else, ingredients for living a healthy life. The ability to take a historical lesson, clothed within a whakataukī and adapted to a contemporary setting, has been the talent of Māori oratory masters throughout time (Alsop & Kupenga, 2016:13).

He kakano ahau i ruia mai i Rangiātea.
A seed whose origins (roots) are founded in Rangiātea.

The basic philosophical understanding of this whakataukī *He ira tangata – He kakano i ruia mai i Rangiātea* emphasises the belief that everything in creation links together through whakapapa. This linking includes things visible and invisible, temporal and transcendent, tangible and intangible, the past, the present and the future (Buck, 1939; Marsden 1977; Te Huia. 1947; Robertson, 1954-1982).

Ngata (1949) in the whakataukī, *E tipu a rea*, describes three important levels of learning: the physical, mental, and spiritual and example of dual competency.

E tipu, e rea, mo ngā rā o tou ao
Ko to ringa ki ngā rakau a te Pākehā, hei oranga mo te tinana,
Ko to ngakau ki ngā taonga a o tīpuna Māori hei tikitiki mo to mahunga,
A ko to wairua ki to Atua, nānā nei ngā mea katoa.

Thrive in the days destined for you,
Your hand to the tools of the Pākehā to provide physical sustenance,
Your heart to the treasures of your ancestors to adorn your head,
Your soul to God to whom all things belong. (Ngata, 1949).

- Physical: Your hands to learn the tools of the Pākehā, in these contemporary times - to help provide physical sustenance.
- Mental: Your heart - feelings, emotions, passion, your very be-ing-ness to be 'grounded in the treasures of your ancestors' as an adornment for 'Your head', what and how you think, perceive, understand, identify and express – and thus being confident and proud of who you are as a Māori person and of your iwi, hapū and whānau.
- Spiritual: Your spirit and soul to the creator to whom all things belong. The acknowledgment of the wairua dimension of being, with one's foundation strongly grounded in IO (the creator) reinforcing the belief that everything in creation is linked.

Te Reo Māori

Maintenance of the reo continues to be a very important tool for learning and acquiring the skills that are necessary in providing positive Māori health outcomes and equity. For it is within ngā kupu o te reo (words of the language) that the true meaning/s, unique values, beliefs, understandings and stories can be found. Although there have always been ongoing assimilative challenges for Māori in respect of learning and maintaining te reo, there has always been an innate passion by many to never lose the very essence of their tikanga and culture (Haereroa, 1997)

The Waitangi Tribunal Report Te Reo Māori Claim (1985) affirmed the stories many Māori shared. These personal stories of being punished for speaking te reo at school, and raising their concerns that the culture would not survive without its language.

Research further highlighted the negative impact in the context of intergenerational transference where the inferiority of things Māori were reinforced in the assimilative education system and influencing homes. Especially in the assimilative racist processes of the prohibition and exclusion of te reo Māori (language) within the education system, resulting in internalised racism for students of Māori descent (Pihama, et al, 2017).

In 1987 The Māori Language Act declared te reo Māori to be an official language of New Zealand. In 1989 the Education Amendment Act recognised and promoted kura kaupapa (schools instructed in the Māori language) and whare wānanga (Māori tertiary institutions) (Ministry for Culture and Heritage, 2016). There is still much work to do.

Whenua

Iwi, hapū and whānau have a strong spiritual connection and bond to Papatūānuku, (Mother earth), the nurturer of all life, of provision, unity, identity and sustenance. As tangata whenua (people of the land) it is the foundation of their tūrangawaewae – the place where one has the right to stand, to reside, belong, ngā kaitiaki (the guardians) due to their kinship and whakapapa connections (Royal, 2007. pg 4). The affinity and the inter-connectedness between Papatūānuku and iwi, hapū, whānau is often expressed in different ways. An example being the common ritual of when a baby is born, the whānau returns the whenua (the afterbirth) to be buried in one of their sacred sites on their whenua (land) and forever connected the whenua to the whenua (Royal, 2007. pg4).

Colonisation, resulted in the loss through constitutional thief of ancestral lands which has always been a key issue for Māori as whenua (the afterbirth) was separated from whenua (the land). Since the arrival of colonisation and even more so after the signing of the Treaty of Waitangi 1840 Māori experienced grief and trauma, through both political violence and cultural alienation enforced by the crown and subsequent settler groups (Hingston, 1993; Moeke-Pickering, 1996). This grief and trauma has been especially influential on Māori in relation to land alienation and therefore raises the issues of where do I belong? Where is my whenua that links me to those who have proceeded me? (Hingston, 1993; Moeke-Pickering, 1996; Walker, 1989).

McClintock (2018) in his book review of *Moetu* by Witi Ihimaera with Hēmi Kelly, spoke of the importance of whenua.

Moetū in a lot of ways highlights how the achievements of our tūpuna were hijacked, forgotten, or interpreted in the past, by a non-Māori lens. It does this simply, with an undeniable fact. The battle (Orākau 1864) retained the mana of the land not for our ancestors own personal gain, but for those of us who were yet to come. All iwi and indeed Indigenous people throughout the globe will have similiar inspirational stories of their tūpuna and the importance of their lands, to be shared with their descendants.

Whānau

In traditional times Māori identity was derived from membership and learning within the whānau, hapū, iwi and waka (an allied kinship group/s descending from those on board a canoe which migrated to Aotearoa and occupying a set territory) (Walker, 1989). Smith (1992) asserts that collective living, learning, unification and family-ness, is in total conflict to the western mainstream model of health, wellbeing, learning and education whose main emphasises is on the promotion of the individual.

The challenges of living in a society governed by a culture other than one's own have had short and long-term negative implications and consequences for Māori. The processes of colonisation (e.g. education, assimilation, racism and urbanisation) have eroded the traditional structure and function of whānau, along with the roles and status of its members e.g. the valued whakapapa roles of wāhine as te whare tangata (womb) and tamariki as the future of whānau, hapū and iwi (Kruger et al, 2004).

In contemporary times for some whānau groups the principle of blood connectedness is not the only derivative of belonging but may emphasis on the kaupapa' (agenda) of a shared commonality of the immediate and extended family group. There may be a shared vision, identity, roles, aspirations, goals, obligations, responsibilities and ways of doing things (Lawson-Te Aho, 2010). While individual perceptions of what constitutes whānau may differ, it remains a strong and fundamental construct within Māori society (Irwin, et al., 2011). The non bloodlines definition of whānau narrows the healing as it fails to assist the connection back to whenua, hapū and iwi which will bring many benefits in a post settlement Iwi- Waitangi Claim environment.

Whānaungatanga

The principle of whanaungatanga, is the process of enabling and establishing immediate and extended family collectiveness, connections, socialisation, learning through shared experiences, and sense of belonging, upholding the mana of each respective hapū and whānau, was, and still is, a very important factor. Haereroa (1999. pg4) describes whanaungatanga as being about:

Igniting, developing and keeping the local fires burning – of kindling the fires of tribal: knowledge, waiata (sing) pātere (a poetic repository of information, knowledge and wisdom), historical stories carved within ngā whakairo (carvings) ngā tukutuku (ornamental lattice-work) their meanings and interpretations.

Kruger et, al. (2004) offer a cultural framework consisting of three elements applicable to whānau violence, whānau healing which includes:

1. Te Ao Māori with six cultural constructs to be applied as practice tools. These are:
 - whakapapa (kinship that determines the collectivity between whānau, hapū, iwi; collective consciousness)
 - tikanga (the practice of Māori beliefs and values; collective practice)
 - wairua (spirituality expressed as awareness of wairua and passion for life; self-realisation)
 - tapu (brings us to a state of our own knowing; self-esteem)
 - mana (outer values; external expression of achievement, power and influence).
2. Te Ao Hurihuri describes contemporary influences that prohibit or undermine the practice of cultural constructs from Te Ao Māori. The most significant of these is colonisation and its associated outcomes.
3. A transformative element the ability to change beliefs and behaviour. Transformation of behaviour is brought about through applying cultural constructs from Te Ao Māori and considering environmental and contextual interference and influences from Te Ao Hurihuri (Kruger et, al., 2004).

A Māori specific Trauma Informed Care approach could also benefit from a Whānau Ora like workforce from a wide range of roles, including community work, social work, nursing, health promotion, public health, and youth justice, working in a collective way pivotal to improving health outcomes for Māori (Durie 2013, Ratima & Jenkins, 2012). A workforce able to go beyond crisis intervention to build skills and strategies that contribute to maximising outcomes for whānau is pivotal to Trauma Informed Care (Durie 2013, Ratima & Jenkins. 2012).

The development of Kaupapa Māori approaches to healing that address the long-term impacts of historical and cumulative trauma for both Māori service users and a Māori workforce, is essential. Similar principles of practice in Māori approaches re historical trauma are relevant to contemporary trauma situations that can positively impact on lasting healing experiences for Māori.

Conclusion

Trauma Informed Care in Aotearoa continues to focus on situational trauma, a current harmful incident and perhaps cumulative trauma but for Māori, this is inadequate. It is imperative that practices and implementation of a Trauma Informed Care approach for Māori be supportive for individuals, whānau, hapū, communities and consider intergenerational and historical trauma.

Providing culturally safe Trauma Informed Care approaches that are cognisant of a Māori worldview and experiences, as Māori; that incorporate the values and beliefs expressed in this document is pivotal. These include the values and beliefs espoused in this document and including knowledge through the depth and breadth of Mātauranga Māori currently available in Aotearoa.

Trauma Informed Care needs to support collectivism, within Te Ao Māori the traditional and contemporary cultural realities that are actively expressed through whanaungatanga and whakapapa relationships in contrast with fundamental western valuing of individualism.

Indigenous narratives are explored within this publication that aim to contribute to an approach for Māori that addresses trauma through traditional and contemporary healing practices. Important to this discussion is the relevancy of health service providers and an associated skilled Māori health workforce. Understanding the knowledge, skills and processes required to successfully deliver quality, evidence based Trauma Informed Care or Trauma Specific Services by a Māori workforce must be cognisant of historical, intergenerational, cumulative trauma as well as situational traumatic events. It is pivotal to utilise the values and beliefs expressed within this publication and to access the depth and breadth of Mātauranga (knowledge) Māori. Until this occurs any other effort to provide Trauma Informed Care for Māori will be less than effective.

Glossary of Terms

Aotearoa	New Zealand	Papatūānuku	Mother Earth
Hapū	Subtribe	Pātere	To chant
Hē	Wrong doing	Rangiātea	Heaven
Kakano	Seed	Tamariki	Children
Kaupapa	Agenda	Tangata Whenua	Land Owners
Kaupapa Māori	Māori Approach	Tapu	Sacred
Kōrero	Speak	Te Ao Hurihuri	The Changing World
Kupu	Words	Te Ao Māori	Māori World
Kura Kaupapa	Primary School	Te Reo	Māori Language
Ihi	Essential Force	Te Whare Tangata	Womb
Ira Tangata	Human Element	Tikanga	Protocols
Iwi	Tribe	Tūrangawaewae	Standing Place
Mana	Authority	Utu	Reciprocity
Mātauranga	Knowledge	Wāhine	Women
Mauri	Life Force	Waka	Canoe
Noa	To be free from the extensions of tapu	Waiata	Song
Ngā Kaitiaki	Guardians	Wairua	Spiritual Life Force
Ngā kupu o te reo	Words of the language	Wairuatanga	Spirituality
Ngā mea wairua	Things pertaining to the spirit world	Wehi	Fear
Ngā Tukutuku	Ornamental lattice-work	Whakapapa	Genealogy
Ngā whakairo	Carvings	Whakataukī	Proverb/significant saying
Pae Ora	Healthy Futures	Whanaungatanga	Kinship
Pākehā	English	Whānau	Family
		Whānau Ora	Healthy Families
		Whenua	Land / After Birth

References

- Accident Compensation Commission, *Injury Statistics* (3rd Ed.). 2004. (Section 13.1. Sensitive Claims).
- Alsop, P., & Kupenga, T. R. (2016). *Mauri Ora*. Nelson, New Zealand: Potton & Burton. Retrieved from <http://www.pottonandburton.co.nz/store/mauri-ora>
- Berry, J.,G., Harrison, J. E., & Ryan, P. (2009). *Hospital admissions of Indigenous and non-Indigenous Australians due to interpersonal violence, July 1999 to June 2004*. Australian and New Zealand Journal of Public Health, Volume 33. No 3: p. 215-222.
- Brave Heart, M., Chase, J., Elkins, J., & Altschu, D. (2011). *Historical Trauma Among Indigenous Peoples of the Americas: Concepts, Research, and Clinical Considerations*, Journal of Psychoactive Drugs, 43:4, 282-290. Retrieved 23/04/2018 from <https://www.tandfonlin.com>
- Brownridge, D. (2008). *Understanding the elevated risk of partner violence against Aboriginal women: A comparison of two nationally representative surveys of Canada*. Journal of Family Violence,. 23(5): p. 353-367. Retrieved 23/04/2018 from [https:// www.ncbi.nlm.nih.gov/pubmed/18559868](https://www.ncbi.nlm.nih.gov/pubmed/18559868)
- Buck, P. H. (1939). *Anthropology and Religion*. Yale University Press. Reprinted by Archon Books (1970).
- Cooper, E. (2012). *Mokopuna rising: Intervention in whānau violence*. Doctor of Philosophy thesis. The University of Auckland, Auckland.
- Campbell, J. C. (2002). *Health consequences of intimate partner violence*. The Lancet, p.1331-1336. Retrieved 23/04/2018 from <https://www.sciencedirect.com/science/article/pii/S014067302083368>.
- Carter, R.T. (2007). *Racism and psychological and emotional injury recognizing and assessing race-based traumatic stress*. *The Counselling Psychologist*, 35(1), 13-105. Retrieved 23/04/2018 from <http://tcp.sagepub.com>
- Chaplow, D., Chaplow, R., & Maniapoto, W. T. (1993). Addressing cultural differences in institutions: changing health practices in New Zealand. *Criminal Behaviour and Mental Health*, 3(4), 307–321. <https://doi.org/10.1002/cbm.1993.3.4.307>
- Curtis, M. (2012). *Statistical analysis and summary of themes: Family violence death reviews of deaths between 2004 – 2011* Wellington, New Zealand: National Criminal Investigations Bureau.
- Dannette, M., Fergusson, D. M., & Boden, J. M. (2008). *Ethnic identity and intimate partner violence in a New Zealand birth cohort*. Retrieved 23/04/2018 from Social Policy Journal of New Zealand., 33: p. 126-145. <https://www.ms.govt.nz>

- Duncanson, M. J., Smith, D. A. R., & Davies, E. (2009). *Death and serious injury from assault of children aged under 5 years in Aotearoa New Zealand: A review of international literature and recent findings*. Office of the Children's Commissioner: Wellington, NZ. p. 24.
- Durie, M. (1982). *Te Whare Tapa Whā* <https://www.health.govt.nz/our-work/populations/maori-health/maori-health-models/maori-health-models-te-whare-tapa-waha>
- Durie, M. (1998). *Whaiora: Māori health development*. Melbourne, VIC: Oxford University Press.
- Durie, M. (2001). *Mauri ora: The dynamics of Māori health*. Auckland, NZ: Oxford University Press.
- Durie, M. (2007). Indigenous resilience: From disease and disadvantage in the realisation of potential. In Matariki Vol 1, Issue 1 7 – 26 Te Mata o Te Tau. The Academy for Māori Research and Scholarship. Massey
- Durie, M. (2013). *Whānau Ora: Flourishing Families. Presentation to APAC Quality Improvement & Innovation in Healthcare 2013. 25-27 Sept 2013, Auckland*.
- Families Commission. (2011). *Whānau yesterday, today, tomorrow. A Families Commission Research Report*. Wellington Families Commission. Retrieved 23/04/2018 from www.nzfamilies.org.nz. <http://www.superu.govt.nz>.
- Family Violence Death Review Committee. (2011). *Second report: October 2009 to November 2011*, Wellington, New Zealand.
- Haereroa, T. N. (1999). *Harataunga 2C1, Pub. L. No. A20100001098, § Descendants of Heni Ngaropi, 7*. Thames: McCaw Lewis Lawyers. Retrieved from [http://tumana.maori.nz/assets/rakairoa/Evidence of /Beau/Haereroa.pdf](http://tumana.maori.nz/assets/rakairoa/Evidence%20of%20Beau/Haereroa.pdf)
- Haereroa, M. G. (1997). *Exploration of concepts, values and beliefs of a Ngati Paretekawa whānau Group, examining the implications these have on hapū / whānau development*. Directed study Personal thesis. University of Waikato. Unpublished papers.
- Harris, R., Tobias, M., Jeffreys, M., Waldegrave, K., Karlsen, S., & Nazroo, J. (2006). *Effects of self-reported racial discrimination and deprivation on Māori health and inequalities in New Zealand: cross-sectional study*. Retrieved 23/04/2018 from The Lancet 367, 2005–2009.
- Himona, R. N. (2001). *Whakapapa Māori - Māori Genealogy*. Retrieved 23/04/2018 from <https://maori.com/whakapapa/whakpap2.htm#Introduction>.
- Hingston, O. M. (1993). *Ka Po, Ka Ao. Ethnicity and Oppression: The Perceptions of Seven Maori Individuals*. A thesis submitted in Partial fulfilment of the requirements for the Degree of Master of Social Science in Psychology at the University of Waikato. Retrieved 23/04/2018 from <https://www.teipuwahakahauaa.co.nz/uploads/hingston/1993/634.pdf>
- Hukill, S. L. (2006). *Violence in Native America: A historical perspective*. Journal of Transcultural Nursing, 17(3): p. 246-250.

- Irwin, K., Davies, L., Werata, W., Tuuta, C., Rokx – Potae, H., Potaka, S., McCausland, P., & Basset, D. (2011). *Whānau Yesterday, Today and Tomorrow, A Families Commission Research Report*. Families Commission. New Zealand.
- Jenkins, K., & Harte, H. M. (2011). *Traditional Māori parenting: An historical review of literature of traditional Māori child rearing practices in pre-european times*. Auckland, NZ: Te Kahui Mana Ririki.
- Koziol-McLain, J., Gardiner, J., Batty, P., Rameka, M. Fyfe., E. & Giddings, L. (2004). *Prevalence of intimate partner violence among women presenting to an urban adult and paediatric emergency care department*. The New Zealand Medical Journal. 117(1206).
- Koziol-McLain, J., Rameka, M., Giddings, L., Fyfe, E., & Gardiner, J. (2007). *Partner violence prevalence among women attending a Maori health provider clinic*. Retrieved 23/04/2018 from. <https://doi.org/10.1111/j.1753-6405.2007.00032.x>. Australian and New Zealand Journal of Public Health. 31(2): p. 143-148
- Kruger, T., Pitman M., Grennell, D., McDonald, T., Mariu, D., Pomare, A., Mita, T., Maihi, M., & Lawson-Te Aho, K. (2004). *Transforming Whānau Violence – A Conceptual Framework*. Second edition, Wellington
- Lamers-Winkelman, F., Willemen, A. M., & Visser, M. (2012). *Adverse childhood experiences of referred children exposed to intimate partner violence: Consequences for their wellbeing*. Child Abuse & Neglect, 36(2): p. 166-179.
- Maniapoto, W. (1993). *Taha Māori Training and development, Forensic services Auckland Māori Terminology*
- Lawson-Te Aho, K. (2010). *Definitions of whānau: A review of selected literature*. Retrieved 23/04/2018 from www.families.commission.org.nz.
- Mahuika, A. (1998) *Whakapapa in the Heart*. From Living Relationships Kokiri Ngatahi. The Treaty Of Waitangi in the New Millennium (pg 214-221). Wellington. Victoria University.
- Marsden, M. (1975). *God, Man and Universe: A Maori View*. Wellington, New Zealand: Hicks Smith.
- McCarthy, M. (1997). Raising a Māori Child Under a new Right State. In *Mai I Rangiātea. Māori Wellbeing and Development*. Auckland: Auckland University Press, Bridget Williams Books.
- McClintock, V. (2018). *Te Mauri Pimatisiwin, Journal of Indigenous Wellbeing Vol 3 Issue 1*. Book review *Moetū Ihimaera, W with Kelly, H*
- Mead, H. M. (2003) *Tikanga Maori: Living by Maori Values*. Wellington New Zealand. Retrieved 23/04/2018 from www.huia.co.nz.
- Ministry for Culture and Heritage. (2016). *Waitangi Tribunal claim*. Retrieved April 23, 2018, from <https://nzhistory.govt.nz/culture/maori-language-week/waitangi-tribunal-claim>
- Ministry of Health. (2008). *Let's get real: Real Skills for people working in mental health and addiction*. Wellington: Ministry of Health.

- Ministry of Health. (2012). *Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2012-2017*. Wellington: Ministry of Health.
- Ministry of Health. (2014a). *Annual Update of Key Results 2013/14: New Zealand Health Survey*. Wellington: Ministry of Health.
- Ministry of Health. (2014b). *He Korowai Oranga: Māori Health Strategy 2014*. Wellington: Retrieved 23/04/2018 from Ministry of Health. www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga.
- Minister of Health. (2016). *New Zealand Health Strategy Future direction*. Wellington: Ministry of Health. Manatu Hauora.
- Ministry of Health. (2018). *Mental Health and Addiction Workforce Action Plan 2017–2021* (2nd edn). Wellington: Ministry of Health.
- Moeke-Pickering, T. M. (1996). *Maori identity within whanau: A review of literature*. (Working Paper). Retrieved from <https://researchcommons.waikato.ac.nz/handle/10289/464>
- New Zealand Family Violence Clearinghouse. (2012). *Data summary 2: Violence against women*. Retrieved 23/04/2018 from <https://www.nzfvc.org.nz/family-violence-statistics>
- Ngata, A. (1949). *Written in an autograph book of a young school girl*. Retrieved 11/04/2018 from <https://teara.govt.nz/en/nga-tamariki-maori-childhoods/page-4>.
- Pere, R. (1997). *Te Wheke; A celebration of Infinite Wisdom*. Ao Ako Global Learning New Zealand
- Phillips, G. (2008). *What is healing? – Appropriate public policy responses*. Paper for the FaHCSIA Indigenous Healing Forum, Canberra, Australia.
- Pihama, L., Smith, L. Evans-Campbell, E. Kohu-Morgan, H. Cameron, N. Mataki, T. Te Nana, R. Skipper, H. & Southey, K., (2017) *Investigating Māori approaches to trauma informed care*. Journal of Indigenous Wellbeing Te Mauri – Pimatisiwin Volumn 2 / Issue 3 Article 2, Dec 2017
- Robertson, J. B. W. (1954-1982). *A History of the Maori People of the Te Awamutu District*. Te Awamutu Historical Society Inc.
- Ratima, M. & Jenkins, B. (2012). *Whānau Ora Health Needs Assessment. Māori Living in Taranaki*. Taranaki District Health Board. New Zealand
- Royal, T. C. (2007). *Papatūānuku – the land - Whenua – the placenta* [Web page]. Retrieved April 24, 2018, from <http://www.TeAra.govt.nz/en/papatuanuku-the-land/page-4>
- Smith, G. (1992). *Tane-Nui-A-rangi's Legacy...Popping up the Sky (Kaupapa Maori as Resistance and Intervention*. In Te Whaiti, P. Mc Carthy, M & Durie, A: Mai I Rangiatea. Maori Wellbeing and Development. Auckland: Auckland University Press. Bridget Williams Books.
- Te Huia, R. (1947). *Ngā Whakapapa O Raureti Te Huia*. Unpublished papers. Te Awamutu, New Zealand.
- Te Pou o te Whakaaro nui. (2018) *Trauma-Informed Care: Literature Scan*. Auckland, New Zealand.

Te Puni Kokiri. (2008). *Rangahau tukino whānau: Māori research agenda on family violence*, Wellington, New Zealand.

United Nations Declaration on the Rights of Indigenous people (2007)

http://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf

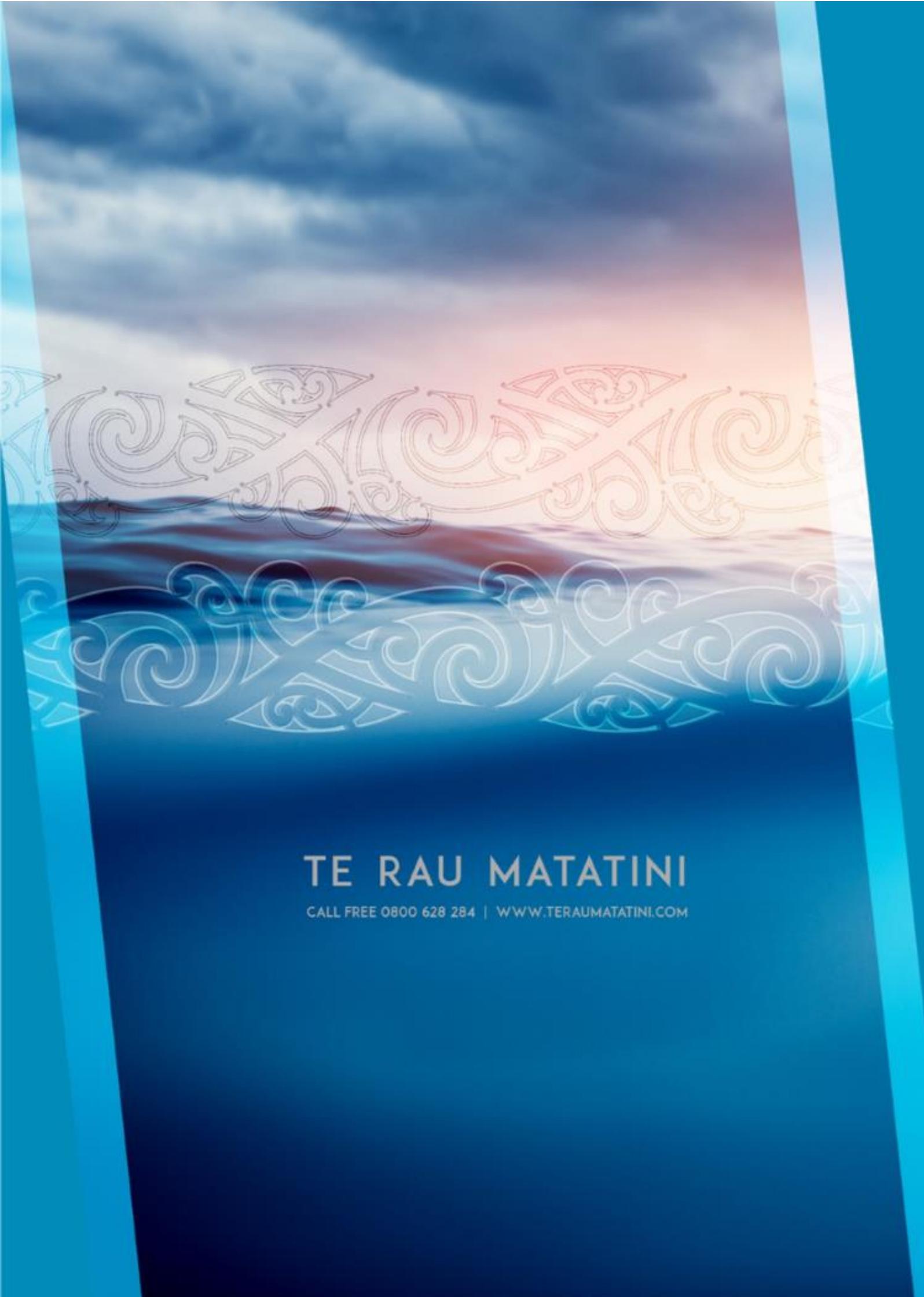
Waitangi Tribunal Report Te Reo Māori Claim (1985)

https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_68482156/Report%20on%20the%20Te%20Reo%20Maori%20Claim%20W.pdf

Walker, R. (1989). *Māori Identity*. In Novitz and Wilmott. (eds.). *Culture and Identity in New Zealand*. (pp 35-52). Wellington. Govt Printer.

Walker, R. (1990). *Ka whawhai tonu mātou - Struggle without end*. Auckland: Penguin.

Wirihana, R. & Smith, C. (2014). *Mai Journal Vol 3 Issue 3 Historical Trauma Healing and Wellbeing in Māori*. Auckland New Zealand.



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