



Te Kotahi  
Research Institute

THE UNIVERSITY OF WAIKATO

# He Oranga Ngākau

Māori Approaches to Trauma Informed Care

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# He Mihi

*Ue waerea a uta, waerea a tai, waerea i te onetapu  
Ka hura tangata a uta, te turaki atu ki te tangata a tai  
Ka hura tangata a tai, te turaki atu ki te tangata a uta*

*E ngā mana, e ngā reo, e ngā paringatai tangata  
Pikautia mai ō koutou mate kia mihia, kia tangihia  
Kia kotahi atu te poroporoaki, haere koutou, oti atu*

*He mihi taurangi tēnei a te kāhui kairangahau ki a koutou e ngā manu taupua. Koutou i kuhukuhu, i whakapā mai ki roto i te kaupapa mahi rangahau, e kīa nei, 'He Oranga Ngākau'. Mei kore ake koutou, ka kore rawa atu tēnei kaupapa e ora ai. Nō reira e ngā pākai hau, ngā kōrepe nui, ngā kōrepe roa, nā koutou i whakatinana i te kōrero nei he oranga ngākau, he pikinga waiora.*

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# Introduction



# Introduction

The aim of this project, 'He Oranga Ngākau: Māori approaches to Trauma Informed Care' is to support Māori providers, and Māori and non-Māori counsellors, clinicians and healers, in exploring the notion of Trauma Informed Care. It is also to work with Māori Providers and healers to develop a framework that includes Kaupapa Māori principles when working with whānau Māori. Discussions in a number of fora have provided our research team with a view on Māori provider aspirations in this area, including their desire to engage with the opportunity to extend Trauma Informed Care work to incorporate Māori and Indigenous approaches. In addition, there have been a number of presentations within Aotearoa where Indigenous researchers, scholars and Native Behavioural Health experts have addressed the need for the ongoing development of Indigenous approaches (Duran, 2012, 2015; Walters, 2010, 2010a).

The name of the project 'He Oranga Ngākau' highlights the healing priority of the Māori health providers that have been central to the development of the project and pertains to concepts such as comfort, solace, being reassuring. Pere (n/d) highlights that the essence of 'ra' is the connection to the sun, noting "Ra means that we begin and end with the Central Sun, the Divine Spark" (p.1). The term 'oranga' refers to wellbeing, health, living, and encapsulates the essence of 'ora' to be well, health, be alive, to have vitality. That has been the focus of this work since its inception. To focus on ora is to privilege Māori notions of wellbeing as articulated through broader understandings such as hauora, which may be conceptualised in a range of ways. 'Hauora' in its component parts as 'hā' breath, 'u' to hold to ora; other understandings relate to 'hau' or winds, with the fundamental meaning being to have wellbeing. Similarly, waiora, can refer to 'wa' the place, with wa i ora indicating a place of wellbeing, or with the term 'wai' is the waters of wellbeing and refers to being of sound health. 'Taiora', where 'tai' refers to the tides, and as such indicates the tides of wellbeing and refers also to nutrition. 'Manawa ora', brings forward the notions of 'mana' and 'wa' that indicates a place where our mana resides, it is often referred to as having a good heart or to have hope. 'Mauri ora' is discussed in more depth later in the report. In general terms 'mauri ora' is the essence of life and wellbeing. 'Ora' is both a noun, a naming of our wellbeing, and a verb, to be well. It is an aspiration that pervades the work and life intent of all that have been instrumental in the framing and undertaking of this project. To aspire to live in 'ora' is to aspire to live in wellbeing in all parts and dimensions of our lives and our world. To live in relationships that are grounded upon 'ora' is to live in relationships that seek balance between all parts of te ao Māori, the Māori world. That requires balance within and across physical, spiritual, emotional, psychological, and environmental contexts. The term 'ngākau' refers to our whole inner being, our mind, heart, soul, as well as all of the physical parts of our puku, our stomach area. Smith (2017) refers to ngākau as the "internal system, which includes the gut, stomach, central regions and organs of the human body" (p.4). There are many Māori concepts that connect to the ngākau and which express feelings, emotions, senses, behaviours and ways of conducting ourselves such as:

<b>ngākau pono</b>	loyal, faithful, sincere
<b>ngākau māhaki</b>	pleasant, mild mannered, caring person
<b>ngākau hihiko</b>	lively, spirited, cheerful
<b>ngākau pāpaku</b>	shallow, puerile
<b>ngākau kore</b>	indifferent, reluctant, lack interest, disinclined
<b>ngākau pōuri</b>	sad, heavy hearted, distressed, depressed
<b>ngākau kōnatunatu</b>	be in a dilemma, uneasy with conflicting emotions.
<b>ngākau whiwhita</b>	eager, passionate, keen, zealous
<b>ngākau tapatahi</b>	impartial, integrity, neutral fairness
<b>ngākau titikaha</b>	confident, resolute, committed, dedicated, unswerving.
<b>ngākaunui</b>	eager, keen, committed enthusiastic
<b>ngākau reka</b>	positive attitude
<b>ngākau whakapuke</b>	enthusiastic, interested, keen, zealous.
<b>ngākau kaitoa</b>	resentful, vengeful
<b>ngākau rorotu</b>	to be optimistic.
<b>ngākau aroha</b>	empathy, sympathy, compassion, kindhearted, considerate, caring
<b>ngākau whakaute</b>	respect, appreciation, deference
<b>ngākau kawa</b>	bad attitude, sour
<b>ngākaurua</b>	uncertain, wavering, vacillating.
<b>whakangakau</b>	fret for, show affection





'He Oranga Ngākau' brings forward healing as a priority for Māori who experience trauma, in all forms historical, colonial and contemporary, and is imposed upon our people on multiple levels including through the violence of colonisation and its structures and systems. Where we began with a need to engage with the recent imposition of western 'trauma informed care' approaches we very quickly came to an understanding that the focus can not be solely on the trauma but rather it must be first and foremost on a remembering of the many ways that 'ora' is expressed through the traditional tikanga (practices and protocols) and mātauranga (knowledge and ways of knowing) of our tupuna.

'He Oranga Ngākau' offered the opportunity to work alongside the Māori workforce that is at the 'coal face' in terms of supporting Māori who experience trauma. It has been clearly noted that there is an urgency to further build capacity and capability in the area of what is termed 'Trauma Informed Care', particularly in relation to ensuring that Māori approaches are at the centre of wellbeing and 'care' models for whānau. Tapsell (2018) speaks of the need to ensure that there are pathways to Māori knowledge and practices for those that access mainstream services. Specialising in the area of forensic psychology, Tapsell (2018) notes,

*Put very simply, forensic psychology rehabilitation involves three main goals: 1. The effective treatment of underlying mental illness and/or alcohol or substance abuse; 2. General psychological and social rehabilitation; 3. The mitigation of identified risks (for self-harm and/or harm to others). Although these goals must be undertaken, cognisant of both legal and clinical imperatives, in the case of Māori, an approach that also includes a cultural dimension offers additional opportunities for long-term success and rehabilitation. (p.110)*

What Tapsell highlights is that for Māori even within specialist areas such as forensic psychology there must be the inclusion of cultural approaches that draw upon Kaupapa Māori frameworks. This project highlights that any approaches to healing and wellbeing must be grounded upon tikanga and mātauranga Māori. Central to this is the recognition of existing Māori healing models and practices and the ways in which Kaupapa Māori contributes to the design and development of a framework of culturally specific approaches that use Māori and Indigenous knowledge and methodologies for healing related to collective trauma experiences. It is essential that those working in the field of

mental health and wellbeing understand and work appropriately with people who have suffered both personal and collective trauma.

This research links directly to the call for the development of culturally specific healing programmes by helping Māori providers and practitioners to develop research-informed practices. It has been noted by a number of long-term Indigenous practitioners that there is a dearth of Indigenous and Kaupapa Māori-based research that documents the key principles needed to ensure effective healing practices when engaging with issues of healing from trauma, both historical and collective. Further, Hill, Lau and Wing Sue (2010) state that while culturally effective approaches to healing are important, often local Indigenous knowledge that addresses illness, whether physical, spiritual, or otherwise, is largely ignored, delegitimised and denied. Importantly, Battiste (2007) states that in order to foster self-determination and respect sovereignty, processes that support the indigenisation of therapeutic spaces must originate within Indigenous communities, which are the source of transformational knowledge systems.

While there is a growing focus on Trauma Informed Care in Aotearoa, Māori Providers have noted that approaches have been based predominantly on western views of trauma, and in particular those that derive from Britain and the USA, which speak largely to individualised personal trauma as a context for mental illness without including an understanding of the wider societal context of the experience of trauma. While the definitions address the importance of contextualising the 'behaviour' of the individual through understanding personal (individual) trauma, the frame of reference is located solely within an individual 'patient' context (Giller, 1999; Terr, 1991). In this model of Trauma Informed Care, the shift in clinical practice is one where the analysis moves from determining a deficit in a person's behaviour to exploring the impact of traumatic experiences to understand what has happened to them. More recent training information produced in Aotearoa indicates a need to move away from 'patient-blaming', and toward addressing the training needs of staff in order to improve knowledge and sensitivity (Fallot & Harris, 2002; Jennings, 2004). Given the dominance of 'deficit' thinking with regard to Māori health and wellbeing, this is an important shift. However, what remains clear is that the central focus remains firmly on the individual and their personal context and experience. Such models maintain, and reproduce within the sector, the dominant western construction of the individualised self as separate from their whānau, hapū, iwi and community, and continues to ignore the historical and intergenerational influences and impacts of Indigenous peoples' initial and ongoing experience of colonisation (Pihama 2017). Duran and Firehammer (2017) describe this individualistic view as a way of separating people from the natural world, which allows disciplines such as psychology to objectify people. The individualistic view of trauma includes a focus on aspects such as the high prevalence of trauma among those who receive mental health services, the profound neurological, biological, psychological and social effects (Jennings, 2004) and the relationship of traumatic experiences in childhood to poor adult health, including increased rates of disease and drug abuse (Felitti, et al., 1998; Steele & Malchiodi, 2012). Wider societal contexts, on the other hand, include those forms of analysis that acknowledge and recognise the effect of historical and current trauma on both individual and collective levels, which impact directly upon social, political, economic, spiritual and cultural ways of being for individuals and groups (Duran & Duran 1996; Atkinson 2002; Duran, 2012; Waitoki & Levy 2016).

Duran and Firehammer (2015) point out that while there is work being done that aims to enhance cultural competency, barriers to progressing this work exist in the western science frame of efficacy that insists on validating cultural approaches. Subsequently, western approaches that easily meet their own validation criteria continue to be implemented and perpetuated ahead of more holistic processes. Knowledge hierarchies that place western knowledge at the top and non-western knowledges at the bottom also produce a measure of normalisation in terms of accepted explanations of human behaviour, which can lead to the pathologising of non-western ideologies and practices (Waldron, 2010). For example, Indigenous views on emotional states point to a spiritual understanding of trauma. However, as Duran and Firehammer (2015) explain, western clinical practice tends to dismiss Indigenous spiritual understandings, and in doing so alienates those seeking help by failing to bring in important cultural metaphors that provide the essential sense-making element of healing. It is important to understand how such monocultural approaches and modalities can impact on Indigenous groups and individuals seeking care. The connection between inequalities and monocultural health service provision has been well established (Bacal, Jansen & Smith, 2006; Kirmayer, 2012). Within Mental Health and Addiction Services, cultural incongruence in the care provided to Māori has been linked to lower access rates (Durie, 1994; Murchie, 1984) and worsening attitudes towards health services after contact (Diala, Munatenaar, Walrath, Nickerson, LaVeist & Leaf, 2000).

Western clinical practices are described by Akomolafe (2006) as being "laden with values, locally constructed and spoken to power by interested (as opposed to disinterested and unbiased) groups, historically embedded, and storied" (p.5). He also warns about the danger of assuming universality in the understanding of 'human-being', mental health and treatment. These assumptions of universality lead to deficit views of Indigenous cultures, categorising Indigenous knowledge on experiences such as mental ill health as simply being a point of difference in the expression of a universal understanding of humanity (Gergen, Gulerce, Lock & Misra, 1996). The Mental Health Commission (1998) highlighted that the origins of mental illness and recovery must be viewed as being located in the world around the person, including the person's social context, experiences of social injustice, and unresponsive services. Recognising the need

for this approach in service development and service delivery settings is an initial step in creating a space for culturally specific healing. The next steps in filling that space are seen in projects that aim to identify what actions can be taken within a culturally specific healing programme that will not only raise the efficacy of service provision, but will also enhance outcomes. The development of Māori approaches to Trauma Informed Care aligns with the understanding within mental health that there is a need for healing pathways and frameworks that are firmly rooted in cultural contexts (Duran & Duran, 1995; Gergen, Gulerce, Lock & Misra, 1996; Shotter, 1981).

Trauma Informed Care work carried out in international Indigenous communities provides an important contribution to developing an Aotearoa-based, culturally congruent Māori approach to Trauma Informed Care as a key aspect of practice. Within Kaupapa Māori we have been arguing that there cannot be a singular approach to engaging with issues faced by whānau, hapū, iwi and Māori organisations or communities. This is also a position we take with regard to Kaupapa Māori understandings of trauma, historical and intergenerational trauma, and supportive healing for our people. This must be located within our whānau, hapū and iwi collective experiences and the complexities of our historical and collective experiences that affect and/or inform our contemporary lives. Our experiences of both historical (early colonisation) and current trauma (multiple forms of racism and continued dispossession), demonstrate the need to explore, identify and develop Trauma Informed Care principles that address how these experiences affect Māori. Doing so transcends monocultural approaches to working with trauma and contributes to providing recognition of specific cultural trauma experiences, which is a significant step in healing for Indigenous peoples and other groups affected by collective trauma (Duran & Duran, 1995; Braveheart, 1999). Conversely, lack of recognition is said to be linked to unresolved grief that can lead to internalised oppression, acted out in ways that include violent behaviour, and drug and alcohol abuse (Balsam, Huang, Fieland, Simoni & Walters, 2004; Braveheart, 1999). Wesley-Esquimaux and Smolewski (2004) explain that during the past decade, Aboriginal people on the inside of these anthropological, psychological and social welfare studies have identified a phenomenon termed “generational grief”, defined as “a continuous passing on of unresolved and deep-seated emotions, such as grief and chronic sadness, to successive descendants” (p. 2). Their research examines the effects of psychogenic (of mental origin) trauma and unresolved grief, both historic and contemporary. The effects of unresolved psychogenic trauma on Aboriginal people, termed generational, intergenerational or multigenerational grief, have been described by Wesley-Esquimaux and Smolewski (2004) who note that:

*[O]ur sense of personhood is not only shaped by our active or conscious memories, it is also shaped by our conception of “memory” which means that it is not only direct traumatic experiences that can create negative effect, it is also present interpretations of events that can continue to impact our lives (p.6).*

In order to highlight the multiple layers of the process of colonisation and historic trauma that influenced and keeps influencing the lives of Aboriginal people in North America, Wesley-Esquimaux and Smolewski (2004) identify five significant areas of impact:

- 1 Physical:** associated with the first stage of colonisation (cultural transition) and the introduction of infectious diseases that decimated the Indigenous population and resulted in an intergenerational and culturally propagated (endemic) form of complex post-traumatic stress disorder;
- 2 Economic:** associated with the first stage of colonisation (cultural transition) and a violation of Native stewardship of land and forced removal of people from their natural habitat and life ways;
- 3 Cultural:** associated with the second stage of colonisation (cultural dispossession) and the wave of Christian missionization intended to bring about religious transformation and cultural destruction through prohibitions imposed on Aboriginal culture and belief systems;
- 4 Social:** associated with the second stage of colonisation (cultural dispossession) and the stages of Aboriginal displacement through colonial settlement, which brought alien social structures, introduced non-traditional coping mechanisms and silenced “knowledgeable subjects” within the Aboriginal population; thereby damaging families, altering gender roles, authority and diminishing cultural values and more; and
- 5 Psychological:** associated with the third stage of colonisation (cultural oppression) and the marginalisation of Aboriginal people, as their social selves became largely diminished and impoverished. Any perception of control that they had over their lives became reduced and badly undermined, ultimately placing perceptions regarding locus of control on the colonizers (p. 4).



There is no single way to provide trauma-specific care. Instead, practitioners and service providers need to identify the strategies and practices best suited to the needs and circumstances (including geographic location) of the individuals, families and communities they seek to support (Duran, Firehammer & Gonzalez, 2008). A range of research has observed what can be achieved when Indigenous healing approaches are used in Indigenous contexts. For example, in the Australian Aboriginal context, trauma practitioners are experiencing promising results in the healing and recovery of victims/survivors of trauma through the use of therapeutic approaches informed by Indigenous culture that include art and yarning therapy (Atkinson, 2013). Duran and Firehammer (2015) describe the practice of 'story science' based on Indigenous sense-making through story-telling, which has been identified as a critical human neural process. Duran and Firehammer (2017) also describe using traumatic experiences as a signal for life lessons that are embedded in the suffering and the event itself. From this perspective the provision of care is conceptualised as an act of seeking existential understanding rather than a relief of symptoms. Similarly, Brave Heart (1999) highlights that issues arising from historical trauma within the construct of oppression and intergenerational unresolved grief directly affect the social conditions and experiences of Lakota people. The denial of cultural grieving in Indigenous communities results in intergenerational unresolved grief, which significantly influences the wellbeing of Native peoples and has critical implications for future generations. A key to healing, she argues, is the giving of testimony to those traumatic events (Brave Heart, 1999; Brave Heart & DeBruyn, 1998).

Identifying examples of successful programmes built on Indigenous understandings of therapeutic intervention is an important component of this research. Research conducted with Indigenous service users has found that service providers working with all population groups who are affected by trauma need to adapt their programmes to account for the specific needs of their clients (Atkinson, 2013; Duran, Firehammer, & Gonzalez, 2008). It is important that programme structure and content reflect an understanding of historical trauma that operates across generations (Carter, 2007; Walters, Mohammed, Evans-Cambell, Beltrain, Chae, & Duran, 2011; Duran, 2012; Linklater, 2014; Waldram, 2012). This includes instances where communities have realised that problems faced within the community are not inherent to the community but instead link to socio-historical experiences (Duran & Firehammer 2017). Developing an effective Kaupapa Māori framework for Māori supports the research project's potential to contribute to reducing inequalities and enhancing outcomes for Māori. Trauma Informed Care approaches that are cognisant of Māori experiences can inform models of care shaped by Māori worldviews (e.g. Whare Tapa Wha (Murchie, 1984)) representing valid perspectives that can be seen as equal yet distinct models of practice (Farrell, 2013). A Māori-specific Trauma Informed Care approach provides principles of practice to guide Māori and non-Māori practitioners in working effectively and competently with Māori. Further, Māori-specific trauma research is steadily developing in Aotearoa and the proposed research would add to this growing body of knowledge (Lawson-Te Aho, 2013; Pihama, Reynolds, Smith, Reid, Smith & Te Nana, 2014).





## Research Aim & Objectives

The aim of 'He Oranga Ngākau' is to provide research-informed knowledge for the development of frameworks that support both Māori and non-Māori practitioners working with whānau experiencing trauma. The investigation of Kaupapa Māori principles in the area of healing trauma has been at the centre of this project. It is our view that it is essential that whānau, hapū, iwi and other Māori communities have such approaches made available and accessible across Aotearoa. This aspiration is not new; rather it is part of the wider reclamation of tikanga, mātauranga and te reo Māori that is being actively sought by our people. For many that read this report there will be an affirmation of what they already know and practice within their lives and in their provision of support services. For some, it will be a reminder that we have the solutions within us and within our own ways of being as Māori. For others, it will be 'new'; however, we stress that what we present here is the outcome of many collective conversations about what many Kaupapa Māori practitioners and providers are already doing, based on knowledge and understandings that have been passed down through generations. What we are certain of is that these conversations and the Kaupapa Māori approaches, principles and practices that have come forward through this project are essential components to ensure that wider Trauma Informed Care approaches do not continue to reproduce the same disparities, inequalities and barriers to wellbeing that have occurred in the dominant western colonial approaches of the past. We know that the dominant constructions and practices of Trauma Informed Care being applied in Aotearoa are derived from the UK and the USA and fail to provide culturally defined and safe approaches for Māori. This research provides for the articulation of Māori approaches to healing, counselling, and wellbeing service provision, which inform more appropriate and relevant applications of Trauma Informed Care that engages the intergenerational and historical experiences of Māori.

The key aim of 'He Oranga Ngākau' was to undertake Kaupapa Māori research that contributes to Māori models of health by:

*Exploring kaupapa Māori Trauma Informed Care practice principles through conducting research that partners with Māori and Indigenous practitioners to inform the development of a framework that supports both Māori and non-Māori practitioners working with whānau experiencing trauma*

Specific objectives identified to achieve this aim included:

- 1** Engaging in the analysis of relevant literature including policies that speak to Māori models of health and wellbeing, and Mental Health and Addiction Service systems of care
- 2** Conducting interviews and regional hui with Māori providers and Indigenous peoples to identify and analyse key themes for Māori approaches to trauma informed care;
- 3** Facilitating a national mini-conference and a Thought Space Wānanga that bring together Māori providers of a range of services to identify significant issues and potential solutions in working with whānau Māori experiencing trauma;
- 4** Contributing to Māori and Indigenous knowledge-sharing and understanding of the impacts of trauma on Māori through the publication of academic papers;
- 5** Providing Māori service provider organisations and other Māori and non-Māori practitioners with a Kaupapa Māori framework for Trauma Informed Care.



# Tikanga Rangahau: Methodology

The methodology that informed this research project is that of Kaupapa Māori Research, which locates Māori understandings as central to the research process and analysis. Kaupapa Māori Research is a growing field of discussion amongst Māori researchers. In her pioneering publication 'Decolonising Methodologies: Research and Indigenous Peoples', Linda Tuhiwai Smith (1999) highlights that there is a critical political project as a part of Kaupapa Māori research, which is to develop Māori centred, defined and preferred ways of research and which also seeks to intervene in our historical experiences of colonisation. Kaupapa Māori Research, alongside its theoretical counterpart, Kaupapa Māori Theory, have at their centre the validation and affirmation of te reo Māori and tikanga. This provides a foundation from which we as Māori researchers and academics can locate ourselves, and which supports a desire to research and theorise the world from our own understandings. What it states is that there are clearly Māori ways of exploring and conceptualising issues that face us as Māori people. Kaupapa Māori Research carries particular cultural expectations including the active participation in, and control by, Māori of all aspects of the research, and a focus on research as transformative.

There are a range of elements in Kaupapa Māori that are of direct significance to this project; in particular tino rangatiratanga, whānau, whakapapa, taonga tuku iho, te reo, and tikanga are all critical to the research approach in that each of them is directly linked to developing research that is transformative for our whānau, hapū and iwi (Smith 1999, 2012). Part of ensuring that this project is firmly connected to those elements, in the context of the research focus, is the necessity to move beyond the notion of post-colonial research. Doing this acknowledges what Mahuika (2011) calls the "obvious continuation of colonialism within our contemporary context" and the act of "destabilizing the 'centre' by writing back against the grain" (p.18).

For Māori, the anticolonialist impact of Kaupapa Māori research goes hand in hand with reducing inequalities, given the causative relationship between colonisation and ill health (Day, Jones, Nakata & McDermott, 2012; Robson & Harris 2007). He Oranga Ngākau also builds upon the concept of the 'co-production of knowledge' to reach into and use the knowledge and expertise of the community organisations that work with whānau who are experiencing trauma. A Kaupapa Māori co-production of knowledge approach goes beyond the idea of participation in research being the provision of data through interviews and other activities, instead positioning community practitioners as experts. It is important to note that we are working with providers and practitioners and not directly with the whānau who access services. Kaupapa Māori research was used within the project to bring multiple groups together to address the issue of providing research-based information as initiated and determined by the Māori providers, counsellors and healers involved. There was a focus on ensuring Māori working in the area of healing, counselling and Māori social service practitioners were actively involved, both in contributing to the information gathered and also in the analysis and development of best practice principles that inform Māori approaches to Trauma Informed Care. Key Principles of rangatiratanga, taonga tuku iho, ako, whānau, whakapapa, te reo, tikanga and wānanga informed and underpinned the approach and the associated methods undertaken within the project. Collective knowledge sharing was integral to ensuring broad provider and practitioner views and informed the development of each of the research methods used in the project.





## Mahi Rangahau: Methods

The methods used as part of this research involved: 1) kanohi ki te kanohi interviews (n=40-50) with Māori providers and Indigenous peoples who have expertise in working alongside whānau, hapū, iwi and Indigenous nations who have experienced trauma both personally and collectively; 2) a series of hui (n=8) developed from information gathered through the kanohi ki te kanohi interviews and engaging with those working in the field in the identification and analysis of the key themes, in order to draw from the material key elements and best practice principles; 3) a 'Thought Space Wānanga' (n=1) bringing together Māori providers working within a range of services (including research) to identify significant issues and potential solutions in working with whānau Māori experiencing trauma; 4) hosting of a National Māori Symposium (n=1) to further facilitate information sharing and enhanced understanding of Māori experiences of trauma; and 5) a review of the literature including analysis of key policies from relevant sectors that address Māori models of health and wellbeing.

A key focus for the Māori Providers engaged with the research was to ensure that there were as many opportunities as possible for discussions, conversations and sharing. This prioritised kanohi ki te kanohi (face to face) methods, including interviews (both individual and in small groups); a series of eight regional hui; and the Thought Space Wānanga (which is discussed in more depth in the next section). The interviews included Māori and Indigenous specialists in the area of healing, mental health services, culturally based healing, prevention and intervention programmes, and Kaupapa Māori service providers of the Whānau Ora collaborations. The regional hui provided an opportunity for collective engagement and discussion amongst those working to support Māori individuals, whānau, hapū, iwi through traumatic experiences and towards healing. Kaupapa Māori theory highlights whanaungatanga and taonga tuku iho as key components in Kaupapa Māori sites and therefore it was important that in this research we ensured there were opportunities for the sharing and development of collective knowledge bases to facilitate strong knowledge outcomes and to support ongoing networking between those working in the area and across regions. Hui methods have been used successfully by this team and we were encouraged by Māori Providers to create spaces for such a method within the research. This method of collective knowledge development aligns with the tikanga of hui and wānanga and enables a research process that is collaborative and meaningful.

The National Mini-conference was a key dissemination process for the project. It provided a space for a national gathering of those who work in the area of Trauma Informed Care and an opportunity for the research team to present all findings from the project to those who work in this area. At this conference the key themes and principles that support the creation of frameworks for Māori approaches to Trauma informed care were presented and each component was workshopped to provide a clear understanding of how and why each component or key element of the framework is important. What was clearly noted in the hui, wānanga and mini-conference was the desire that the final project report be made available for use by Māori providers, healers and counsellors, who can take the work forward into their practice as relevant to those whānau they are working alongside. Both the regional hui and mini-conference also included discussions around the ways in which non-Māori practitioners reflect upon their engagement with whānau Māori and how they ensure whānau have access to Kaupapa Māori pathways.

## Summary

He Oranga Ngākau was an exploration of Kaupapa Māori Trauma Informed Care practice principles using Kaupapa Māori research that was co-produced with Māori and Indigenous practitioners. The research was initiated by Māori Providers who voiced a concern at the dominance of western models of Trauma Informed Care and the increased assumption within the health sector that imported western models constituted a 'one size fits all' approach to trauma and healing approaches. The privileging of such models were considered to be disadvantageous to Māori in that they continued to prioritise approaches that focused solely on the individual with little, if any, recognition or knowledge of collective healing approaches. Within Aotearoa it has been clearly articulated that whānau must be at the centre of wellbeing approaches for Māori, hence the establishment of Whānau Ora. However, within the health sector it remains a struggle to have Kaupapa Māori approaches, theories, methods and practices affirmed in ways that support transformative change for our people.

Research activities carried out with Māori and Indigenous practitioners included fora to discuss key themes with a view to identifying Māori approaches to Trauma Informed Care. These and other Kaupapa Māori 'co-production of knowledge' activities culminated in a national mini-conference that provided a platform for sharing information, developing principles and strategically positioning findings to inform practice. This project included a range of methods that investigated Māori approaches to Trauma Informed Care, with kanohi ki te kanohi being a key element in the gathering of this information. To reiterate, this project seeks to contribute to a wider project of work undertaken within Māori whānau, hapū, iwi and communities to create understandings of Trauma Informed Care that can have a positive impact on the healing experiences of our people. In order to locate principles of practice in the lived realities of Māori this project has applied a Kaupapa Māori co-production approach with Māori Providers, practitioners and researchers to investigate understandings of Māori views and approaches to Trauma Informed Care. What we have seen in this particular project is that knowledge developed through a co-production approach with the community, and located within the spaces where Māori live, can support a context where we are all more cognisant of the distinct issues that contextualise Māori trauma. Ultimately we hope that this project contributes to a broader agenda for Māori to advocate for Kaupapa Māori-informed understandings that support healing practices for Māori and enhance aspirations for wellbeing for our people.

A Kaupapa Māori approach to co-production of knowledge was an aim, process and outcome of the research. Specific objectives included: (i) engaging in the analysis of relevant literature, including policies that address Māori models of health and wellbeing, and Mental Health and Addiction Service systems of care; (ii) conducting interviews with Māori providers and Indigenous peoples who have expertise in working alongside whānau, hapū, iwi and Indigenous peoples; (iii) facilitating hui across Aotearoa to identify and analyse key themes, with a view to identifying key Māori approaches to Trauma Informed Care; (iv) facilitating a national mini-conference and a Thought Space Wānanga to bring together Māori providers of a range of services to identify significant issues, identify pathways for solutions and create policy recommendations for working with whānau Māori experiencing trauma; (v) contributing to Māori and Indigenous knowledge sharing and understanding of the impacts of trauma on Māori through the publication of academic papers; and (vi) providing key stakeholders and practitioners with evidence-based Kaupapa Māori information related to Māori approaches to Trauma Informed Care.

The research process for He Oranga Ngākau was designed to be translational in both methods and outcomes. Each component provided the opportunity for Māori working in this area to come together and share knowledge. The project brought together Māori practitioners working in the field to investigate and develop a Kaupapa Māori approach to Trauma Informed Care that can be translated into direct health gains in the area of mental health and wellbeing. He Oranga Ngākau was developed in collaboration with Māori working with whānau who have experienced trauma and therefore the information and insights gained can be directly implemented to help transform Māori health knowledge, practices and outcomes. The co-production of knowledge process in the research enhanced the research partnership impact by positioning those who work with whānau as experts. The collaboration with Māori providers, counsellors and healers ensured the research was grounded in strong relationships and was driven by Māori community needs and aspirations. The dissemination processes for the research were designed as collective information and outcomes sharing processes. As a part of the co-production process we are aware of the need to share as much of the research process and initial in the sector in the area of Trauma Informed Care. These knowledge sharing pathways are a key transformative output for this project, which is explored more fully in the following section, which provides more in-depth discussion of the Thought Space Wānanga process.



# Thought Space Wānanga





# Thought Space Wānanga

## Introduction

This section discusses an Indigenous Māori approach, named Thought Space Wānanga, for sharing knowledge and accelerating the translation of research into practical outcomes through transformational practices, policies, and theory development. In contexts such as Aotearoa (New Zealand) there is an increasing demand on all publicly funded researchers to demonstrate the impact of their research and to show pathways for achieving social and economic outcomes from single, focused projects. Knowledge translation is the most common term used to describe the link between research and impact and the process of turning research into results. While it is highly debatable whether planning for this at the front end of research will necessarily lead to such high-level outcomes being achieved, many Indigenous researchers aim for their research to be translated into real world positive outcomes for Indigenous communities. Thought Space Wānanga is a facilitated process framed within Māori cultural protocols, designed to help Indigenous Māori researchers meet that aspiration.

This section provides a discussion of key ideas around Indigenous notions of knowledge sharing, co-production of Indigenous knowledge, knowledge translation and the specific challenges for Indigenous researchers whose work is framed by Indigenous knowledge and methodologies. It explains the design and structure of Thought Space Wānanga, with an example of how it was used in this research project, and provides a critical discussion of a designed method that keeps to the principles of Indigenous methodologies while meeting the challenges related to achieving greater translation of research into useful outcomes.

## Kaupapa Māori: A Decolonising Approach to Research Translation

One of the key dimensions of Indigenous methodologies is an explicit intention to connect with and serve the interests of Indigenous communities and share research knowledge with those who helped create it, as an acknowledgement of their tino rangatiratanga or self-determining status and as an expression of the principle of reciprocity (Smith, 1999). Furthermore, knowledge sharing helps communities to share their knowledge directly in modes and media that they control with other communities, without the researcher as the expert mediator of knowledge or the funding agency, which in most cases in Aotearoa is the Government, accumulating knowledge that perpetuates a view that the settler state knows what is best for Indigenous Peoples (Moewaka Barnes, 2011). The idea of sharing knowledge is informed by some powerful Indigenous concepts about collective well-being, collective responsibility and collective accountability (Morton Nonomiya et al, 2017). Knowledge sharing positions the knowledge gained through the direct participation of Indigenous participants as a potential collective benefit.

Indigenous motivations for knowledge sharing also come from colonial experiences that have excluded Indigenous Peoples from access to knowledge, have used knowledge to erase Indigenous experiences, and have denied that Indigenous Peoples are creators of knowledge (Moewaka Barnes, 2011, Smylie, 2011). Knowledge sharing has become a way to cut across relations of power, not by 'talking up to power' but by talking across power to each other, enhancing connections and relationships. Sharing knowledge is a strategy for decolonising the ways in which knowledge institutions create rules and norms around such things as research translation or research impact. Shared knowledge is expressed through a range of approaches that have enhanced community engagement strategies and encouraged the publication and performance of materials that report back to the community as a key audience and end-user of research (Cooper & Dreidger, 2018). It is a given in many Indigenous methods, especially in health and education, that knowledge sharing strategies are co-designed with communities at the start of a project, are considered part of relationship building and are hardwired into the research methodology (Lavalley, 2009). The use of film, multi-media, digital and social media platforms and performance alongside the more typical forms of publication have made this aspect a very exciting space for Indigenous knowledge sharing.

There are many excellent examples of Indigenous research influencing Indigenous organisational development, capacity building, service delivery and cultural revitalisation strategies (Mertens, Cram & Chilisa, 2013). There are far fewer examples of Indigenous research, meaning research applying Indigenous methodologies, undertaken by Indigenous researchers with Indigenous communities, influencing public policy agencies or changing the practices of the professional groups most likely to interact with Indigenous communities, such as health and education professionals, psychologists, judges and lawyers, law enforcement and corrections officials. An exception to this is the work of Mason Durie (2003) in

Aoteaora, whose research has targeted Māori health and well-being. The more common experience involves settler state governments applying knowledge from somewhere else and imposing it on Indigenous communities (Moewaka Barnes, 2011) or appropriating cultural concepts in programme designs and interventions and then slowly erasing their Indigenous elements and origins; for example, the Family Group Conference Model in Aoteaora or Sentencing Circles in Canada. To illustrate this latter, point Family Group Conferences were developed in Aoteaora in 1989, based on Māori cultural concepts of mediation, and have been applied across the world as an innovative community and family centered restorative practice. However, no reference is made to the Indigenous philosophies, rational and practices that made them so innovative (McElrea, 1998; Hillebregt et al., 2017).

In the wider research literature, the term ‘knowledge translation’ is more familiar than knowledge sharing. It is a term more frequently used in the health, science and technology, business and public policy areas. Introduction of the term is attributed to the Canadian Institutes of Health Research (CIHR), which originally defined it as “the exchange, synthesis and ethically-sound application of knowledge—within a complex system of interactions among researchers and users—to accelerate the capture of the benefits of research for Canadians through improved health, more effective services and products, and a strengthened health care system” (CIHR, 2004, para. 2). This definition captures the emphasis that neoliberal public policy approaches take in relation to demonstrating value for money from public investment in research through improved health outcomes, improved services, innovative and effective health products and a strong health care system. Other approaches have expanded this definition and applied it to domains and sectors beyond public health research.

Knowledge translation definitions, of which there are many, tend to emphasise processes and pathways through which knowledge produced by research is translated from one form to another form, so it is made ready for policy, practice outcomes, technology transfer and commercialisation opportunities (Strauss, Tetroe & Graham, 2009). This has also been defined as the ‘know-action’ gap (CIHR, 2004). However, these processes are problematic because the knowledge users are themselves fraught with complexities and dynamics that offer no guarantee or assured outcomes and no ‘soft-landing’ for knowledge. Next-user and end-user expectations can often be simplistic and instrumental; it is as if the process resembles a production line from input to output, which is linear, unidirectional, time bound and delivered in a ‘ready to use package’ (Alvarez et. al. 2010). Those who write about knowledge translation as a ‘thing in itself’, or as a particular problem area for creating a knowledge economy, see it as a dynamic, challenging, often circular and multidirectional process at its best (Rich, 2001).

Translating knowledge goes well beyond the more traditional notion of research dissemination. It counters the liberal academic idea that research should simply be published in a peer-reviewed journal and ‘taken up’ by others in whatever form they may choose without any direct researcher engagement or responsibility. In the Aoteaora context there have been explicit requirements for researchers to address such items as ‘implementation pathways’, ‘proposed economic impacts’, ‘knowledge implementation plans’ and ‘technology transfer’ in project proposals. These requirements have forced researchers to either take greater responsibility for the post-research process or to share responsibility for the research as a whole. Some of the practical strategies that have been used by researchers are to negotiate formal agreements with stakeholders around intellectual property; undertake direct engagement with Government agencies to align their research with policy cycles; and to produce user-friendly resources.

In decolonising and Indigenous research methodologies, knowledge and ways of knowing as epistemological and ontological concepts are held together in a productive tension. Indeed some Indigenous languages may not differentiate the epistemological from the ontological as the words for knowledge and knowing may be the same. An example of this will be discussed later, around the concept of Wānanga. Knowledge sharing and knowledge reciprocity value the collective responsibility for knowledge as it journeys and shifts shape and form, from empirical to spiritual, from story to policy, from evidence to performance, from report to dialogue, from protest to policy. Knowledge sharing honours the connection between the people who helped produce the knowledge and the diverse forms into which knowledge can be transformed (Cram & Mehtens, 2015). Knowledge is considered part of the relational world and an important dimension of transforming colonial conditions and informing decolonising futures (Moewaka Barnes, 2011; Smith, Maxwell, Temara, & Puke, 2016; Tuck, Yang, & Smith, 2018).





# Kaupapa Māori Co-production of Knowledge

Indigenous research approaches grapple with two interwoven threads of inquiry. The first is based on self-determination and Indigenous sovereignty, and the second on decolonising knowledge and systems (Smith, 1999). The self-determination and sovereignty line of enquiry focuses on such things as Indigenous knowledge, methodologies, language and cultural revitalisation Indigenous nationhood, governance and well-being, Indigenous philosophies, visions, aspirations and the exercise of Indigenous rights. The second approach focuses on reframing knowledge systems, engagement and participation with systems of the settler nation state, recognition of Indigenous rights, reconciliation strategies, social justice and wider social and economic transformation.

The role of knowledge is critical in both threads of inquiry. The international literature uses terms such as traditional knowledge, traditional ecological knowledge (TEK), Indigenous knowledge, local knowledge and tribal knowledge (Smith et.al. 2016; UNESCO, 2019). Traditional knowledge includes diverse types of knowledge, not just the knowledge of Indigenous Peoples, and is generally viewed as understandings and practices that are passed down mostly unchanged over generations. It is the knowledge that pre-dates research and modernity. Traditional ecological knowledge is the specific field of ecological environmental knowledge that has been documented by ecologists, biologists and environmental scientists. Indigenous knowledge is explicitly linked to the emergence of an international Indigenous rights movement, the UN Declaration of the Rights of Indigenous Peoples and recognition as self-determining Peoples (Mead & Ratuva, 2007; Posey, 2004).

A critical understanding in relation to Indigenous knowledge is that Indigenous Peoples have continued to create and produce knowledge despite the impacts of colonisation (Smylie, 2011; Smith et.al., 2016). While their cultural and social adaptation strategies for survival have been dismissed as evidence of the demise of their knowledge and loss of identity, they have in fact integrated new knowledge, new places, new relations, new circumstances and new references into what and how they know. Those Indigenous Peoples who still survive to claim their identity did not suddenly stop knowing, imagining or creating stories, narratives, meanings and insights. This idea is summed up nicely in the question asked by Jonathan Lear (2008) in his book *Radical Hope - What do we do ethically when faced with complete cultural devastation?* As answered more than a hundred years ago in a Māori haka, *Ka mate, ka mate, ka ora, ka ora. We die, we die or we live, we live.* By living we continue to breathe, to dream, to create, to know and to be. Indigenous Peoples have had to rely upon the conceptual resources, instructions, wisdom and tenacity of their ancestors to survive colonisation. It has taken more than resilience and resistance and its cost has been devastating for Indigenous languages, cultures and nations.





Understanding these points opens possibilities for contemplating Indigenous knowledge as constantly evolving, with the potential to create and co-create new Indigenous knowledge that fits with our times and contexts while remaining connected to our values and identities. Co-design, co-production, participatory action and Indigenous research approaches provide methods and strategies that facilitate, and at their best ignite the emergence of new research knowledge and new Indigenous knowledge (Parsons, Fisher & Nalau, 2016). In the wider context co-design and co-production are strategies used across different development projects, professional and institutional domains, science and policy, and real-life change programmes involving multi-disciplines, multi-stakeholders multi-funders and multi-next users. (Jasanoff, 2004) In most cases where Indigenous communities are involved in co-production, the aim is to facilitate opportunities for Indigenous knowledge to inform the production. Indigenous communities are not normally the hosts of co-production projects and Indigenous knowledge is not normally the 'norm' knowledge in the room. A Kaupapa Māori approach to co-production assumes that Māori are the principal hosts and Māori cultural protocols will inform the taken-for-granted social processes of any gathering of stakeholders and experts; that Māori knowledge is a critical part of the discussion and designing of solutions; and that Māori participation includes but is not limited to formal and ceremonial processes.

The knowledge translation challenge for decolonial and Indigenous methodologies is to ensure that research knowledge has a positive transformative impact for Indigenous communities and contributes to Indigenous aspirations for self-determination and well-being (Moewaka Barnes, 2011, Smith, 2012). If public policy agencies struggle to cater for, engage with and provide active support for Indigenous concerns, how then does Decolonising and Indigenous Research get heard, engaged with and included in policy making? Put more simply, how does decolonial and Indigenous research talk up to Power? And how can Power engage with Indigenous knowledge in productive ways to create social benefits? Similar questions can be framed around influencing practice, system behaviour, intervention and programme designs, product development, service delivery, evaluation approaches, community knowledge and public understandings.

## Thought Space Wānanga: Principles and Protocols

Thought Space Wānanga is based on principles of Kaupapa Māori theory and research, and other Indigenous methodologies, including Indigenous principles and protocols around respect, relevance, reciprocity, and responsibility (Kirkness & Barnhart, 2001; Pihama, 2001). Kaupapa Māori research principles as first articulated by Graham Smith (1990) identify the importance of Indigenous identity, stories and knowledge, relationships and collective responsibilities, the need for research to address and mediate the challenges we face, the normality of being Māori or being Indigenous, and the significance of Māori cultural protocols and language.

The relational dimensions of Indigenous knowledge, ways of knowing and being, and relationships between humans and their environments are critical to the design values of Thought Space Wānanga. The Māori word wānanga is used as both a noun and a verb. As a noun, it is defined as tribal knowledge including philosophy, as an instructor and wise person and as a seminar, conference or forum. A Whare Wānanga is a traditional institution of learning and describes the formal teaching and learning philosophies, pedagogies and protocols that were practiced when the wānanga was in session. As a verb it means to meet, to discuss, to deliberate. A shorthand way, in the English language, of understanding this dual use is that a wānanga is a space/place that people attend to wānanga about a topic of focus. Pohatu and Warmenhoven (2007:120) say that "through wānanga we are able to reflect and (be) reminded of our place in the universe". They highlight that Wānanga provide a culturally determined space for the transmission of knowledge and that Wānanga disrupt and decolonise traditional western methods by positioning the collective production of knowledge as central, including knowledge translation, rather than just relying on research outputs and a repositioning of researcher/researched relationships.

We have drawn on the protocols, structure and process of community-based wānanga that have been practiced for generations, to conceptualise a contemporary space/process to share research knowledge, discuss policy and practice implications and co-design translational strategies that will have positive impacts for Indigenous communities. These ideas have been refined through a series of research projects that have considered ways to reinvigorate the exercise of Indigenous intellectual and cognitive sovereignty and affirm a decolonising of the mind (L. Smith, 2018). The protocols of Thought Space Wānanga include mihimihi or greetings; karakia or acknowledgements; whakawhanaungatanga or relationship building; a commitment to the kaupapa (purpose of the Wānanga); kai (food); and poroporoaki (closure, reflections and farewells). Each protocol is considered critical to transitioning people through time and space to make the Wānanga and each participant open and ready intellectually, emotionally, spiritually, socially and relationally. In a Māori community context, these protocols can be more or less formal and long, or more or less informal and brief; in other words they vary according to specific Iwi contexts and circumstances. Rather than seek to fix cultural protocols in contemporary contexts as if Māori culture is one-dimensional, we have evolved our protocols using a 'more or less' approach based on our context and circumstances, our participants and our resources.

The thought space dimension signifies that the expectations of the Wānanga are for participants to engage in active and collective thinking and problem solving; not just 'talk'. While in Wānanga, or in session, tikanga (practices and protocols) dictate the expectation that what is said in the room stays in the room. The participants are invited because of their expertise as professionals, policy analysts, leaders of providers, key influencers in Government agencies and community activists. The protocols of the Wānanga create a space that is safe and in which participants are free to think openly and outside their specific organisational employment roles.

Thought Space Wānanga can be planned as a sharply focused 3-hour session or expanded to a 2-day session, depending on the scope of the topic. The session is facilitated by a senior researcher who guides the participants through the whole process. After the opening protocols the facilitator sets out the expectations and the plan for the day. The session typically begins with a stimulus presentation that goes through the research and offers tentative, mostly high-level findings. Sometimes an international expert in the field has been invited to set a wider context for Indigenous Peoples. This is effective in widening the frame of reference for participants beyond their experiences and immediate concerns. The thinking work of the participants is set by the facilitator, who leads the Wānanga through a series of group activities designed to synthesise knowledge, explore applications, identify limitations and highlight other possible scenarios. The intentions are to provoke deep-level thinking, test the credibility of the findings at a practice level and then apply that thinking to specific contexts, which may be policy, provider, community or practitioner oriented. The activities are designed as short, intense bursts, each lasting about an hour.

Some of the Kaupapa Māori and decolonising pedagogical tools that may be used during a Wānanga include sessions on the relevant mātauranga concepts; framing and reframing of language and discourse; Indigenous story work; building transforming agenda; collective ownership and leadership; solutions focused for providers, clinicians, community organisations and government agencies; and developing good media strategies. Activities take place with large or small groups, which may be specially selected by the research team, or randomly brought together, or may involve the entire Wānanga, including support staff.

Combined with a research symposium enabling participants to be able to interact with international and local researchers, 150 participants were invited through the networks of providers working in the area of trauma informed care. These networks included Māori and other social service workers, portfolio managers from Government Agencies, individual professionals and social media contacts. The research project was coming to an end and the research team were able to present tentative ideas and findings to participants for feedback. Participants could also question and think about the relevance or implications of the project for their work. They were able to ask questions about the methods and limitations of the research.

Professor Linda Tuhiwai Smith facilitated the Wānanga and took participants through a series of group discussions designed to share their own work with each other, synthesise their learnings from earlier speakers, critically discuss their own theories of practice and practices of theory, and co-design some new practice and policy strategies. The participants had different professional roles; for example, health workers, home health carers, drug and alcohol counsellors, psychologists, social service provider managers, Government policy analysts, elders and community advocates. The discussion groups were self-selected initially and then augmented with smaller groups merged into larger groupings. The role of the facilitator was important in stimulating the discussions and taking everyone through a process with expected outcomes. This included being clear about respecting each other, sharing from an open-hearted place, and working together to design solutions. The cultural values were embedded with the use of Māori language. Evaluation forms were given out at the end of the Wānanga.

In Kaupapa Māori and Indigenous research, there is a very powerful driver to translate research into positive and transformative outcomes for Indigenous Peoples, nations, communities, and families (Chilisa, 2011 Robson & Harris 2007; Wallerstein & Duran, 2006). Being committed to sharing knowledge and translating research into direct and positive transforming outcomes is something researchers have to express, think through and anticipate in their projects (Smith, 1999; Tuck, 2009). The research is also expected to answer questions the Indigenous community may have rather than questions the settler state has, using methods that communities find meaningful and relevant. This is a critical intent of Indigenous research (L. Smith, 1999). Therefore, we must provide a range of translation activities that align to the aspirations of Indigenous communities. We have seen an increase in creative processes such as art exhibitions, digital storytelling, children's storytelling and feature documentaries as knowledge translation processes and outputs. These processes are decolonising in that the focus of such knowledge translation prioritises Indigenous communities rather than settler state governments and their agencies. The Thought Space Wānanga process used in this project is one such mechanism, through which the research team sought to ensure that engagement with government agencies, social service providers and organisations and those involved in policy development was a purposeful part of the research translation process.

# Māori Research and Public Policy

In Aotearoa the main 'official' driver for improving research translation is the government and research funding mechanisms. As the largest funder of research, the government wants to see 'value for money' and a translation of publicly funded research into wealth in this country. This approach clearly links knowledge creation to wealth creation and is a view embedded in the embrace of neo-liberal economic thinking by successive governments. Knowledge creation for its own sake is supported through only source of one funding, while most funded research is expected to deliver outcomes and impacts. In this environment, research institutions have had to build infrastructures with dedicated resources to support research translation. Most of the effort and support is in the commercialisation space, with an emphasis on intellectual property, technology transfer and the development of startup companies.

In the social space, there is also an expectation that research will provide evidence for social policies. The notion of evidence-based public policy is as much a driver for research translation as is commercialisation. However, as many others have noted already, the pathways from research to public policy are not straightforward across domains ranging from health to science and technology (Boaz, Baeza & Fraser, 2011; Jasanoff, 2009). As argued by Boaz et al. (2011) in terms of health research 'challenges remain in translating research into policies and practices that improve patient care.' Similarly Jasanoff (2009) addresses the challenges for policy makers to draw on science knowledge to inform their work. Indeed what constitutes 'evidence' and how evidence stacks up against political campaign promises is part of what is contested in the process of making or changing policy. There are multiple reasons why research and policy may be disconnected from each other. Research currently relevant to policy may have been completed years ago or not undertaken at all because the questions are new. New research may present findings and implications for which there is no obvious policy agenda. The government has other priorities. Research may be answering questions government has no interest in resolving. Policy officials may not see the implications of research in their work, or have a strong view of what research they need to consider and what research is not worthy of their attention. Ministers of Government, Parliamentary Select Committees, Government Reviews, Commissions and the sheer churn of policy work makes for a dynamic context in which research itself may not be a priority. This all assumes, of course, that science, truth and reliable knowledge actually matter in national and international governance, which is not a stable proposition in many countries.

In seeking to influence policy change on a national level it may seem natural that all three drivers of translation: government economic policies, government social policies, and Indigenous research, would converge seamlessly into a synergy of translation. However, as other Indigenous researchers have stated, the relationship between a settler state government and Indigenous Peoples is deeply problematic (Coulthard, 2014). A relationship forged in contexts of invasion, war, colonisation, assimilation, cultural destruction, Treaty betrayals, the seizing of lands, and forced removal of children, which have continued through to the 21st Century without seriously addressing Indigenous rights, is not the best formula for working together to co-produce policy for mutual benefit. Even in countries like Aotearoa, which have undertaken a number of Treaty of Waitangi Settlements with Iwi (Māori tribes/collectives) and have had some history of engaging in Māori ideas and language, there remains a fundamental failure to address the core structural issues that challenge the assumption of settler state sovereignty. Research that is led by Māori and engages with Māori communities is still marginalised by Government agencies, despite their claims to be creating evidence-based policy. Even when included in policy discussions and invited as experts to participate in making policy representing 'the Māori voice' is inevitably part of an asymmetrical process that consigns Māori research and ideas to a limited array of speaking parts.





## Summary

Thought Space Wānanga provide a space within research such as 'He Oranga Ngākau' to engage in Kaupapa Māori methods in the knowledge translation and dissemination space. It is important to share this process as an example of decolonising and transforming knowledge translation as it has had a significant impact on the sharing of the findings of this research with a wide range of Māori groups and organisations that are engaged in providing support in the area of trauma healing. There are opportunities and constructive challenges in facilitating conversations with a diverse group of participants, even when they are mostly Māori or Indigenous. One of the significant challenges was related to the roles and boundaries of the many professional groups who work in the trauma informed care arena. These professions, including social work, nursing, psychology, counselling and medicine, are governed by their professional codes of conduct, professionally guarded paradigms of care and protocols for working together in western clinical contexts. These relationships often function within a hierarchy of status in clinical settings, although demarcated by their distinct specialisms. If not invited explicitly to think above and beyond their professional backgrounds the potential to 'talk past each other' or 'talk around each other' can be very limiting. For those outside that matrix of professions, including clients and the victims of trauma, the boundaries and discourses can be difficult to understand and frustrating to unpack. This can be even more profound for Māori and 'Other' groups who are generally seen by mostly white professionals.

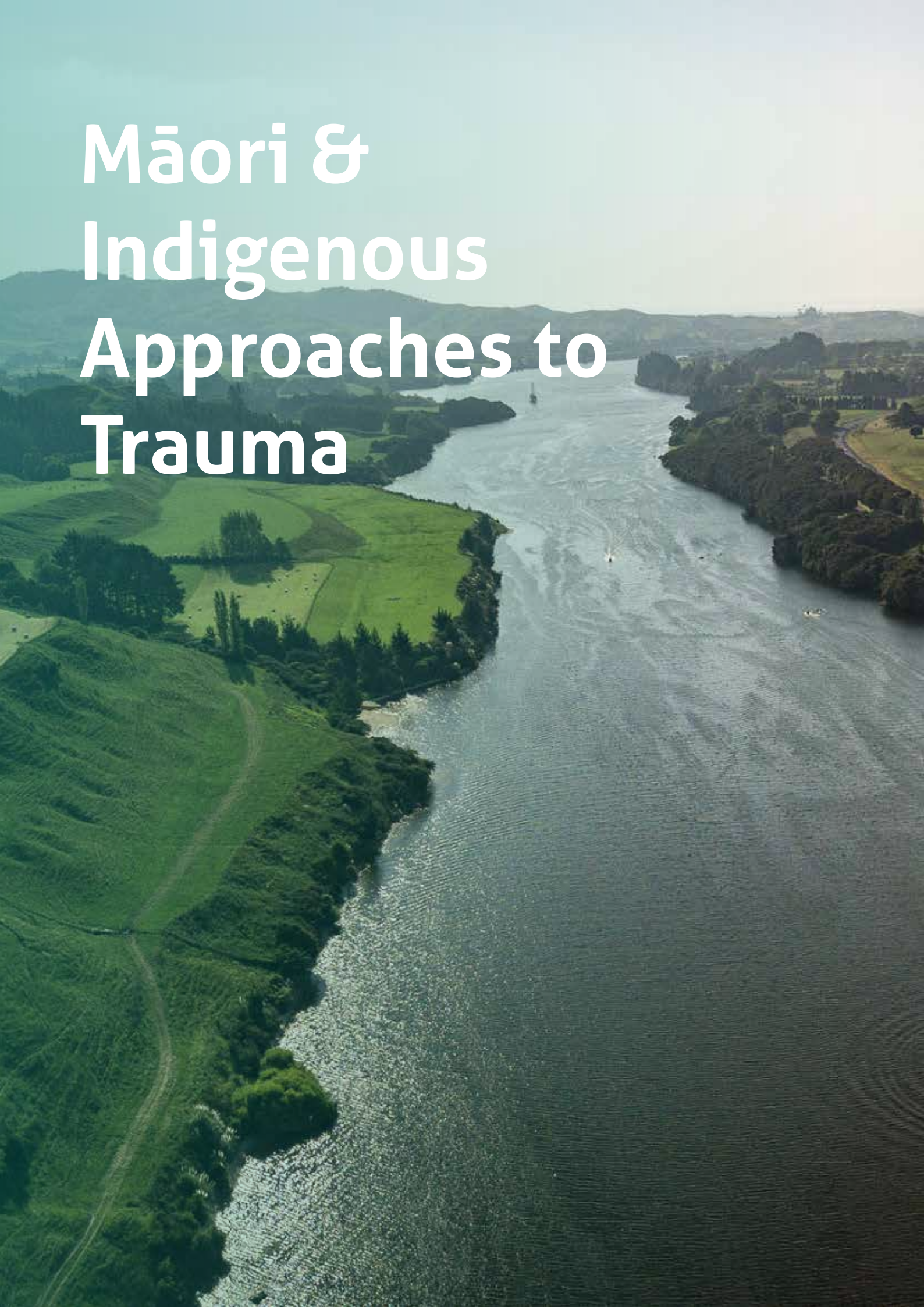
Māori social service providers that are not western-based clinics generally seek holistic and collaborative approaches grounded in kaupapa Māori protocols and practices, and there is a greater insistence that professionals work collaboratively. Mātauranga Māori and tikanga (practices) were used to reframe the conceptual and discursive way 'the problem of trauma' was defined in current trauma informed care practice. Participants were invited to think in a relational, Indigenous and Māori knowledge framework, and to use that thinking to generate insights into the ways in which trauma work involves relational concepts and care strategies. These include different epistemic understandings of western ideas about mind/body, individual/collective, self/other, illness/wellness, and dependence/independence. The task is not to ditch current good practices but to understand why many good practices do not work well with Māori and to adapt and incorporate, if not transform, their practice models. Thought Space Wānanga provides an opportunity to reach deeply into the collective skills present in the Wānanga to co-design new strategies that can be taken back or taken up to their work settings.

One of the significant opportunities provided by the Wānanga was to share knowledge and practice across contexts. Policy experts were able to feed in current or new policy thinking and suggest ways to influence policy discussions. Providers were able to share their experiences with funding or sustainability issues in their organisations and discuss strategies of mutual benefit. All groups had many stories to tell about their successes and frustrations. The process of infusing policy and provider thinking with the ideas and findings from the research was useful as a translation process but clearly more has to happen to shepherd research findings all the way through to impact.

What happened next? This particular Thought Space Wānanga provoked immediate responses from some participants who were senior leaders in their organisations. Some of the providers sought permission to use our kaupapa Māori framework in their practices. Other providers became proactive in providing professional development for their staff so they could engage in Kaupapa Māori trauma informed care strategies. The research team were invited by policy agencies to present their research and hold a symposium in Wellington where public policy agencies are located, so that more colleagues could attend. One discursive change that Māori research has influenced more broadly is the wider use of terms such as intergenerational historic trauma, trauma informed healing and the linking of colonial actions to trauma and healing in the 21st Century.



# Māori & Indigenous Approaches to Trauma



# Māori & Indigenous Approaches to Trauma

## Introduction

This section is focused on providing a discussion of some of the key issues raised by Māori and Indigenous Peoples on the construction and understanding of 'trauma' within our communities in order to contextualise the wider project aims to (i) provide critique of dominant notions of 'Trauma Informed Care' as they are currently being articulated in Aotearoa and (ii) to locate trauma within collective Māori and Indigenous understandings.

The Māori trauma informed body of literature developed in Aotearoa focuses on the impact of colonial trauma on whānau, hapū and iwi since the early 1800s. Māori authors have focused on understanding the impact of colonial historical and intergenerational trauma on whānau, hapū and iwi. The literature articulates a grounded tikanga practise that enables Māori trauma informed healing approaches to be used by Māori healing practitioners within the Māori community social service, and health providers and Māori professionals within the psychiatric and psychological sectors. The current literature on Māori Trauma and Healing approaches has provided a dialogue that is contextualised within Te Ao Māori, examining/critiquing the impact of over two hundred years of colonial trauma. More importantly, it has opened up wider conversation with whānau Māori that helps them to understand those colonial trauma attacks/events on Māori communities. This knowledge allows whānau to make sense of the challenges they are attempting to manage in their lives. This profound meaning making (when contextualised) that lies within the knowing and understanding of the oppressive colonial history of Aotearoa is a fundamental foundation block for healing. The impact of colonial historical and intergenerational trauma on whānau, hapū and iwi has been devastating for many Māori communities. The results of land wars, the theft and confiscation of Māori lands and the influence of imperial and continued colonising practises have contributed to the excessive levels of trauma that are experienced and affect whānau, hapū and iwi today.

One of the criticisms of current western trauma approaches is that definitions and associated therapeutic structures hold a dominant position, with little acknowledgement of the monocultural nature of the work. Wirihana and Smith (2014) highlight the limitations with regard to western definitions of trauma to engage more deeply with Indigenous experiences:

*Trauma research in the field of psychology developed in the 1980s when Vietnam War veterans were first diagnosed with post-traumatic stress disorder (Briere & Scott, 2006). Since this period, research in this field has prioritised psychological theory and practice which focuses specifically on individual experiences of single trauma incidents. For example, the recently revised Diagnostic and Statistical Manual for Mental Disorders, 5th Edition defined trauma as "exposure to actual or threatened death, serious injury, or sexual violence" (American Psychiatric Association, 2013, p. 271). This includes being witness to such an event, having a close family member or friend who has suffered from a traumatic event, or experiencing repeated aversive exposure to the event. These definitions emphasise individual and actual events allowing for clear and succinct diagnostic utility, yet they fail to account for long-term chronic and complex individual and collective trauma. In addition, they do not allow for experiences of historical trauma due to assimilative colonial practices, which have occurred for Indigenous populations worldwide. (p.198)*

Diverse experiences of trauma are often said to be silenced in this context and there are calls for trauma services to fully integrate the political conditions and wider contexts in which people live (Burstow, 2003). Reeves (2015) notes that there is a growing body of literature relating to trauma informed care in diverse settings and contends that an "understanding of the experiences and needs of survivors of different types of trauma, as well as those of health care providers, is missing from current literature on trauma-informed physical health care" (p.704). Reeves provides little discussion in terms of diversity in relation to either race or ethnicity; however, she advocates for more research to be undertaken that is inclusive of more diverse participants, stating



*Because trauma-informed care is patient-centered care, it is important to understand how trauma occurs within the context of culture, and how culture affects the ways in which meaning is attributed to trauma. Culture affects trauma symptoms, health care experiences and, subsequently, the provision of trauma-informed care. Future research also should explore relationships between other demographic factors, such as race, socioeconomic status, and education level and the health care experiences of trauma survivors. (p. 706)*

Trauma Informed Care is not a new concept in Aotearoa Mental Health and Addiction Services settings. Some form of Trauma Informed Care has always been present in various treatment modalities in both the Mental Health and Addiction Services sectors, given that clinical practice includes diagnosing and treating labelled behaviours such as Post Traumatic Stress Disorder (Taft et.al, 2007). A range of trauma types are readily recognised in clinical practice, ranging from acute trauma - usually characterised by recent traumatic events (Bryant, Sackville, Dang, Moulds & Guthrie, 1999) – to complex or chronic trauma caused by prolonged or repeated traumatic events over a lifetime (Taft et.al, 2007). What continues, however, is the ongoing marginalisation or dismissal of Kaupapa Māori-based approaches to both trauma and healing in Aotearoa. What is clear from the discussions held during this project is that mātauranga and tikanga Māori are critical foundations for healing from traumatic experiences for Māori in both personal (individual) and collective contexts. This will ensure culturally congruent Māori approaches to Trauma Informed Care are maintained at the centre of our healing practices. This is also not a new position; in fact it is clear that our people have been saying for many years that reconnection, revitalisation and reassertion of Māori healing practices are critical for the wellbeing of current and future generations.

For Māori working across a range of health and wellbeing contexts, trauma research specific to Māori and Indigenous peoples is being actively engaged in (Lawson-Te Aho, 2013; Pihama, Reynolds, Smith, Reid, Smith & Te Nana, 2014; Waretini-Karena, 2014; Cameron, N., Pihama, Kopu, Millard, Cameron, A., 2017). For many Indigenous Peoples a compelling drive to better understand trauma, its impact and the importance of trauma-informed care is provided by the disparities in health and high levels of trauma amongst Indigenous Peoples (Walters, Evans-Campbell, Simoni, Ronquillo & Bhuyan, 2008; Million, 2013). These disparities are also well known in Aotearoa for Māori (Harris et al., 2006).

## Māori & Indigenous Views on Trauma

For Māori, trauma experienced across generations is connected to colonisation (Mead, 1994; Pihama, 2001; Pihama et al., 2014), and is perpetuated by systemic, institutional and interpersonal racism that has been linked to the incidence and prevalence of ill health (Harris, Tobias, Jeffreys, Waldegrave, Karlsen & Nazroo, 2006). The impact that colonisation has had on Māori identity has been highlighted and includes the inability to identify positively as Māori, which leads to what Durie (1998) calls 'trapped lifestyles' characterised by the absence of a feeling of belonging in either Māori or non-Māori contexts. In terms of what we currently know about positive identities in the Māori population, evidence suggests that less than a third of all Māori positively identify as Māori (Durie, 2001). A focus on what have been described as "cataclysmic events" within Historical Trauma literature (Walters, 2007), and how these have impacted on Māori has the potential of further expanding Aotearoa-based research that seeks to enhance Māori health and wellbeing outcomes (Pihama et al., 2017).

Braveheart (1999) argues that from an Indigenous perspective definitions of trauma must be inclusive of collective experiences, including cumulative emotional and psychological wounding that is intergenerational. Cognisance of the collective, historical and cumulative nature of trauma in this sense is imperative to the provision of effective healing intervention and research into Trauma Informed Care. As Duran and Firehammer (2015) explain, "It does not suffice to study phenomena out of context because most of the people living in Native communities have a deep understanding of how history has impacted them" (p. 96). Research that focuses on Māori experiences of historical and intergenerational trauma is increasingly being undertaken in Aotearoa and highlights issues that are impacting heavily on Māori, including suicide (Lawson-Te Aho, 2013), sexual violence, imprisonment and disconnection from land (Pihama, Reynolds, Smith, Reid, Smith & Te Nana, 2014; Walters, Beltran, Huh & Evans-Campbell, 2011). Researchers and health practitioners have documented the extremely high prevalence of trauma-induced illnesses and the ways in which trauma continues to impact upon the wellbeing of Indigenous Peoples on a daily basis (Bowie, 2013; Huckshorn & Lebel, 2013).

Studies related to the interface between culture, trauma and wellness show that Native/Indigenous peoples experience higher rates of personal trauma than non-Native/Indigenous (Balsamet al., 2004; Waldram, 2012.). In Indigenous contexts, trauma can be viewed as a contemporary manifestation of the succession of systemic assaults perpetuated through colonisation and oppression, including genocide; ethnocide (systemic destruction of life ways) forced removal and relocation; health-related experimentation; and the forced removal and placement of Indigenous children. These

traumatic assaults are referred to as historical trauma and can lead to wounding of the spirit or soul (Waldram, 2012; Walters et al., 2008). Indigenous studies on the interface between culture, trauma and wellness identify that Native/Indigenous peoples experience higher rates of personal. The concept of a 'damaged communal self' presents a challenge to western scientific constructs that reify the individual (Couture, 1994, p. 15).

Indigenous Peoples understand trauma from an historical and intergenerational perspective that is built on an awareness of systemic assaults perpetrated through colonisation and oppression. These assaults carry many labels and include genocide, ethnocide (systemic destruction of life ways), forced removal and relocation of Indigenous communities, health-related experimentation, and the forced removal and placement of Indigenous children. The ways in which historical events can impact across generations are well studied in research that aims to highlight the nature of collective experiences of peoples including Holocaust survivors (Braveheart, 2000; Evans-Campbell, 2008; Kellerman, 2001; Krieger, 2001). Intergenerational transmittance of trauma has been discussed in both an Indigenous and a science context (Linklater, 2014). Soul wounds are described as trauma that stems from historical events that continue to impact over time and across generations (Duran, 2006) along with oppression (including all forms of racism) that, left unrecognised, is internalised by populations (Braveheart, 1999).

Duran (2006) writes that within the Native community people talked of issues related to "spiritual injury, soul sickness, soul wounding and ancestral hurt" (p 15). Each of these concepts provides an understanding for why developing a Māori approach to Trauma Informed Care is important in order to engage in ways that provide healers, counsellors and providers of services with frameworks inclusive of both personal and collective trauma and their impact on a spiritual and soul level. Linklater (2014) states that trauma is "an emotional shock that may have long-lasting effects". Discussions of 'soul wounding' in Native communities challenged some of the fundamental understandings or misunderstandings of western psychology, as Duran (2006) writes he was unable to find any reference to 'soul wounding' or even the 'soul' in psychological literature at the time. He describes the 'soul wound' as follows:

*Soul wound, is a wound to the soul of Indian people that is felt in agonizing proportions.... Once the core from which soul emerges is wounded then all emerging mythology and dreams of a people reflect the wound, spiritual injury, soul sickness, soul wounding, and ancestral hurt.*

O'Neill (2005) notes that "in traumatic situations, all those integrated components of the embodied response – arousal, attention, perception and emotion – tend to persist in altered and exaggerated states long after the specific danger is over". Burstow (2003) states that "trauma is not a disorder but a reaction to a kind of wound. It is a reaction to profoundly injurious events and situations in the real world, and indeed a world in which people are routinely wounded." The impacts of group trauma experiences are often given recognition in prevalence data that represents a set of negative behaviours within a defined population, including, for example, violence, substance abuse, and poverty (Walters et al., 2011; Yellow Horse Brave Heart, Chase, & Elkins, 2011; Duran & Firehammer, 2017). However, as the United Nations Permanent Forum on Indigenous Issues (2010) points out, there are also disproportionately high rates of human rights abuses that sit alongside those, including poverty, violence, crime and ill health.

Yellow Horse Brave Heart et al. (2011) point to what they describe as "...elevated chronic trauma exposure..." (p. 283) in a collective historical context. For Indigenous peoples, it is important to understand trauma in a collective, intergenerational frame, away from an individualistic view that tends to focus solely on negative behaviour (Duran & Firehammer, 2015; Duran & Firehammer, 2017). The collective, intergenerational frame explains prevalence rates and crisis statistics as outcomes of trauma, as opposed to being a deficit within the group (Duran & Firehammer, 2017). This frame also explains how racism and other forms of systemic discrimination create myths around particular ethnic groups (Carter, 2007). Swanson (2012) draws links between historical traumas of the past, current traumatic events and ongoing marginalisation, noting:

*Trauma affects people from all races, ethnicities, nationalities and socio-economic backgrounds. However, Indigenous Peoples may experience trauma differently than their majority population peers due to traumatic histories of colonisation and ongoing marginalisation (p.vi).*

Moran and Fitzpatrick (2008, p.153) state that "trauma is a sudden harmful disruption impacting on all of the spirit, body, mind and heart that requires healing". In his article, 'Trauma and its wake: The study and treatment of post-traumatic stress disorder' Figley (1985, p. xviii) affirms that psychological trauma has been defined as "an emotional state of discomfort and stress resulting from memories of an extraordinary catastrophic experience which shattered the survivor's sense of invulnerability to harm." On the other hand, Phillips (2008) talks about three areas of trauma experienced by Indigenous peoples:

*Situational trauma - trauma that occurs as a result of a specific or discrete event, for example from a car accident, murder or being taken away. Cumulative trauma - it is subtle and the feelings build over time, for example racism. Inter-generational trauma – if trauma is not dealt with adequately in one generation, it often gets passed down unwittingly in our behaviours and in our thought systems. For example, if you want to heal children and youth, you have to heal yourself as well to break the cycle (p.1).*

Importantly he notes that, “for Indigenous peoples who have experienced trauma as a result of colonisation, dispossession and dislocation, as well as the trauma of on-going racism, family violence and other events, often all three forms of trauma are applicable” (pp. 2-3). Trauma in this context can be defined as an event, or series of events, that is psychologically overwhelming for an individual, family or community (Atkinson, 2013; Walters et al., 2008). In the context of Indigenous peoples, trauma can be viewed as a contemporary manifestation of the succession of systematic assaults perpetrated through colonisation and oppression, including genocide; ethnocide (systematic destruction of life ways); forced removal and relocation; health-related experimentation; and forced removal and placement of Indigenous children. Indigenous understandings of trauma include an historical and intergenerational awareness of systemic assaults perpetrated through colonisation and oppression, including genocide; ethnocide (systemic destruction of life ways); forced removal and relocation; health-related experimentation; and the forced removal and placement of Indigenous children (Duran & Duran, 1995; Walters & Simoni, 2002; Million, 2013; Pihama, et al., 2014). These historical trauma events also manifest in intergenerational violence within our communities, which is intensified through the imposition of heteropatriarchal ideologies and systems and which culminate in increased violence against Indigenous women, Takatāpui/ Two Spirit and children (Kerekere, 2017; Million, 2013; Hunt 2016).

Understandings of the impacts that historical events can have over generations within populations can also be found in studies that focus on people’s collective experiences, including Holocaust survivors (Braveheart, 2000; Evans-Campbell, 2008; Kellerman, 2001). Massive group trauma experiences impact on collectives of people and manifest in conditions and behaviours that are often reconstructed in dominant pathologising views as common traits belonging to Indigenous Peoples (Walters et al., 2011; Million, 2013; Atkinson, 2013). The fallout from massive group trauma experiences has been described as “the central role of colonisation and its aftermath” (Day, Jones, Nakata & McDermott, 2012 p.106), and is linked as a factor in the prevalence of violence within Indigenous communities (Million, 2013). This view acknowledges the ripple effect that colonisation has across generations, including inherited grief and trauma; dispossession of land; loss of traditional language and cultural practices; loss of traditional roles within culturally defined social structures; economic exclusion linked to the high prevalence of poverty; and difficulties confronting issues. Historical trauma is also linked to racism and discrimination and the way in which historical events and policies have created current myths and misconceptions about people of colour (Carter, 2007).

There is a growing body of work on epigenetics and historical trauma, which explores the impact of trauma and how it imbeds itself in our genetic material (Kellerman, 2001). This is not new for Māori and Indigenous Peoples. Our ancestors, both past and present, have consistently said that we hold memories within our whakapapa (cultural genealogical template) and that at the fundamental source of what it means to be human, te ira tangata, we hold ancestral memories that span generations. Therefore we hold both trauma and wellbeing memories that reach back to our ancestors’ experiences and have the potential to reach forward into the memories of future generations. As Michelle Johnson-Jennings states (He Oranga Ngākau Regional Hui, 2018),

*Historical trauma is key to the emotional psychological wounding over the life span and across generations so we know that this has occurred for most Indigenous peoples in the States, if not all. How it affects us as tribes and then as individuals varies but what we do know is that we have historical trauma in your past, which we all do, and then you have present trauma which is also very high in Indigenous people... It actually increases your risk for many health conditions and we know that it affects you behaviourally. It affects your brain, the reward sensitivity and it affects your neurological system; how your brain actually operates and functions even down to the genetic level, not that it changes your genes, but it’s the phenotypic expression of your genes so how your genes express themselves ... I’ll talk a little bit more about that but it can be reversed through our relationships with people and with our parents from early on and through our traditional healing practices. We know that can be healing and that the genetic changes are phenotypic expressions that could change and would put us more at risk for addiction. I look at substance use addiction as well as food addiction so that’s a new area as well. Some of my research participants ... will say my brother chose alcohol or some other drug whereas I chose food as my drug of choice and so we look at that as an addiction and something that we are more vulnerable to through the trauma. (Johnson-Jennings, personal communication Regional Hui, 2018)*



What is raised here is the intergenerational impact of the encoding of historical and colonial trauma, which then has the potential to manifest physically, culturally, emotionally, behaviourally, economically and materially for Māori and Indigenous Peoples. This requires us to ensure that any Māori approaches to dealing with trauma are multilayered, intergenerational and collective. As Johnson-Jennings (2018) continues, it is also critical that we call on the memories of the wellbeing and aroha of our ancestors as a part of affirming who we are, along with the strength and love that they have also embedded within our being.

*My ancestors and I'm sure your ancestors also have stories of ... whatever happens to you, you can pass on to your offspring; whatever trauma occurred to you, your offspring may have dreams about. Even a couple of generations out there may [be] dreams of that trauma and they are also at higher risk for health conditions. I want to say [though that] whatever intense, wonderful emotions they experience can also be inherited, so not only do we inherit their trauma but we also inherit their love and we inherit those emotions ...they experienced during that time ... so if you love a certain food, for instance, it could be that your great grandmother had a wonderful experience with that food; or if you love a certain situation it could be that one of your ... ancestors loved that situation as well. So when I talk about trauma I want to be sure that we remember we inherit both the good and the bad. It works both ways. We have riches in there as well ... that's a picture of my grandmother with her first offspring, which I like to remember, because she is a very strong woman. (Johnson-Jennings, personal communication Regional Hui, 2018)*

Māori experiences of both historical and colonial trauma and current collective trauma have been ongoing for close to 170 years. Million (2013) emphasises the violence of the impact of trauma on Indigenous Peoples, stating:

*Trauma supposes a violence that overwhelms, wounding the individual (and collective) psyche, sometimes suspending access to memory. The victims of traumatic events suffer recurrent wounding if their memory/pain is not discharged. (p.2)*

Similarly the Aboriginal Healing Foundation (2006) highlights the connections between past histories of injustice alongside the unique resiliencies of Indigenous Peoples as important elements of healing and treatment, stating:

*Healing, in Aboriginal terms, refers to personal and societal recovery from the lasting effects of oppression and systemic racism experienced over generations. Many Aboriginal people are suffering not simply from specific diseases and social problems, but also from a depression of spirit resulting from 200 or more years of damage to their cultures, languages, identities and self-respect. The idea of healing suggests that to reach 'whole health', Aboriginal people must confront the crippling injuries of the past (p. 2).*

For Māori, historical colonisation is marked by land alienation, a breakdown of social structures (Mead, 1994; Koea 2008), disruption of gender relationships (Mead, 1994; Pihama, 2001) violence at the hands of colonial forces (Stanley, 2002), extreme depopulation (Durie, 1997) and the intergenerational reproduction of inequality and disparities (Harris et al., 2006; Robson & Harris, 2007) and acts of ethnocide and genocide. Contemporary colonisation is seen in systemic, institutional and interpersonal racism including the ongoing negative stereotyping of Māori (Paradies, Harris & Anderson, 2008). Evidence of racism against Māori in Aotearoa shows that Māori are 10 times more likely to experience multiple forms of racism than Europeans/Other and that experiences of racism are associated with higher incidences of physical disease (Harris et al., 2006). Internalised racism, defined as the in-group acceptance of negative attitudes, beliefs or ideologies about members of stigmatised ethnic groups (Paradies et al., 2008), have also been discussed by Māori researchers in relation to the negative self-perception of being Māori reported by primary school-aged Māori children (Ramsden, 2002) and by Māori men (Stanley, 2002). As such the impacts of racism, are such that Māori experience personal trauma alongside the structural and institutional impacts. Trauma has therefore impacted both collectively and intergenerationally upon whānau and has been reproduced through the colonial systems and structures that continue to marginalise Māori in Aotearoa.

The severity and the ongoing impact of some violence calls us to act with urgency to explore, identify and develop practice principles that address how these experiences impact on Māori. Doing so transcends mono-cultural approaches to working with trauma and contributes to providing recognition of specific cultural trauma experiences, which is a significant step in healing for Indigenous peoples and other groups affected by collective trauma (Duran & Duran, 1995;

Braveheart, 1999). Conversely, lack of recognition is said to be linked to unresolved grief that can lead to internalised oppression, acted out in ways that include violent behaviour, and drug and alcohol abuse (Balsam et al., 2004; Braveheart, 1999). Research conducted in the context of Indigenous Australian children found that service providers working with all population groups who are affected by trauma need to provide for the specific needs of the communities they are working alongside. It has been noted that there is no single way to provide trauma-specific care; rather, practitioners and service providers need to identify the strategies and practices best suited to the needs and circumstances (including geographic location) of the individuals, families and communities they seek to support (Atkinson, 2013).

It is stressed within Māori literature and research that in order to shape healing from all forms of trauma, historical and contemporary, collective and individual, we must be cognisant and inclusive of such understandings (Koea 2008; Wirihana & Smith, 2014). This is also discussed by a range of Indigenous writers and practitioners. For example, Walters and Simoni (2002) present an “indigenist” model of Native women’s health, a stress-coping paradigm that situates Native women’s health and wellbeing in the larger context of colonisation and advocates for a range of cultural strategies as prevention and intervention. The model is grounded in empirical evidence that the historical trauma and contemporary discrimination experienced by Native women influence health and mental health outcomes. The model also incorporates cultural resilience, including as moderators identity, enculturation, spiritual coping, and traditional healing practices.

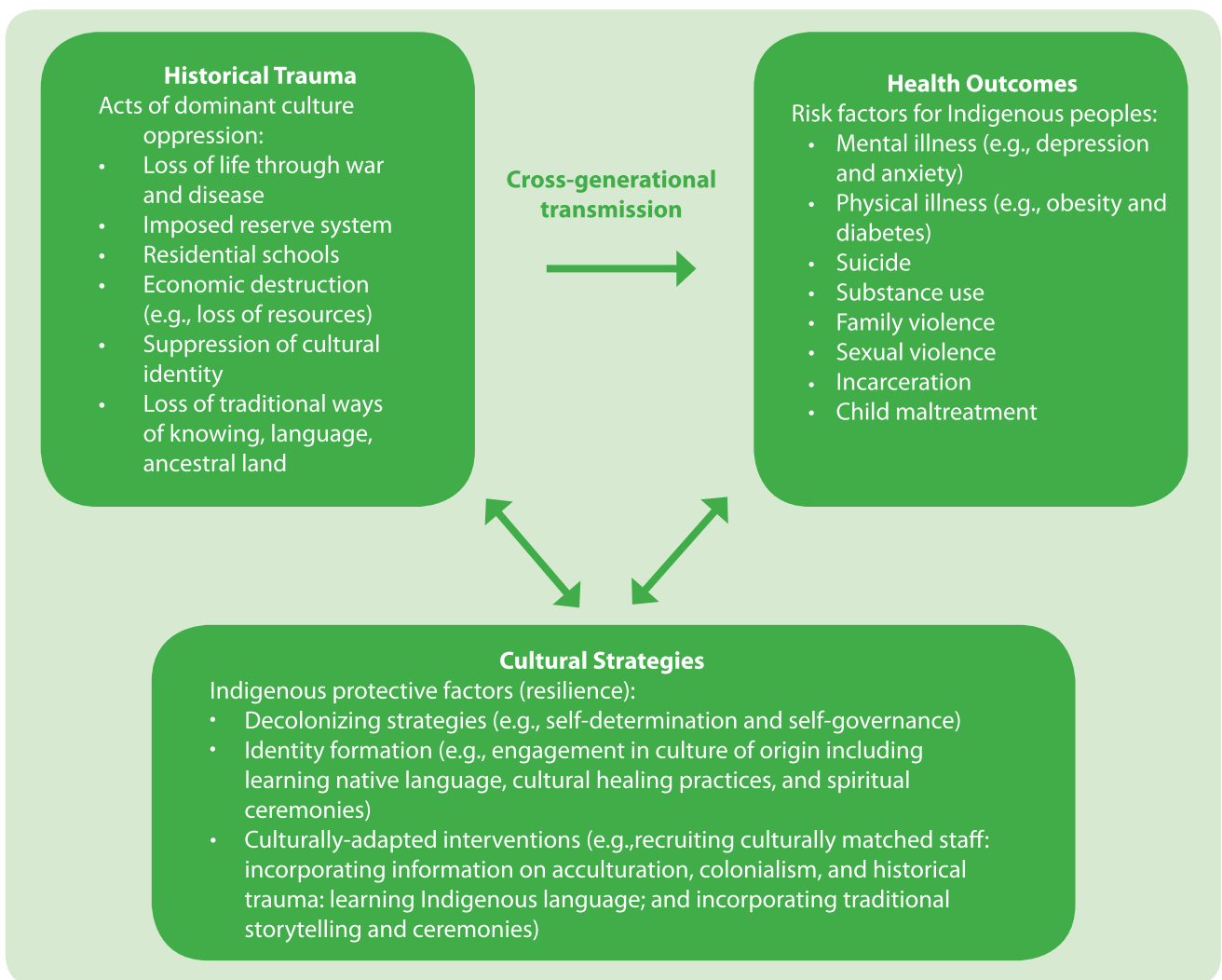


Diagram 1: Schematic model of possible causal processes of ill health in Indigenous people.

The model depicts the transmission of trauma across generations, the ongoing risk factors associated with historical trauma, and potential protective factors. Key to this discussion is the identification of the cultural strategies that provide protective factors and which also contribute to the development of healing processes.

In the Australian Aboriginal context the documented experience of trauma and research experts with regard to their delivery of trauma-informed services and trauma-specific care suggests that approaches informed by Indigenous culture show promise for supporting the healing and recovery of victims/survivors of trauma. Some examples of these

practices are art therapy, and yarning therapy, where story is a part of the therapeutic process, which helps to validate experiences. Success factors in these initiatives include: empowering clients to take control and do things for themselves; providing workshops that incorporate Indigenous cultural practices and therapeutic skills; and holding workshops that also provide appropriate training for people delivering the healing (Atkinson, 2013). As Bamblett and Lewis (2007) state, to develop healing pathways there must be a deep understanding of cultural concepts for Indigenous Peoples. They write:

*Culture is central to identity. Culture defines who we are, how we think, how we communicate, what we value and what is important to us. The trauma experienced by Stolen Generations demonstrates the devastating impacts of severing or weakening children's cultural and family connections. To know who they are, our children need to know their land, their ancestors, their mob, and their correct language. Knowing your family and your community is a vital part of the healing journey. Everything Aboriginal and Torres Strait Islander people and children need to start this journey is within us: spirituality and culture still flows strongly in our people. However, one size-fits-all approach to healing our children including reconnecting them to culture will not work. True healing for our people is not just about knowing 'Aboriginal' or 'Torres Strait Islander' culture generically. It is important to identify where you belong: to know your mob, your stories and your song lines, and to know where you fit in the environment (p. 49).*

Archibald (2006) explores colonisation, decolonisation and healing among Indigenous people in four nation-states. In this discussion, healing practices refer to models, approaches, techniques and initiatives that are based on Indigenous experience and that result in positive changes in people's lives. All of the examples have roots in Indigenous traditions, values and culture; many also include western or mainstream practices. Overall, seventeen projects and programs are profiled, including a health clinic in Aoteaora that employs traditional Māori healers, traditional Navajo peacekeeping in the United States, a best practice model for addressing family violence in Australia, and a "school of life" college program in Greenland. For example:

*Ground breaking research and theoretical work on treating the effects of intergenerational and historic trauma have emerged during the past decade. Such research opens the door to new approaches to healing that are especially relevant to working with survivors of residential and boarding schools. Learning about the history of colonisation, mourning the losses and reconnecting with traditional cultures, values and practices are becoming recognized stages of the healing process. Indigenous people in the United States, Australia and New Zealand, as well as Canada, are all addressing historic trauma, both at a theoretical level and within therapeutic practice. This supports an early finding of the Aboriginal Healing Foundation: education about residential schools is not only an effective way to dismantle denial, but it also acts as a catalyst for individuals to engage in healing. Secondly, cultural intervention plays a vital role in the health and healing fields. Solid arguments can be made in favour of embedding healing practices in the specific cultures, traditions and languages of Indigenous people, nations, tribes and communities (p. 32).*

Furthermore, Archibald (2006) highlights that where pan-Aboriginal approaches enable the sharing of Indigenous healing traditions, it is critical that we focus on our unique and distinctive cultural knowledge, practices and ceremonies in the development of healing approaches and programmes:

*...culturally appropriate healing interventions are most effective when rooted in local practices, languages and traditions. At the same time, urbanization and the cumulative effects of assimilation policies have left many Indigenous people alienated from their land and culture and, sometimes, their family. Specific strategies are needed to meet the needs of Indigenous people who do not have strong cultural ties; a relationship exists between histories, the social, economic and political environments and individual experiences. Therapeutic approaches to healing that incorporate Indigenous history will more effectively address root causes. At the same time, many individuals need therapeutic help to heal from deeply personal wounds or to address depression, addiction or the effects of physical and sexual abuse (p. 32).*



Duran and Duran (1995) note that a critical step is to support those who are seeking to reconnect with their culture and traditional understandings; this includes those practitioners who are working in areas of healing or providing therapeutic services. Furthermore, an increased awareness of historical factors reduces guilt and internalised oppression. Wesley-Esquimaux and Smolewski (2004) also propose that the healing process in Aboriginal communities must begin with the exploration of people's natural helping styles. They state that:

*First Nation people utilized several healing modalities to heal their communities and themselves. These included: exercise and the expression of emotion to restore balance; establishing social connections to create interconnectedness; and addressing spirits to achieve transcendence. All these modalities had one thing in common: they were intended to place an individual in the context of the community and were evolved around this concept (p. 6). Throughout the history of First Nations people, the definition of health evolved around the whole being of each person - the physical, emotional, mental and spiritual aspects of a person being in balance and harmony with each other as well with the environment and other beings. This has clashed with the western medical model which, until very recently, has perpetuated the concept of health as being "the absence of disease" (p. 6).*

## Revisiting Māori Notions of Cultural Safety

'He Oranga Ngākau' aligns with the concept of Cultural Safety as articulated by Ramsden (2002), and discussions on providing effective care to Māori should be viewed in this frame. Cultural Safety is important not only because of enduring inequalities in the incidence and prevalence of physical and mental illness (Robson & Harris, 2007) but also because of the principle of indigeneity and the recognition of Māori world views as a distinctive and legitimate frame for working with Māori who access health services.

For Māori, effective and contextualised provision of care has been articulated by Irihapeti Ramsden in her work on Cultural Safety. Ramsden (2002) conceptualised cultural safety as the ability for the health workforce to make the correlation between historical events, political agendas, economics and ill health. It includes an awareness of how social conditioning has shaped the health professionals attitudes, beliefs and practice, including attitudes and beliefs towards Indigenous Peoples. Cultural safety is ultimately about social justice, and the power and prejudice of the practitioner as opposed to focusing on the differences of Māori patients. Over time, the concept of cultural safety has been re-invented, through a dominant lens, as cultural competency, and has tended to focus on the attributes of Māori as the 'patient' receiving care. Cultural competency has been critiqued as a concept that allows the dominant culture, expressed through social institutions like health care systems, to regulate what sorts of problems are recognised and what kinds of social or cultural differences are viewed as worthy of attention (Kirmayer, 2012).

Indigeneity, as a key principle of quality service provision to Māori (Durie, 2003), expands beyond the principles of person-centred and person-directed therapy that are advocated for through the Blueprint (I and II). The expression of indigeneity within health care, including Mental Health & Addiction Services (MH&AS), links to an understanding of mono-culturalism and what we now know about the negative impacts of a 'one size fits all approach'. For example, we now know that there is a clear connection between inequalities and culturally incongruent health service provision (Bacal, Jansen, & Smith, 2006; Kirmayer, 2012). Within MH&AS services, cultural incongruence has been linked to lower access rates (Durie, 1994; Murchie, 1984) and worsening attitudes towards MH&AS after contact (Diala, Munatena, Walrath, Nickerson, LaVeist, & Leaf, 2000).

Within the health sector it has been highlighted that critical to reducing inequalities and enhancing outcomes for Māori is the development of culturally safe approaches that are cognisant of Māori experiences, as Māori. Models of care shaped by Māori world views such as Whare Tapa Wha (Murchie, 1984; Durie, 1994) represent valid perspectives that can be seen as equal yet distinct models of practice (Farrell, 2013). A Māori-specific Trauma Informed Care approach follows from models like Whare Tapa Wha, providing detail in the form of principles of practice that can guide Māori and non-Māori practitioners in working effectively and competently with tangata Māori (Lawson-Te Aho, 2013; Pihama et al., 2014).

For Māori, the application of the principles of Cultural Safety lies within a context related to Aotearoa-specific experiences (racism, discrimination, patriarchy, homophobia, negative stereotypes and ethnicity based self-image) that are prevalent to the point of becoming phenomenological situations (Borell, Gregory, McCreanor, Jensen & Moewaka-Barnes, 2009), albeit observed within health provision settings at the individual level in the clinical interface. The notion of collectivism within te ao Māori (the Māori world) is a traditional and contemporary cultural reality that is actively expressed through whanaungatanga and whakapapa relationships and contrasts with the fundamental western valuing of individualism.

While some health services are steadily developing to reorient towards valuing the collective, as expressed through explicit provisions for whānau-centred approaches (Durie, 2003; Mental Health Commission, 1998, 2012) this has been slow in coming and the impetus has been from Māori communities. Most therapeutic approaches used by Aotearoa healing professions stem from offshore knowledge bases and cannot adequately address diverse cultural contexts (Marsden, 2003). Therapeutic and diagnostic disciplines, such as psychology and psychiatry, are built upon and applied within mono-cultural frames (Duran & Duran, 1995), largely considering non-dominant cultures as simply being a point of difference in the expression of a universal general theory of behaviour (Gergen, Gulerce, Lock & Misra, 1996).

## A Focus on Māori Healing

A key rationale for undertaking this research, noted by Māori Providers and practitioners, was to provide space for our people to discuss healing pathways grounded in Kaupapa Māori approaches and practices. While this project's aim was to engage with notions of Trauma Informed Care from a Kaupapa Māori analysis and approach, it was important to do so with the intention of supporting a growing movement toward Māori models, approaches, frameworks, and practices that prioritise wellbeing and healing. At an early project meeting Tania Mataki stood during whakawhanaungatanga to express her desire to be a part of looking beyond mainstream modalities and grounding the work upon tikanga and mātauranga Māori. She stated clearly "I do not want to be a part of research focusing on a view our people should just go to a counsellor; we need to think about our own practices of self-care and self healing" (Mataki 2017, personal communication). That statement was also reinforced throughout all parts of the project and across all regional locations. As one participant stated:

*I just recently went on a sexual abuse conference and one of the things that we came to was that different areas needed different modalities of healing. The reason why I wanted to do the research around sexual abuse was I believe that counseling wasn't sufficient to heal the wairua, the tinana, the tuakiri o te tangata, the whakapapa, the whanaungatanga. It wasn't enough to heal all those things; we needed other modalities as well ... so I think it's more than just being able to talk about [it] but I think the kōrero around epigenetics, where your body stores information [is important] as well, which is why I ... think that you need different modalities... What came out of that conference was that first of all you had to decide; that person has to decide that they want to be healed or ... agree to finding a way to heal, because until we get the agreement it isn't going to happen. First of all, maybe we need to look at our own inner selves and think about what is it that might happen. (Kaikōrero)*

This approach does not deny that there are useful practices that come from outside of a Kaupapa Māori context; rather it highlights that there has been a continued dominance of western theories, practices and modalities that have not fully served the needs of Māori. Therefore there is a need to reposition those practices in ways that see them as 'allies' to Kaupapa Māori rather than defining and dominating healing pathways. Prioritising Māori healing creates a space of balance, in which we begin with the fundamental needs of our people as understood in a tikanga and mātauranga Māori way, and with an understanding of the need to decolonise spaces that have reproduced oppressive systems to the detriment of our people.

The development of models for healing grounded upon tikanga and mātauranga Māori has been strongly advocated for over 50 years. Much can be said for the strength with which Māori people have consistently challenged the monocultural nature and institutional racism that marks the fundamental underpinnings of the mainstream/whitestream system. The same may be said for Māori experiences within the health and social services sectors since the 1980s. Te Whare Tapa Whā is one model that gained traction in social services and is often referred to in Māori health literature. However, it is questionable how much the mainstream health and social services systems have taken on board the call for the integrated health approach that is at the centre of the Te Whare Tapa Whā model.

# Te Whare Tapa Whā

Durie (1997) highlights throughout his work that Whare Tapa Whā is both about integrated approaches and the critical need for health providers across the sectors to see health and wellbeing in the context of balance of all parts of ourselves, our environment, our contexts, and our collective relationships. Durie (1997) notes:

*Māori health perspectives emphasised the importance of four interacting dimensions, taha wairua (spiritual health), taha hinengaro (emotional/mental health), taha tinana (physical health) and taha whānau (family health). Māori elders advocated that all four should be taken into account by health professionals and that health programmes should reflect a holistic attitude to health care, a focus away from an exclusively clinical orientation to a more integrated approach (p.23).*

As we see below, Te Whare Tapa Whā highlights the need for all parts of ourselves to be in balance, and strong enough to ensure that the whole whare stands firm. It illustrates that taha wairua (spiritual health), taha hinengaro (emotional/mental health), taha tinana (physical health) and taha whānau (extended family health) are interconnected and must be balanced for the whole person to stand strong. What is equally evident is that the sides of the whare do not stand alone; rather for any whare to stand securely there must be a solid papa or foundation, key pou or posts that hold the whare and a tāhuhu, a ridgepole that runs the length of the whare to maintain its balance and strength. All of these components are essential to wellbeing.

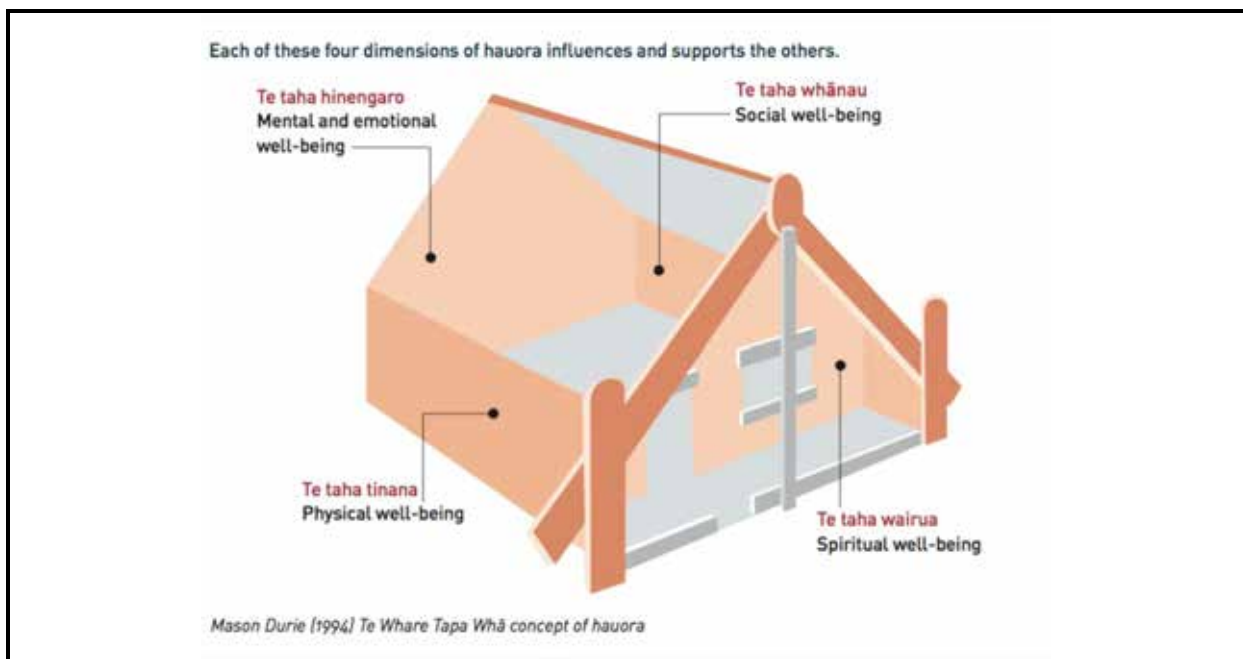


Diagram 2: Te Whare Tapa Whā

Source: <https://hauora.co.nz/te-whare-tapa-wha-mason-durie/>

Te Whare Tapa Whā provides a tool with which to see the inter-relationship of key parts of our world as human beings in the context of a wider environment, while living with wider historical, political, economic and social arrangements. This is a critical point noted by Rochford (2004) who highlights that for Māori wellbeing and healing, meaningful change also requires an affirmation of tino rangatiratanga and mana motuhake, where Māori are self-determining. Te Whare Tapa Whā is a model that provides us, as Durie (2003) notes, with a starting point for health assessment that “incorporates the four domains of wairua, hinengaro, tinana and whānau”, summarised as follows:

*Taha Wairua requires some exploration of cultural identity; taha hinengaro is about knowledge, information, and control of behaviour; taha tinana calls for attention to physical health; and taha whānau links the individual with the family and wide wider social and environmental institutions (Durie, 2003, pp 51-21).*



# Paiheretia

As an initial assessment framework it is clear that there is an expectation that further models and approaches related to Māori health and wellbeing will be applied, which are more specific to particular areas of focus. This is clear in 'Paiheretia', which Durie (2003) refers to as a Māori-centred relational therapy approach. Durie (2003) states that the development of such models can be attributed in part to ongoing Māori dissatisfaction with the dominance of western psychological models that focus in reductionist ways on specific isolated behaviours or symptoms. Paiheretia provides a way of approaching counselling, in particular, using a similar set of relationships to those presented in Te Whare Tapa Whā. As Durie (2003) writes:

*Whereas most western psychotherapies and insight-promoting systems of counselling presume that insight comes by probing attitudes, memories, thoughts and ideas, Paiheretia assumes that identity, self-knowledge and idiosyncratic behavioural patterns are a reflection of a complex interaction between the individual and the wider environment, especially in respect of the development of a secure identity. Gaining access to key institutions - be they whānau, Marae (tribal cultural centres) or ancestral land - and experiencing relationships in a positive manner generates opportunities for improved mental health and a greater capacity for problem solving. (pp. 49-50)*

The following table provides an overview of the critical aims and assumptions that Durie (2003, p.51) prioritises within Paiheretia.

Aims	Assumptions
<ul style="list-style-type: none"> <li>• Development of a secure cultural identity</li> <li>• Establishment of balanced relationships</li> <li>• Achievement of reciprocity with wider environments</li> </ul>	<ul style="list-style-type: none"> <li>• A secure identity is necessary for well-being.</li> <li>• Unsatisfactory relationships contribute to poor mental health</li> <li>• Understanding views beyond the self</li> <li>• Meaning is to be found in the nature of relationships</li> </ul>

Furthermore, Durie (2003) notes that Paiheretia brings a range of therapeutic tasks as follows:

Therapeutic Tasks	Domains of Experience			
	Wairua (Spirituality)	Hinengaro (Intellect, Affect & Behaviour)	Tinana (Physical Health)	Whānau (Family/Social)
<b>Facilitating Access</b>	Entry to te ao Māori	Gaining knowledge and information	Fitness, healthy living	Contact and Liaison
<b>Guiding Encounters</b>	Tangihanga, hui	Discussions; courses; seminars	Withdrawal, exercise, team events	Whānau hui, conflict resolution
<b>Promoting Understanding</b>	Identity & lifestyle	Self-control; self-direction; positive aims	Bodily care, physical wellbeing	Whakapapa relations, whānau capacities

Central to the aims and tasks outlined is a need for those working with the approach to fully understand what it means to move into a Māori world and worldview and to be able to do so in ways that also acknowledge the complexities of the lives and experiences of Māori as both individuals and as collectives such as whānau, hapū, iwi and marae. Such complexities are rarely engaged in western modalities of family therapy or counselling. Durie (2001) notes the following with regard to healing modalities for whānau:

*In contrast to whānau development, where the main task is to enhance whānau capacities, whānau healing is primarily concerned with the resolution of whānau hurts and the restoration of healthy patterns of interaction. It involves processes of appraisal, confrontation, and deliberation, as well as the reconstruction of whānau values and standing. Unlike family therapy, which often leads to a concentrated examination of micro-communication and the elaboration of underlying feelings and attitudes, the energy in whānau healing flows outwards, away from intensity and raw emotion towards shared ownership of whatever problems are unearthed. Cultural restoration, relationship building, and cooperative behaviours become more important than assigning blame, or proving a point, or harbouring resentments. (p.206)*

## Indigenous Research Model

Creating Māori-centred ways of working within healing spaces, which also provide critiques of western models of theory and practice, is at the centre of this research project. While it is not our intention to provide an extensive overview of Māori and Indigenous healing models, we seek to highlight some discussion of models and concepts raised by participants in project activities. A focus on Māori models of healing and a desire for sharing about the need for self healing and the need to ensure whānau have access to healing processes that are grounded upon tikanga and mātauranga Māori have been at the centre of the development of a range of Māori models of wellbeing. In the Indigenous Research Agenda diagram below, Smith (1999) clearly identifies healing as one of four significant processes that are as important to self-determination as decolonisation, mobilisation and transformation. Healing includes physical, spiritual, psychological, social, collective and restorative dimensions. In this framework, for example, gaining more political or economic power is insufficient if it does not also address the need for healing. Furthermore, healing is seen as involving a distinct set of processes.

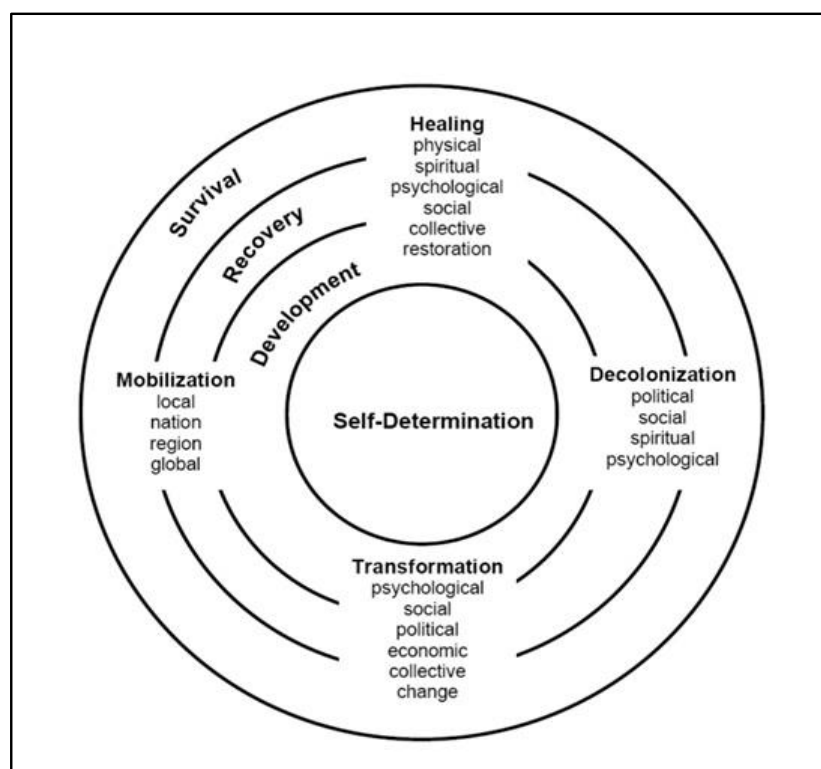


Diagram 3: Indigenous Research Model (Smith 1999)

One example can be seen in the context of Treaty of Waitangi Settlements in Aotearoa that have addressed, to a limited degree, the impact on iwi of breaches of the Treaty of Waitangi. Settlements are not designed to heal but to 'settle' a set of claims in which collective historical and intergenerational trauma was presented as evidence. The settlement is financial compensation, return of some lands and other agreements and mechanisms for improving relationships. Many settlements also contain an official Apology by the Crown. For those iwi that have demanded the Apology, it is seen as the beginning of a healing process, not the end. What this highlights it that healing is not an end product; rather it is

a process that is ongoing for Māori as we are constantly in engagement with the wider political, economic, social and cultural contexts. This model emphasises that healing is a part of an interconnected process of transformative praxis that moves Māori beyond survival and recovery into a space where cultural, social, political and economic development is possible. Within such developments there must be a collective commitment to the wellbeing and healing of all in order to move beyond the intergenerational impacts of historical and colonial trauma for both the collective and the individual.

The contextualisation of healing within wider societal relationships, including Māori assertions of mana motuhake and tino rangatiratanga, enables us to prioritise tikanga and mātauranga Māori in healing practices while simultaneously challenging the political and social structures that work to deny our right to be self-determining and to live as Māori. It has been argued for some time that Māori must be self-determining and self-defining in regards to healing and achieving wellbeing (Durie, 2001; Pere, 1991; Ratima, 2001). We also see, across Māori wellbeing models, that Māori notions of wellbeing are inclusive of key concepts and practices related to hauora, waiora, mauri ora and whānau ora. Those concepts are manifested and embodied through the interconnectedness of a wide range of tikanga ways of being and living; these include states of mana, tapu, noa, ihi, wehi, wana and mauri that operate across a spectrum, and have their context in our wider societal and environmental inter-relationships. The interconnection of Māori understandings and concepts is highlighted by Wirihana and Smith (2014), who note that it is imperative that wellbeing and healing for Māori be viewed holistically, because Māori approaches to wellbeing emphasise the “interconnected nature of spirit, body, society and the natural environment. Moreover, individual wellbeing and interpersonal relationships relied on a complex and sophisticated process founded on the basis of spiritual knowledge” (p.201). This is also highlighted by Reinfeld, Pihama and Cameron (2015) who state:

*The idea that we can isolate physical illness out from spiritual or emotional wellbeing is one that is a clear contradiction to concepts such as hauora and mauri ora. Māori constructions of wellbeing have always been articulated as being interrelated on all levels; physical, spiritual, emotional, mental and more recently economic. There is no desire to affirm any notion that one form of healing can happen in isolation as that is clearly not what is articulated by participants in this research. Rather we hear many stories and reflections on how healing was interconnected. (p. 15)*

## Mana Kaitiakitanga

Within the Mana Kaitiakitanga model developed by Mera Penehira in collaboration with Huirangi Waikerepuru (Penehira, 2011) wellbeing is discussed in relation to the concepts of Mouri and Hau. The model below highlights the interconnectedness of environment, human relationships and physical, social, cultural and spiritual wellbeing within a wider concept of Mana Kaitiakitanga. In an overview of the model (Pihama, Cameron & Penehira, 2019) it is noted that:

*The framework (Figure 1) includes Mouri as one of seven key elements of Māori wellbeing, the other six all referring to various aspects of Hau. Mouri and Hau are viewed here as the ‘carriers’ or ‘indicators’ of areas in our lives and in our being that are essential to our wellbeing, which in the context of the Māori principle of wellbeing, includes physical, spiritual and emotional states of being. Māori Marsden (1988) describes the relationship between Mouri and Hau, positing that Hau-ora, or the breath of life, is the source from and by which Mouri emanates. (pp 30-31)*



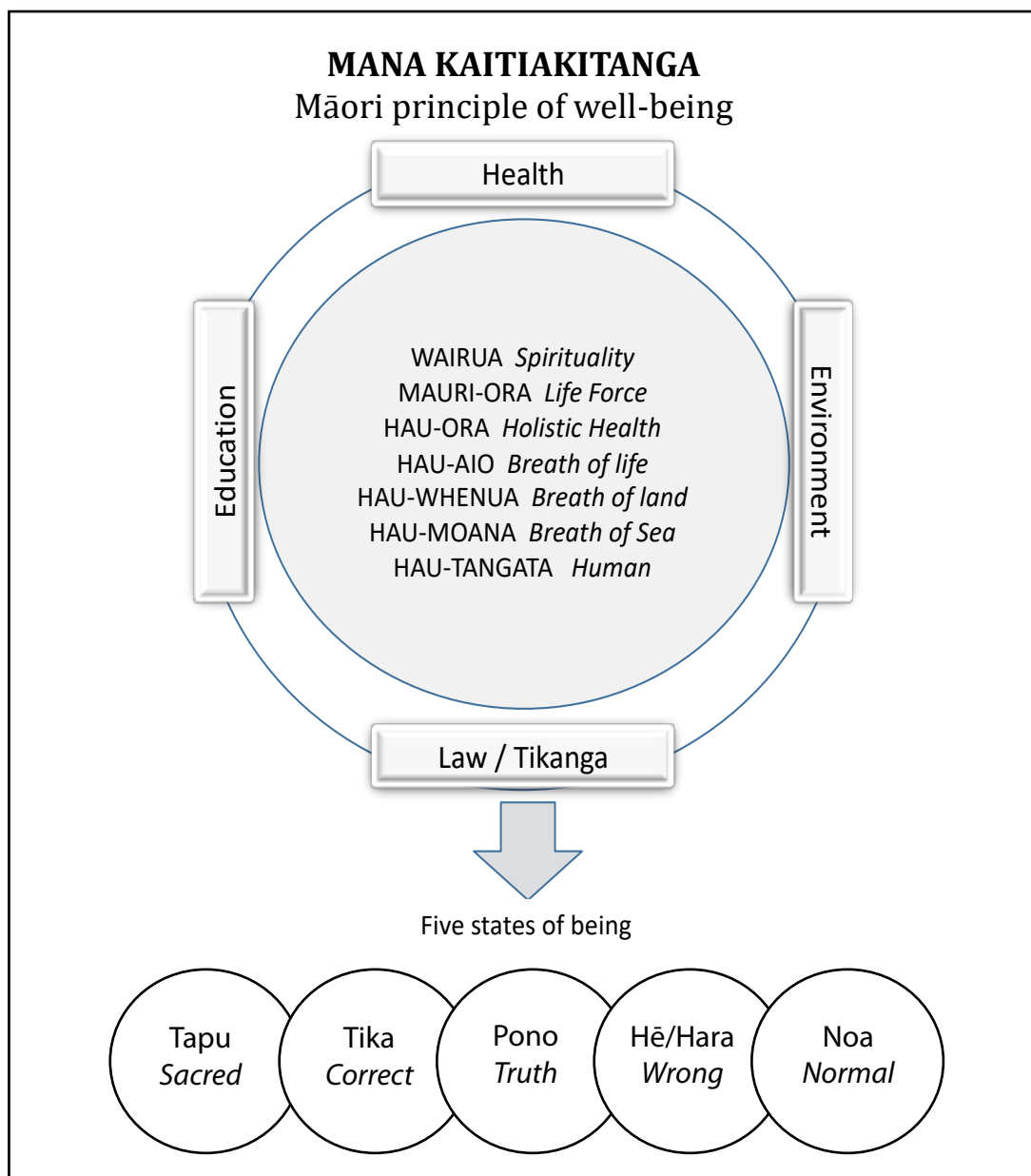


Diagram 4: Mana Kaitiakitanga Model (Penehira 2011)

It is through the interconnection of all components of ourselves; our whānau, our environment, our connection to land, seas, rivers and mountains that we ground both our identity and our wellbeing. In relation to mauri this is clearly stated by Pohatu (2011) when he states there needs to be a recognition and constant awareness “that there are obligations and purposes created from outside of us as individuals [that] enables an appreciation of our interconnections and obligations to ‘others’ at many levels” (p.4). This is also highlighted in regard to the notions of ora, hauora and mauri ora.

Penehira (2011) refers to mauri ora and hau ora in connection to the elements of the Mana Kaitiakitanga model as follows:

**Wairua:** (Spirituality) *Ngā wai e rua (the two waters)* is discussed by Dr Waikerepuru (2009) as one interpretation of the concept of ‘wairua’. In doing so, he speaks of the spiritual essence emerging from the two fluid sources present at the conception of a child. This can relate also to that which is created when Ranginui and Papatūānuku merged. In terms of how wairua influences the Māori principle of wellbeing, it is essential that one has a connectedness with Indigenously Māori spirituality. That includes knowledge, understanding and practical application of karakia, pure (specific incantation), and waiata.

**Mouri Ora:** (Life force) Refers to the innate life force within each of us. In terms of our wellbeing it asks us to give consideration to the wellness of our energy, of the force/s that activate us to do things and to operate and interact with our world. This explanation relates to the discussions in development of the Mana Kaitiakitanga framework.

**Hau Ora:** (Holistic health) Māori conceptualisation of health is holistic, including reference to physical, emotional and spiritual wellbeing. Hau ora literally may be translated to be 'breath of life'.

**Hau Āio:** (Breath of Life) Refers to te hau ā lo or the breath of Io who is recognised by Māori as the supreme being from whom creation is derived.

**Hau Whenua:** (Breath of Land) The wellbeing of humans relating to the wellbeing of the land. Hau Whenua also refers to the relationship between people and the land. If each of these are well (the people and the land), and the relationship between them is active and well, this has a significant positive contribution to Hau Ora. This element also facilitates the notion of tangata whenua, which recognises Māori as people of the land.

**Hau Moana:** (Breath of Sea) Similarly to Hau Whenua, the wellbeing of humans relating to the wellbeing of the ocean environment. The relationship between people and the ocean is referenced here. The independent wellness of each (the people and the ocean environment) is important, as is the wellness of the interactions between them.

**Hau Tangata:** (The breath of humanity) Refers to the unique human spirit within each of us. It speaks of both the individual and the collective wellbeing of humanity. Just as Hau Whenua and Hau Moana are about people and their relationship to the land and ocean environments, Hau Tangata is about people and their relationships to and with each other. Our wellness as individuals impacts on our ability to relate to and engage with others, either enabling us to contribute to or detract from the wellness of others and the collective (p.42-44).

Marsden (2003) notes that mauri is "the lifeforce that generates, regenerates and upholds creation" (p.44). As highlighted by Penehira (2011) the relationship between mauri and hau is one is significant and as such Marsden notes the term hau is often seen as a synonym for mauri, he describes the relationship as follows:

*'Hau-ora' - 'the breath of life' is the agent or source by and from which mauri (life principle) is mediated to objects both animate and inanimate. Mauri-ora and hau-ora as applied to animate objects are synonymous. Mauri without the qualifying adjective 'Ora' (life) is applied to inanimate objects; whilst hau is applied to only animate life" (Marsden 2003, p.44)*

## Mauri

Durie (1992) highlights the interconnectedness of Māori wellbeing and notes that within Māori society the traditional system of health and wellbeing ensured the integration of all parts of ourselves in relation to our environment and to the atua, the deities that connected to each part of our world. Furthermore, he states that what are considered illnesses or sickness for Māori must be seen in relation not solely to the physical but also to the spiritual and cultural components, in particular with regard to notions of tapu and noa. Durie (2001) also emphasises the centrality of mauri and the range of states associated with mauri to understanding wellbeing for Māori. Mauri, he states:

*... embodies two concepts. First, far from being static it implies a dynamic force; and second, it recognises a network of interacting relationships. Though the mauri of each object is separate, they share at least two commonalities: energy and vitality. No rock, or river, or tree, or person is entirely dead; shape and form are maintained by the spatial arrangements within cells, between cells, and across the whole, and the mauri may be conceptualised as a total energy*

*package adding value to the individual components, creating as it were an integrated life force and conferring a meaning beyond the vision of the human eye. Moreover, in the end the mauri of one object retains its momentum not because of its intrinsic qualities alone but because of its relationship with the mauri of others.*

Pohatu (2011) speaks to the essential role of mauri for the wellbeing of relationships and kaupapa (issues) and discusses the spiritual realms of mauri as being sourced within the sacred spaces of Io traditions. Mauri is conceptualised as follows:

*Mauri holds a central place in informing Māori, how and why our lives take the form they do. It imbues Māori thinking, knowledge, culture and language with a unique cultural heartbeat and rhythm. Angles to that heartbeat and rhythm are positioned by Māori principles (takepū), valued, applied and interpreted in our activities ...*

*Mauri is crucial to the well-being of relationships and issues (kaupapa). It informs how and why activities should be undertaken and monitors how well these are progressing towards their intended goals. (p.1)*

Pohatu (2011) emphasises that mauri has the potential to move from its centre towards kaupapa in ways that are intentional and have specific states, three of which are mauri moe, mauri oho, and mauri ora, which are described as follows:

*Mauri moe is considered a proactive state, the untapped potential within Māori bodies of knowledge to inform kaupapa and relationships. At one level, mauri moe cautions as to the consequences of inactivity, with its expressions of isolation, withdrawal, non-attendance, flux and non-participation...*

*At another level, mauri moe is interpreted as a 'safe' space, where reflection can occur. This allows potential within any kaupapa and its relationships to be contemplated, for energies to be re-gathered and recomposed. Opportunities for such energies 'to be' have not yet begun, awareness of roles, and responsibilities lie latent. Mauri moe here indicates that change and challenges have yet to begin and be faced. However, ultimate destinations are culturally clear as signalled by the Io and Tane prototypes. These are further encapsulated in Māori world-views and everyone's kaitiakitanga obligations in life. Mauri moe therefore from this angle, is the stage before the beginning of the conscious pursuit of respectful relationships (p.4-5)*

#### **Te Taunga o te Mauri Moe – State of Being of Mauri Moe (Pohatu, 2011 p.5)**

<b>Actions &amp; Expressions of Inactivity</b>	<b>Actions &amp; Expressions of Inactivity</b>
<i>Kai te pouri</i> <i>Kai te noho puku</i> <i>Kai te tangi</i> <i>Kai te aue</i> <i>Kai te mamae</i> <i>Kai te noho noaiho</i> <i>Kai te ngoikore</i>	being anxious & withdrawn being withdrawn and not taking part expression of hurt expression of anguish and pain experiencing hurt/pain not participating in activities having no energy to take part in activities
<b>Actions &amp; Expressions of Proactive Potential</b>	<b>Actions &amp; Expressions of Proactive Potential</b>
<i>Kai te pūihi</i> <i>Tēra pea</i> <i>Kai te noho-puku</i> <i>Kai te whakatōngā</i>	act/s of shyness perhaps – expression of possible interest being inwardly reflective being restrained; keeping to oneself



*Mauri oho is also considered a proactive state. It is the point of being awoken from a particular state of mauri moe. What, when, how and why is personal and contextual to time, place, issue and relationship. Something has happened to spark interest, a willingness to participate, make a commitment. It is an engagement with the untapped potential in Māori bodies of knowledge and their decodings. The mauri ora blueprint of being willing to move outwards and engage with others is also affirmed as integral to the normal pattern of engagement for the state of mauri oho... Significantly, it indicates a point of personal courage, for there can never be courage without fear, the manawanui notion. As people strive to face and manage their fear so do they locate inner strength and understand more about their personal courage and therefore the potential to advance. Courage to move from positions of isolation, non-attendance and non-participation, to positions of participation, inclusion and involvement, are indicators of movement from inactivity, the activation of mauri oho. It can be seen as the first willing steps to take part in activities and towards discovering the legacies held within Māori culture, to inform practice, again the appreciation of mauri oho. The elements of transition and committing to change are crucial. (p. 5-6)*

**Te Taunga o te Mauri Oho – State of Being of Mauri Oho (Pohatu, 2011 p.6-7)**

Actions & Expressions	Actions & Expressions
<i>kua oho</i> <i>kua maranga</i> <i>kua timata</i> <i>kua whakawhiti whakaaro</i> <i>kai te hiahia / he pīrangi ki te</i> <i>kai te kakama</i> <i>kai te pākiki</i> <i>kai te kaingakautia</i> <i>kai te tūwhera</i>	has awoken has begun to participate - has begun to interact has begun to speak with/to - has begun to share inner views is keen to is eager to is curious is keenly interested is open to engage with.

*Mauri oho signals the intention to strive towards Mauri ora, which is interpreted here as being fully aware of the transformative possibilities in our individual and group responsibilities and activities. Awareness comes from a high level of energy, an obvious purpose for being, clarity of the past with its legacies and a willingness to actively engage in the forging of a future, with the range of relationships we are part of. The state of mauri ora like mauri moe however, is never static. It is consistently evolving and so there is never a final and complete state of being. The symbolism within the circular notion defines the dialectal relationship of a valued past with a valued present and future; the unconditional mua/muri imprint of Te Ao Mori. The level of awareness marks the state of mauri ora. It also guides how, when and why we engage and interact with kaupapa and their range of relationships. (p.7)*

**Te Taunga o te Mauri Ora – State of Being of Mauri Ora (Pohatu, 2011 p.7)**

Actions & Expressions	Expressions & Actions
<i>e manawareka ana</i> <i>e rekareka ana</i> <i>e manawanui ana</i> <i>e kakama ana</i> <i>e pūmau ana</i> <i>e katakata ana</i> <i>e ngahau ana</i> <i>e tau ana</i> <i>e huihui ana</i> <i>e awhiawhi ana</i> <i>e kōkiri ana</i>	is successful is pleased is highly motivated is alert and actively engaged is committed is content enjoys participation is adept is participating in is supportive of is to the forefront

Pohatu (2011) highlights the potentiality for Kaupapa Māori understandings to more deeply inform our understandings of healing within the context not only of healing practices but in relation to our actions and behaviours for ourselves and towards others within our collective cultural systems as whānau, hapū, iwi and Māori communities. In doing so we are able to see mauri ora in a context that is relational, not only within our relationships as people, but also in the ways in which various states of mauri are in relationship to each other and how those may be identified in relation to specific kaupapa and contexts. In viewing mauri as relational it cannot be considered separately from other critical ways of being for Māori. Rangihau (1975) speaks to the interrelationship of mauri and tapu as applied to wellbeing and the understanding of the life force, both as concepts that describe life force and in the belief that the words themselves are life force and that each concept within the Māori world was understood by our tupuna (ancestors) to carry an inherent power. Wellbeing, when expressed within te reo Māori, and concepts such as mauri, hauora, and waiora, have meaning in relation to how we discuss and describe wellbeing and health, and are also the embodiment of wellbeing. In considering this point we can then locate ora as health, being well, being alive, being lively and as carrying the essence of the life force. This requires us to see notions of healing, of oranga, as an ongoing process of sustaining the life force, of maintaining our ways of being alive, of a process that is constantly in play, and it is for each person and collective to determine what that means within their lives and their worlds.

## Transforming Whānau Violence: Conceptual Framework

Kruger et al. (2004), in the report of the Second Māori Taskforce on Whānau Violence, 'Transforming whānau violence' conceptual framework, place 'Mauri Ora' as the key vision. The Taskforce note,

*We have identified the overall goal or vision of the Framework as the wellbeing (mauri ora) of whānau, hapū, and iwi and within that, individual Māori. Violence damages the mauri ora of both victims and perpetrators. It creates dis-ease and imbalance which results in a state of kahupō, which can be described as having no purpose in life or spiritual blindness... 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).*

The Taskforce provide the following visual representation of the inter-relationships of Māori ways of understanding and being that support to achieve and sustain mauri ora.

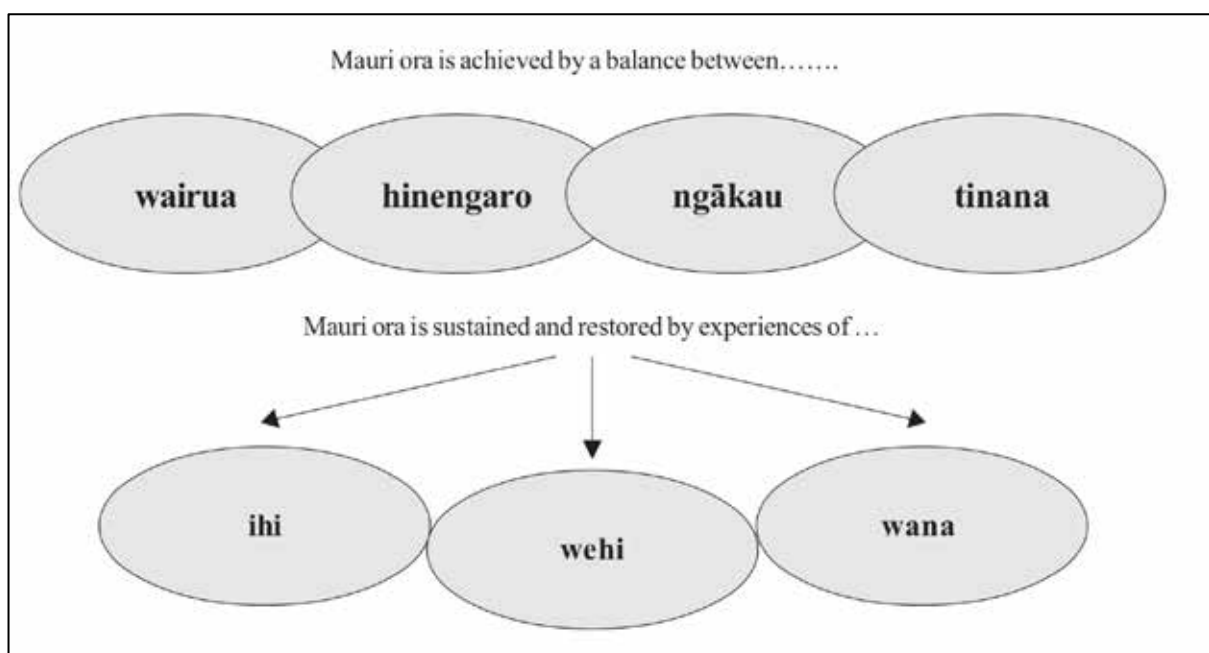


Diagram 5: Mauri Ora, Toi Ora, Wellbeing (Kruger et al., 2004, p.15)

Within the conceptual framework provided by Kruger et al. (2004), mauri ora is situated as a vision, an aspiration, and a desired outcome for whānau who experience the trauma of family violence. The journey towards that outcome is seen as necessitating a range of understandings and actions, which are summarised within three key tasks:

1. **Dispel the illusion** (at the collective and individual levels) that whānau violence is normal, acceptable and culturally valid
2. **Remove opportunities** for whānau violence to be practiced through education for the liberation and empowerment of whānau, hapū, and iwi. To liberate is to free whānau, hapū, and iwi from the bonds of violence. To empower is to transcend powerlessness by reclaiming power and authority to act for whānau, hapū, and iwi. The act is moving from a state of whānau violence to a state of whānau wellbeing
3. **Teach transformative practices** based on Māori cultural practice imperatives that transform Māori behaviours and provide alternatives to violence. (p.16)

The framework is grounded upon the assertion that “Te reo Māori, tikanga and āhuatanga Māori are all conduits for transformation from whānau violence to whānau wellbeing” (Kruger et al., 2004, p.16). The framework provides insights into both structuralist and culturalist levels of transformation, which are particularly critical to ensuring transformation happens at multiple levels of ideology, systems and collective groupings for Māori and for individuals within whānau. The diagram below provides a summary of systemic and wider structural sites of transformation and the role of the practitioner in supporting change.

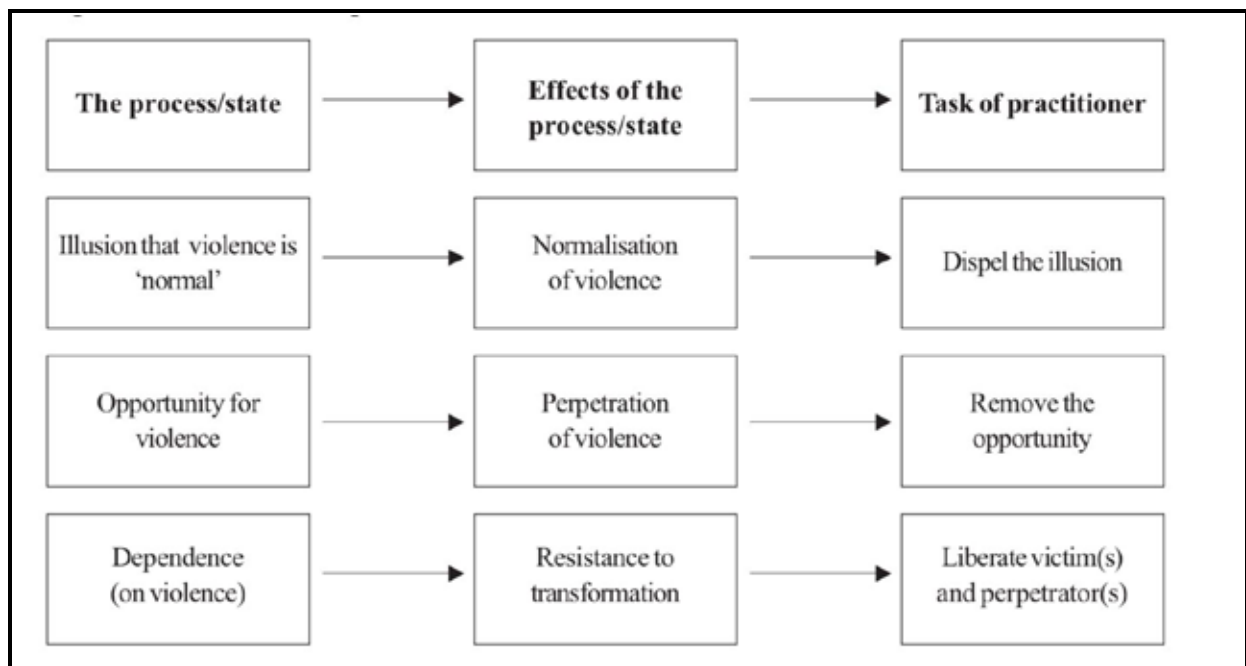


Diagram 6: Transformation Process (Kruger et al., 2004, p.16)

There is also a need to create transformative change at a behavioural level, to ensure that there is an experience of self-realisation that contributes to sustainable change.

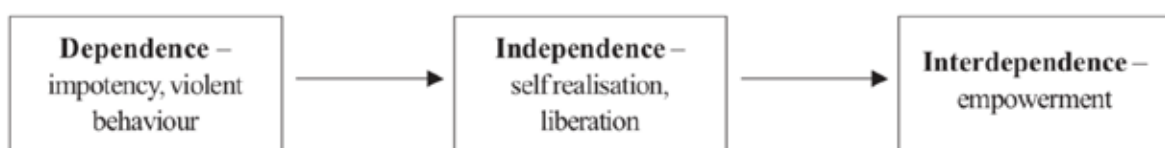


Diagram 7: Transformation of Behaviour (Kruger et al., 2004, p.16)



Critical change elements in this Conceptual Framework are outlined in depth in the report and are briefly summarised here:

*There are three elements to this Framework for bringing about a transformation from violence:*

1. Te ao Māori includes six cultural constructs to be applied as practice tools.  
They 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)
  - mauri (inner values; sense of power, influence and identity)
  - 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 taking into account environmental and contextual interference and influences from te ao hurihuri (Kruger et al., 2004, p 17).

The inclusion of key tikanga within the framework is expanded so that those involved in working with whānau violence can position each component effectively within their own practices. As noted above, there are six key components that are discussed in the framework in some depth: whakapapa; tikanga; wairua; tapu; mauri; and mana. The Taskforce note the following with regard to the inclusion of each of these tikanga.

## Whakapapa

Whakapapa describes the relationships between te ao kikokiko (the physical world) and te ao wairua (the spiritual world). Whakapapa is expressed as sets of relationships, conditional obligations and privileges that determine a sense of self wellbeing between whānau, hapū, and iwi and interconnectedness between whānau, hapū and iwi and the environment. Whakapapa is broadly defined as the continuum of life that includes kinship and history.

### *Rationale for inclusion*

Te ao Māori and being Māori do not exist if whakapapa is non-existent. If whakapapa is non-existent then you cannot have whānau, hapū, and iwi. It is the construct that underpins the essence of Māori identities and the governance role of tikanga among whānau, hapū, and iwi.

### *Transformative qualities*

- Whakapapa is a tool for engagement. It provides the necessary starting point for an alliance of interest and a centrifugal bond between the practitioner and whānau/victims/perpetrators.
- The reciprocity and obligatory nature of whakapapa means that it can be used to create productive and enduring relationships to support change. Whakapapa establishes connections and relationships and brings responsibility, reciprocity and obligation to those relationships.
- In a practice sense, the practitioner must confer with and involve others in the therapeutic relationship when operating from a whakapapa base in order to infer a collective responsibility.
- Whakapapa has a collective quality. We look for relationships between things but not at the expense of individuality. Relationship is the most vital force in the universe.
- Whakapapa informs a person about being human, being a person, being of a culture, being of a place. Whakapapa can be extensive but it is possible for people to be at peace when they know the relationships of their world, dispelling the illusion of non-victimisation or the denial that violence is being perpetrated. (Kruger et al., 2004, p.18)

## Tikanga

Tikanga is the way we practice what we believe in as Māori. Tikanga comes from Māori philosophy or aka matua/iho matua (world view). Tikanga establishes healthy behavioural boundaries that can be used to set limits around violent behaviour and provide the means to transform behaviour from violence to wellness.

### *Rationale for inclusion*

- Tikanga embodies Māori values and reflects these in a practice sense. Without tikanga there is no representation or practice of Māori values.
- Tikanga prescribes acceptable and unacceptable behaviours from a specifically Māori value base. It is the first instance of accountability.
- A Māori conceptual framework leading on to a Māori practice model must recognise and accept the value in Māori cultural practice. This is what makes it distinctive and different from current practices that do not work to change whānau violence.

### *Transformative qualities*

- The application of tikanga provides the opportunity for the restoration of order, grace and mana to whānau, hapū, and iwi.
- Tikanga is not a cure for whānau violence but it is a useful medium by which balance and order can be restored in whānau, hapū and iwi.
- Tikanga in practice reflects that relationships are intact, processes are in place to preserve and protect whakapapa and there is a level of understanding about the importance of whakapapa relationships and processes.
- Tikanga provides behavioural boundaries for the restoration of order and well-being. Its transformative quality is as a guide for behaviour that is based on Māori philosophies about the ways in which whānau should behave towards one another.  
(Kruger et al., 2004, p.20)

## Wairua

Wairua is exercised through the practice of tapu. Tapu (awareness of the divine) and noa (awareness of mortality) pre-existed as natural conditions of the universe. Wairua is not religion. Wairua provides immortality when the physical body has died. Kahupō is the state of having no familiarity with wairua. If you are kahupō then you are spiritually blind and already 'dead'. You have no ulterior purpose or meaning in life. Life is but a physical drudgery. If there is a term to emphasise spiritual blindness there must be a need for a spirit. If spiritual blindness is the most undesirable state for Māori, the most desirable state must be awareness of wairua and a passion for life. Inherent to a knowledge of wairua is the understanding of the states of tapu and noa and how they work together.

### *Rationale for inclusion*

- The existence of a spiritual truth/realm is fundamental to well-being from a Māori cultural frame of reference.
- The essence of our existence is as spiritual beings.
- To ignore or disregard wairua is to state that we are spiritually blind or kahupō.
- The wairua is the heartbeat, the core of Māori wellbeing. It has to be in balance with the tinana, hinengaro and ngākau in order for the person to be well.

### *Transformative qualities*

- The transformative qualities of wairua are to bring perpetrators, victims, whānau, hapū, and iwi to a state of recognition of themselves as interconnected spiritual beings.
- Wairua is not an easy construct to define. It is a construct that is experienced although not always seen in a tangible way. The products or outcomes of wairua may be evidenced in physical ways such as acts of kindness and compassion.
- (Kruger et.al. 2004, p.22)

## Tapu

Tapu is the level of sanctity given to anything that we do or say. Tapu brings us to a state of our own knowing. Tapu is a sense of spirituality that one is either aware or unaware of. In te ao Māori the more aware you are of your own spirituality the more fulfilled you are as a person. The less aware you are of yourself as a spiritual being the more you exist in a purely physical state.

### *Rationale for inclusion*

- The restoration of a sense of tapu acts as a deterrent to perpetrators once they understand what the violation of tapu actually means for their own sense of sanctity through their spiritual connection to the act of abuse and their victims.
- Tapu and the restoration of a sense of tapu for victims and their whānau is also about reconnecting the spiritual element of being human with the physical, emotional and intellectual, and as a result being more whole as a person and a whānau.

### *Transformative qualities*

- The transformative qualities of tapu are to bring perpetrators, victims, whānau, hapū, and iwi to a state of recognition of themselves as interconnected spiritual beings. Tapu is not an easy construct to define. It is a construct that is experienced although not always seen in a tangible way. The pathway to healing must include the restoration of a sense of sanctity for the person and their whānau. (Kruger et al., 2004, p.24)

## Mauri

Mauri is seen as internal values of power and influence. Mauri is like the centre that drives people. When they have mauri there is a sense of purposefulness, they are inspired, they have these intangible qualities that motivate them and provide them with a sense of self and collective identity. One of the by-products of mauri is mana. Rationale for inclusion.

### *Rationale for inclusion*

- Mauri is the life force. When the mauri is intact people can achieve balance and a sense of identity.

### *Transformative qualities*

- A sense of connection to oneself, wholeness and the ability to heal. Mauri can be used as the measure for the desired state of personal well-being. (Kruger et al., 2004, p.26)

## Mana

Mana is an external expression of achievement, power and influence. Mana usually takes a physical form. Mana can be manufactured and ego-bound or driven by the individual's own sense of importance. Mana can be a product of deeds and accomplishments. Mana is transferable. Mana is sustained by mauri.

### *Rationale for inclusion*

- Mana or the pursuit of mana often drives behaviours. It can serve as a motivator for violence and therefore has potential as a means of countering violence by creating wellness as an act of mana.

### *Transformative qualities*

- Mana can be used to transform whānau violence towards wellness by creating wellness behaviours as worthy of mana. Mana can be inherited or ascribed. (Kruger et al., 2004, p.27)



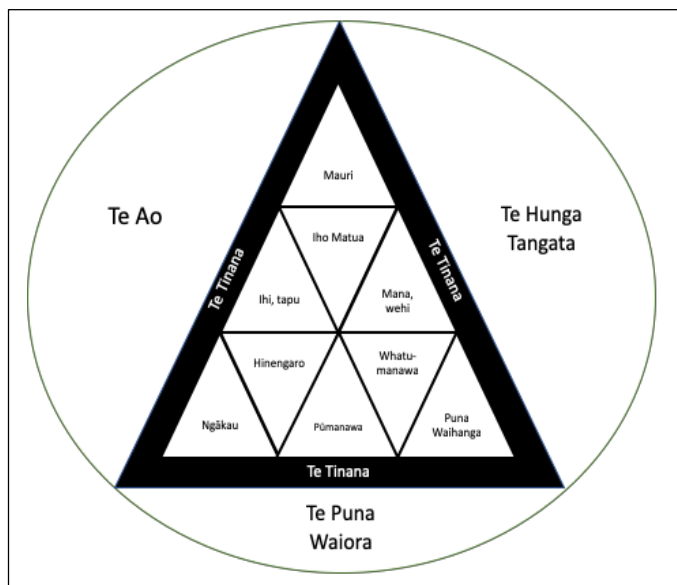
We have included the Taskforce discussion on the inclusion of each of the tikanga components in order to contextualise this work alongside the other models discussed in this section. In the final chapter, on Kaupapa Māori approaches to Trauma informed care, we will return to the Taskforce report to highlight the practice issues discussed for each component.

## Healing our Inner Being

In returning to the interconnectedness of all things within the Māori world, we see that just as each of these concepts is described above as part of a healing journey, our relationships are also embedded within concepts such as tuakiritanga (Pohatu, 2011; Lipsham, 2016). Both Pohatu (2011) and Lipsham (2016) refer to tuakiritanga as our 'inner being'. Mataira (1989) speaks to Te Tuakiri as the expression of those spiritual attributes that sit within each person, that are a part of our inherent make up as people and which are a part of the qualities of the inner self. Those ways of being reach into the fundamental essence of existence and the origins of all living things as deriving from te Puna o Te Waiora, referred to primarily as Rangiatea (Mataira 1989). She writes:

*Hei tīmatatanga whakairo ka tika pea te kī, ko te tuakiri tērā e whakaatu mai ana i te āhua o te wairua, ko taua āhua hoki ka kitea i roto i ngā mahi a te tangata. (p. 46)*

Diagram 8: Te Tuakiri (Mataira 1989)



Within the discussion of Tuakiri o te tangata, Mataira (1989) highlights the interconnection of all aspects of ourselves and our relationships to all parts of our wider world. Each of these are essential to and must be considered in regards to our wellbeing and the healing of any trauma experienced. As Lipsham (2016) notes “Mataira encourages us to think outside of the flesh and skeleton (which are definite parts of te tuakiri) to also consider the parts within that help us to navigate through life, through feelings, through thoughts” (p.156). Within a framework of understanding and coming to know more fully what underpins Te Tuakiri o Te Tangata, Mataira (1989) identifies the following:

Te Tuakiri o Te Tangata (Mataira 1989)	
<b>Mauri</b>	Life force, existence.
<b>Iho Matua</b>	Umbilical cord, connection to our atua, ahua, tipuna, our whakapapa.
<b>Tapu Wehi</b>	Energies we seek
<b>Mana Ihi</b>	Energies we store
<b>Pumanawa</b>	Potential, talents, clarifying pathway
<b>Puna Waihanga</b>	Passion, desires, creativity
<b>Ngākau</b>	Love, strength, commitment
<b>Whatu Manawa</b>	Deep recesses of your soul
<b>Hinengaro</b>	Thoughts, mind, physical & spiritual tools, communication.
<b>Ngā Iwi</b>	Whānau, Hapū, Social Networks
<b>Te ao</b>	The world we put our children in, the world who socialises with you and your tamariki, the world we surround us with, our world we lead ourselves into, we're making history.”
<b>Puna Waiora</b>	Everything we do is nurturing with love. (Mataira 1989)

Pohatu (2011) identifies specific sites within our being that inform and are informed by states of mauri. These sites he frames as follows:

**Ngā Nohanga Tuakiritanga/Sites of the Inner Being (Pohatu 2011, p.9)**

<b>Ngā Nohanga Sites</b>	<b>Ētahi Whakamāramatanga – Some Explanations</b>
<b>Te Hinengaro</b>	The mind with its levels and depths for acquiring knowledge and wisdoms, as the site for holding and applying critical reflection and analysis in the development of positions and fashioning responses to issues.
<b>Te Ngākau</b>	The heart's levels and depths, as the site to hold, understand and shape the use of the legacies of earlier and present generations to inform, guide and monitor our acquired thinking and actions.
<b>Te Puku</b>	The stomach, with its levels and depths, as the seat that acknowledges the place and value of emotions in fashioning responses and actions.
<b>Te Manawa</b>	The 'strength' of 'the pulse'; strength that monitors the integrity of every kaupapa and set of relationships. If it supports, it generates further energy to ensure continued participation. Conversely, if it does not, it will withdraw, with a consequent decrease of energy and reduction in ability to engage.
<b>Te Wairua</b>	The soul and its depths, which incorporates the thinking and applications of earlier generations; that recognised and connected to the 'domains' and 'understandings' beyond the realms of people.
<b>Te Whatumanawa</b>	The inner eye, as the site that enables the connecting of the visions of earlier generations to those of now and the future, undertaking its cultural sentinel/kaitiaki role.

Both Maitira (1989) and Pohatu (2011) highlight the relationships and sites of the "inner being" that are connected and which like other Māori models of wellbeing such as Te Whare Tapa Whā.

## Te Wheke

The well established model 'Te Wheke' provides yet another example of wellbeing and healing grounded upon mātauranga and tikanga that brings forward notions of balance and the harmonising of all aspects of who we are in order to experience a deep sense of wellness. These understandings are central to the work of Rangimarie Rose Pere (1991) within 'Te Wheke' and are explained as follows:

*The head represents the child/family.*

*Each tentacle represents a dimension that requires and needs certain things to help give sustenance to the whole.*

*The suckers on each tentacle represent the many facets that exist within each dimension.*

*The tentacles move out in an infinite direction for sustenance when the octopus moves laterally.*

*The tentacles can also be intertwined so that there is a mergence, with no clear cut boundaries.*

*The dimensions need to be understood in relation to each other, and within the context of the whole. (<https://aokogloballearning.co.nz/te-wheke/>)*

Each tentacle then represents a dimension that relates directly to wellbeing. The following diagram highlights each of the dimensions as described by Pere (1991).

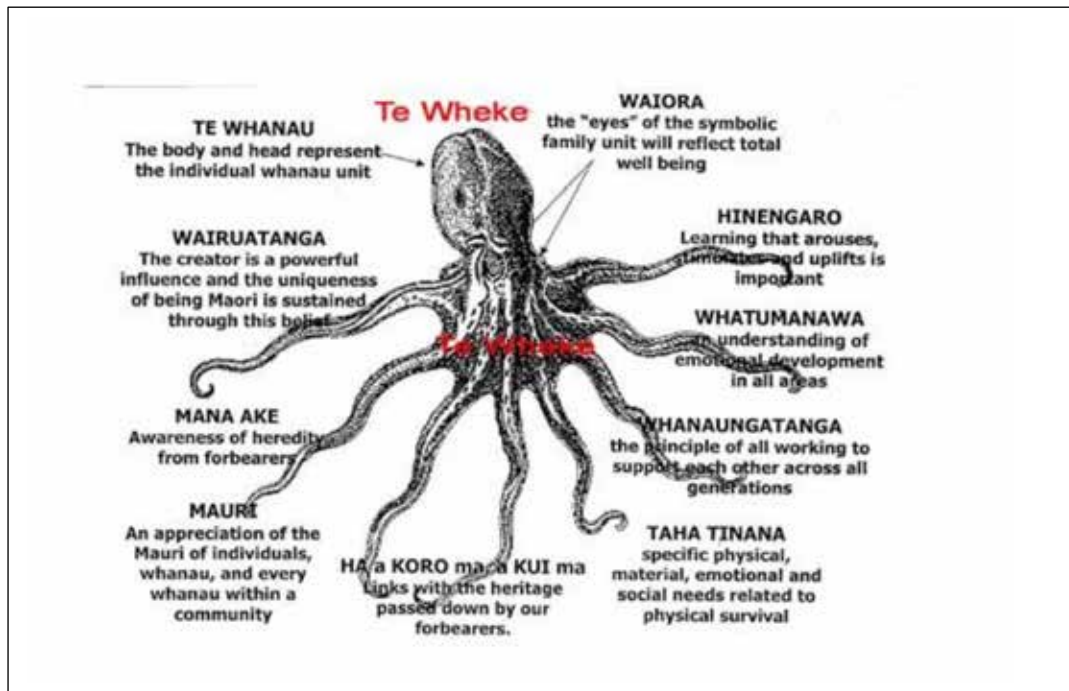


Diagram 9: Te Wheke copied from Ruru, 2015 p.17

Connected to Te Wheke is the discussion of Te Aorangi, which Pere (1997, p.5) states reflects that “institutions do not stand in isolation but actually merge into each other”

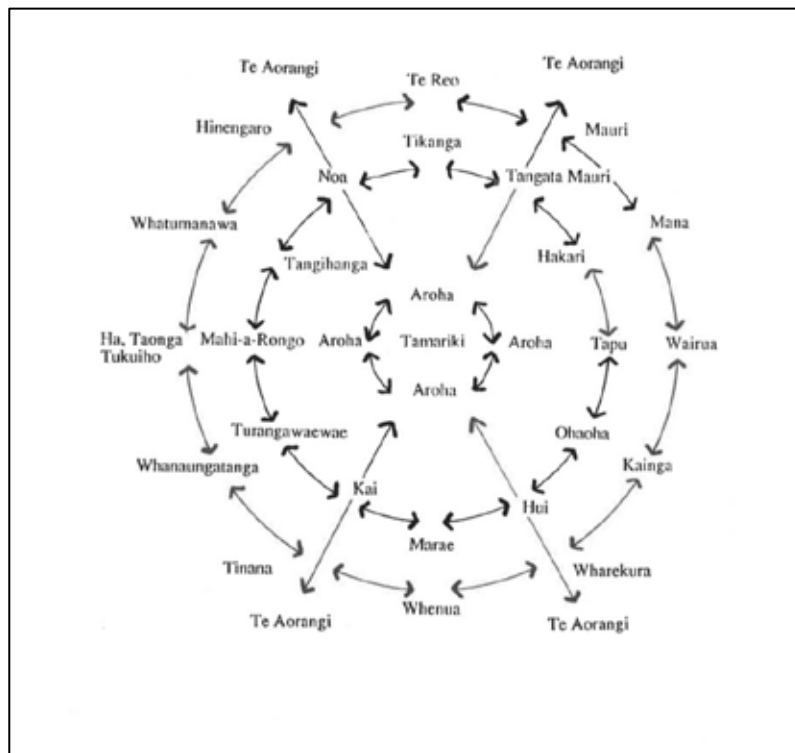


Diagram 10: 'Te Aorangi' from Pere (1997) p.5

Again we are given insights into the importance of ensuring that wellbeing is considered within a context of not only the individual but of all of the interconnections that link us as people and within the may complex relationships that we have within ourselves, with each other and with all elements of our world.



# Tohu

Smith (2019) emphasises that not only do we live with the interconnections both within ourselves and externally with of all parts of our world; we also, as Māori, have a body of knowledge that enables us, if we are open to it, to read the signs around us that support wellbeing and healing. He notes that within Māori society, tohu (signs, proof) have always been a key part of understanding our relationships to each other and to our environment in particular: Tohu in the environment; Tohu Ora; Tohu mate/Tohu aitua; Tohu and the ngākau; Tohu and kōrero; Tohu as a language of silence; Tohu and tohunga; Tohu and colonisation; and Tohu and wellbeing (Smith 2019). Each of these tohu contribute to Māori ways of seeing our connectedness in the world and can be summarised from the work of Smith (2019) as follows:

- *Tohu in the environment*: observing and understanding the signs within the environment including tohu ranginui – signs observed in the sky including astronomical and meteorological; tohu whenua – signs on the land; tohu moana – signs at sea.
- *Tohu Rangatira*: the indicators and symbols of leadership
- *Tohu and the ngākau*: indicators and signs received that are “perceived through the internal memory of the ngākau” (Smith 2019, p.13). Smith (2019) notes that tohu may be received from sources external to the body and may be recognised, perceived and stored by the ngākau in various forms that relate to feeling, hearing and sensing.
- *Tohu and kōrero*: tohu may be expressed in multiple ways including through language; both language and the ways of articulating can be particularly significant to how we understand and see our world.
- *Tohu as a language of silence*: non-verbal actions and observations such as body language, gestures, facial expression, movements and practices “that communicate shared understandings” (Smith 2019, p.14).
- *Tohu and tohunga*: this refers to the specialists and the expertise that is required in the observation and interpretation of particular tohu. Such experts are known as tohunga and provide a deeper level of understanding, guidance, or instruction.
- *Tohu Ora*: indicators and signs “that provide knowledge to sustain life and [are] signs of good health” (Smith 2019, p.12).
- *Tohu mate/Tohu aitua*: indicators and signs of ill health and impending misfortune or death. Smith (2019) notes that both tohu ora and tohu mate/aitua contribute to the ways in which we observe and understanding wellbeing.

The relationship of tohu to the understanding of messages within our environment and around us was noted in the project interviews as part of discussing our need to reconnect to messages and symbols around us, as stated by one of the whānau interviewed for the project.

*One day one of the girls came out and we stood on the mahau, had karakia, and ready to go inside. On the third day, ... doing the same thing, she was ready to go inside, she said to me “Whaea, wow the birds are beautiful this morning”. “Wow that’s so awesome bub”, I said, “but they’re beautiful every morning. Today is the first morning that you’d heard them”. She was like “No!” I said “Yeah, today is the first morning that you heard them, but more importantly, the first morning you chose to acknowledge them” and she was like “Wow, you know? So, you talk about listening. Don’t hear. And so many times our tupuna are trying to give us messages, and we’re so cut off, so cut off from that. So our mahi is about reconnecting them to themselves, and we use all sorts of ways. We’re not in the ancient ways. I’m not a tohunga in that way, I didn’t live in that time, but what I know is that these kaupapa Māori, ... you know they have all of the gems in there that tell us that actually this is going to go a long way to healing your whānau. And so that’s why it’s been a constant thing for me, that’s why it’s been a way of life. It’s not something that you do, it has to be something that we integrate into every part of our being, and practice that. (Kaikōrero)*

Smith (2019) also alerts us to the need to be cognisant of the impact of colonisation on how we see and observe tohu around us that indicate either wellbeing or ill health, because of disconnection and denial of access to tikanga and mātauranga Māori. It is recognised that the impact of colonisation upon Māori health and wellbeing has been significant and that there are ongoing systemic issues of institutional racism and cultural marginalisation with regard to Māori knowledge and ways of being (L. Smith, 1999). This not only creates a context where we may not ‘see’ the tohu that are being provided to us, but at a structural and systemic level it maintains high levels of disparity with regard to access, affordability and quality of provision of services to many Māori people (Harris et al., 2006; Robson & Harris, 2007).

## Healing as Cultural Connectedness

What we know is that healing for Māori is directly connected to what we see as health and wellbeing. Within such understandings we have ancestral understandings and practices that reaffirm the notion that all parts of our world are interconnected and operate on multiple levels simultaneously (Niania, Bush, Epston 2017). Milne (2010) positions cultural connectedness as central to wellbeing, noting:

*Cultural identity has been described as a prerequisite for the good health of Indigenous people, while poor mental health can stem from an insecure cultural identity<sup>17</sup>. Traditionally, Māori identity was determined by whakapapa (genealogy). This identity was regarded as part of tikanga, a wider set of protocols and customs. A positive identity requires participation in positive Māori institutions and media, such as kapa haka, Māori sports team, and involvement with marae. The use of te reo Māori, and exposure to Māori music and culture, are also effective contributors to positive identity and self-view. (p.13)*

Valentine (2016) emphasises that within healing practices for Māori energy that binds Te Kore, Te Pō and Te Ao Mārama together, the powers of te āo Wairua are deeply connected. The enormity and importance of wairua, especially for Māori is echoed throughout this passage, for it encompasses 'everything that was, is and will be Māori'. Valentine (2016) therefore reminds us of the many layers, connections and healing tools that derive from this sacred world of wairua. The arms of te ao Wairua that reach within te ao Māori include karakia, karanga, whaikōrero and te wero, all everyday practices within marae and tūrangawaewae. Marae and tūrangawaewae are places through which we can both model and achieve healing and regeneration when we draw upon such spaces connect us spiritually, thus deepening our connection with our surroundings, our past and future (Valentine 2016).

Strong whakapapa structures and connections within hapū is a pre-colonial Māori framework that Lawson-Te Aho (2013) places hapū at the centre of her Māori healing framework. A hapū who is strong in te ao Māori through one's individual and collective cultural identity, and the active use of tikanga and kawa will have hefty mechanisms in place for healing soul wounds. Lawson-Te Aho (2013) also makes a strong point that healing trauma and wounds of the past is a critical step to securing the whakapapa and future of the hapū. Therefore, healing wounds is not a choice but an obligation of the hapū for their own survival. An active will of consciousness to reconnect with whakapapa in order to heal collective traumas and individual's disconnection must be taken place, purposefully and whole heartedly. Consciousness to delve deeply within past wounds moves toward self-determination of hapū. Responsibility is placed upon reclaiming and rewriting the narratives of who they are as a collective. Hapū self determination in action is the prevention of hapū suicide risk. Looking to the lessons woven within historical narratives for strength and wisdom will assist hapū healing. Reclaiming and building meaningful relationships with the places of belonging of hapū is essential, returning to whakapapa roots will produce powerful outcomes for the collective. Using the metaphor of a voyaging waka as a hapū healing framework, Lawson-Te Aho (2013) incorporates all the necessary measures needed upon a journey of hapū wellness that is relevant to ngāi Māori. She highlights that the collective hapū take the form of the waka body, the frame that carries within the mana and resilience of the journey. Hapū tikanga and kawa is present in the way in which the hapū decide to conduct their journey within leadership, techniques of navigation and so on. Whānau are carried within this waka who are tied through whakapapa. The hoe used to paddle the hapū toward their destination of choice represent decolonisation measures, whakapapa and narrative analysis, hapū healing processes, clearing processes (whakawātea), cultural development and building leadership capacity. The voyage will have an end goal which must encompass absolute freedom of soul wounds, both mental and spiritual. The hapū will set course for this moemoeā but should be open to alter their dreams of wellness as the desires of the collective may change upon their healing journey (Lawson Te Aho 2013).

The place of whakapapa kōrero and narratives are considered to be central to the reclamation of healing processes for Māori (Mikaere 2017; Swann & Crocket 2017). Swann & Crocket note that whakapapa kōrero projects a responsive framework of guidance and wisdom within healing sessions. For example it is noted that Swann draws on the narrative regarding Māui, his kuia Muriranga-whenua and the gifting of her kauae, as this taonga represents the power of kōrero, of sharing knowledge and wisdom. Swann & Crocket (2017) note such whakapapa kōrero aligns to the individually connected journeys of whānau and how guidance and empowerment might lead them to 'fish up resources' that will aid them in their healing journeys. The journey with whānau is treated as a voyage, navigating through unfamiliar narratives, paying attention to the star cluster of language and gently changing course when need be (Swann & Crocket 2017). Such narratives act as blue prints providing guidance that can bring about change and as such produce healing outcomes amongst whānau. Milne (2010) notes that sharing of narratives as forms of 'talking theory' align to tikanga and kaupapa Māori processes, she writes:

*The role of oratory healing in Māori society is well founded in the traditions of whānau and hapū. Oriori, karakia, mōteatea, waiata and tauparapara are all salient examples of how the use of the word has an active and meaningful role in supporting, protecting, informing and healing within Māori society. With this in mind, talking therapies are a natural fit, providing a modern approach to what was a traditional and familiar approach to healing. (p.iii)*

However, she cautions that for any form of narrative or talk theory to resonate fully with Māori this must be done in line with Māori approaches that are framed within tikanga and mātauranga Māori understandings. Swann, Swann, Crocket & Kotze (2017) also note that tino rangatiratanga within the canvas of narrative therapy must be carefully observed, listened to and given appropriate responses to enable the realisation within the healing relationship of hope and tino rangatiratanga. It is noted that such interactions enable energies that honour a call to healing, through the affirmation and enhancing of one's mana to heal. This raises the significance of behaviour and our interactions with each other within and between whānau, and the types of relationships that our people encounter within wider society that are often influenced and informed by colonial notions of how relationships and the connections between people looks like. The affirmation of mana is also noted within the work of Cooper & Rickard (2016) who also stress the importance of aroha within healing processes. Aroha, they state, is what whānau hold on to in times of struggle and trauma, and the investment of aroha within whānau and within ourselves is a conscious act in preventing violence. As such the centrality of tikanga such as mana and aroha and the practice of them within whānau and wider society are both inherently reclaiming of our own ways of being Māori and are acts of decolonisation in practice.

The centrality of mana to healing for Māori women is also highlighted within discussions of mana wahine, is noted by Te Wiata and Crocket (2017) that where there is mana wahine there is healing. Mana wahine and the healing journeys of living entities will always coexist in te āo Māori, and is rightfully influential in Māori healing frameworks when working with whānau Māori. Te Wiata and Crocket (2017) noted that the fluidity of mana wahine, its many forms, roles and identities which are determined by whakapapa, by mātauranga Māori and the response in circumstances of the individual. Mana wahine identities, they note, are deposits of wisdom and resources to heal. A wide range of research related to family violence and its impact upon Māori has consistently raised the ways in which colonisation as gendered and socially hierarchical structures and systems has had severe and traumatic impacts upon Māori women and children within whānau (Pihama 2001; Mikaere 2011, 2017). Central to healing is an understanding of the intergenerational layers of oppression that impact directly upon wahine Māori and therefore upon whānau as a whole. A number of Māori organisations working within the whānau violence sector highlight that sharing knowledge of these oppressive barriers and working together to reconnect whānau with their own inherited and individual healing resources (Balzer 1997; Cram, Pihama, Jenkins & Philip-Barbara, 2001) Assisting whānau in understanding complex intergenerational and contemporary trauma is critical for spaces of healing to be established and enable the reclamation and recovery of mana wahine in ways that bring transformative change.

Cavino (2017) locates a range of traditional healing practices as being critical to her own healing journeys and essential elements in the healing of the intergenerational impacts of sexual violence and trauma within whānau. Māori healing frameworks are imbedded within tikanga and it is the active eradication of tikanga Māori that not only breeches boundaries of violation but normalises these acts, removing any guidance of healing or resistance for victims. Healing methods, Cavino (2017) argues are located within the organisation of hapū and whānau systems through tikanga, where ultimately the processes set in place process which can guide the victim, perpetrator and their whānau network back to wellness. Through immediate intervention, violence in te āo Māori may be addressed, more importantly models of prevention were already in place through the tikanga regarding mana, whakapapa and tapu. Reframing violence from individual violations to collective breaches of mana and tapu is returning to Māori knowledge systems of healing. Once this repositioning of self is reintegrated within whānau and hapū structures, whakapapa frameworks of healing are enhanced and methods of belonging (for both the perpetrator and the victim) may then be put into place, this includes process of collective action towards healing. This reinstates a collective responsibility to restore and enhance the mana of the victim by reclaiming their mamae, and celebrating collective steps toward healing. Work that decolonises is work that heals (Cavino 2017). Furthermore, Cavino (2017) notes that Māori healing methods of romiromi highlighted the immense spiritual violation upon hapū and whānau and stresses that such deep and traumatic wounds must be treated within the context of understandings of tikanga and mātauranga Māori and emphasises that grounding spiritually to the whenua reconnects our relationship to Papatūānuku, reaffirming our whakapapa and inherited mana back to her. This is a journey of healing whakapapa and the embedded soul wounds (Duran 2006) that are experienced through current and historical trauma. Healing whakapapa, Cavino (2017) states, may begin by unpacking the silence within whānau, aligning and reconnecting to their shared violations, shared mamae and shared mana, and enables healing within and across generations.

Reclaiming tikanga, te reo, mātauranga Māori and knowledge of our histories is central to healing. Waretini-Karena (2014) provides a depth of discussion of the processes he experienced in healing, not only himself but his whakapapa line, through reconnection to being Māori, te reo, tikanga, mātauranga and whakapapa. He speaks to pūrākau as a



healing tool that connects and reweaves the past to present day realities through tupuna reconnection and which activates as a healing framework that Māori may easily grasp when framing complex cultural, personal, environmental and spiritual experiences. Engaging with mātauranga Māori forms such as waiata and mōteatea are also considered to be successful pathways for Māori to understand collective trauma and collective healing (Waretini-Karena 2014). Furthermore, Waretini-Karena notes that relationship building is central to Māori healing pathways and expressing whakawhanaungatanga and kanohi ki te kanohi enables the establishing of strong, healthy and supportive networks. Those networks include human, environmental and spiritual connection with whakapapa being positioned as the pillar of tuakiri Māori and as the vessel which transmits mana tupuna, mana whenua and mana Atua (Waretini-Karena 2014) each of which contribute significantly to healing journeys and ensuring cultural connectedness. This is further highlighted within the model 'He Kācano' below (Waretini-Karena 2013) which has been developed as a Māori healing framework to navigate intergenerational trauma through counselling avenues.

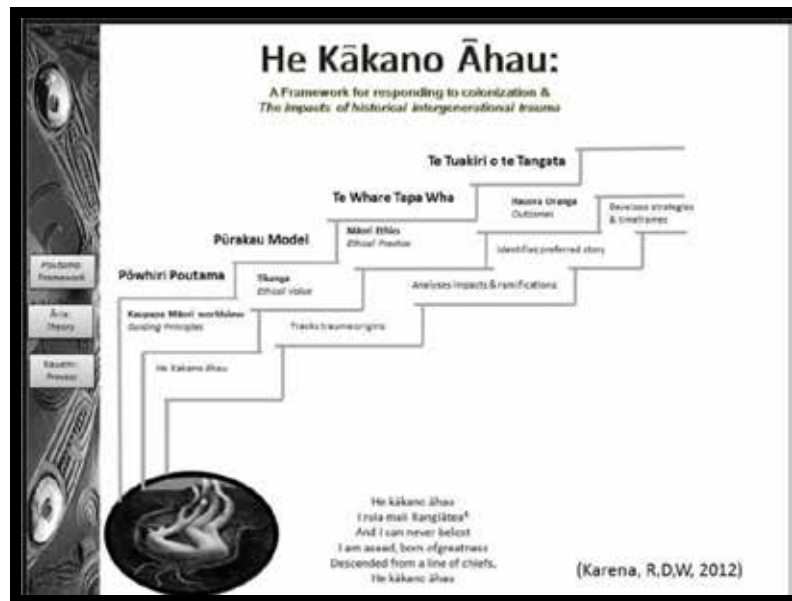
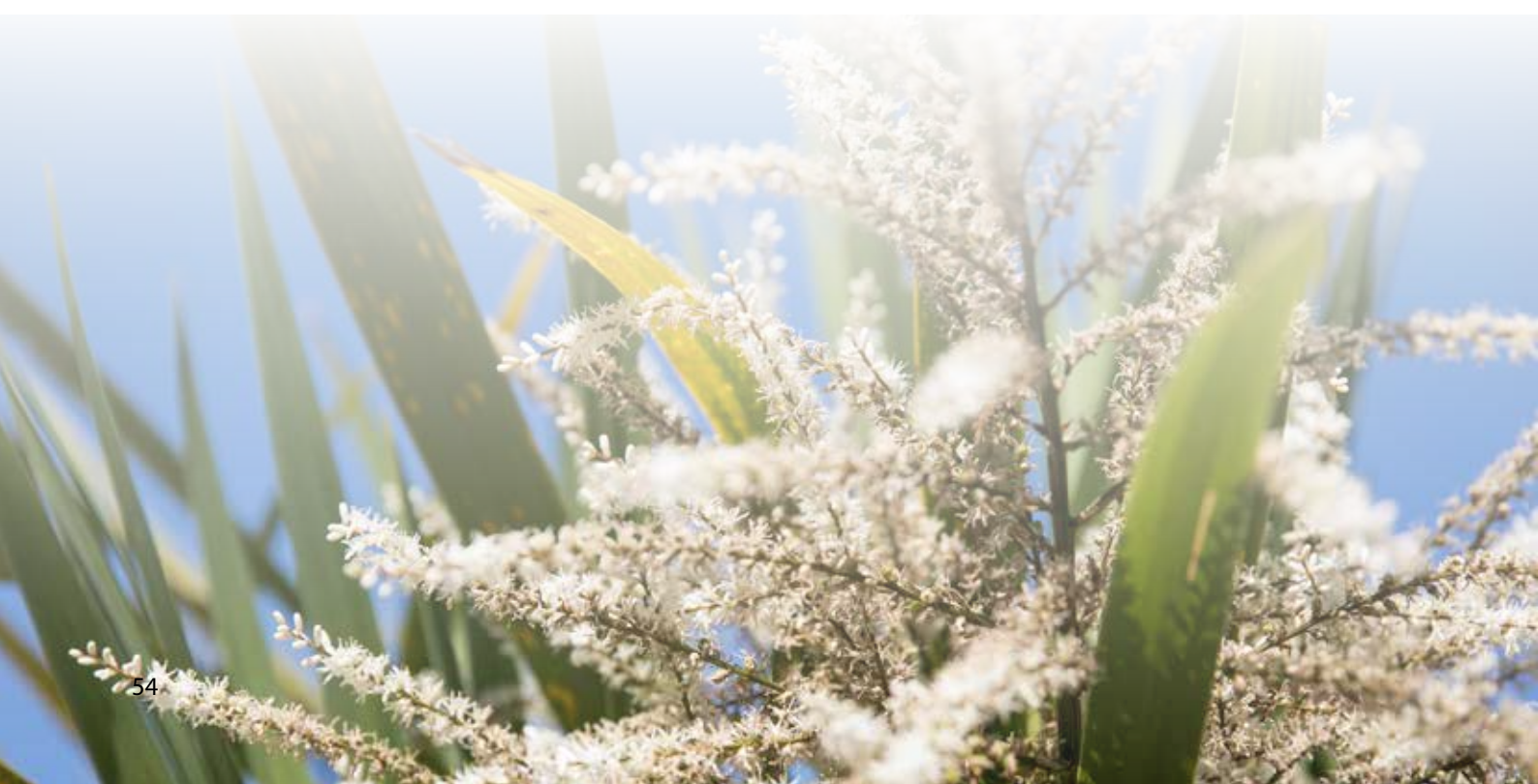


Diagram 11: 'He Kācano Āhau' from Waretini-Karena (2013) p.280

The very name 'He Kācano Āhau' highlights the mana of an individual who is a seed planted by atua, by their tūpuna and which encompasses the greatness of their past. 'He Kācano' merges together four healing models; Pōwhiri Poutama, Pūrākau, Te Whare Tapawhā and Te Tuakiri o Te Tangata, as a Māori holistic healing response to the many complex layers of intergenerational trauma (Waretini-Karena 2013, 2014) with an underpinning philosophy which "challenges assimilating colonial notions by reclaiming Indigenous ideologies that are intrinsic to a Kaupapa Māori worldview" (Waretini-Karena 2013, p. 279).



## Summary

It is our contention that in order to develop an understanding of Indigenous approaches to Trauma Informed Care that can positively influence the healing experiences of Māori, there must be (i) the development of Kaupapa Māori and Indigenous approaches to healing the collective impacts of Historical and Colonial Trauma; and (ii) a clear critique and understanding of the limitations of imported individualistic western approaches that currently dominate the construct of 'trauma informed care' in Aotearoa. One of the criticisms of current trauma approaches is that western psychiatric definitions and associated therapeutic structures dominate the care environment (Taitimu 2016). Valentine (2016) highlights the struggles of Māori to be understood by western psychologists when exploring wairua. She notes that misunderstanding such energies by everyday psychologists, labelling guidance as illness is far too common and is harmful. Valentine highlights that too often for Māori the connection to higher energies are disrupted, misjudged and questioned and she argues that this is why many Māori actively guard their wairua by removing good and bad spiritual experiences from healing conversations.

Milne (2005) indicates that the enhancement of Māori recognition, presence and Kaupapa Māori influence within healing is critical noting that the depths of te āo Māori, including mātauranga Māori are embodied and valued through Kaupapa Māori methodologies and as a result, Māori whānau are understood as a whole when these methodologies are utilised, where mutual understanding and respect evolves into healing. When mainstream mental health approaches focus solely upon on trauma without attempting to heal wairua, to understand hinengaro or treat tinana critical parts that make up a whole Māori person were overlooked or devalued (Milne 2005). Wirihana and Smith (2014) highlight the limitations of western definitions of trauma when engaging more deeply with Indigenous experiences:

*Trauma research in the field of psychology developed in the 1980s when Vietnam War veterans were first diagnosed with post-traumatic stress disorder (Briere & Scott, 2006). Since this period, research in this field has prioritised psychological theory and practice which focuses specifically on individual experiences of single trauma incidents. For example, the recently revised Diagnostic and Statistical Manual for Mental Disorders, 5th Edition defined trauma as "exposure to actual or threatened death, serious injury, or sexual violence" (American Psychiatric Association, 2013, p. 271). This includes being witness to such an event, having a close family member or friend who has suffered from a traumatic event, or experiencing repeated aversive exposure to the event. These definitions emphasise individual and actual events allowing for clear and succinct diagnostic utility, yet they fail to account for long-term chronic and complex individual and collective trauma. In addition, they do not allow for experiences of historical trauma due to assimilative colonial practices, which have occurred for Indigenous populations worldwide. (p.198)*

Diverse experiences of trauma are often said to be silenced within this context and there are calls for trauma services to fully integrate the political conditions and wider context in which people live (Burstow, 2003). Reeves (2015) notes that there is a growing body of literature relating to trauma informed care in diverse settings and contends that "understanding of the experiences and needs of survivors of different types of trauma, as well as those of health care providers, is missing from current literature on trauma-informed physical health care" (p.704). Reeves provides little discussion in terms of diversity in relation to either race or ethnicity; however, she states the need for research that is inclusive of more diverse participants, stating:

*Because trauma-informed care is patient-centered care, it is important to understand how trauma occurs within the context of culture, and how culture affects the ways in which meaning is attributed to trauma. Culture affects trauma symptoms, health care experiences and, subsequently, the provision of trauma-informed care. Future research also should explore relationships between other demographic factors, such as race, socioeconomic status, and education level and the health care experiences of trauma survivors. (p. 706)*

This chapter has provided an overview of a range of Māori views and frameworks that are grounded upon tikanga and mātauranga Māori. Many of these frameworks and models have been articulated within the health sector for over 40 years and yet there continues to be an ongoing struggle for many working within kaupapa Māori spaces to have their work and practices acknowledged as critical in regards to healing trauma for Māori. Models and frameworks such as Te Whare Tapa Whā, Paiheretia, Te Wheke, Transforming Whānau Violence alongside understandings of key tikanga concepts and practices such as tuakiritanga, tohu, mauri, mana, tapu, whakapapa, whanaungatanga, rongoā and traditional healing



practices and many others continue to be marginalised by those in the sector that control resourcing of programmes in regards to healing trauma.

Kaupapa Māori approaches are grounded within principles that require such developments to be undertaken through a meaningful co-production of knowledge approach with Māori whānau, hapū, iwi and communities, which is located within the spaces where Māori live, and can support Māori and non-Māori providers to be aware of the distinct issues that contextualise Māori trauma. Ultimately, Kaupapa Māori frameworks are essential to guiding practice with regard to Māori approaches to trauma and trauma-informed care. This framework will also add to the drive for cultural safety and relevancy in service provision in Aotearoa that has been a cornerstone of Māori aspirations for service provision principles for decades.

It is clear that there is a strong movement by Māori practitioners and writers to engage nationally and internationally with the Indigenous historical and intergenerational trauma informed care discourse. What is discussed here is by no means definitive, there are many Māori working in the area of health and wellbeing that are practicing incredibly innovative and successful approaches that work for our people. When positioned and grounded within a kaupapa Māori framework, it becomes clear that understanding the origins and sources of Māori historical and intergenerational trauma is essential in ongoing advocacy for Māori healing practices to be more fully supported and resourced. For healing to occur there must be a prioritisation of Māori healing approaches that can be used for tangata, whānau, hapū and iwi collective healing.





# Western Approaches to Trauma Informed Care



# Western Approaches to Trauma Informed Care

## Introduction

In this section we address the dominant western, primarily Anglo-American research approaches to trauma and to trauma informed care. The section uses two categories to review the ways in which trauma is discussed. Firstly it examines trauma as described in the context of how services have sought to develop a trauma focus, commonly referred to as Trauma Informed Care. Trauma is also considered within a wider context, representing the diverse realities that are not readily reflected in service provision policies and procedures. Including the wider context highlights the various ways in which trauma meanings and approaches are expanding. While Trauma Informed Care is indicative of a significant paradigm shift in the helping professions, it is evident that much more needs to be done to ensure that the full spectrum of life experiences is accounted for when considering what is needed to care for those affected by trauma (Fallot & Harris, 2001a, 2001b, 2002). The section summarises clinical perspectives of trauma informed care and the ways in which trauma informed care as a mainstream intervention has developed and is understood.

Trauma Informed Care is not a new concept in Mental Health and Addiction Services settings. Some form of Trauma Informed Care has always been present in various treatment modalities in both the Mental Health and Addition Services sectors, given that clinical practice includes diagnosing and treating labelled behaviours such as Post Traumatic Stress Disorder (Taft et.al, 2007). A range of trauma types are readily recognised in clinical practice, ranging from acute trauma – usually characterised by recent traumatic events (Bryant, Sackville, Dang, Moulds & Guthrie, 1999) – to complex or chronic trauma caused by prolonged or repeated traumatic events over a lifetime (Taft et.al, 2007).

Views about the symptomology of ‘mental illness’ are constantly being debated in settings that include formal service organisations as well as the communities in which those affected by trauma live (Isobel, 2016). In the not too distant past, trauma was largely associated with a set of clinical criteria that pointed to a diagnosis of Post-Traumatic Stress Disorder (PTSD). These criteria formed the basis of the standard approach to conceptualising how people are affected by traumatic events. PTSD is discussed later in this review; however, it is important to set the scene in terms of understanding the evolution of Trauma Informed Care as something that has developed away from clinical diagnostics. Trauma Informed Care is a more recent development that has come out of a range of activities, including growing dissatisfaction with clinical perspectives (Isobel, 2016). These activities include giving a voice to those who are often marginalised when experiences (such as trauma) are defined and framed.

Models of care within the mental health system have shifted over generations, often in response to criticisms of the underlying philosophies that have driven various approaches to working with those in need of support (Brunton, 2011). From the mid 1200s in England, institutional care was the standard approach to dealing with those who were labelled as mentally ill; it was primarily aimed at shutting away those deemed to be undesirable (Wright, 1997). In Aotearoa, institutional care started with a similar tendency towards detainment, manifesting in the 1840s as the incarceration of the ‘mentally ill’ in prisons. The first official ‘asylum’ was opened in 1854 in Karori, Wellington, and larger asylums were built around the country from the 1860s onwards (Brunton, 2011). Institutionalisation, as a response to perceived dysfunctions classified as mental illness, has been widely criticised as a reflection of society’s values and the desire to expel people, rather than being an attempt to support those in need of care (Foucault, 1965). While there are valid arguments highlighting how current practices continue traditions of incarceration and restraint (e.g. the practice of seclusion by Mental Health Services), the model of care has shifted, at least philosophically, away from mass detention and separation from society to deinstitutionalisation and what has been described as integration into the community (Granerud & Severinsson, 2006). Some argue however, that mental health systems retain a fundamental focus on dysfunction in the individual (e.g. Xie, 2013). Trauma-based perspectives are, in part, an attempt to shift the focus from the individual as dysfunctional to seeing the individual primarily within the context of external events that have caused trauma (Fallot & Harris, 2001a, 2001b, 2002). The inception of trauma based services, and the persisting debate about what trauma is, provides scope for continuing to shift conceptual boundaries. These shifts create possibilities for moving towards an understanding of causes of dis-ease that are not focused on the dysfunction of the person (De Silva, McKenzie, Harpham, & Huttly, 2005; Levy, Celen-Demirtas, Surguladze, & Sweeney, 2014).

Service providers’ focus on trauma is directly linked to the growing understanding of the impacts of interpersonal violence and an associated increase in rates of access to Mental Health Services (Ashmore, 2013). Concerns with children’s experiences of interpersonal violence were a significant driver of early work undertaken to expose the impacts of trauma and included the ‘Adverse Child Experiences Study’ undertaken by the Centre for Disease Control and Prevention in 1998

(Felitti et al., 1998). This study documented a range of stressful life situations experienced by children, and along with other research has led to an understanding of the specific impacts of abuse on children. Findings have shown that abuse in childhood is linked to poorer physical and mental health in adulthood (Price-Roberston, Higgins & Vassollo, 2013).

Research on children and trauma has also explored the impacts of type, severity, and duration, analysing how these variables interact with the child's age and level of vulnerability, and how primary caregivers respond to the traumatic event (Hodas, 2006). Hodas (2006) explains that these variables potentially affect all key aspects of the child's development and functioning, including brain development, neurochemical pathways, psychosocial adaptation, and automatic responses to stress experienced throughout the child's life. Trauma informed care, therefore, is seen as an integral step in interrupting the trajectory of adverse outcomes and ideally includes early identification and intervention and the prevention of further trauma in order to instil a sense of physical and emotional safety (Hodas, 2006; Substance Abuse and Mental Health Services Administration, 2014). Many of those stressors, identified through a focus on adverse events such as child physical and sexual abuse, are now central to trauma theory and the practice of trauma informed care in treatment settings (e.g. Hanson, Lang, Berliner & Kolko, 2016).

## Definitions of Trauma

In this review, definitions of trauma are restricted to those that are commonly recognised and debated in a western, non-Indigenous world view. In an effort to illustrate how trauma informed care is conceptualised and applied in formal treatment settings, most of these definitions are associated with therapeutic services. However, perspectives of trauma from within communities that are working to expand ideas of how trauma is understood have also been included.

Trauma is described as something that develops from an individual's experience of or exposure to an overwhelming event that is threatening to the individual's physical, emotional, and/or psychological safety. The experiences may be sudden or they can be gradual; they can include one-time events characterised as being dramatic in nature, or they can be continuous violations perpetrated and experienced over longer time periods (Emerson & Hopper, 2011).

The American Psychological Association defines trauma as:

*...an emotional response to a terrible event like an accident, rape or natural disaster. Immediately after the event, shock and denial are typical. Longer term reactions include unpredictable emotions, flashbacks, strained relationships and even physical symptoms like headaches or nausea. While these feelings are normal, some people have difficulty moving on with their lives. Psychologists can help these individuals find constructive ways of managing their emotions.*

(<http://www.apa.org/topics/trauma/>)

The National Association of State Mental Health Program (NASMHPD, n.d.) defines trauma as:

*The experience of violence and victimization including sexual abuse, physical abuse, severe neglect, loss, domestic violence and/or the witnessing of violence.*

(<https://www.nasmhpd.org/sites/default/files/NASMHPD%20TRAUMA%20Position%20statementFinal.pdf>)

While the definitions presented here share some commonalities, trauma is far from being a tidy, well-defined concept that supports common approaches to trauma therapy. Trauma informed care exists in a complex and contested theoretical landscape in which a number of groups are working to highlight and expose diverse types of trauma. One of the criticisms of current trauma approaches is that psychiatric definitions and associated therapeutic structures hold a dominant position in the care environment. Diverse experiences of trauma are often said to be silenced in this context and there are calls for trauma services to fully integrate the political conditions and wider contexts in which people live (Burstow, 2003).

The following sections examine understandings of trauma that are based on classification systems (such as those that support clinical perspectives of what trauma is) along with those based on broader perspectives embedded in diverse realities. Doing so encourages flexibility in terms of how trauma is conceptualised and creates space to continue to test the parameters of trauma definitions.



# Clinical Perspectives on Trauma

Post-traumatic Stress Disorder (PTSD) carries a set of diagnostic criteria that, while associated with trauma, do not necessarily cover the complex spectrum of experiences that trauma survivors will have or report (Friedman, 2013). However, it is worth including at least a summarised account of PTSD, given how this label has been positioned in terms of psychiatry's understanding of trauma. Historically, PTSD has been associated with war and conflict, emerging from an understanding of the impacts of war on returning soldiers (Hales & Zatzick, 1997).

Weathers and Keane (2007) describe the introduction of PTSD in the Diagnostic and Statistical Manual of Mental Disorders, Third Edition (DSM-III; American Psychiatric Association [APA], 1980) as a move to identify a unifying construct designed to benefit clinical investigators by providing a central classification system that would accommodate disparate trauma types and associated psychological trauma, including combat, sexual assault, and natural disaster. The American Psychiatric Association defines PTSD as:

*a psychiatric disorder that can occur in people who have experienced or witnessed a traumatic event such as a natural disaster, a serious accident, a terrorist act, war/combat, rape or other violent personal assault.*

(<https://www.psychiatry.org/patients-families/ptsd/what-is-ptsd>).

The American Psychiatric Association also states that PTSD symptoms fall into four categories, including: 1) Intrusive thoughts, such as repeated, involuntary memories, distressing dreams, or flashbacks of the traumatic event; 2) Avoidance, such as steering clear of stimuli that remind the person of the traumatic event, including people, places, activities, objects and situations that bring on distressing memories; 3) Negative thoughts and feelings, which may include continuing distorted beliefs about the self and others, recurring fear, terror, anger, guilt or shame, diminished interest in activities, and feelings of detachment and isolation; and 4) Arousal and reactive symptoms, which may include irritability and anger, recklessness and self-destructiveness, being easily startled, and having difficulty with concentration and sleeping (<https://www.psychiatry.org/patients-families/ptsd/what-is-ptsd>).

PTSD can also be distinguished from a sub-category known as Complex PTSD, which is characterised by the experience of chronic and repeated traumas, inclusive of the symptoms of PTSD but also inclusive of disturbances in self-organisation, emotional regulation, self-concept, and the presence of relational difficulties (Cloitre, Garvert, Brewin, Bryant & Maercker, 2013). A central feature of Complex PTSD therefore appears to be the experience of prolonged trauma (Briere & Rickards, 2007) and features that differ from PTSD. Standard PTSD is commonly seen as a fear-based disorder with symptomology limited to fear reactions, avoidance and hypervigilance (Cloitre, Garvert, Weiss, Carlson & Bryant, 2014). The World Health Organization (WHO) Working Group on the Classification of Stress-Related Disorders has proposed that Complex PTSD be included as a new diagnosis that, while related to PTSD, remains diagnostically separate (Maercker et al., 2013). Changes in the definitions of trauma that are included in the DSM 5 are now leaning towards including symptoms that are more indicative of and aligned with how complex PTSD is understood (Courtois, 2013). Other elements of PTSD that have been explored include experiencing a sense of betrayal, which plays a significant part in the ongoing effects of trauma (DePrince, 2001). The sense of betrayal theory has been applied to interpersonal and family violence (Freyd, 2008) as well as being a factor in PTSD for those who have experienced trauma as a result of combat (Shay, 2010).

In general, people who have experienced trauma, including PTSD (sometimes referred to as 'trauma survivors'), often experience significant negative psychological and physiological effects as a result of the traumatic event or events (Levine, 1997). The psychological and physiological consequences of trauma can be illustrated by comparing the way the body and brain respond to normal levels of stress compared to the higher levels of stress that are associated with trauma. It is theorised that the human body will usually find a level of equilibrium at the end of a stressful event; however, in the case of trauma, the individual's central nervous system can become overwhelmed, preventing the body and mind from re-entering a calm state that is essential to experiencing longer term wellbeing, including having the ability to relax or to achieve a sense of safety (Cloitre, 2009; Cloitre et al., 2009; Emerson & Hopper, 2011). Over time (and without supportive and effective treatment) people who have experienced trauma may develop permanent symptoms that mean they live permanently with a sense of fear and anticipation of recurring negative events (Courtois, 2013; Hodas, 2006).

# Re-framing Trauma

While there are some cases in which an individual will present with symptoms that align with what is listed in the DSM as criteria associated with PTSD, others will not easily fit the often limited classifications that make up standard diagnostic criteria (Becker-Blease & Freyd, 2005). These individuals may, for example, demonstrate significant hardiness in the face of traumatic events or display only brief subclinical symptoms (i.e. similar but subtler) (Substance Abuse and Mental Health Services, 2014). Some have criticised current Trauma Informed Care approaches for not going far enough to extend the view of trauma, saying that the knowledge that informs the trauma field is still wedded to traditional psychiatry and diagnostic categorisations (Tseris, 2013). While PTSD as a trauma theory has exposed important aspects in terms of the continued experience of trauma for those affected by war (for example), as Herman (1995) explains, as knowledge on PTSD and conflict survivors developed, knowledge about the severe impact of other forms of violence also grew, exposing the terror that people who were victims of violence in non-conflict societies were experiencing. Trauma theory provided a wider understanding of how those who experience violence through conflicts in communities and homes are affected; this can include the lasting psychological impacts of having been abused sexually, verbally, and/or physically (Black, Newman, Harris-Hendriks, & Mezey, 1997).

Since the 1980s, trauma theory has continued to develop in an effort to represent the complexities of trauma (Becker-Blease & Freyd, 2005; International Society for Traumatic Stress Studies, 2002). As mentioned, the DSM has included a definition of trauma that describes events outside of what are seen as normal human experiences. Those working to expand understandings of trauma have pointed out (and with some success in that the DSM has since changed its definition) that the idea of normal human experiences this sets up is what Sampson (1993) might call an 'implicit standard' or as Brown (1995) explains it:

*...the range of what is normal and usual in the lives of men of the dominant class; White, young, able-bodied, educated, middle class. Trauma is thus what disrupts the lives of these particular men but no other. (p. 101)*

Conceptualising trauma as an abnormal event has also been criticised for how it creates a deficit view of individuals (Burstow, 2003). For example, people's reactions to trauma, such as not trusting others or not feeling safe in general, have been assessed as abnormal behaviour rather than being seen as normal psychological reactions to negative experiences (Burstow, 2003). There have even been suggestions that those who experience forms of child abuse will experience neurological changes that are irreversible, described as a deficit in the person's view of the world; believing the world to be a malevolent environment (e.g. Teicher, 2002). However, those who challenge a deficit focus on those experiencing trauma argue that reduced trust and being hypersensitive to potential risks to safety may be very appropriate reactions to trauma (Lewis, 1999).

There are a number of fields of study within trauma theory that represent the experiences of diverse communities. Examples include recognition of the role that gender and sexuality plays in trauma, including that women are more likely to be the victims of interpersonal violence (Craven, 1997) and that systems (such as health care systems) can cause trauma by adhering to dominant heterosexist models of care (Searle, Goldberg, Aston & Burrow, 2017). Further, Brown and Pantalone (2011) state that trauma is understood to be a 'persistent backdrop' for members of the LGBT community (Brown & Pantalone 2011, p. 1). Other research that recognises more diverse experiences of trauma focuses on trauma associated with experiences of racism, explaining that trauma should be seen as a consequence of all discriminatory experiences, not just the ones that the dominant society deems as being traumatic because they are obvious, extreme and violent (e.g. Bryant-Davis & Ocampo, 2005). There is also research that has sought to expand views on trauma by focusing on the link between education, and employment (Beaker-Blease & Freyd, 2005), trauma and incarceration (e.g. Randall & Haskell, 2013) and transgenerational trauma (e.g. Schwab, 2010).

Becker-Blease and Freyd (2005) stated that there was a lack of research on the interconnections that illustrate the complex overlap between people's lives and the different types of trauma that are experienced. There is evidence that, rather than experiencing a small number of easily defined types of trauma, reflective of a DSM approach, people experience multiple forms of trauma (Clemmons, Walsh, DiLillo & Messman-Moore, 2007; Sansone, Wiederman & Sansone, 1998). In addition to this, there is a growing understanding that those who experience trauma are often re-victimised, which requires that services learn how to assess and support multiple forms of victimisation (Finkelhor, Ormrod, Turner & Hamby, 2004). For example, one study that looked at the victimisation experiences of 2,030 children in the United States found that 14% had experienced between four and six kinds of victimisation while 9% had experienced seven or more kinds of victimisation (Finkelhor et al., 2004). The types of victimisation recorded included physical assault, property victimisation, maltreatment, peer or sibling victimisation, and witnessing (otherwise known as indirect) victimisation. Further, the study found that the number of different kinds of victimisation predicted anger, depression, and anxiety better than severe victimisation of any one kind.

A range of clinical research work is focused on the impact that trauma has on brain development in children. One of the key areas of focus in complex developmental trauma examines how trauma affects children's development and long-term outcomes, in the context of interpersonal relationships with caregivers (Cook et al., 2017). Complex developmental trauma suggests that the neurological development of the brain is distorted, so that the mechanisms of survival become more dominant than the "learning" mechanisms (Atkinson, 2013), resulting in impairments in arousal, cognitive, emotional and social functioning. Another popular description of the impact of complex trauma is the neuro-sequential model that analyses trauma in the context of childhood neglect, and the resulting chronic hyper-arousal and disruption in the child's stress hormones (Perry, 2006, 2009). Chronic disruptions of a child's stress hormones are believed to affect the development of brain structures and brain functioning (Perry, 2009). Importantly, however, impacts on the biochemical, hormonal and neurological development of children is said to be helped by early and continuous therapeutic interventions and relationships (Perry, 2009).

## What is Trauma Informed Care?

Trauma Informed Care has been described as a paradigm shift, predominately in mental health services (e.g. Isobel, 2016). It has emerged as a response to what was seen as a tendency in mainstream treatment settings to provide services to people in need without recognising the potential for lifetime traumatic events (such as child sexual abuse) to be affecting those seeking support (Fallot & Harris, 2001a, 2001b). Rather than focusing on trauma treatment, Trauma Informed Care rests upon the principle that trauma potentially underlies the experience of distress generally. Isobel (2016) calls this taking 'universal trauma precautions', prompting services to expand their views about what contributes to distress and the wider context in which service users may be experiencing symptoms.

In part, trauma theory and trauma-informed care were developed in an effort to prevent re-traumatisation that was occurring as a result of support services practices (Fallot & Harris, 2001a, 2001b, 2002). Avoiding re-traumatisation can include ensuring that policies and practices are inclusive of and able to provide understanding for diverse world-views (Hopper, Bassuk & Olivet, 2010) and that trauma sensitive knowledge is incorporated into discussions of 'disorders' (Dumont, Ridgway, Onken, Dornan & Ralph, 2006). To become trauma-informed, a system of care must demonstrate understanding and recognition of trauma as both interpersonal and socio-political, along with demonstrating an ability to foster safety, trustworthiness, choice, collaboration, and empowerment at all levels of service delivery (Fallot, McHugo, Harris & Xie, 2011). Quiros and Berger (2014) explain that trauma is often sidelined in treatment settings as an addition to primary concerns such as addiction. They call for a system of care that centralises trauma as a consideration in the support, treatment and healing provided to those who seek help.

Maxine Harris and Roger Fallot produced some of the earliest literature aimed at influencing how service providers can shift to a trauma informed approach (e.g. Fallot & Harris, 2001a, 2001b, 2002). At the time that Harris and Fallot were beginning to build a philosophical evidence base, one of the first concrete, trauma-focused research programmes had emerged in the United States, dedicated to supporting women with recognised co-morbidities. The United States Federal Government's Substance Abuse and Mental Health Services Administration developed the Women, Co-occurring Disorders and Violence Study (WCDVS) project that ran from 1998 to 2003. This project aimed to develop integrated services that recognised and were equipped to deal with issues related to women experiencing violence, and having a dual diagnosis that included both mental illness and substance abuse (Noether, Finkelstein, Van De Mark, Savage, Reed & Moses, 2005; Quadara & Hunter, 2016).

In 2001 Maxine Harris and Roger Fallot developed a series of papers that addressed the need to re-orient and re-design human service systems addressing the impacts of trauma (e.g., Fallot & Harris, 2001a, 2001b). Harris and Fallot stated that;

*Human service systems such as the mental health and alcohol and drug sectors often served survivors of trauma without treating them for the consequences of that trauma, and, more significantly, without even being aware of the trauma that occurred (Harris & Fallot, 2001b, p 3).*

Harris and Fallot (2001a, 2001b) provide two distinct definitions within the broader area of trauma informed care. These include trauma informed services and trauma specific services.

**Trauma informed services:** These are not specifically intended to treat what are commonly seen as symptoms or syndromes related to sexual or physical abuse or other recognised forms of trauma. Trauma informed services are, however, sensitive to trauma-related issues that may be a part of what 'survivors' bring to the help-seeking relationship. In a trauma informed service, all the components of the service have been reconsidered and evaluated in the light of a basic understanding of how violence has affected all who are seeking mental health and addictions services. This includes children and adolescents, as well as families and caregivers.



To be trauma informed, a service must use an understanding of the impact of violence (and the different forms of abuse) to create systems that can respond to the specific vulnerabilities trauma survivors have, and prevent re-traumatisation of these survivors. Good trauma informed services will also work in such a way that the people accessing the services will be encouraged to participate in their treatment, including influencing the type of treatment and how it is designed and delivered. This type of service will also collaborate with other sectors as required for the best possible outcomes for those seeking help and support and will ideally develop a network of practitioners who have expertise in trauma and recovery.

**Trauma-specific services:** These types of services are specifically designed to provide treatment to those who have experienced sexual or physical abuse. Trauma-specific services may use therapeutic techniques such as grounding, which help trauma survivors to manage symptoms of dissociation and desensitisation. Techniques are designed to help survivors to deal with strong emotional responses to different stimuli. Programmes are designed to consistently incorporate key principles and practices that include respect, information, connection, instilling a sense of hope, and working collaboratively with trauma survivors to give power to those engaging with services (a relational approach). The importance of a relational approach cannot be understated, given that trauma-specific services recognise that experiencing abuse means experiencing power and control at the hands of abusers, often setting up a lifetime of mistrust and fear. Further, Fallot and Harris (2002) state that clinically, trauma based treatments fall into two broad categories; 1) cognitive behavioural approaches that adapt PTSD treatments; and 2) taking a broader view of trauma and focusing on the development of trauma coping skills.

Among those who advocate for trauma informed approaches, there is a belief that most people presenting to services will have some history of trauma that is influencing their current experiences (Elliott, Bjelajac, Fallot, Markoff & Glover-Reed, 2005). During the development of this review, it was clear that guidelines, theories and recommended approaches are both setting- and population-specific and that there are no universal best practice approaches. The following information should be read in this context as a presentation of just some of the approaches that are currently being recommended and implemented. The trauma informed field will continue to develop as more voices are heard and more diverse experiences are understood. The National Association of State Mental Health Program Directors (n.d.) states that the adoption of a trauma informed policy must include a commitment to using effective and appropriate assessment procedures; practices that avoid and prevent re-traumatisation; support from key administrators; and the availability of resources to support systems modifications and improvements, including education of staff as a priority. As discussed, calls to make trauma an integral part of therapeutic and other help services stemmed from the growing understanding of the prevalence of trauma, which developed through experiences of interpersonal violence. In line with this, one of the primary recommendations for developing a trauma-focused culture in services is that people should be asked about any experiences of trauma they may have (Elliot, Bjelajac, Fallot, Markoff & Reed, 2005). The United Kingdom's National Health Service (NHS) produced guidelines in 2008 calling for service providers to routinely enquire about histories of abuse when working with adults presenting for mental health and substance abuse issues (National Health Service, 2008).

A number of studies have provided evidence of the gaps in trauma enquiry by service organisations. Read, Harper, Tucker, and Kennedy (2017) found that in general, while child abuse and neglect are a significant causal factor in the development of many mental health issues, most people accessing mental health services are simply not asked about whether or not they have had these experiences. Twenty-one relevant studies were identified. Read et al. (2017) report that only a relatively small percentage of abuse or neglect cases identified by researchers working with people who have accessed mental health services are found in the clients' files. The findings of recorded enquiries by abuse type and percentage include: emotional abuse, 44%; physical abuse, 33%; sexual abuse, 30%; emotional neglect, 17%; and physical neglect, 10%. The study found that between 0% and 22% of people who accessed mental health services were asked about child abuse.

In 2009, Te Pou (The National Centre of Mental Health Research, Information and Workforce Development) and The Ministry of Health stated that Trauma Informed Care was a relatively new initiative in Aotearoa. The implementation of Trauma Informed Care in Aotearoa was linked to principles and training that supported knowledge of how practices of seclusion and restraint re-traumatise those who have trauma histories (<https://www.matuaraki.org.nz/news/in-support-of-trauma-informed-care/1015>), and that most people accessing mental health services will have some form of trauma history (<https://www.tepou.co.nz/initiatives/trauma-informed-care/181>).

A survey carried out in Aotearoa in 2002 asked mental health clients about their experiences of initial assessments by mental health services over a period of twenty years. The research found that most of the respondents (65%) reported that they had experienced abuse when asked by the researcher, but that only 20% had been asked about any experiences of abuse by staff within mental health services (Lothian & Read, 2002). Another study carried out in Aotearoa found that only 32% of people accessing mental health services were asked about histories of abuse, despite that fact that these questions appeared on standard admissions forms (Read & Fraser, 1998). Of those that were asked, over 59% disclosed that they had experienced child abuse. In contrast, in the group of people who were not asked about histories of abuse,

only 6% disclosed that they had experienced child abuse. Similar findings were recorded in relation to experiencing assault as an adult. Thirty-five percent of people who were asked about adult experiences of assault disclosed that they had this experience versus 3% for those who had not been asked. A recent review of the practice of enquiring about trauma through the audit of clinical files in Aotearoa was carried out to compare findings with a previous audit that was completed in 1997. Sampson and Read (2017) found that there have been significant increases in the number of enquiries by staff, and subsequent recording of trauma information in patient files, including child sexual and physical abuse and adult sexual assault. They also identified areas of enquiry that needed improvement, such as asking about adult physical abuse, and identification of physical and emotional neglect. It was also apparent that some differences were gendered, including the fact that staff were less likely to ask men about trauma histories and that male staff made fewer enquires overall. Staff were also less likely to ask those with a diagnosis of psychosis about any experiences of abuse and other potential histories of trauma.

Sampson and Read (2017) conclude that while there appear to have been some improvements, overall there is still room to develop trauma-centred practice in Aotearoa and to improve staff awareness of the importance of discussing trauma with those seeking help. They recommend that services continue to develop trauma policies and organisational understanding of trauma theory, highlighting the connection between trauma and apparent behavioural states. This recommendation fits well with what is known generally about service providers in Aotearoa in relation to the development of trauma informed care. Providers have had limited resources (such as up-to-date literature and other evidence) to support enhancing trauma informed approaches, including understanding the links between histories of abuse, trauma and current mental health issues (Hepworth & McGowan, 2013). Services were found to have similar deficits in understanding the impacts of domestic violence (Trevillion, Hughes, Feder, Borsschman, Oram & Howard, 2014).

## Summary

Western constructions of Trauma theory have supported a growing understanding of how trauma events affect people, particularly those who access help services, including provider organisations in mental health systems. The prevalence of histories of abuse among those accessing mental health services has encouraged views on mental illness to grow beyond deficit perspectives. While clinical definitions of trauma such as PTSD are useful in some treatment contexts, on their own, diagnostic practices applied using a focus on limited symptomology do little to capture the diverse range of trauma experiences. Clinical approaches also do little to contextualise trauma, including the social and political realities of different individuals and communities. Trauma theory and Trauma Informed Services have been developing steadily over the last two decades and more recently in Aotearoa. Research focused on the practice of discussing trauma with people accessing services shows that while there are clear gaps in terms of services engaging with people's trauma histories, services are improving. However, more needs to be done to develop Trauma Informed Care, both in terms of common approaches that target experiences of interpersonal violence and in understanding more diverse types of trauma.

The literature highlights that dominant models that are supported within Aotearoa are grounded within western constructions of what constitutes trauma, diagnosis and treatment. Māori and Indigenous views of trauma, both personal and collective, continues to be marginalised in discussions of trauma informed care and western models are imported to Aotearoa with little, if any, critical reflection on the place of such models in the reproduction of dominant western colonising ideas and practices. This chapter has provided some overview of western approaches to trauma informed care as a means by which to identify the key underpinning concepts and practices that currently dominate the field here in Aotearoa. The need to decolonise this space is clear, and ignoring the impact of continuing to prioritise western models in Aotearoa will merely see more of the same poor outcomes and disparities of care in a Trauma informed space. This issue was raised by a large number of those who shared their thoughts for this project and was summed up by a kaikorero who directly raised the issue of the dire need to not only decolonise the space but to ensure that kaupapa Māori approaches and practices are prioritised.



# Creating Healing Approaches: Sharing Insights





# Creating Healing Approaches: Sharing Insights

## Introduction

During this project we conducted a series of interviews and hui across Aotearoa. This section provides a range of themes that were shared in response to a key question that underpinned the project. Kaikōrero (interviewees) and hui were asked to discuss what they considered to be the key principles or elements from tikanga Māori or traditional knowledge that they believe to be essential in providing healing and trauma informed care for Māori. Some of the narratives provide reflections that have been included here as pūrākau to enable the full discussion to be shared, while others have been included as kōrero or quotes that give examples of how particular tikanga and mātauranga are understood.

A range of key informants with expert knowledge in mātauranga and tikanga Māori and/or experience working in trauma and healing spaces were interviewed during the research process. This included a broad range of Māori involved in provider organisations, independent practitioners, Māori employed in non-governmental organisations, Māori social workers/social work educators, and those working in areas of traditional cultural healing. Like our multiple hui, the interviews yielded rich insights into Māori understandings of trauma and healing. Diverse views were expressed and our participants came from across the regions.

Eight regional hui were held, from Invercargill to Whangarei, involving 450 participants. Each hui was conducted over 2 days; a research day and a professional development and healing workshop using taonga puoro. The research day consisted of keynote speakers (18 in total), to stimulate the participants to think about Kaupapa Māori Trauma Informed Care and facilitate group discussions. The invitation to participate was publicised through provider agencies and networks, and participants booked online. Participants came from varied professional and community backgrounds, with equally varied experiences of working with trauma. The Professional Development Healing Day was led by Hinewirangi Kohu-Morgan and was conceptualised as both a reciprocity day and a healing day for those who work with trauma.

The regional hui reflected the unique contexts that participants were operating in, including te kawa o te marae, mana whenua, tikanga, reo, mātauranga, and access to services, range of providers, professional networks and relationships. The themes represented here resonated across the regional hui, although some were more powerfully expressed in particular hui. There was considerable discussion about Māori wellbeing frameworks and healing practices prior to colonisation, the impact of colonisation, and the importance of kaupapa Māori practices. The titles we use in this section inform some of the Kaupapa Māori principles for trauma informed care that were generated across the entire project.

## Insights from Interviews

### Rangatiratanga

Kaupapa Māori requires approaches that are grounded fundamentally, in a framework: “for Māori, by Māori, in a Māori way”. The term rangatiratanga as a principle of self-determination is one that aligns with other Māori notions such as mana motuhake and is grounded in our positioning as tangata whenua. In this research it was stated consistently that the imposition of western frameworks and the denial of rangatiratanga has meant the ongoing denial and marginalisation of tikanga, te reo and mātauranga, which are critical to our healing practices as Māori. From the earliest delegitimation of our place as tangata whenua by the colonising forces and subsequent colonial settler regimes, through to the criminalisation of traditional healing practices through the Tohunga Suppression Act and the most recent evidence from the Waitangi Tribunal of the continued oppression of Māori health and healing services and practices, we see that our capacity to be self-determining has been at the whim of Pākehā dominated governments, their institutional structures and agencies. There is a clear assertion from those who participated in this research that the affirmation and validation of rangatiratanga must be at the centre of Māori health and wellbeing systems and practices including any Trauma Informed Care approaches.

*We know that by implementing our own methods of care, care will come and we know that by continuing enforced colonial systems of care on our people [it will] fail, including incarceration, including the removal of our babies from whānau wellbeing. We know; the evidence is there.*

*Why won't government listen...those systems fail, which means that they are not interested in the evidence, the outcomes are of no relevance to government. It's the ability to maintain control over how care is afforded that's the priority and because we know that they have no regard [for] the outcome of care then we know that we have to be even more resilient and demanding and enforcing and practicing, just doing what we do. This State will never allow our wellbeing to be given, nor should we ever expect the state to give our wellbeing, but we will enforce. We have to enforce our wellbeing, because again that master's house will never, ever, ever share power and control with anyone that's oppressed; therefore we just develop our own wellbeing. (Kaikōrero)*

*It's like western science talking about the cultural and racial inferiority of native people, so it not only eradicated native ways of knowing; it inculcated a severe doubt and skepticism about the knowledge systems that we had. [There are] four ways that colonialism did that, through subjectivity and knowledge systems, and through control of land, control of social institutions, control of family relations. It did it through every system and we could go on. (Kaikōrero)*

*We have to have at least equal if not more in terms of opportunity and resourcing control, impact, influence on design. We are still beholden to a system that always puts our ways of being and knowing second, so it's like everything is a band aid. I'll just say in terms of what I try to do, so I've worked with people; we try and be strategic in terms of getting on to decision-making boards and that sort of accreditation level, deciding what is accreditable ...[but] we are just a flavour on the side. You know you fight for years to have cultural competency as a key component of registration and as a psychologist it's in there as a key, but in terms of how they're assessed you can't favour it and that kind of stuff. It annoys me ... you work at that level and then there's the university trying to infiltrate at the training level – I think they engage with my courses because it's like that's the norm; reflect on who you are and what you bring to the table whether you see it or not and how does that shape the way you move forward – Māori students get it straight away.*

*Dare I say it tino rangatiratanga would be good. I know that's big, but mana whakahaere having the will and the power to do things for ourselves, how we want to. (Kaikōrero)*

## Tikanga

Valuing mātauranga Māori as a way to focus healing processes was clearly noted throughout the discussions. This also included kōrero that indicated it is not about disarding all western modalities but about ensuring that our own cultural knowledge and practices are the basis from which we adopt any of those methods.

*I think that we as Māori ... we must believe in the values and beliefs of our own tīpuna and our own culture and hold that in the highest esteem and not relent on it because it's through the mind shift; basically when you believe or others believe it just becomes reality. So we don't need to negotiate any more with Pākehā around what they believe and what they don't know; if they're not educated about it then that's their responsibility to go off and get educated. But it is our responsibility to educate ourselves and our whānau and our mokopuna [about] what it is, who we are and where we are from and never to relent. Our mātauranga, our knowledge, our values and beliefs is not something that we can put to the side[as if] that isn't of the same equivalent value as researched or academic mātauranga of non-Māori. It's just as important and valued and valuable and we need to keep pushing that. (Kaikōrero)*

*I think the tikanga actually enveloped the values that people lived by, that gave them the quality of life that they had pre-colonisation. Everything had a value, like tangaroa, whenua; and they were all inter-related so that you had a real holistic approach. Even when there was*

*a scarcity of commodities like food, there was always that searching the environment for something to replace what they didn't have. It wasn't just their food and sustenance; it was their whole being, their wairua, the way that they accepted the elements and lived by them, and they did live by the elements. That practise has come through to the present day, when you're planting by the moon and fishing [by] the tides. They also lived by the stars and the stars told them the stories of where they were and who they were and where they belonged. The navigators, our ancestors, got to where they were because of their belief in those things so I think that pre-colonisation any whānau would have their own way of life. (Kaikōrero)*

*So the different modalities, different schools of training, look at different ways in which you engage people who ... have experienced trauma particularly, and how you work with them to identify their trauma triggers, to manage their anxiety and depression that is a result of trauma, flashbacks. Just understanding all of [that], and how to grow their emotional intelligence, or how to heal their emotional wounds, particularly childhood wounds, and identify how we cope as human beings when we have experienced childhood trauma, or any kinds of trauma, and some of the strategies that we need to engage with to stay centred. Lots of people living lives in a state of mauri moe, mauri mate, you know? Because they don't have the tools, don't even understand the impact of their trauma in their lives, particularly childhood trauma, and how it debilitates the quality of their lives. And particularly when we're looking at with Māori, not only are we talking about inter-generational trauma, we're born with that in our DNA, through the impact of colonisation, let alone our lived experiences, what we have to live with, as our journey. As a result of that you go from being a rangatira whānau who, you know, were well respected among your hapū and iwi, to perpetrators of your whānau. How the heck does that happen? And we know that colonisation is huge, the lens of colonisation. In terms of the work that I've consciously engaged in its "Ok, how do I work, how do I help the healing journey of Māori tamariki, Māori whānau, who have perpetrated against one another? And not necessarily from a conscious place, [but] as a response and a reaction to intergenerational stuff; how do we help this whānau understand the trauma that they're living with and how to undo the patterns of perpetration on one another. (Kaikōrero)*

*We do the training with the students and I have to always say to them "You know there's layers to Māori and there's always a Māori layer at the bottom, no matter". So if there's all of this stuff at the top, unless ... it's very easily fixed by Western standards and they make some improvements, there's this other layer underneath that you haven't been able to work with and so that can then reinstate all of this stuff that was on top, so you have to actually not only fix this bit but have somebody to fix the other bit or give them the tools to be able to do it themselves, because otherwise it's still there. (Kaikōrero)*

## Whanaungatanga

Building relationships is essential for Māori. Whānau is the foundation of Māori society and is the site where we first come to understand relationships. In tikanga understandings the whānau is the building block, which was a collective space where we came to know our connections to each other across generations. Whānau as both 'to birth' and as extended familial relations tells us that our connections to each other are life-long. What we now know is that the whānau was also considered by colonising forces as a barrier to the embedding of individualistic capitalist systems and as such became a target for colonial intervention. For many people, whānau remains a site of collective wellbeing, obligations and responsibility in spite of the attacks upon our social systems. For others, the impact of colonial ideologies, urbanisation, and other mechanisms of fragmentation such as the legitimisation of the nuclear family model over whānau as extended family has been significant. Across the research, whānau and whanaungatanga were highlighted as central to reconnection and to rejuvenating our collective responsibilities and care for each other. Whanaungatanga refers more broadly to the relational nature of Māori society and is a value and practice that is considered to be critical in all Māori healing journeys; it is an essential practice that must be evident in Kaupapa Māori-driven social service organisations and healing spaces.



*I think they develop that sense of understanding that there is a wairua Māori there because I think a lot of them are disconnected from their whānau, hapū and iwi. We try to reconnect them in some of the activities that we do in the hope that there will be some kind of igniting of mauri. Although they may have been disconnected from te ao Māori or have limited participation, we know that wairua Māori sits within them and in front of them. [The task is] just trying to get them to recognise or understand that even though they've been off doing their own thing that they are still Māori. I suppose through some of the conversations that we've been having in the group setting it just gets them to start to reflect on some that kōrero, and ... to think possibly for the first time, with Māori whakaaro, to look at things through Māori lenses or hear things with Māori taringa and hopefully with that it's going to enable their whatumanawa, their ngākau to be open to other things. That would help to start to restore some of their own healing or wellbeing. (Kaikōrero)*

*One of the things that we came to was that different areas needed different modalities of healing. The reason why I wanted to do the research around sexual abuse was I believe that counseling wasn't sufficient to heal the wairua, the tinana, the tuakiri o te tangata, the whakapapa, the whanaungatanga. (Kaikōrero)*

*One of the things I always remember my grandmother saying never, never lose your reo, that's who you are; this is our country. Other people might come here to live but remember should you lose your language then who are you. So it was important that you never ever lost your culture [in] the way you brought your children up, the way you gave birth; to remember all the things. That was very special about you as a mother giving birth to your children and so those practices [matter] very much but the importance of kōrero, te reo i ngā wā katoa, speak to them always in their language, teach them about whānau, teach them about whanaungatanga. (Kaikōrero)*

*If we had the kind of relationships with each other and the environment and the rest of it that we had before, there would be much less trauma. If there are people you can go to, there are ways of coping; all those whakataukī that say he āwhina, he aroha ... people together at the marae or whatever, people together. This is how we all cope with whānau if you belong; if you don't have to question who you are every minute of every day you are stronger for it. You are better off [because] you have a belonging; you don't feel those feelings of isolation as much, anywhere near as much or if you do you can cope – you've got people to go to. (Kaikōrero)*

## Manaakitanga

In order for healing to be grounded our people must have their fundamental needs met, including a place to live that is safe and secure, food on the table for the whānau and an ability to live beyond survival mode. Values and practices of manaakitanga are seen to sit at the centre of ensuring that the needs of our people are met in order for other elements of healing and wellbeing to be fully realised.

*I think that we are more connected on an emotional level and a spiritual level, a true understanding of manaakitanga, than anybody else I have ever seen. Manaakitanga is key with any care, because you are dealing with people that –not by choice but because of a situation – they are vulnerable, they are at more risk of harm and they've probably dealing with more complex needs and their best, their most rangatira of themselves are probably at the most vulnerable position of their growth and their existence. So I envision a tōtara, a tōtara seedling, and how our tīpuna saw people with any type of vulnerability was that we had a responsibility to ensure that we manaaki them. That we uplift people; we don't have a culture of standing on the ones that are struggling. Like our kaumātua; we put them to the front, we make sure that they're fed first, we make sure that they're taken care of, not because*

*of anything else but because they are kaumātua. It's the same practice towards tamariki or guests-manuhiri. In the Pākehā world ... they don't have that but that's actually based on the more vulnerable people are, elderly they are, if they're frail, they're fragile. We take kaitiakitanga and manaakitanga very seriously and we wear that with pride. That's our culture and there are so many whakatauki around that say that the manaakitanga was so great of this people that whatever the outcome was. [It] was definitely positive. And the most negative [thing] that you could say about a marae is like 'he marae tū puehu', so basically that marae was so dusty [because] nobody went there. So when nobody goes to your marae or to your whare it must be that you are not good at the manaakitanga. So those are key ... and you uplift, so when you walk out of a room that person is left high, they're happy, their wairua is high, their whānau wairua is high, their heads are held high. We know how to do it, we might have lost the reo but we always knew how to do manaakitanga. (Kaikōrero)*

*In the context of this study ... they (the students) were flourishing because they were living their tikanga that was natural to them and to their engagements. One particular quote was about this student who had spare mattresses for when mates came over and she was like we are Māori that's just what we do, you always have spare mattresses so when whānau come or your mates come you manaaki them. You make sure you can give them a bed when they're drinking so they don't need to drive home, or whānau passing through or their way to a hui and they need somewhere to stop, you have mattresses. Those physical things that you have in your house to look after people who come to your house or are just passing through. And I laughed because I thought that is so true! (Kaikōrero)*

*That's manaaki, manaakitia te tangata, always greet them with kind words, never put them down, he mamae anō tērā. Tēnā koe, nau mai, haere mai, kei te pai koe? They always ask that, how are you? Haere mai ki te kai, always offering food and that was part of the culture, so we knew as children if we ever had to go somewhere and visit an aunt or relations or a friend, always make sure that you have kai ready for them. (Kaikōrero)*

*Well a couple of sayings that we grew up with when we were younger were 'manaaki tangata' or 'mana ki te tangata' which in my understanding was empowering all supporting and serving the people. These two sayings actually came out of the Kīngitanga movement in our mahi on our marae at Tūrangawaewae. So manaaki tangata was one of the big ones and 'mahia te mahi hei painga mō te iwi'. I think those are really strong whakatauki that I have lived by and it's not just in hosting people or at the marae; I think it relates to all people ...when you are with people that's what we should be..., that's the mindset we should all have, is manaaki tangata or mana ki te tangata and mahia te mahi hei painga mō te iwi. (Kaikōrero)*

## Reclaiming Healthy Behaviours

Reflecting upon how we treat each other is a powerful way to support healing for Māori as a collective. It has been argued extensively that colonisation has had negative and destructive effects on relationships and how we engage with each other as whānau, hapū, iwi and Māori communities. There is a strong focus on the need to remember fundamental values and practices with regard to our behaviours towards each other. The discussion around the need to create safe and caring relationships with each other was broad and included whānau relationships, values that we need to embed in our own behaviours, and the need to decolonise some of the imposed ways of being that have influenced tikanga relationships.

*One of the principles that we live by ... is Honesty; we have to be honest when we are approaching our whānau who have gone through trauma. We need to be honest with integrity, we need to make sure that we leave intact the integrity of the person/whānau who has gone through this. Honouring who they are; appreciating what they've come with; accepting all that has come with them but also ensuring that their healing process within HIHA allows them to move*

forward at their level when they want to take their step. The other thing is ora; the oranga of the person is another principle insuring that their wairua and mauri are aligned with one another; that's another principle. When our wairua and mauri are aligned we can connect in, they can connect to what is happening from the space of trauma to what is happening of the transferring from trauma to wellbeing, emotionally and grieving. Our principles in terms of in the trauma space are for us; it's mauri to mauri first, and the wairua will always come in and look after us. Then once we apply the practice it's HIHA in terms of our principles so that there's oranga. We call it 'whitireia' at home, from all the suns from the beginning to the end like from te kore and them taking them of the creation story, all those principles there to be especially for trauma care. (Kaikōrero)

I think understanding that word trauma, because trauma comes in many different ways. We don't always listen to our children, like your mokos when they've got something to say they say it out loud don't they, they're not afraid. They've been given permission to have a voice in your whare; not many children have that... So how do we get them to be able to have confidence and to be able to say what it is that's bothering them... I think trauma is a big word in all aspects of our whānau and I think understanding what it is or how simple it is to resolve some of the issues around it. (Kaikōrero)

I think one of the things is acceptance. We've got trauma and [you have] to accept that trauma has been incorporated into their lifestyle and somehow or other you have to give them the opportunity to get rid of it and to look at alternatives. One example that I can think about is the time I had with \_\_\_\_\_ and the horrific stories she told me. She made a statement to me about her early life and one of the things she said to me [was about] when she had her first lesbian relationship at about 14 and it was the first time in her life she'd been loved. So there is a message there I think, and that's to see that each whānau is a loving whānau. (Kaikōrero)

I would say that it had to do with a deep wisdom of realising our deep inter-connectedness. That is, people not thinking [of] themselves so much as individuals as ... current culture kind of enculturates us. As it stands it creates individual beings that have to amass, just accumulate stuff and accumulate titles and accumulate so-called success and accumulate a certain standing within the broader culture and it's a matter of people doing that as individuals, not necessarily as communities or as family systems. I think that the opposite of that is [that] traditionally we understood ourselves as much more inter-connected, so I think that that was one of the basic elements of wellbeing [for] Indigenous people... I think that realising that life is so much more than accumulation and selling ourselves to the highest multi-national bidder. I think that [there] was much more focus on our families and our communities and not really feeling so individual and about accumulation and things like that. I think that wellbeing was associated with eating well and sleeping well and feeling safe and having land-based cultural systems where the food came from, where our safety came from, where our spirituality came from, where art and our spiritual knowledge and spiritual base came from. (Kaikōrero)

I was thinking that we've actually got ... to learn to love ourselves again. But we have to learn to step into our roles, our roles and our responsibilities to ourselves, to our whānau, to our whānau whānui, which then imprints your marae. People talk iwi stuff. Iwi is something else; we really only should be with whānau and hapū and I really, really believe we should be training people up, which is why [those of] us who work in mental health now ... all support \_\_\_\_\_ with what she is doing because she is our spokesperson. She will say what we tell her to say because she's got all these qualifications and she's a media presence, she's been in the media, ... and really cares about being Māori and really cares about healing te ao Māori and so we tell her. But we need to develop people so that it's not just only her but it's other people. \_\_\_\_\_ and I were talking about the iwi leaders group and how they are being inactive about some very important issues. (Kaikōrero)



*And our tikanga was always about whāngai te tangata; give people kai whenever they visit. That's a custom and also don't forget te reo, mihia te tangata; always greet people, be kind to people, don't knock them over, get to know them first. (Kaikōrero)*

*We have a lot of sayings, we have a lot of greetings that we use and always, always about being user friendly; never a time to put your stuff above someone else, never put yourself above, I'm better than anyone else. Value each other for who you are; be kind to people. (Kaikōrero)*

*One of the tikanga of my region especially [is] to remember about the wellbeing of people; if you treat people with kindness they'll respond in the same way to you. It's easy to work alongside people that then respond because they like the way that you've treated them. (Kaikōrero)*

## Whakapapa, Reconnecting to our Lands, our People and Ourselves

Whakawhanaungatanga and whakapapa as process is seen as critical to all engagements for Māori with Māori. Both connectedness and making connections enable us to consider our relationships within whakapapa and whanaungatanga as a means of grounding ourselves in any healing journey. As one kaikōrero shared, it is about connecting on an "authentic who you are level". This includes the need to reconnect with our lands, our people and in doing so to come to connecting and healing ourselves.

*I think within our own culture, because we relate to whakapapa, when we meet people we do mihimihi or we do whakawhanaungatanga and the reason for that is with all this trauma, it could be a negative thing that they'd done ... but we actually separate the behaviour or the issues from the person. When you separate those from the person you separate the behaviour because at the time of whakawhanaungatanga, it's who you are. So if you're Kāi Tahu, you are Kāi Tahu, if you are Tūhoe you're Tūhoe and we're connecting on your authentic 'who you are' level. That grounds you, not only you as the person, but also the person that's working with you actually knows who you are and where you're from. Then because you've connected at that personal [level], and that's a more defining 'who you are' level than the behaviour because that behaviour can change, that situation can change. You know, you could be a homeless Māori man, but when you do whakawhanaungatanga it matters where you are from. Ours is always whakawhanaungatanga and your whakapapa is who and what defines you, not all these other things, but you still address those [issues]. (Kaikōrero)*

*In my model I would put whakapapa, wairua and tikanga, connections, whanaungatanga I'd put those in it, and that's really important to me; I think as the years go on I keep thinking "oh my god I'll have to go out further". You have to go out further, which is really good because at the end of the day we have it all out there; we just need to reach out for it. Reclaim it, to reach out because it is there, and helping people that you work with – helping them to reach out as well because we have been conditioned not to, which is a sad thing. (Kaikōrero)*

*The tikanga about kia mau ki ō kai Māori o te moana, o te whenua; always remember everything that you can live richly. It doesn't cost anything to go to the sea to get a fish, go to the river to get all healthy food. (Kaikōrero)*

*I picked up a woman sitting on the streets in Wellington one day me auē o te tangi wahine Māori. She'd just come up from the Māori land court or some tari Māori in Wellington to look for her whenua. She was from Heretaunga and she found that all she can do is stand at the fence and look at it over there, and that was one of the take (issues) for her. She'd be disenfranchised by it, a whole lot of things including her whānau. That is why we have to deal with the trauma. She'd recently heard that her whānau, either her great grandfather or somebody had been a murderer, had killed his wife and his two children and he uri ia nō te tangata kōhuru and*

*so part of her journey of dealing with herself was to try and find where was this whenua. She needed to go and whakanoa her history, i roto i te kōrero mō te trauma, he whakanoa and i tērā hara i roto i tana whakapapa. So the finding of the land was so she had a place to go to mahia te mahi, so when they (the Māori Land Court) told her oh you can stand by the fence and look over there that used to be your land... I mean from the Māori Land Court and ka tangi and then e noho ana ki te taha, that's not something that somebody would do normally,... but i te noho ia ki te taha o te huarahi me te hotuhotu o te tangi i tana tino ngākau pōuri. So, our trauma is, when we are talking about trauma mai i te Māori we do have to talk about land loss. We can talk about reo loss and we can talk about all that identity stuff, that's just stuff [that's]relevant but we've got to get to our own stuff. Because that actually then starts telling you about where your rage comes from, where your despondency comes from and all that sort of thing ... Our trauma, I mostly think it's earthbound, even though it's kind of about our whakapapa, [be]cause the whakapapa stuff you can heal, it's [more] accessible. It's harder to heal the trauma of land loss or loss ... it's not land loss, it's your tūrangawaewae. (Kaikōrero)*

*I think things around whakapapa, having conversations around whakapapa, getting people to have an understanding as to who they are, who they're connected to or [how to get] further help [to] support transformation; not having all the inner sense of who are those people that sit behind them, who are the people that have been before them. Once again I think that will help strengthen their idea that they are not just on their own; that they are connected to a bigger picture. And also knowing who they are and whose waters they belong to will help support them towards moving to positive spaces for themselves so that they will know who or what their support networks look like within their own whakapapa. I think that's important, to ensure the men that we are working with, or whatever the situation might be, is that people have a very good firm understanding as to who they are and what they are connected to. (Kaikōrero)*

## Te Hōhonutanga o Te Reo, ā, He Rongoā tō tātou Reo Rangatira

Mātauranga and tikanga Māori have multiple expressions and a wide range of examples were provided throughout the project that gave insights into both the conceptual and applied practice that our people draw upon in their own healing journeys and in supporting others. What follows is a range of kōrero that were shared about how people used mātauranga, tikanga and te reo Māori in their own healing practices. Te reo Māori was highlighted as medicine for our people across all of the interview and hui locations. It was emphasised that as we begin to enter a language journey, it enables us to deepen our understandings of tikanga and mātauranga Māori through a language lens. Te reo Māori is explicitly linked to mātauranga Māori and provides us with opportunities to explore certain cultural approaches that open pathways for inner reflection through uniquely Māori concepts and through the processes of transmitting mātauranga Māori through pūrākau, mōteatea, and karakia.

*The kupu were always warm, welcoming and positive, nau mai, haere mai, noho mai ki te kai, kei te pēhea koe - how are you? (Kaikōrero)*

*I think one of them is, for those ones like myself who grew up in \_\_\_ and urbanised, is to learn your reo; that is the key, is our language. That holds all the culture ... and without that we'd be lost because that carries everything ... and so I've been lucky enough to be introduced to the reo through the waka taua and it actually led me on to following to enhance the reo within me and to be able to provide for my tamariki as well, and instill ...their mana motuhake ki roto i a rātou. I'd say the key to our healing as Māori is our reo and everything else will follow on from that. (Kaikōrero)*

*Ōku nei whakaaro mō te pātai nei i mua i te taenga mai o Tauīwi ki Aotearoa nei, taku whakapono i noho iwi tātou, i noho hapū tātou i aua wā ka whānau mai te tangata ki te ao ko tāna mahi te noho ki te hāpai i tōna whānau nā reira āna mahi katoa e tautoko i te*

*whakatipuranga mai o te whānau, te whāngai te whānau ki te kai kia hāpai hoki te mana o te tangata. Ko te mea nui ki au i te kōrero Māori rātou, i te kōrero i roto i ō rātou reo ake ā kei roto i te reo te hōhonutanga me ngā kōrero whānui e hāngai ana ki a tāua te Māori. E mihi ko ngā whakapono katoa i ahu mai i a tātou anō i te mea he wehewehengia te tangata me te manu me te rākau, te rākau me te ika, te ika me te tangata anō kotahi te ao. E ai ki au, ki ōku nei whakaaro ēnei kotahi te ao ko tā te mahi o te katoa he hāpai i te ora o te katoa o tōna taiao te katoa o tōna āheinga ki te whakawhitiwhiti kōrero i te reo Māori. I te reo o te hapū ka mau ki tērā ka haere ki wāhi kē ka tū rangatira tonu tērā tangata he maha ngā momo tikanga, ture hoki. Ko te tapu me te noa tētahi mōhio pai ai te tangata he aha ngā mea e tika ana mōna hei mahinga māna rānei. Ki au nei ko tērā he momo, ehara i te pirihihima engari he āhuatanga whakahaere i te whakaaro o te tangata i a ia, e mahi ana i āna mahi, he whakarāpopoto tērā ko ōku whakaaro i tēnei wā heoi anō. Ki au me toro atu ki ētahi o ērā tikanga, ehara i te mea he mea utu, āe me hoki mai ētahi o ērā āhuatanga, ētahi kāore he pai mō te tangata kei a tātou i tēnei ao, me whakawhiti pea ētahi tikanga, kawenga e hāpai ana i te whānau ko te whai, āe ko te reo ki au he huarahi nui ki te reo, kei roto i ngā whakataukī ki roto i ngā kiwaha ngā ārahitanga, engari te tangata ki te mahi tika he nui ngā whakatūpato, he nui hoki ngā rongoā kei roto. (Kaikōrero)*

*I remember a kōrero that Tariana had in one of her publications, and it was from a kuia from the awa. I can't remember this kuia's name but she talked about rongoā as the way we speak to each other every day... It's the words we choose to use with our tamariki. It is the absolute way we carry ourselves. Rongoā is this understanding that little eyes are watching, you know, we are the example, and we have to be the change or be the example in every moment. So the words we choose. So, tikanga, what was wellbeing? Wellbeing was, we had oriori, we had tikanga like oriori that were written to outline the uniqueness of this taonga. You know, that they are from, they are descended from divinity. That they are both "He atua, he tipua", you know, "he tangata". That they have a whakapapa that is, how do you grow up then? ...You look at all the different oriori and you know the beautiful ones of your own iwi. (Kaikōrero)*

*Wānanga were great spaces to have conversations or just to wānanga about kaupapa and I see that with the number of wānanga that I attend with \_\_\_ around te reo. And how te reo can be a vehicle to support change and also bring a level of healing... And the mana of kupu ... once again I think is something that helps to transform people's lives and they have a better understanding of the kupu and what sits behind it that is going to support Māori transformation. (Kaikōrero)*

## Mātauranga Māori: Pūrākau, Whakataukī, Mōteatea

All forms of mātauranga Māori were discussed within all components of the research. What became clear is that healing processes based in Kaupapa Māori approaches require us to connect to our own knowledge bases in their multiple forms, including pūrākau, whakataukī/whakataukāki, mōteatea and all forms of waiata and haka. Fundamentally, the message is that there are knowledge, understandings, values, and practices embedded in all forms of Māori knowledge that can be brought forward to support and deepen our connections to ourselves, to each other and to our world.

*For me, the kupu Māori would be hā-ū-ora, the breath and life of all beings. Hinekura that Auntie Rose Pere talks about; with Hinekura it's the rise of the sun in terms of healing our wellbeing. We use pōpō from home, one of our mōteatea about the arrival of the kumara. And especially for our wellbeing and our healing ... when we do pōpō as our mōteatea we reflect what was brought from the oceans from Hawaikinui to Hawaiki-tautau. So it's amazing. We also use whakataukī and how each whakataukī ... relates to us in our tinana ... so whakataukī is a big part of our wellbeing, mātauranga. Pūrākau, when it comes to pūrākau, it's about going back to our tīpuna, when our nannies share the stories of how our koroua used to go and take the*



rotten corn to the river and the steps of how you do that, when you put the corn into the river then you go back and it's fermented and you go back and it becomes rotten corn, there's a whole pūrākau of that process so that's our mātauranga. (Kaikōrero)

I guess what is the whakaaro behind the chants is [they] support you to a time when our people were pure ... no inhibitions from Christianity or anything like that. Plus to empower us .. what it took to do that mahi. Like I said, the respect that's given. Even though we don't go in anger, we go in peace, but we still learn the chants and the haka and the various calls required. That's basically what I see anyway, to transport us back in time and to help us in this time to do the mahi and become fully focused in what we are doing, but in the pursuit of peace, not in the pursuit of anger. (Kaikōrero)

I think of comparisons, metaphors. So he māhuri tōtara, he rākau kāore anō kia pakari te tū me whāngai ki te wai ki ngā taratara o te rā ki te pai o te oneone kia tū pakari mai ai kia tika tonu te tū, so if a child or young person or whatever [has] grown up with the right love, support and comfort, family, knowledge about themselves, all that sort of stuff, they can't help but be better off so they can cope with trauma if it were to happen. If it does happen, it has happened, they've got the mechanisms. A tree, if it doesn't get the right water and fertile soil and sun it won't grow or if it does it will be all gnarled and kōpikopiko and all that sort of thing. That is what we need as individuals, but in the collective, and again get back to the whānau, hapū, iwi, that's a big long process; it's going to take a while but we will be much better off because of it and that relationship with the environment. Thinking collectively and connecting to [the] environment. Those two things I think are where we need to go as Indigenous people and Māori people. Any of those problems, those things will help a lot. The more divorced we are from those realities the harder it is to cope with trauma, with anything really, whether it's physical or mental or anything else; very, very difficult and you're stuck on a bloody island somewhere by yourself – that's not how we used to do it. (Kaikōrero)

There was a whole lot of different mōteatea for you yourself; always be mindful of that unique mountain that stands in your land [where] you were born and that river that fed the tribe and the sea that you went fishing and shared in the village; all of the good food that you took out of the sea. (Kaikōrero)

Korekau te tikanga Māori ki a tāua ki te Māori ko te oranga te tikanga ko te oranga ko te wellbeing. Te pūrākau, te mōteatea me ngā whakataukī tino, tino hakapono ana au ki ngā whakataukī engari ko wērā ngā processes e whakatau ana e kōrero taki haere ana i te kupu and so there's not one kupu mō te healing, there's 'whakaora' if you wanted it for healing but 'ko te oranga' is the thriving, 'ko te oranga ko te ora o te tangata i runga i tōna whenua i roto i tōna ao' so healing i te whakaora is kia tū ai te tangata ki runga i tōna whenua i roto i tōna ao i roto i tōna oranga. Kei roto i te whakataukī kei reira ngā mātauranga e āhei e koe ki te wānanga kia kite ai koe tō ara ki tō oranga. The other thing about trauma by the way, my view, I am going to be very involved in trauma informed care processes coming up soon to get a workforce to deal with people and I've asked them to talk to ki a koutou. Trauma mō te ao Māori, mō te tangata Māori; it's very broad, it's land loss, ngaro te reo, but also it's actually what happened to your tūpuna in the past, it's actually this real sense of unrequited justice, is that a word? (Kaikōrero)

There is one kōrero, one kianga that I would hear and it's related to [an] ocean voyaging kaupapa but also related to what I apply to mental health and wellbeing and that's, 'e ai tō aro ki tua o paerangi', which is to cast your vision beyond the horizon . If I applied that today, 'e ai tō aro ki tua o paerangi' you could apply that in a navigational sense, [to be] on the

*horizon in terms of your direction, but you can also look to it as [meaning to] seek hope, see the positivity in the future, the potential, the wellbeing. And it's timeless, it's applicable in all manners or ways for me; it's an encouragement and useful for depression, mental wellbeing, mental health, remain positive, focus on the future. Realise the potential that is possible, e ai tō aro, cast your view, 'tō aroaro ki tua o paerangi', beyond the horizon; that's future focus, that's future vision. (Kaikōrero)*

## Mana Atua, Mana Tūpuna, Mana Tāngata

The place of mana atua in relation to mana tūpuna and mana tāngata was highlighted in all components of the research. Karakia and wairua are viewed as critical elements in healing journeys as they connect us to ourselves, our whenua, our wairua, and to atua that reach across all parts of the Māori world and which link us cultural, physically, socially and spiritually to each other and to the foundation of who we are and where we come from. These are all a part of journeys of whakapapa and whanaungatanga and call us to remember the power of our tūpuna both past and present, and the need to strengthen our spiritual selves. Karakia sit alongside the wider movement to reclaim and remember traditional healing processes that enable us to clear blockages as we experience them both spiritually and physically.

*Karakia is so critical, particularly in the contemporary sense; it's that reminder to pause for me. As we were growing up karakia was like a defining moment in each phase of time if there was an activity; pre-activity karakia, completion of activity karakia, so they were defining moments to ensure that we encompassed our activity and wellbeing. Karakia is meditation, it is reflection; it's ensuring we take that breath. And breath is essential; it ensures that we focus on what we are doing. It's a reminder in our busy world and our time-poor society that we are but one element in the entire circle and we need to place ourselves, recognise our place in that circle. We need to remember our place in that circle and karakia allows us to do that; it allows us to recognise that we are but one element in a circle and there are tuakana and we are teina and we recognise that and we need to recognise that. Within karakia are some of our life lessons for our culture and our people that have transcended thousands of years. Landscapes will change but often karakia remains as a voice, a thousand years old that just continues and flows through. Karakia is critical in care for whānau, it is a valid practice in our wellbeing; it is probably one of the most important practices in our wellbeing. (Kaikōrero)*

*So the first thing that comes through for me is kaupare, which is – we have different types of karakia – so we have kaupare, which is more of a shield, that shields us from the energies; I guess that keep us safe within our environment. So when things are happening around us we can actually stay tau and stay within our neutrality. So that's what the kaupare does; it shields us from those energies and shields us from subscribing to those energies and that exchange happening where those energies become a part of us and we take them on and then we pass those energies on to the kaupare. It is one of the vital parts of what we do within mirimiri and romiromi. And then there is takutaku, this ancient type of karakia. Takutaku is not where we ask of our atua; it's almost like we demand certain things to happen because of the whakapapa we have back to the atua, so within mirimiri, romiromi you can do takutaku that invoke different things. When we use rongoā Māori, we invoke the healing properties within our ngākau. Whakapapa is another big part of and really important in our mahi. When I talk about whakapapa it's tracing back where the trauma came from, where it originated from – whether that's within this lifetime or whether it's been passed down generationally. We can tune in to a body, in to somebody and connect in with them, and feel the blockages throughout the body. Through those blockages you can actually tell what their whakapapa is. You can tell what their trauma is, what they are still holding on to. And undoing that before it manifests into illness or disease and then being able to use mirimiri, which is not actually hands on: mirimiri tūturu is more about the exchange of energy. It's the connection and building that trust. I guess the signs from our atua and our tūpuna that bring us together [form] the*

*contracts that are drawn up so mirimiri is tuning in to the body using the whatumanawa as a key before you even start romiromi, which is the actual hands-on. So there is no touch in mirimiri at all, romiromi is actually the hands on kind of stuff. So the tools ... we use which would be the whatumanawa, the spiritual heart that leads us, the manawa being the physical heart that connects us and then the pūmanawa being the emotional heart; so it's all those, it's bringing all those three together for us to be in balance, to allow us to start listening and connecting into what our tūpuna are wanting us to do, ngā atua and helping guide us on our path. (Kaikōrero)*

## Karakia, Rongoā & Traditional Healing Practices

As highlighted in the discussion of karakia and its relationship to supporting the spiritual journey in healing, it was clearly stated that there is a significant role for the growing number of rongoā and traditional healing practitioners in working alongside other forms of healing and social service practitioners.

*I think I didn't cover the mahi of romiromi, mirimiri, using kōhatu, using rākau, knowing when to apply these practices in different parts of the body to be able to release trauma. A good practitioner in romiromi will know when and where to use romi, mirimiri, kōmiri or tamiri because those four practices ... are able to look after the different types of trauma that people have been through on an emotional level and the levels that they are at in terms of the emotion of the grief. We also have whanaunga who do vibrational healing and what we do is our takutaku to send the vibration oriori, mōteatea, tauparapara, karakia into the body where the trauma sits. Karakia is a huge thing for us and we believe as soon as they open up in karakia it resonates in the body and it's already starting to heal parts of the trauma so that they can eventually let go of the trauma and the fear of letting go of trauma, knowing that they didn't know it existed. To recognise trauma from a practitioner viewpoint and to enable the person to let go of that trauma takes steps; processes. We probably would think it's a one-stop shop but it's not because the body will only give us what we need, not what we think we can do with it, so it's a process; or what it can handle, so koinā tēnā. (Kaikōrero)*

*Wai Māori, because that always helps our people, well it helps me and I know my grandmother always used to take us to the water. She always took us to the water after somebody passed away. We would all have to go to the river and she'd wash us all, and my Pākehā relations or in-laws would just freak out, karakia and all that out of the water and then she'd actually just push us right down and you'd come up quick. I was just thinking [about] my sister-in-law just freaking out; what are you doing to my children, giving them a quick dip. (Kaikōrero)*

*I use words, I sometimes kōrero and ask them where are they at and why they are there and then I try and take them back to their whakapapa, to their kui maybe, ... go more into their whakapapa. To help them to go back. It is the wairua... again whakapapa and the connections that's really important for trauma. (Kaikōrero)*



# Insights from Hui

## Rangatiratanga

### **“Rebuild the whare”- Help them rebuild their own house of support**

There was recognition throughout the project that trauma often lives in and is transmitted within whānau and is not simply an individual experience. There was also recognition that some people need support to access fundamental resources such as food, housing, and to create safe spaces around them and their whānau. This means providing support to build new systems, new friendships, trusting relationships and new homes. We saw this as more than literally finding a support system or finding accommodation or shelter, but as also metaphorically rebuilding one's whare as a safe and nurturing place of belonging where all feel secure and have the resources available to rebuild their lives. This need to rebuild their house is as much about rebuilding themselves, their bodies and their sense of place as it is about having a home to live in. Their whare or house needs to provide shelter that is psychologically, socially, culturally and spiritually healthy and safe. It is their own house where they are the tangata whenua with responsibility to manaaki others. These points were also reinforced by the contribution of Takirangi Smith, one of our keynote speakers.

*So what do we need to decolonise in terms of returning to a healing space we thought, well we need to rebuild the whare, we need to rebuild what was there... (Southland)*

*There hasn't been a huge whānau support there (for me). What I needed was solid support, a go-to person and that's my sister; she is my rock that I can ring anytime. She can walk into my whare, can clean my house, can get washing in. Real, real support without judgement. I think sometimes we look at the trauma of the person experiencing the trauma and we forget about the people living in the trauma. The tautoko and their care is just as important as the trauma experience just gets wider and wider.*

*Recognising whānau, hapū, iwi; helping them to understand who they are first towards their journey of healing and then that expands to whānau, hapū and iwi, and how that can make changes once you begin with yourself. It naturally becomes wider and wider.*

## Whanaungatanga

### **“Everything in te ao Māori is about relationships” and has whakapapa**

There were many discussions about the importance of identity, the power of knowing one's unique ancestral Māori identity, and the journey that individuals take to rediscover their whakapapa. There were intense discussions about the impact of identity denied to individuals sometimes because of the impact of trauma and sometimes as an act of trauma. Whakapapa opens up relationships and connections well beyond whānau to encompass an individual's place in the world and their connection to the cosmological sky parents of Ranginui and Papatuanuku.

*I started with whakapapa and relationships, because everything in Te Ao Māori is about relationships, whenua, Ranginui, Papatūānuku, everything lives within the world view.'*

*Frameworks don't have the answers so once we figure out the pepeha for this whānau, which was part of our mahi, is we figure out who they are, give them an identity, give them a kaitiaki, find out what their pepeha is, then we take them to their pepeha, we take them to their maunga, we let whatever happens in that space happen and the healing in that space occurs just from being there. Because they are engaging with their tipuna and atua.*

*We are part of a long chain which started there (Rangiatea), continued with our tūpuna to us and we need to hand it on to our tamariki, mokopuna...*

*Use whakapapa as a tool to identify historical trauma.*

# Whakapapa

## ***“Part of healing is to find their stories”- wrap their stories around them***

These conversations reinforced the importance of whakapapa, pepeha and mana but also pointed to the power of stories and pūrākau to envelop us in the worldview of our ancestors and to experience that worldview as something comforting and secure. The stories were seen as ways to draw out trauma wounds and show different ways to heal, different journeys to healing, and different strategies that can be deployed along the way.

*Actually part of the healing is to find the stories, to find the mamae and the good ...the idea of storytelling as one of our tikanga that our tūpuna would use to talk about well-being.*

*Every person has their whānau-related pūrākau and relationships... the authenticity really returns to the validation of our pūrākau, the returning to kōrero of our tūpuna, which allows us to engage with more positive empowerment that is about mana motuhake, mana tangata, mana whenua, mana atua living in our own worldview.*

# Tikanga

## ***“Bring them out from the shadows”- Revitalise tikanga***

There was consistent support for revitalising and applying tikanga as an important component of a Kaupapa Māori Trauma Informed Care approach. Numerous examples were used to show how tikanga was a system of wellbeing prior to colonisation and a source of resilience post colonisation. Tikanga was expressed in multiple ways; as whakapapa, as stories, as whakataukī, as song, as exemplars and as individual concepts and actions.

*The Tūhoe whakataukī, ‘ka tū atu ki te rā e kore ai koe i mua i te ata’ is a phrase that our kaumātua used to teach our children to bring them out of the shadow and they actually stand up right and proud.’*

*We need to engage or install mātauranga Māori in our children and our whānau again, normalise tikanga Māori so people know we are different in unique ways but what we are doing is right, and acknowledge imposter tikanga that has come from outside sources and was never one of our own.*

*Reclaiming identity, reclaiming our mana, mauri, tapu and sorting whānau towards traditional practises; once again we are turning back to whakaaro our practises that were left for us by our tipuna.*

*Tikanga was lived, not practised; it was fluid, intelligent, adaptable. We respond due to a relationship within their world and reality. Whakapapa was passed down through waiata, whakairo, tukutuku; everything was naturally organic.*

*We’ve also noted the intergenerational disenfranchisement, we say the right service at the right time because sometimes, just because we as feel practitioners that we need to fix this now, sometimes our whānau aren’t ready. We need to be mindful of that.*

# Te Reo

## ***“He rongoā te kōrero” – medicine is in our reo, tikanga, karakia***

Participants spoke consistently about a range of strategies and ideas, philosophies and stories that they defined as rongoā or medicine. A major source of rongoā was Te Reo, whakaaro Māori and the multiple sayings that expressed different understandings of healing, rongoā, medicine. Drawing on our other sources of information we have formed the view that everything is, can be, and ought to be, medicine if it is used purposefully to heal.

*He rongoā te kōrero' ... He wairua tō te kupu... whai atu tātou ngā kupu, i te mea he rongoā hoki rā tō kupu.'*

*We talked about the value of not just karakia but the manaakitanga and so part of that was how that developed the relationships with others. We talked about the mōteatea and within that mōteatea [when] you listen to those kupu there is a process of healing that lies within it in terms of being able to tell those stories. Also the expression of those stories helps with the healing...in terms of being able to bring those out to the light, express that with everybody else, but also moving it to a place and never staying stuck. I think that sometimes where we are today our people... get stuck because they actually haven't got a way of being able to express those things that are really important for us in terms of that healing.'*

*Me whakaaro Māori; that's being absolutely conscientious about reclaiming whakaaro Māori.*

*The whakataukī that guided us ... is 'e puawai au i runga i te rengarenga ko taku raukura nui ki te ao', from Parihaka, around the rengarenga being the last plant of all rongoā for any serious illness; that we were able to cope with our destiny and with our fragility and we had solutions ... at the end of the day it was our raukura from Parihaka that was a sign, a tohu to the world that our major rongoā was our raukura.*

*I think having a sense of humour and laughter is good medicine. If we can actually get back to having a laugh and feeling good when we are having a laugh it's really good medicine.*

#### ***"He rongoā te āta kōrero"- Speaking carefully & only when needed***

The topic of silence was interestingly not 'talked about' much but was an observable and taken for granted practice in the workshops, as groups would fall silent and stay silent for a while and appear quite comfortable before picking up their discussions. Being comfortable with silence and being relaxed enough to be silent was one practice. The other observable practice was that of actively 'not talking' but fidgeting, squirming and demonstrating discomfort or agitation. The workshops on Day 2 were powerful for many participants in understanding and expressing their own trauma and gaining personal insight into how a healing journey is powerful and profoundly personal.

*He rongoā tō te āta kōrero'*

*He āta kōrero is like Simon and Garfunkel - Silence is golden... that gives the ability to create the space to hold that silence because within that is the rongoā for them to work through.*

*Walking alongside of our whānau, being present in the moment with them, listen, listen, listen, tautoko, whakawhanaungatanga, mirimiri, kaitiakitanga, aroha, gratefulness, being positive, highlighting strengths....*

*What occurred to me [was] what needs to happen in that framework, maybe they are ready but we can't hear their vernacular.*

#### ***"Sing me my song"- so I find my voice***

Finding one's voice and using voice were important elements in the journey to healing that formed a key message in the Professional Development Healing Day with Hinewirangi Kohu-Morgan. That message also resonated with discussions in the research day around the importance of helping to restore identity, whakapapa, pepeha and stories. Waiata, singing and playing instruments were seen as all being part of healing strategies. The importance of waiata more broadly relates to the diverse forms of voice employed through karanga, mōteatea, waiata tangi, waiata aroha and haka, which help some to get in touch with their inner body and release 'song' or 'voice'.

*In working with our people to heal we should be able [to do] or call in people who have mahi toi, who have mahi a waha, mahi waiata. I'm getting sick of listening to Pākehā tunes and Māori words, so part of this is being able to sing the song back into being.'*



*Sing me my song so I can find my voice. Waiata, so you know... me and the kids are learning waiata mōteatea at our marae where we're listening to the stories, the deaths, the battles, the triumphs, the tribulations of our people through waiata and I guess we don't do that so much anymore or it's not a part of everyday life and that's part of wellbeing - sharing stories through waiata.*

## Mana Tāngata

***"Whakatika te mana and give it back to them" - so they can walk as a person of mana***

Mana is a unique Māori concept that is often misconstrued as being a characteristic solely pertaining to important individuals. It is, however, both a characteristic and a way of being that is part of every individual. It is inherent and earned. It can be diminished and enhanced. It can be absent and present in an individual's sense of being. At the same time it cannot be self-proclaimed alone; it must also be recognised by others. In this sense mana may be personal and yet collectively recognised. In a Kaupapa Māori trauma informed care model one outcome is to enhance individual and collective mana and enable the process of mana enhancement to be lived by the individual.

*Mana is an important part of pre-colonisation wellbeing.*

*Simply whakatika that mana and give it back to them, because mana to me is about restoration of dignity, pride, of being, of respect; respecting where they are, where they will be and where they are going to be so we know that the steps of mana are not to whakamana oneself but to whakamana rātou mā. So that's important to us talking to mana to make sure that we are on the same page.*

*Build [the] client's mana first so it's sitting with them making them feel okay.*

*It's around reclaiming our identity, it's around reclaiming mana, mauri, tapu and supporting whānau towards traditional practices.*

*At the end of the day our one role was to uphold the mana of somebody else.... My one responsibility when you come [to my] whare, my community was that I was to raise your mana. It's not just you giving me a cup of tea.*

## Mauri Ora

***"We are going forth with an inherited resilience"- there are pathways to wellness***

Several discussions grappled with models of illness vs models of wellness and what it means to have a vision of wellness when someone has never experienced being well. This topic also related to the 'mystery' or lack of transparency for those who have experienced trauma to see where their treatment or healing journey is taking them. When there is an absence of trust then the pathway to wellness is often viewed with scepticism by a traumatised person and in some cases their whānau, and there can be a reluctance to fully engage in healing. This principle identifies the need to shine more light, or in other words to be more transparent, to provide more examples of wellness pathways and what can be anticipated and envisioned.

*In order to get back to a healing space a lot of people have to like being Māori.*

*The regeneration of te reo is a significant piece of the puzzle in terms of returning back to a place of healing. Because there are so many kupu in our reo like toiora, kahupo, mauriora, waiora, haurangi, wairangi, and the fact that we actually have these kupu tells us that we had an understanding [of the] states of a person. It wasn't just mental health; there were all these different states within a person's wellbeing. We actually need a space as well; we have to restore our space within our own country.... If we are not addressing the racism or the institutional racism or fact that our own space (is colonised) then the individual healing that goes on is only going to get us so far.*

*We've inherited our ancestors' resilience as much as we've inherited traumas, and [we need to change] from a deficit-based thinking that we're traumatised, we're traumatised, we're traumatised, to we are strong and resilient and that's in our DNA, it's in our blood and it's present. So understanding that we are going forth with that inherited resilience.*

***"Open the gate to healing"- unlock the barriers to self-care***

There was shared recognition that healing journeys require constant, unwavering support, collective goodwill and individual courage, resources and skills, safe spaces and opportunities to regroup. Gaining more and more control over the means to analyse and problem solve barriers is an important part of claiming back one's personal mana motuhake.

The keys are skills and resources, reflections and insight, positive social and emotional engagement strategies and an assured Māori identity that an individual and their whānau can learn, engage with and practice as a healing way of living. Revitalising tikanga, reconnecting people with their whakapapa and pepeha and helping them to walk as a person of mana are the kaupapa Māori keys that help navigate the journey. Kaupapa Māori keys reconnect people with a positive identity and break down the dissonance that can occur between being Māori and not knowing what that means as a positive identity.

Being able to identify and deal with obstacles along the way and take responsibility for one's own healing life is an important element of self-care. Kaupapa Māori principles validate the mana of a person and their inherent potential to exercise mana motuhake.

*I know that the healer's job is to open the gate to their healing. They are the healer of their person and so part of us is learning how to open those doors and open the gates, and be careful to catch them if they fall. Or all of those sorts of things.'*

*We talked about how our practice can provide a better wellbeing for some of the people we work with. We looked at applying [a] Māori worldview in their day-to-day lives; that is about using the framework, understanding that framework and being able to apply it or assist them to apply it in their lives so that they can move forward in their hauora.*

*My thing is that colonisation has stripped away our normal and so decolonisation is returning back to what that normal is. For me and my whānau our thing for the year is to use te reo everyday so it becomes a norm.*

*What I saw in those concepts (whakapapa, tikanga)...is that rongoā lies within our own hands.*

## Summary

In this section we brought together insights from our wānanga, interviews and regional hui on trauma and the contributions that mātauranga and tikanga Māori make to the concept of trauma itself and to the healing of trauma. The section began with a discussion of Kaupapa Māori principles that were used in the research to elicit the richness of knowledge shared by participants. This section provided examples from the wānanga of discussions with providers on the barriers to kaupapa Māori-informed care.

Insights from our key informant interviews demonstrated the diversity of views that support nuanced Kaupapa Māori approaches to trauma care and healing, which are grounded in mātauranga Māori. Similarly, insights from the regional hui demonstrated the contribution of participants to the formulation of some significant ideas that will enrich a Kaupapa Māori approach. The discursive shifts from concepts of care to concepts of healing frame the formulation of Kaupapa Māori principles of healing. This is a part of a wider agenda to prioritise Māori approaches to healing that centre our own tikanga knowledge and practices, within which we are self-determining.

*A couple of things that we need to be very careful about [with] vicarious trauma ... I think having boundaries and having integrity and high ethical principles and being patient with people. I think patience is an excellent one too and there are different teachings about patience. There is actually patience under assault, what that looks like and so I think that's important. I think boundaries, patience and decolonisation; we don't necessarily have to take responsibility for how we got this way but nobody else is in a position to do anything about it except us, so I think that we have to. It's fine to have an external attribution of why we are like this, but we have to take responsibility for fixing it; we have to take responsibility for our emotional independence and not expect our wellbeing to be connected to how things are externally. We have to look internally for resilience and groundedness and not expect the world to be a certain way for us to be happy, because if we do that we're screwed... I think that love is very healing and so we have to figure out a way for us all to generate more unconditional love for ourselves and for the whole thing. (Kaikōrero)*

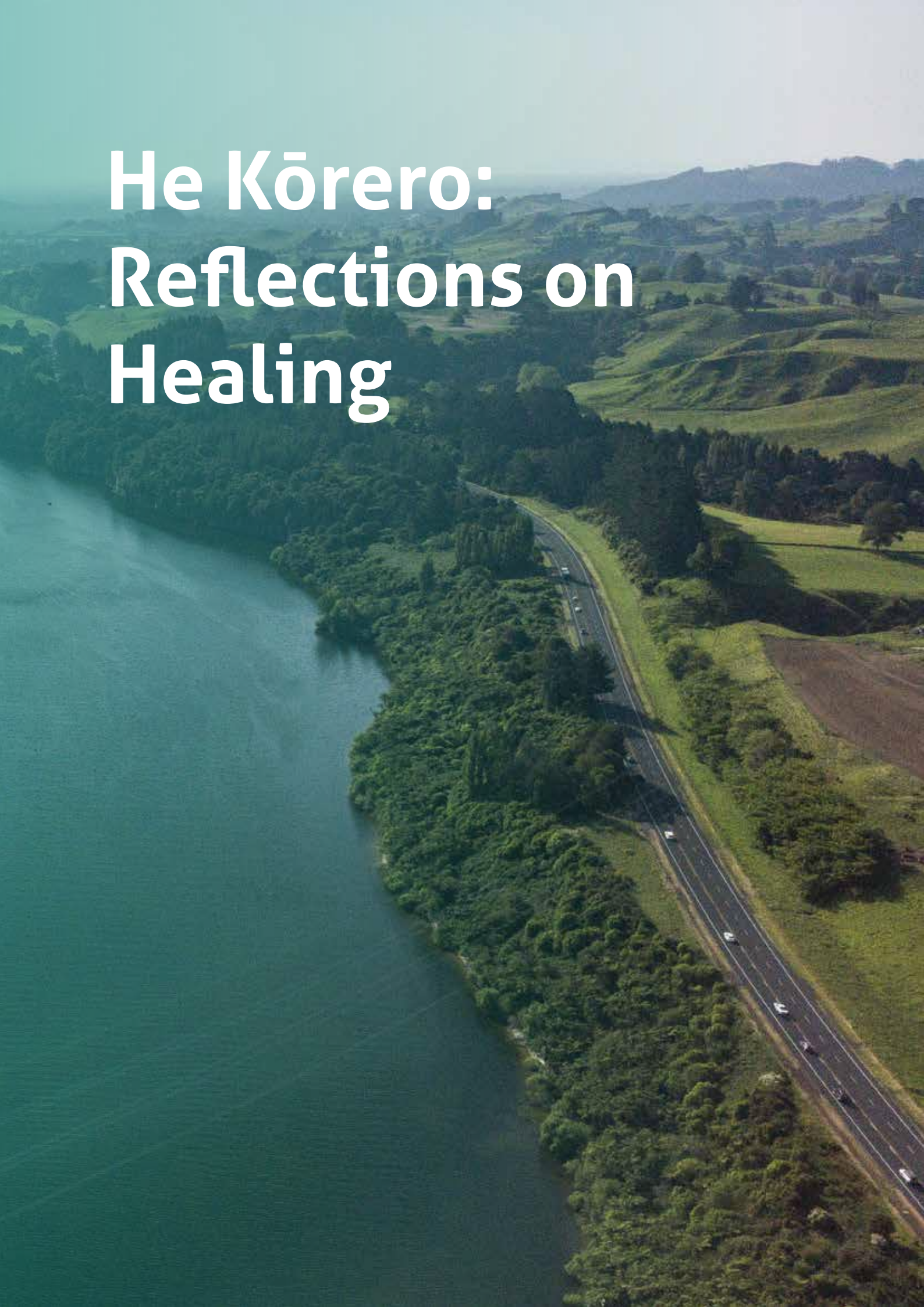
As this quote suggests, one of the challenges in trauma informed healing is to love; to express and demonstrate love in practices of care. The participants were insightful. Many have incorporated Māori principles into their own practices and understand the nuanced way in which mātauranga works in clinical and community-based contexts. No one claims the work is easy, as providers and practitioners are also governed by contractual obligations, professional codes of conduct, operational realities around resources and opportunity costs for striking out on their own. The interview participants have challenged us to think about the critical Māori concepts already available to us from mātauranga and tikanga Māori, and to draw our Kaupapa Māori principles of healing from this rich knowledge base.







# He Kōrero: Reflections on Healing



# He Kōrero: Reflections on Healing

Following on from the discussion of Māori and Indigenous views on healing, this section includes reflections on healing from guest speakers and participants who shared their experiences in hui and interviews held as a part of He Oranga Ngākau. Throughout the many layers of discussions we were gifted examples of stories and experiences from a wide range of Māori whānau, providers and healers as they reflected on their understanding and practices of tikanga and mātauranga in their healing journeys.

We begin with reflections from renowned carver and mātauranga expert Dr Takirangi Smith (Ngāti Apa, Ngāti Kahungunu ki Wairarapa, Te Aitanga a Hauiti), who talked specifically about the concepts of ngākau, he oranga ngākau, patu ngākau and pouritanga, which represent Māori understandings of trauma. He used the analogy of the carved meeting house to talk about Māori psychology and views of intergenerational trauma. Two Indigenous reflections follow, which were shared by Jamee Mahealani Miller (Kanaka Maoli) and Tessa Evans-Campbell (Snohomish), where they provide insights into specific cultural understandings and practices that relate to their respective understandings of healing practices and spaces. The final guest speaker reflection we share comes from Hinewirangi Kohu-Morgan, who generously told her story on the second day of our regional hui as she presented the professional development workshop on taonga puoro. Her pūrākau is a powerful journey of healing. It challenges the kinds of support that were available at the time and speaks to the resilience and strength of an individual woman as she worked to find and use her voice. The professional development workshops involved reciprocity between the research team and the regional providers. The aims of the workshops were to address the healing needs of those who work at the coal face of trauma in Māori communities. Participants came from Māori and mainstream providers, Government Agencies, and partner organisations working in the regions. Many of the sets of mainstream principles of trauma informed care identify the need for providers of services to ensure that they do not retraumatise their clients and that they do not traumatise their staff by failing to address their own needs.

Following on from these guest speaker reflections are a range of healing reflections from Māori providers, practitioners, clinicians, healers, and whānau who emphasised particular concepts or practices that are central to their healing experiences or their practice alongside whānau. Each of these kōrero expands upon the themes of tikanga and mātauranga Māori that have been emphasised throughout the project.

In the healing stories and insight shared we see that profound healing occurs when we know who we are and where we are from; this is the beginning of whakapapa healing in action. It is clearly shown that te reo me ōna tikanga are profound healing tools. As are pūrākau, whakatauaki, mōteatea, waiata, rongoā Māori, understanding kaitiakitanga and the multiplicity of relationships that are embedded within mana atua, mana whenua and mana tangata. Therefore, it is the knowing and understanding of the Māori world that reveals how we as Māori can participate and practise living in a Māori world that supports a pathway to healing from both historical and contemporary trauma. What is equally important is that we view processes of healing as a journey rather than a destination. While we often hear the adage that 'time heals', we are more convinced of the notion that 'healing takes time' and that rather than considering healing in a linear fashion, we are more concerned that healing, as with Māori ideas of wellbeing and health, be seen as having multiple layers, being deeply interconnected with all parts of our lives and be seen in the context of our historical and contemporary experiences as both individuals and collectives.



# Takirangi Smith: Rongo ā Ngākau

Kia ora. My name is Takirangi, I was named after my grandfather, who was interested in building a Māori carved church so he chopped some trees down and had them all milled, got ready for the church, but he died before that happened. Another thing that happened before he died was that my father and he were having a discussion. I was in the room at the time, fiddling with things, and my father kept smacking my hands and then my grandfather intervened and said "Well you don't need to do that because that's an indicator, a tohu or indicator, a sign that one day this child here is going to be a carver, be a wood carver" and as it turned out he was right. So later on I was introduced to carving, when I was about 11 years of age, and it sort of tracked right through my whole life.

A lot of my own thinking has that sort of underpinning behind it because a lot of the time I'm sort of thinking in terms of whakairo, particularly in terms of research and analysing things. When I went to university doing my undergraduate study I also had the opportunity to continue carving and research manuscripts and try to recover some of the kōrero that related to carving, so I've always had a strong interest in researching manuscripts. Then later on I got involved in treaty research and that ... led me in to study hundreds of letters ...[in] the correspondence that had been written by our tīpuna. So that's a bit about the background I'm coming from.

As part of that research for the treaty claims, two words were quite consistent through those hundreds and hundreds of letters. The first was patu ngākau and the second was pōuritanga; patu ngākau and pōuritanga. I always wondered about that and this whole thing of patu ngākau, which is tied to land loss. I wanted to analyse that a bit further and it just so happened that a lot of the meeting house knowledge tied right into it because it was all related to knowledge, trauma, healing and wellbeing. I want to talk a little bit about the meeting house, because the meeting house is probably the single structure which has retained elements of Māori names that relate to Māori psychology; how we see knowledge and how we get to know things. The Māori meeting house has a sort of backbone, a tāhuhu and the Māori meeting house is based on the structure of the human body so that we have the backbone, we have arms and structure, structure that is spread out on the earth, Papatūānuku. How do we get to know things and how do we see the world based around that structure of the meeting house if we relate it to the human body. The human body has two arms, two legs and a backbone and was thrust up in our kōrero from the earth. As you enter into the meeting house you are entering into your space, called the ngākau of the whare. In a lot of our traditional kōrero how we get to know things is not through the mind; it comes through the ngākau because in the traditional stories of knowledge, the human head has two parts, which is related to atua knowledge - ira atua and kauae raro knowledge - ira tangata, Kauae runga - the human jaw. It's a branch of knowledge which is associated with the ira atua. That knowledge is transient knowledge but it's also the storage space for atua knowledge, which doesn't become full human knowledge until it's located in the ngākau, and the ira tangata knowledge is in the lower jaw, that's the importance of the pūkauae on the lower jaw...

In terms of the Māori mind, activity is tied up with the ngākau. When we hear things, it comes through the ears, which is related to rongo, the Māori term for knowing. There are many types of knowing; rongo ā taringa, rongo ā ngākau. So in terms of trauma and the ngākau and this thing called patu ngākau, patu ngākau is a strike or a blow to the ngākau, literally an attack, an assault on the ngākau either psychologically or physically and the patu ngākau can be carried over generations. How does it get passed over from generation to generation? This occurs through tohu; tohu are signs, indicators. They are also general in whakairo. If you were trying to put a kōrero about a tīpuna on a piece of wood you've got tohu to work with, signs and indicators, but tohu are also signals and actions which can be transmitted either verbally or non-verbally. Just the other day I was walking in Cannons Creek in Porirua, passing one homeless guy and he looked at me and I looked at him and I went like that with my eyes and he went, that's a sign or an indicator. I jumped on the bus and there was an Islander driving, who looked at me and I went. These non-verbal tohu can also transmit pōuritanga, pōuritanga of the ngākau and it's carried on inter-generationally. When a kaumātua takes their mokopuna to a trauma site where something really traumatic has happened, all those actions and all those behaviours, the tangi and what not, will be transmitted to the mokopuna as tohu.

One of the things I wanted to do is to link back to the wellbeing project which I was brought into to try to assist. One of the important things that came out of that is the idea of re-taking, because what happens with a patu ngākau is that it's a trauma event. Probably a good example of looking at the Māori way of dealing with this is what happens at a tangi; that is one traditional element we retain, where people go into the whānau pani or the bereaved family are put into the whare mate and they don't just automatically come out of the whare mate once the grieving process is finished; it's done gradually over time depending on the context and various other factors... there are transitions into and out of it and another key thing about it is how we come out of it and reconnect to the living world, how is that done. It's done through poroporoaki, farewelling the event and it may not be done too sharply; poroporo, gradual cutting off over time, poroporoaki. Another important point is the mihi; how we understand mihi today is totally different from how our tīpuna understood it in my view, because the mihi today is something that you learn at school. A mihi traditionally is a very spiritual thing, a mihi is a connection; it's about connecting through whakapapa and connecting through kōrero, it's an acknowledgement and a living connection. Today we generally restrict the mihi to formal occasions but our tīpuna

would mihi everything; the sky, earth, the sea, the sound of the water, the sound of birds, everything connecting the world through a living vibrant essence I suppose.

Another research that came out of the wellbeing project was being able to take hold of our whakapapa and our kōrero and being able to redefine them on our own terms; not being defined by other people or from the outside, but really owning your own whakapapa and owning your own kōrero and being able to define it in meaningful ways that can be passed on for your tamariki and mokopuna. To me that's just another part of rangatiratanga that was pretty well normalised for our tīpuna.

On traditional meeting houses, as I was saying at the start of the kōrero: it might be hard for some of you to get it, but the back of a traditional meeting house always slopes up to the front like the backbone of a person. In traditional meeting houses there were no windows; it was all dark inside and the back was sometimes curved up but the open part was at the front and the open part always faced the light, generally the north or the east that got the maximum sun, because the sun is related to māramatanga or light, and light in life, which is the representation of mauri that they used to use in the old days. So if a person was traumatised, a lot of the time the appropriate space for that person would be at the back of the whare. The other place was the kūmara pit, which is tied up [with] the stories around rongo. Areas of darkness are known as being areas of peace and so that's where a lot of people affected by trauma would go. The interior of the whare of course is known as the ngākau and the front area, the porch area of the whare, the mahau, is sometimes referred to as the roro or the brain. The interior of the whare is connected to human knowledge or the ira tangata, and the roro is associated with the upper knowledge.

So traditional Māori knowledge has two components: it has an atua aspect called the ira atua, and another aspect which belongs to the ngākau, the ira tangata. In terms of how we interpret knowledge and where our memories are located, initially they start in the front of the meeting house, the roro part, but they're transferred to the ngākau, so human memory is located in the ngākau. When a traumatic event occurs it might be processed through here, but it's located in the ngākau, and so when we have a thought where do we recall our thoughts from? They're recalled from the ngākau as a mahau or memory, so that's where the memories are located and that's why the ngākau is so important. When you approach Māori trauma only by analysing the mind and zeroing in on the brain that is really only one part of it; there's a whole missed element there.



# Jamie Mahealani Miller: A Kanaka Maoli Perspective on Healing

My name is Jamee Mahealani Miller I come from Oahu; I was born and raised there. My kupuna come from Hawaii Island and Hilo. I currently live on Oahu and I'm a clinical licensed social worker. I have been doing that work for the last almost 20 years. I am currently in the education field in systems working for education of Native Hawaiians in Hawaii.

Because of all the historical trauma that we've received, trying to even just get a leg up to survive in Hawaii for Hawaiians has been difficult, let alone identifying those who can lead us. During the time when our Ali'i was alive and we had so much sickness, Hawaiians were the ones that were dying, not the immigrants, so our population went way low, to 40,000 when Ali'i was alive, from a million when Cook came. So there was all that grief and trauma of seeing all your loved ones, the people close to you, your children die. There were even years where there were no Hawaiian births recorded, live births – there may have been births and the children passed – so just all that heaviness during that time. So I believe that the thought then was just "how do we survive this?"; not even thinking about how do we become leaders and how are we going to lead our nation, knowing that it was in depletion. Now we have 400,000 Native Hawaiians across the world, nearly 500,000, so there's more of us, lots more have been educated, and there are those that have those qualities of leading. So I think anything that can bring us back to the place where you're contributing to the whole, because that's been the downfall, that's the epitome of colonisation; it is so individualistic. It's ladder climbing. Anything that we can do in our practices that contribute to a whole will help to start to change our thoughts around what success means, around what thriving means, around what perpetuating or around what sustainability means. All of that succession; so most of our practices are pointed in that direction, where what you are doing is not for you, it is for the whole of the Hawaiian nation.

In terms of wellbeing and healing the first thing that comes to mind is something very natural and that is eating really good foods. I know that our traditional foods were healing as well as nourishing ... we don't have much access to [these] right now. And then in terms of spiritual practices or everyday practices, one that was specific to ohana is Ho'oponopono, where you would have the leader in your family, could be a wahine or a kane, it was a kupuna always; every day there was that practice of Ho'oponopono so that things were always made right with whoever needed to be around. That was a constant practice; it was taught to the children, it was practiced continuously throughout the day and it was so that almost everything that occurred in your normal day and life was always for the greater good of everyone. So you wouldn't carry anything that wasn't pono. And contributing to an ohana way of life, so if your kuleana was to make clothing you should never have bad thoughts in that. So you always needed to clear the air, clear things so that you could contribute in that way to your family and it would be in a good space. So eating well and Ho'oponopono are two practices. And then when you were really ma'i (unwell/sick) there were particular kupuna (ancestors) or kahuna (expert traditional healers) or practices or medicine or practitioners who were trained in a way that could help with that particular ma'i, whether it was through herbal medicine or through pule (blessing/prayer) or whatever lifestyle changes needed to be made at that time. You may have been given to another family or something in your family was not right so they would cut that out in some way. There are so many practices to keep everyone well and the system functioning. I also know that the research shows us, and the ancient stories and just the everyday traditional way of life, there was always ceremony. So it was opening up ... maybe you were going to go fishing that day; you needed to mahalo (give thanks) to the gods, ask the gods for permission and there were always the ceremonial steps in doing that. Then when you were done, it was mahalo again providing whatever you are going to give back. So that it was always in that mindset that there would more for the next time it's needed for the ohana (extended family), so there were lots of ceremonial steps.

Another one is lomilomi, which was practiced all the time from when babies are in the womb until they were kupuna. Making sure that you care for your physical body, and it is super spiritual when you are receiving lomilomi and giving lomilomi. There's a connection between the spirits in that moment, which is not only about the physical realm that you may have but it's about connecting yourself to the past or the present and the future during that time. So those practices and those types of practitioners are special, and that's a particular calling in their lives that has extra kuleana (obligations/responsibilities).

There are schools such as different halau like hula that have withstood time; those practitioners are the keepers of the culture no matter what has been going on. It's about connecting to the spirit world and expressions and there are definitely similarities to what happened at He Manawa Whenua. How we express ourselves as far as self-determination is concerned as a group; so Hula has been a practice that I think will continue to take us forward because it's not only about the dancing – it's that spiritual peace and that cultural peace and connection to land and our chants and our traditions. Then there are other hui now so you will see lomilomi practitioners coming together and growing in that knowledge space, you will see there is a whole aha Kane movement about men's role in Hawaii now ... as fathers, as brothers, as kupuna – just as men. There is the wahine piece to that and now I've been hearing that we need to have this ohana, what

is the ohana role in the different practices, how do we complement each other and what are the rites of passage for our keiki.

There's also been a lot of resurgence in naming practices lately. I mean in tā moko practices and connecting yourselves to who you are and where you come from. I think all of that contributes to counteracting that oppressiveness of not being able to dance hula, not being able to speak your language, not being able to put moko on your body, men not having the space to do their oli and their pule because of having to work a regular job just to survive. Not giving yourself that space and knowing that it is good for you and your family. Hula has been really important in keeping everyone very informed if they want to be. That can be so very decolonising if you practice it, because it connects you to all the gods and all the spirits ... with plants, with the sun, with the moon, the water cycles, with sustainability. Hula has been really, really important and very influential. I think that many of our kumu hula now are the leaders that we need to be in those spaces I just was talking about, because of the grounding that they have.

# Tessa Evans-Campbell:

## A Snohomish Perspective on Healing and Identity

I think being in the community, being with other people. I was raised by my grandfather and he grew up very traditionally so I have a lot of stories from him. He says that when people would visit other tribes ... if the people came in to ask you "where you are from?"; if you were visiting the Snohomish, you would say "I'm Snohomish now". So if you were from this area, in a way you were part of who you were with, which is a really different understanding. When people are like "I'm this and I'm that" ... so being communal was a big part of who you were and also a part of protocol. Who you said you were and who you shared about and taking care of yourself, your family, your community was all important. We had a long house tradition, which some other tribes share, but not all. You'd have a number of families living together in one long house and that actually was until just a few generations ago. So this is a protocol, one of our tikanga. He told that story to me because we were talking about the census, and when the white people came and did the census they actually got it all wrong a lot, especially here in this community, because people might be visiting their cousin or whatever and the people doing the census wouldn't understand that they might just be visiting. But anyway it's an interesting kind of thing. You were kind of considered part of the family or community right away when you were a visitor. That's a special thing, so that's definitely a protocol.

I think the expectation that you would have grandparents and great grandparents if they were alive being involved in raising children and always thinking about past generations and future generations in anything you did. We still have that. Some tribes talk about it here as 'seven generations'. We didn't have that language, that I know of, but it was certainly anything you did, you'd always think about that. Also I think in terms of official protocols of some of the tribes in this area ... if you did something that was against the community one of the things they would do is put you out of the community for a while, or on an island by yourself. That's considered probably the worst thing that could happen to you, is to be separated from your family or your community.

Prior to colonisation I think really making sure that you were upheld; not just yourself and your smaller family but the whole community, was really important. And we have a lot of traditions about being connected to animals and whales and other things, other beings, so there's a lot of protocol about how you treat animals and that's also part of your wellness and your wellbeing. Taking care of nature and your environment – there are pretty strict protocols around that... In fact we have black fish on our flag on the tribal flag because black fish saved us from starvation and it's very integrated into the stories here. There are always stories about that kind of thing; everything can be a story and a lot of it has to do with reminding us of our history and connection with the earth and the land and the water and animals. Storytelling is huge; it's a big part of who we are and also dancing, music, drumming. Everything is all connected and it's always telling a story. You know sometimes I'm looking at this piece of art; it's telling a story, it's not just a beautiful piece of work, it's a story and that's how you share with other people. I think that's the important part and you have to be taught to be able to read it. I think that's what's also happening on [things] like canoe journeys; people are being re-introduced to concepts that they may not have known ...[like] with Mike yesterday when he came. Whenever he presents he always shares stories ... or with the language, always wants to make sure that people will say it in their language and then in English so that they are learning all the time, it's always about sharing...

Around story telling, that's how I grew up with my grandfather. We also used to do a lot more when I was little; people don't do it now but we used to. Have you ever heard of a potlatch? That was a way to show, not just share and be communal, but show how wealthy you were in a way, how much you could give away. In my grandfather's time they used to do it for three days at a time and you'd give anything from art to guns for hunting, things that people needed to live. When I was little I remember going to a couple and for the kids they'd give us like pennies, or a pillowcase with a colourful pattern on it, ... something that you could use, so I think that that was also a way to share and transfer things... We have that big tradition. Sometimes I think it does make other people feel uncomfortable but it's just part of what we do and that's a protocol I guess; and food. Then there's a lot of protocol around different times of the year ... there is still ceremony around when the salmon start to run, when the salmon come up the rivers, when it's time to pick the berries, that kind of thing, so a lot of it's connected to land...

I just think that a lot of our teachings, which is probably true of many cultures, [are] so much about role modelling. There are stories, but it's not outright telling, so you would watch people. We are much more non-interventionist with children than other people are. You kind of let them be a little bit who they are – more than maybe people from other communities – and step in [if] they're going to hurt themselves. But I think that's read sometimes as being neglectful and it's not. There are some people that are neglectful and I'm not saying that doesn't occur, but it's letting the person be who they are. I think being raised by my grandfather was really a special blessing. But I remember being 15 or 16 and being on the phone all the time. He wouldn't tell me that I should get off the phone, but he would show me how I was on the phone. Too much, sort of by example, and then I need to make that phone call short so other people can use the



phone, and giving me these messages without directly saying “you need to stop using the phone so much”. So that was always the way, always, always the way.

I think language [is important] but I also think that the food ... to me the most important thing is that connection with the land and the water, because that's life ... everything that we've been talking about; the gardening, the fishing, everything like that. People do do it, but we need to keep re-introducing that to the kids and teaching that to the kids. I think making the connection between the trauma and how people are living now is very important. I see a real big disconnect and people don't want to hear about the historical trauma; they feel “okay, we know the bad stuff” but I really do feel [that what] they don't see is how that bad stuff is part of why they're using alcohol or drugs or whatever ... so making the connection, re-introducing people to canoe journeys, re-introducing people to the extended family...because people are much more isolated and you even see that on some of the reservations here; people have big land bases but the houses are way, away.

Thinking about ancestors and descendants. Not just thinking about the here and now; you have to tie it to past and future and I think especially future, and not just healing but obligations. So your obligation is almost like original instructions I guess. What is your responsibility? And [that] doesn't mean you can't enjoy life and receive from other people, but what is your responsibility for your way of being, your responsibility to not just your human relatives but your animal relatives and your spirit relatives, how you comport yourself, how you carry yourself in the world, that's everything.

# Hinewirangi Kohu: Finding the Healer Within

Rimu Rimu  
Tere Tere  
E haere ana ki te pō  
Kei i reira  
A koe e hine  
E tatari ana mai e

the seaweed has learnt  
to dance the dance of life  
it will take you into the depth  
there Hinenuitepō awaits you  
she will send you into the  
world of light

*My nan gave me this song  
To guide me as I grew  
This song would save my life  
Over and over again  
You took my life away uncle  
When I was 6 years old  
You entered that sacred place  
Nan talked about  
I told on you, but no one  
Believed me  
You took my voice away  
I began to live in a world of silence  
You took my heart away  
Not loving, unable to receive love  
You took my stories, away  
I could not even write the truth anymore  
I lived in a world of make believe, lies and deceit  
You took my child away from inside  
Too early to be woman  
You took my traditions, the tikanga and kawa  
That protected me a young woman  
You took my birthing channels away  
Unable to give birth  
You took my mother away from me  
She wept in her own grief  
You took my whare tangata  
So defiled and dirty  
All I wanted to do was to die  
But I remembered  
Remembered your song Nan  
And I kept singing*

I am now in a state of forgiveness, after years of hard work and exploration to find the processes of healing that I needed. Going over and over my life's journey, my memories of darkness, of light, of happiness, of songs, to find the frames of how I could heal me and others.

## **Finding my voice**

The first frame was finding the voice, and I needed to discover my voice. I had a voice:

*Of pain  
Of song  
Of hurt  
Of karanga  
Of ugly stories  
Of haka  
Of disbelief  
Of mau rākau  
Of wanting to erase me  
Of healing songs*

You need to hear me now. I have protected all you adults by my silence. You raped me over and over again, when you get embarrassed to hear my voice, then you get into self-blame for not protecting me. It's not about you adults. It's about me; hear my voice, because I have to sing my soul back into being. Stop trying to tell me what you think I should do. My voice knows what it needs to do. Stop it. I will explore all of my voices so that I can heal and I will find the song to release it all and I will sing my soul into being. In my father's teaching of the four voices of the whare, I found where I stored all of my voices. It was stored in the fourth door of the whare, the door of the Kuia and the Koroua.

And I wept deeply, I opened my mouth and let the voice of tangi come.

## **I have a story**

I remembered in my childhood sitting beside all the kuia at a tangi, who sat waiting for manuhiri, and one pulled out of her pocket a pack of cards. They would play five hundred or poker. Then someone would come to the door and say 'ka haere mai ngā manuhiri'. They packed away the cards and straightened up their clothes. Their ahua would change into a state of sadness. And when the manuhiri stepped into the whare they would wail. Crying and wailing at the top of their voices.

Ka heke te hupe, ka heke ngā roimata.

What I realised was, they gave permission for the others to cry. I learnt to tangi, to cry deeply and let my snot come and the tears fall all over my face without wanting to wipe it away.

My kuia had taught me how to cry, how to wail so loudly, and that wailing helped me to release all the voices within.

## **Finding me – Ko wai au**

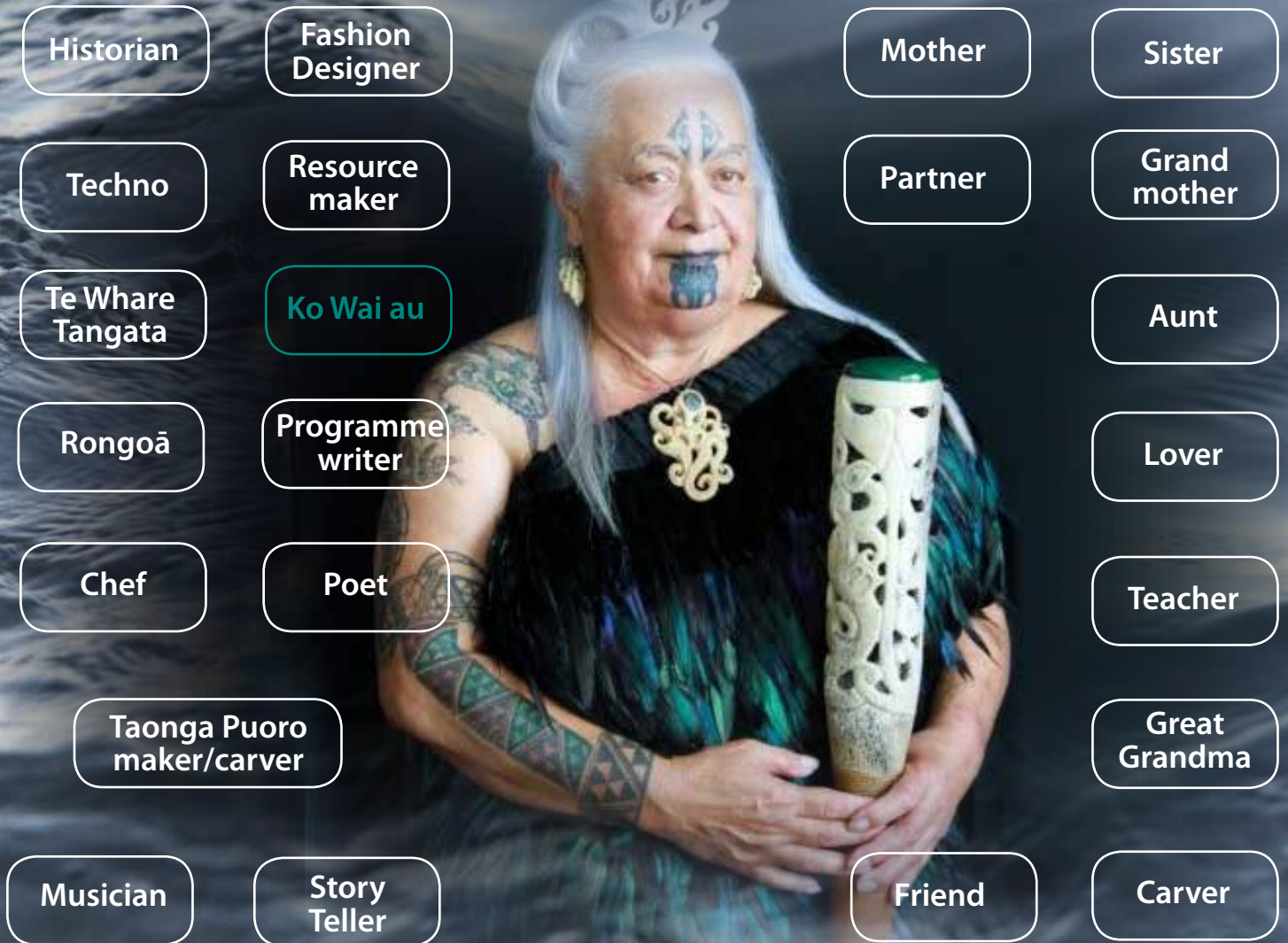
Each one of these people has their own behaviour and their own personality. Each had their own mahi to do and these people have been shut down. I had to find them and explore them, and develop them. I began to love me and all of my selves. I began to share these people with others.

Now I had to find my traditional self.

*Ko Mauao, Hikurangi, me Moumoukai ōku maunga.  
Ko Tauranga te moana, ko Waiapu me Nuhaka ōku awa.  
Ko Huria, Muriwai me Kahungunu ōku marae  
Ko Ngāi Tamarawaho, Tā Manuhiri, me Raikaipaka ōku hapū  
Ko Ngāti Ranginui, Ngāti Porou, Rakaipaka ōku iwi.  
Ko Tamateapokaiwhenua tōku tangata.  
Ko Rongomaiwahine tōku arikinui.*



# Tōku Mahi



With this learning came all the stories; whakapapa is dead without the stories. I began to stand in my own mana. I began to know the importance of healing memories. Of taking back my life, of taking back my being, of taking back my song. I began to sing the songs that helped me to love me and not be afraid of someone loving me. All the while I kept singing my song 'rimu, rimu' my nan's song.

## Finding the healer within

I went everywhere to find the healer. The counsellor, psychologists, physiotherapists, spiritual healers, tohunga, bishop, whānau, Social Welfare, but they couldn't help me find me; they were busy trying to put themselves into me. All the while I kept singing my song 'rimu, rimu.' The birthing of my beautiful Libra Tanenuiarangi Kohu, through Caesarian section, turned my life around.

I began a journey of reconnecting, undoing layer upon layer, acknowledging, weeping, solving, then forgiving myself. Libra helped me find the healer within. I knew better about me, than anyone in the world. He knew me better than anyone else, and helped me, by simply loving me, and I fell so deeply in love with the simple baby loving. He asked nothing of me, except to love him and take care of him. For the first time in a long time I stepped out of myself to find the mother within. When I found her, I found my beautiful mother, in spirit already, but I cried with her as she surrounded us both.

All the while I kept singing my song. I have walked so many times back into my memories to find the frames of healing, that I took in order to share them with others. Many times, memories would be triggered and again it would send me deep into the pain of the memory to help me find the healing frame and again I would bring it out to share with others that journey. I have no doubt I will continue singing my soul back into being and share that journey with aroha.

# He Kōrero:

## Decolonising Healing Spaces

*Yes the things you need to do to decolonise, healing space. There are heaps of things I wrote around that. "I'm a survivor of abuse". One of the things I'd like to contribute and like to see as part of the decolonising of our people to return to a healing space is around re-educating our people. [For] example our kotiro, re-educating them around the tipuna practices around the whare tangata and all of that. It's about bringing forth accessibility to the mātauranga of our tupuna, to our tamariki mokopuna, right through, you know. So that's got to do with, politically that's got to do with the education system, where does the mātauranga sit? How can our tamariki mokopuna get access to, all those political ongoing things that we're always facing ... Forging pathways that validate this mātauranga in the lives of our mokopuna and our tamariki and the adults. ... There's a wero in the adults, with Māori adults who don't privilege mātauranga Māori over Pākehā mātauranga. So there's a whole lot of work that needs to be done there, because we might have Māori in positions of power, we might have Māori in these positions but their whakaaro is still Pākehā, and they privilege the Pākehā whakaaro over the Māori. So you're battling your own to justify, you're having to justify to your own about the wisdom and the strength of the mātauranga of their tūpuna.*

*We need to decolonise ourselves but the thing is with that, when you're decolonising yourselves, and ...I see this all the time in wānanga, there's a whole process of decolonising and reclaiming te reo Māori me ōnā tikanga, and then it's how ... you bring others into that fold that aren't there. Māori realities are diverse and they're all on the spectrum where we're at. We're all traumatised, yet some of us are matatau i te reo at it. Then you get the whole 'othering' of those who aren't on the spectrum. ... Māori need to all have access to the mātauranga without the need to prove themselves, that they have the right to the mātauranga, or that they have to be at this certain level, which is an old school traditional way, because only certain people went into certain whare wānanga and obtained the knowledge, and at the kura huna, only certain people were chosen to do that. So for me, to decol that thinking, not to decol that thinking, to be in the here and now, in this world, te ao hou, and that some of those tikanga around who can and who can't have the mātauranga has to be challenged in this day and age.*

# He Kōrero:

## Te Reo & Tikanga Concepts

*I definitely think that the most important information was embedded in the rhythms and the kupu and the ability of our people to constantly reinforce the important lessons. That's what I have found ... in terms of thinking about when the trauma happens, part of the healing is that we acknowledge it, we remember it, we'll sing about it so that we never forget and while it might trigger sadness or pain or feelings of hurt it [is] also part of the healing to remember to acknowledge, to respect and to never forget... I always feel great love, immense, sometimes a bit sad because I think about the fact that all this happened and is still happening to a great extent, the perpetuation of those very things that we were trying to fight against because we recognised them as being designed to destroy us and we are still having to fight those same exact fights. So there is quite a lot of sadness about what is wrong with everybody. Why are they so persistent in their determination not only to destroy us but themselves in the process; that's the confusing thing. But then feeling so grateful and I'm not sure if happy is the right term; tremendous relief that we have our mōteatea, our tikanga, our phrases which align us to the strength and resilience and it uplifts me, my spirit is lifted. I would have to say the first thing that comes to mind is "Te Raukura hei tohu ki te ao", to remember that even if we don't have a white feather in our hair or are holding the raukura, then the kaupapa of Te Raukura. I don't know how many of our whānau carry that name but it's in our personalities, it's in our waiata, it's in our kōrero, it's in our physical tohu of wearing feathers and at the same time I always think of maunga and maungārongo.*

*If it's to use concepts or kupu kōrero; if it is "I just need to give you something to think about", I think 'hoki ki tō ūkaipō, hoki ki tō maunga' - to return to reconnect. That has been my personal way when I need to think about the need to centre to reconnect, to feel at ease when I'm feeling uneasy or conflicted and have felt low. Sometimes it's not been physically possible for me to get into town and travel because I live a long, long way away, so I will sing waiata or I will do some reading around our history that then helps me to recover a sense of equilibrium. So sometimes I will ... send a link to something, you know; if it's a cousin it's like "let's have a kōrero about this "hoki ki tō ūkaipō, of course the best example of that would be to return, to go jump in the river, to visit a nanny or an aunty, to be around the people that you know have ... similar ways of thinking. I would like to say to you that coming here in the last few days and just knowing you are here has been a huge support to me in this mahi. What we've been doing, to see the smiling faces of the people who I have known for a long time, my entire adult life and so physically being able to walk into a whare where you just can relax and breathe easily is so important. But if that's not possible then returning to those phrases, those waiata, those kōrero and memories. I often think pretty much on a daily basis of my nan and my koro and think about what is the next thing that I need to do [that] is essentially something that she may feel proud of me. This may be not paying tribute but paying respect to the way that she lived and all her efforts to help our people; she was doing and I like to think that I am trying to maintain.*

*Aroha, I think [is] at the heart of it ... Yes because I have thought a little bit about what I think 'love' is, people say love and I think that that requires a little bit of definition maybe. When I think of aroha I think of an all-encompassing opening our hearts to others. Not just in our hearts but in our compassion, or all of the emotions of generosity and patience and kindness and caring; all of that to use those descriptions in English, but that's what I think aroha is. Aroha is the combination of extending open arms and without any expectation of any kind of return; it's an outward expression of my humanity toward others, towards everything. I think an essential part of healing individually is to help others.*



# He Kōrero:

## Moving to a Space of Healing

*I will use an example of ... my experience. What helped me move into a space of healing when I was not well was, now that I've got the benefit of looking back – it was about 5 years of processing through this – was whakapapa, was re-connecting to wairua, tikanga and landscapes. Those are the four, that in my process of working through how do I get out the other end of not being well to being well, that I saw as the key elements... So my parents died quite close. My mother died suddenly. She had heart failure, so for about a good six months I was in grief space. I was also in the space where I was holding on to my father, keeping him close because I had just lost my mother. They lived in Hamilton. I had brought them down from Auckland to live near me in Hamilton to be by my kids. So my kids are the youngest; I'm the baby and I was the last to have kids. My kids were the youngest mokopuna, they were just babies when they came to live near us and so I was in that really dark space. Then my dad got diagnosed with terminal cancer and so all hell broke loose in terms of dealing with him and trying to keep him alive, which is a battle I couldn't have won anyway, but I just wasn't ready to give up. So when he died as well, which was still in the year that mum died, I was still in a really bad space. But whānau brought me back... my kids and my brothers and sisters and my extended whānau bringing fun times, laughing, crying, all that kind of emotion, moving space to get out what I was locking down inside me and then having that connection to wairua. So there were stories in there, in terms of dreams connecting to people, who I didn't know ... but my parents giving messages to her to give to me because I had shut myself off from the world and everything...*

*So it was like holy crap, okay, and I've clearly been a stubborn little shit that some random [person] who I don't even know was giving me messages from my mum and dad. Then connecting and making all of these, seeing all the dots joining up, connected to who I am. So I go back to taking my parents' ashes up North. We went up to the Cape, actually I launched the ashes off Ahipara, went out to the water, tipped them out. Then the next day we drove up to the Cape and it was just watching them go out and then sitting. I don't know how long I was sitting there till the kids came and got me. But that's where I had my moments of finding myself. So that's what I meant in terms of spirituality and processing... then talking to people later on, reflecting back and finding out that this 'complete random stranger' was actually not a stranger, her mother was my mother's cousin and they grew up there. It was like "okay if I felt like an ant before I really feel like an ant now; there's no control of what's going on in my life". So those 'smacks across the head' that we get, snap out of yourself you are just a small part in this big picture and you've got work to do for our people, move on. As much as we learn and are taught from the universities it's like you go back to grass roots, go back to your whānau, there are so many ways I think that we can heal ourselves.*

# He Kōrero: Karakia

*I think karakia is probably important for me as a tikanga, especially when you're with the whānau and the day starts that way and it finishes that way. Not for Christian beliefs but for te ao Māori. And in there you can hear what they are talking about once you get older. It's not just... like when parents are trying to teach [children] it's just stuff that's been taught at you, so you come through life and you come to a different understanding at different ages and different learnings. So karakia to me is very important... The main things that I talk about when we do healing and wellbeing is rongoā; the whakapapa around learning about the trees, about the rākau and the ngahere, that's awesome and we take the kids with us. The other teachings that mum used to pass on were the kōrero about whare tangata and ira tangata and ure tangata. I used to work in sexual health and hauora Māori, so there's a lot in there, there's heaps ...*

*Mum... used to tell us stories about when she was a little girl, like the first time when she and her brother used to go out fishing; they'd be not quite school age so they pretty much had free run of the farm and they caught a fish. And she said the kuia was very much with the tikanga so whenever it is your first time doing something important you acknowledge it properly so they used to cut off the tail and then they hung it up on the tree and she said when she was a little girl, she said what's going on with that tail, why do we have to do this? ... But she said when you get older you realise what they were doing and teaching about conservation in the most practical way. No matter how young you are, you get it when you're older, you don't have to be taught this is our way of practicing conservation and acknowledging the atua or the kaitiaki in the river for what we got. She said one time they were having a hākari and they brought a big tuna up and the kuia did a karakia when they brought the tuna up and they prepared it, it goes in to the hākari and she said even though there was a lot of drinking and there was a lot of whānau, you know, the happy day going on, one person had to be responsible for those sorts of things. Not just anyone, not everyone has a turn; it's the person who holds the mana of the whānau ... the matriarch or the rangatira always does that. So she said that's how she was brought up, being around people who just did it as part of their everyday things but always just stop for the practices, for the tikanga. Definitely karakia, definitely tohunga who... know so much. We were talking to a tohunga who knows the whakapapa of their iwi, they know mōteatea, they know waiata, they are very good at a lot of things in the Māori world. If you've got people like that who have got all that knowledge who can advise others, they don't have to touch everyone; you've just got to have all the practitioners out there doing the mahi. They need tohunga to advise them and to go and have a hui with, a proper kōrero about this situation or this hapū ... and you hear somebody was talking about abuse and different types of abuse and the trauma in those places that are quite isolated. Our people would have a different way ... to address those things, I couldn't even begin to imagine what you'd do, but you've got to have tohunga and I definitely think we don't have enough of them. We are using kaumātua and pākeke to help but they are not necessarily tohunga, they're wise people who are helping us, I think those principles of tohunga are very important.*

# He Kōrero: Reading the Signs

*I think the people resorted to what knowledge they had; an old world knowledge of what they should do; and of course you couldn't just be a medicine person, a shaman or something like that, we weren't shaman, but shaman-like people ... Some are remembered and some are forgotten. But ... there were those people there, and according to my grandmother and to other grannies I associated with, they were very important people. But there were people just like you and me, him and her, them; they were just there but of course recognised for their skills and temperament or recognised for their ability, recognised for their accessibility. And of course these people could discern vulnerable people in their community very easily, and some of them, according to my grandmother, wouldn't get involved in any activity whatsoever unless they were approached. So if they could see a need or an illness or a problem or an argument or some such activity, my nana in particular wouldn't go and offer her service or offer her influence; they had to come to her. I said to my nana one time "Yeah, but you didn't know about this" and [she said] "Oh yeah I did, they sent me a message" and I said "Oh, what was the message?" and she said "Oh, an owl call" you know, an owl call, a collection of flies in our house resting somewhere, you know those... They were considered tohu, you know, and she worked out somehow, some magical way, some mystical way, she worked out that this particular bird flying through the house, standing on something and looking at her, was the message from those people. Then she would dress up, put her bag of potions together, put some make up on and go and see these people. So she resolved that there were that kind of tohu around that told her, although people never approached her directly. Some of them had skills of their own and I said to her "How do you know those people?" and she said "Oh you know, we know one another. They don't know what I've done and I don't know what they've done, but we know one another"; like that, you know? "They know me". And I remember we encountered this couple on the bus when nan and I were catching the bus to Auckland, and there were these people in the back seat along behind us and she went to talk to them and sure enough they were medicine people too. So they recognised my nana, not me, but [she] recognised them as ... having this ahua around them, and so she went back, walked down the middle of the bus to go and talk to them and it was. And it was serious conversation, not a jovial, happy conversation about being discovered, or you being made, but that my nana recognised them just by seeing them in the bus and them walking behind us and walking past us going to sit on that back seat. She recognised, she said "Oh, a tohunga" and I said "Tohunga! No". She said "Ah, yip. Shortly, ahu ake nei ka haere au ki te tūtaki i a rāua", just two old people aye, and sure enough, sure enough they were... (Kaikōrero)*



# He Kōrero: Tikanga as Healing

*Some of the tikanga that I resonated with are how tīpuna, from the moment of conception, pre-conception of tamariki, through the pregnancy and then to birth, ensured that the tamaiti was protected and its wellbeing was primary. But to do that was to ensure that the women were cared for. So these are some of the health practices that I'd want to reflect on that were important in my life;... the wellbeing of the women, because they are the future of our people, the wellbeing of whare tangata was paramount for our people so for my little wee vision view of the world... that has to be the primary principle for whānau and whakapapa. The wellbeing of whānau, the wellbeing of whakapapa was the wellbeing of whare tangata of wāhine, of whenua, all of that was critical and the primary principles for wellbeing were based within that. Some of the other key practices that I saw my old people do was they continually told what western society may regard as fairy tales, but for us our mythology was not fairy tale. My old people constantly told us our stories about our land and this was part of their wellbeing. And their care was to ensure that while we didn't receive that in any institutional schooling they would tell our stories about those mountains and those rivers and they would tell us the stories about our ancestors; about Kahungunu, Porourangi, Rongomaiwahine. This was critical for them; that transmission of knowledge that was part of their care and wellbeing around whānau and whakapapa continuing those stories, that identification. So, those are two that come to mind for me; the wellbeing of wāhine, of whenua whare tangata and ensuring that our truths and our stories were continually told... Karakia is so critical, particularly in the contemporary sense; it's that reminder to pause, for me, in the contemporary sense and as we were growing up karakia was like a defining moment in each phase of time. If there was an activity, [there were] pre-activity karakia, completion of activity karakia, so they were defining moments to ensure that we encompassed our activity and wellbeing. Karakia is meditation, it is reflection, it's ensuring we take that breath and breath is essential; it ensures that we focus on what we are doing. It's a reminder in our busy world and our time-poor society that we are but one element in the entire circle and we need to place ourselves, recognise our place in that circle and remember our place in that circle. Karakia allows us to do that, it allows us to recognise that we are but one element in a circle and there are tuakana and we are teina and we recognise that and we need to recognise that. Within karakia are some of our life lessons for our culture and our people that have transcended thousands of years. Landscape will change but often karakia remains as a voice a thousand years old that just continues and flows through. Karakia is critical in care for whānau. It is a valid practice in our wellbeing; it is probably one of the most important practices in our wellbeing...*

*The practice of rongoā is again the reclamation of our mātauranga Māori and karakia because rongoā Māori for me is ... about faith, whakapono in our values, in our systems, whakapono in our beliefs and our practices and our cultures, complete commitment to what our old people knew and had done for centuries and that's just a continuation of today. Rongoā Māori today is rongoā Māori that we've had for hundreds, thousands of years. It's an unbroken chain of knowledge transmission and practice and is critical in our wellbeing; an element of our mātauranga Māori, hand in hand with karakia. Again it has almost every component of our culture, language, commitment, taiao, whenua, wellbeing. What I love about rongoā from a linguistic aspect, he rongo ā nuku, he rongo ā rangi, is the collation of all elements from Papatūānuku and from Ranginui, he rongoā kei te rongo i te ia, i te aroha i te aha rānei o Papatūānuku or Ranginui, ā, kua kotahi mai i tēnei momo rongoā. Rongoā encapsulates all elements of Papatūānuku and Ranginui and all between them and above them. That's for me a deeper understanding of what rongoā means, kei te rongo a Papatūānuku, kei te rongo a Ranginui, kei te rongo i te taiao i te ao whānui, and by listening to all of that, those vibrations, we create healing.*

# He Kōrero: Kaupare, Karakia, Rongoā as Healing

*The first thing that comes through for me is kaupare which is [that] we have different types of karakia. So we have kaupare which is more of a shield, which shields us from the energies, ... keep us safe within our environment, so when things are happening around us we can actually stay tau and stay within our neutrality a lot more. That's what the kaupare does, it shields us from those energies and shields us from subscribing to those energies and that exchange happening where those energies then become a part of us and we take them on and then we pass those energies on. The kaupare is one of the vital parts of what we do within mirimiri and romiromi and then takutaku. Takutaku is really an ancient type of karakia. Takutaku is not where we ask of our atua, it's almost like we demand certain things to happen because of the whakapapa we have, back to the atua. So within mirimiri, romiromi you can do takutaku that invoke different things. When we use rongoā Māori, we invoke the healing properties within our rākau. Whakapapa is another big part of [this] and really important in our mahi. When I talk about whakapapa it's tracing back where the trauma came from, where it originated from; so whether that's within this lifetime or whether it's been passed down through generations, we can tune in to somebody and connect in with them and feel the blockages throughout the body. Through the blockages throughout the body you can actually tell what their whakapapa is, what their trauma is, what they are still holding on to and undo that before it manifests as illness or disease... Then being able to use mirimiri, which is not actually hands-on, so mirimiri tūturu is more about the exchange of energy; it's the connection and building that trust. I guess the signs from our atua and our tūpuna that bring us together [are] the contracts that are drawn up, so mirimiri is more tuning in to the body using the whatumanawa as a key, before you even start romiromi, which is the actual hands on – there is no touch in mirimiri at all. Romiromi is actually the hands-on kind of stuff. So the tools we use [are] the whatumanawa, which is the spiritual heart that leads us, the manawa being the physical heart that connects us and then the pūmanawa being the emotional heart. It's all those, it's bringing all those three together for us to be in balance and for us to start listening and connecting into what our tūpuna are wanting us to do, ngā atua, and helping guide us on our path. Those would be the main ones in what we do but you know it's all that vibration with mirimiri, it's all the vibration of things we hear through our skin, it's all through the kiri, there are lots of different kaupare; takutaku, mirimiri, romiromi, whatumanawa, manawa, pūmanawa...*

*I think connecting with the person that you are working with is really important ... not necessarily taking on their stuff but actually really bringing in connection and trust so they can open up. And setting the space, whether that be with takutaku or karakia; something that resonates for them. Mirimiri is always a tuakana so when we talk about mirimiri and romiromi, mirimiri is the tuakana of the two and it always comes first. You don't do anything before a romiromi and again the manawa is the tuakana and so it is that whole connection and manawa ki te manawa. Therefore the hinengaro can step back into its place of being a teina and we can really connect and actually start working through and I think for us the contracts have already been written up between our tūpuna. You know when I work with someone there will be people that I talk to but the contracts ā-wairua haven't happened and sometimes I've found, especially within mainstream, that sometimes we kind of get pushed into something that we know hasn't been drawn up and doesn't feel right and yet we do it anyway. Healing can't happen in that forum; trust and connection is everything and I know that's really hard in a mainstream framework but it's vital, especially when you are working with things like trauma, it's really, really important and you know you don't necessarily have to kōrero about, I'm going to connect with you heart to heart; you just kind of do it and for Māori as Māori practitioners I think we know how to do it, we do know how to do it when we can just be present with that and allow what needs to come. I think that's the biggest thing in how we practice; that no two people are the same and I will work differently with every single person because of what they need, so it's catering to what their needs are because some people hate what I do and that's kei te pai; there are lots of other options out there for you. It is holding that space for them and it's being their pou through their journey and not necessarily being there for them to run back [so] we [can] save them, it's never about that because that comes about us as practitioners ... I'm going to help you, I'm going to guide you but you are going to save yourself and you are going to heal yourself...*

*I think our people are becoming more aware and becoming more connected with their traditional knowledge and looking at it from a more holistic viewpoint and that excites me that we have more Māori coming through. I think there is more value now than there ever has been within our rongoā Māori and rongoā Māori is all of rongoā; mirimiri, romiromi is all the different senses of the body. I love that and I think there's a real resurgence in people looking and wanting mātauranga and wanting to help their own, help everyone around them and looking at a more natural way of health care and hauora. I think that's really, really important. I think that's something that the ministry funding the rongoā program do, and bringing in more mirimiri practitioners. However,... within that they don't quite understand what we do, they fund it but I think it's almost set up to fail in a lot of ways because it's about the numbers and it's not necessarily about the kaupapa of offering ... it's not sustainable for our people or for our practitioners for our people. And there's lots of amazing progress that's happening through that for our people and being more available, those services being more available. I've never been more open to them and so I think I'm excited for the future for our people and undoing trauma and I think our tūpuna are excited about that too.*

## He Kōrero:

### Read the Body to Release the Pain

*When you know how to read the body and you know what ... the body holds onto, you are able to release the story, the kōrero of that. So when you are working different parts of the body, the different parts of the body tell the story. So that's the tāmiri. The komiri is the use of our traditional takutaku, mōteatea, taonga puoro, pounamu, kōhatu, the vibration, the ihirangaranga that comes through all of those different tools, helps to release, to loosen the vibration of the memory, in the cellular memory. Hence when you're doing mirimiri and romiromi you'll have karakia come, the tupuna or the kaitiaki or the tupuna will come, will bring you messages. Because some of the trauma that sits in the cellular memory, isn't the person's on the table but the tupuna can give you the story; this is about this whakapapa and it's from your kuia and that's how we work with our tupuna in the mahi. They come to give us what the kōrero is. Now the person on the table may not even have any kind of understanding of the kōrero, which is kei te pai, but they help with the healing by releasing, by me as the channel, as the kaitiaki, I'm the vessel of the message through the tupuna to them and then it helps them release it out of their body ... That's the komiri, so different takutaku are sung or chanted, the tono. The difference I've learnt about a karakia and a takutaku; there's a distinct difference. What I've been taught is a karakia is more of a pātai, pātai "homai, manaakitia mai", while a takutaku is a tono, a tono to ngā atua, it's a tono to ngā tūpuna, "Haere mai, me pēnei, me pēnei, me pēnei" ... So I guess the difference is in the kairomiromi and their ability to draw on the atua and to draw on the kaitiaki to help with the mahi; there's a sense of fearlessness that you have to have to do the mahi. And that's the komiri. The mirimiri is to stimulate, so the mirimiri works the surface of the body and works the muscles to loosen up. The romiromi is to agitate, and that's the deep work, the deep internal organ work that you do to release the pain, the memory or what the body's got out of alignment ... so it's the job of the kairomiromi to realign the body ...*

*Often it's emotional pain that's blocked in the body. We carry different mamae on our body for different things. The legs talk about whakapapa,... all that sort of stuff. That's what I've learnt thus far, because once I came back from all that rangahau journey I engaged in romiromi wānanga and mirimiri and healing work and since I've come back here, I've just been doing wairua mahi with my daily mahi.*

# He Kōrero:

## Te Ao Wairua is with Us

*It's not just about reviving something, it's a reclamation of our tikanga practice, and it's a redefining. Some of what we have inherited from our colonisers is not serving us as people, so we have the mana to redefine it for the future generations. We're the tupuna of tomorrow, so we change it up for our mokopuna because we can and we should. And we shouldn't be passing down legacies that just hold them back and keep them captive in this old story of being the colonised. It's about mana motuhake going forth. It's about "We'll heal ourselves thank you very much, and we've got the goods and no we won't be defined as the colonised any more. Actually we are mana whenua, we're tangata whenua and our mokopuna are the rangatira"...*

*I say as the norm that Te Ao Wairua is just here with us, so when my son sees me talking to my nan, hears me talking to my koro, he feels them, the energy when they come into the space, he can feel them. I say "Did you feel that?" and he says "Yes", "that's Nanny". Just normalising his tuning-in abilities while he's not clouded with this conditioned world, then he will innately and intuitively go there as he gets older. That's the stuff we weren't consciously taught as children, but we could do it. I'm going to consciously teach my child how to tune and listen and feel his tupuna and listen to and take note of his dreams, to build his matakite or his kaitiaki mahi now, so things like passing and all that ... he won't be paralysed by it, he'll understand the journey; that it is in this world and in the next world. So he won't carry around grief and trauma forever. He'll know how to clear that and heal that himself, and have and live a life full of vibrancy and mauri ora and choose to live a life of fullness and happiness and pursue his mauri ora, as opposed to being like what we've seen, debilitated by natural events in life, which we see a lot. In my kaitiaki work, that's half of the whānau that I work with are dealing with a historical grief and trauma. They didn't have the understanding, they didn't have that way of thinking and they got paralysed; they got emotionally stuck in their worlds and then 20 years later, they still grieving, they are still releasing, they're still hurting, and [its] unnecessary, carrying that for 20 odd years, you know? So that's the healer's way; you want to teach people to heal themselves. Teach our children to heal themselves and then they will teach their children. But it's more about an ao, the view of the world, an Ao Māori view. We live parallel with Te Ao wairua and our tupuna are with us all the time. That stuff we need to normalise...*

*So when our tamariki have dreams about their kuia, koroua, and when our tamariki wake up and they've had a visit from their kuia or koroua in their dreams, we're going to go "Wow, and what did Nanny tell you?" Not be afraid of communicating with their tūpuna when they come to see them, and when they come to look after them, and [treat it] as a matter of fact. They're more pure, our children are more pure than us; they see more clearly than we do because they haven't been conditioned. As yet they're still innocent, so we can mould that, we can shape that.*



# He Kōrero:

## Practicing from a Kaupapa Māori Lens

*The intention of training practitioners from that position is around the implementation of the true intent of Te Tiriti in your professional spaces; to be a mātauranga Māori, kaupapa Māori informed practitioner is to be professional. ...Often you get called a 'cultural supervisor', you're not seen as a 'professional supervisor'; they're usually compartmentalised as separate and one is the poor cousin to the other. ...What I guess I'm wanting to contribute in this kaupapa of Kaitiakitanga, and Māori practitioners, is that to be Māori is to be professional. And often a lot of our Māori professions, in the health sector anyway, often tikanga Māori is not seen as professional, when you're applying tikanga Māori. So the notion of being professional is to be Pākehā in your practice... And that is a very unconscious thing with our people, but its part of the colonisation, it's a part of the westernisation of their professional training. There's some crazy things in the psychotherapy world, some of the things you get trained in in these programmes is that ... when you see your clients on the street you don't go up and talk to them because it's confidential, the relationship, it's confidential, so you keep this sort of respectful. It's really trained in those western modalities and stuff, and that's so foreign to us, and the whole notions of boundaries and confidentially and all these Pākehā ethics, they don't align with tikanga Māori. When you're working with Māori, there's one degree of separation of whakapapa, so we can't divorce ourselves as psychotherapists from being Māori. Things like that. So these are the wero that this kaupapa lays down; practice as a kaitiaki and from a Kaupapa Māori lens, that's kind of the focus. I particularly, as a psychotherapist and where my practice and my mahi has gone as a result of my own healing journey and my own lived experience ... you can be in therapy, psychotherapy can be quite long, and you can be in therapy for your trauma for years...[but] there are layers of the healing in my own personal life that were not getting attended to through western therapies so I went looking. As the resurgence and renaissance of rongoā Māori and Māori healing modalities have come back into Aotearoa over the last 10, 20 years, I went in search of healing [using] a traditional Māori lens, for myself, and I ended up on a romiromi table. My tuakana, my mentor, I got my very first romiromi. I've always had mirimiri, always known how to do mirimiri, but romiromi is another level. Romiromi is deep, deep cellular memory release of trauma, inter-generational trauma, the trauma that sits in our cellular memory from our lived experiences and our whakapapa. So that's deep work. And when I ended up on that table, [name] was my healer, and she was trained under the tohunga Papa Hohepa Delamere. He had quite a few people that he has taught over the years and she was one of them. So when I got on her table, she cleared a makutu that was in my mother's whakapapa, five generations in my mother's line.*

# Conclusion





# Conclusion: Kaupapa Māori Trauma Informed Care & Healing

## Introduction

What began early on in the research as a tentative set of Kaupapa Māori principles for trauma informed care ultimately evolved into Kaupapa Māori principles for trauma informed healing. This section shares some of the research information that shifted the emphasis away from the principles of 'care' to principles of 'healing'. The chapter begins with a brief discussion of Kaupapa Māori principles and their relevance to trauma informed care practice. It then moves to a discussion of the barriers to providing Kaupapa Māori practices for providers and practitioners, using images from the wānanga workshops to demonstrate the expansiveness and richness of the kōrero. The section then brings together extracts from some of our interviews that reinforce the richness of mātauranga and diversity of thinking about Māori approaches to dealing with trauma. The final section then highlights the contribution of participants from the regional hui and wānanga to what emerged as our final set of Kaupapa Māori principles.

Within this final chapter we bring together the layered findings that began with the informing principles of Kaupapa Māori research and evolved through our various wānanga, interviews with key informants, regional hui and symposia into a co-designed set of Kaupapa Māori principles for trauma informed healing. By layered findings, we mean that the process for generating our findings was a process of reflexivity, of synthesis of different kinds of kōrero data, and of co-design and multiple iterations of the principles throughout the process. Kaupapa Māori principles for research guided the researchers and informed our analysis of what we were hearing from participants and how participants were responding to our many iterations as we travelled the country. It was important that we co-designed the Kaupapa Māori principles for trauma informed care with participants and that the ideas and focus areas should not only resonate at a practical provider level where it matters most, but also that those principles were deeply informed by mātauranga and tikanga Māori.

# Kaupapa Māori Principles

Graham Smith's (1997) articulation of Kaupapa Māori principles has been widely discussed and applied in the application of kaupapa Māori across research, health, education, criminal justice and other sectors of Māori development. These principles were produced from Smith's research that was related to the work of Māori providers, their visions, motivations and descriptions of their practices. Smith's work is part of a wider project of kaupapa Māori that emerged from multiple Māori initiatives such as Te Kōhanga Reo, Kura Kaupapa Māori and Māori ways of delivering services for and by Māori (Smith, 1997). Smith (1990; 1997) described and named each of the principles in ways that enables the inclusion of every day tikanga concepts and practices of whānau, hapū and iwi alongside broader national political intentions that align to Māori assertions of tino rangatiratanga. Pihama et.al (2019) provide an overview of each of the principles as follows:

- 1** **Tahi. Tino rangatiratanga (the self-determination principle)** – this principle is defined through the framing of tino rangatiratanga within Te Tiriti o Waitangi (Treaty of Waitangi 1840). Tino rangatiratanga has a multitude of translations including independence, sovereignty, iwi autonomy, chiefly authority and self-determination. In summary, Smith (1997) states, “The principle of ‘tino rangatiranga’ reinforces the goal of seeking more meaningful ‘control over one’s own life and cultural wellbeing.’” (p.466).
- 2** **Rua. Taonga tuku iho (the ‘cultural aspirations’ principle)** – refers directly to all ‘taonga’ or treasures, valued ways of being and practices both tangible and intangible what have been handed down through the generations by our ancestors and which we will hand to our descendants. It relates to te reo, tikanga, mātauranga and all cultural ways of being that are encompassed within te ao Māori.
- 3** **Toru. Ako Māori (the ‘culturally preferred pedagogy)** – Ako refers to all forms of Māori cultural processes of learning and teaching. As Māori pedagogical practices we affirm the interconnectedness of all learners and teachers, and the reciprocal relationship that is central to the learning, and transmission of, Māori knowledge and associated practices.
- 4** **Wha. Kia piki ake i ngā raruraru o te kāinga (the ‘socio-economic’ mediation principle)** – this principle focuses on providing the ways in which we draw upon cultural understandings and practices to provide support for those that are experiencing difficulties. It is referred to as mediating the ill effects of the impacts of colonisation and the means by which we create forms of intervention that Smith (1997, p.468) notes “speaks to the need to alleviate the negative pressures of the marginal socio-economic positioning of any Māori families which impacts on learning”.
- 5** **Rima. Whānau (the ‘extended family structure’ principle)** – whānau is the foundation collective within Te Ao Māori. Whānau provides for the collective wellbeing of all of its member and is central to kaupapa Māori approaches. This principle centralises cultural relationships and is the basis for the larger cultural groupings of whānau and hapū. Collective relationships and responsibility is a key focus of this project in relation to the wellbeing of tamariki and whānau.
- 6** **Ono. Kaupapa (the ‘collective philosophy’ principle)** – Kaupapa refers to the central philosophy that informs our approaches to particular events, issues, contexts. It is both a foundation and platform from which our understandings shaped and is the basis upon which our approaches are grounded. (pp.20-21)

A number of researchers have subsequently deepened and widened understandings of the saliency of kaupapa Māori as a way of understanding what Māori are trying to achieve, of transferring aspirations into practice, of answering the core questions of purpose and value, of leadership and responsibility, and of methodology and implementation. In our



initial wānanga we combined four contributions to Kaupapa Māori principles from Graham Smith (1997), Tuakana Nepe (1991), Linda Tuhiwai Smith (1999) and Leonie Pihama (2001) as a matrix of principles that would inform trauma care practices. The matrix is a simple visual representation of the inter-relationship of principles. It helps to ask questions such as, “How does whakapapa relate to ako Māori?” or “what is the connection between mana motuhake and mana wāhine?” These questions stimulated discussion about the broader principles of Kaupapa Māori and what that means at the provider level, the practitioner level and the actual practice level.

**Kaupapa Māori principles - matrix for informing practices (G.Smith 1990, T.Nepe, 1991, L.Smith, 1998, L.Pihama 2002)**

	Tino rangatiratanga	Taonga tuhu iho	Ako Māori	Kia piki ake i ngā rarurau o te kainga	whānau	kaupapa	Mana wāhine
Kaupapa Māori knowledge	→						→
Whakapapa	→						→
Te reo	→						→
Tikanga	→						→
Mana motuhake	→						→
Mana	→						→
Whenua	→						→

We then critically examined some of the published principles of trauma informed care services and unpacked the significance of these principles for the services that Kaupapa Māori organisations were providing. There are several examples in the literature of such principles and, not surprisingly, they are tailored to the groups of people most likely to be clients of trauma informed care services. The reach of trauma informed care across health, education, justice and social services is immense. Trauma informed care principles have been described as part of “a strengths-based framework founded on the five core principles of safety, trustworthiness, choice, collaboration and empowerment as well as respect for diversity with safety as a first step” (Institute of Trauma and Trauma Informed Care 2015). We found, however, that there were no principles that focused specifically on trauma informed care services tailored for Māori that were based either on Kaupapa Māori or mātauranga Māori and that most Māori providers services were adapting their own versions of kaupapa Māori and expanding from Mason Durie’s Whare Tapa Whā model (Durie, 2003).

In discussions at Wānanga the mainstream principles such as those listed below from Elliot et al. (2005) were discussed as generic principles but were still lacking a specifically Māori approach and failing to address the conceptual differences that Māori providers believe they operate from.

### 10 Principles of Trauma Informed Services for Women

#### Trauma Informed Services:

- *Recognise impact of violence and victimisation on development and coping strategies*
- *Identify recovery from trauma as primary goal*
- *Employ an empowerment model*
- *Strive to maximise a woman’s choices*
- *Based on relational collaboration*
- *Create an atmosphere respectful of survivors’ need for safety, respect and acceptance*
- *Emphasise women’s strengths, resilience, highlighting adaptations over symptoms and resilience over pathology*
- *Goal to minimise possibilities of retraumatisation*
- *Culturally competent and understand women in the context of life experiences and cultural background*
- *Solicit consumer input and involve consumers in designing and evaluating services. (Elliot et al., 2005, p. x)*

One of the problems with these principles is their focus on the individual as the sole victim or survivor. From a Māori perspective the impact on a victim is felt and experienced by their whānau and importantly, the opportunities to heal need to be extended beyond the individual to their wider social support system. The principles do not reflect the intergenerational legacies of trauma or the historical roots of trauma that lie in colonisation. They often assume notions of cultural competency that suggest practitioners are not from the communities or operating from the cultural worldviews of their clients. The overall models are framed essentially as clinical operating principles rather than culturally informed frameworks that resonate with the signs, symbols, intentions, ethics and meanings that make sense for Māori who have experienced trauma.

Through the course of the research and from the multiple sources of wānanga, regional hui, interviews and advisory board meetings, the research team refined and shaped a set of kaupapa Māori principles that kept to the clinical concerns of trauma informed care but conceptualised and framed a set of principles grounded in mātauranga Māori.



# Kaupapa Māori Principles and Healing

This section synthesises the multiple sources of knowledge and insights gained through our research into a set of Kaupapa Māori principles of healing. The principles have been framed from a mātauranga Māori framework and conceptualised as a set of principles that providers can apply to practice; that policy agencies can apply as a framework of “Kaupapa Māori services”; practitioners can apply as guidelines to practice; and whānau seeking help can use to shape their expectations of service. The principles address the core protections and codes of practice that are incorporated into other trauma informed care principles, such as safety, trustworthiness, choice, collaboration and empowerment, as well as respect for diversity as outlined earlier. However, the principles expand on these in culturally informed and nuanced ways. They also adhere to the broader trauma informed approach by integrating knowledge about trauma to inform policies, procedures and practices. These Kaupapa Māori healing principles that address trauma have been discussed and refined at a number of symposia and wānanga.

## Kāti te Patu Ngākau

### ***Stop the blows to their ngākau Māori so the ngākau can begin to recover***

This principle addresses the immediate need to stop further trauma occurring, as well as allowing for the intergenerational challenge of long-term healing. It draws on the concept of patu ngākau and the need to stop further blows to the ngākau. It also addresses the urgency to stop any further trauma occurring as the first principle of safety in order for healing to begin.

## Kia Piki Ake i ngā Raruraru o te Kāinga

### ***Acknowledge their pain so they can name it as real***

This principle identifies the need for survivors of trauma to be acknowledged, accepted and understood as experiencing a real pain rather than an imagined pain. In other words, for loving, historically informed, non-racist, non-judgemental assessments of the nature of their pain, and what they should or should not be feeling. This may seem self-evident to practitioners but the evidence from our research is that Māori feel that their pain is not really understood and is reframed in ways that dismiss their cultural contexts. This principle is a nuanced approach to ‘cultural diversity and competency’ principles, stating that trauma informed care approaches in Aotearoa must understand the cultural and colonial context of Aotearoa and the historical and inter-generational legacy of trauma.

### ***Help them rebuild their own whare/house of support so they have shelter***

This principle is as much about material shelter as it is about the shelter of safety, inclusion and security. People need support to rebuild emotionally, socially, culturally and economically. They need support to co-design and co-construct their house of healing. They need to have a sense of ownership for the completion of their house and the establishment of the values and tikanga of their house. This requires multiple support systems to ensure that the fundamental needs of each person and their whānau are met with regard to food, shelter, income, work, and having a safe and secure place to live in ways that support the wider healing journey. It is clear that if our people are in a context where they are unable to live daily with dignity or to provide for their whānau, other forms of healing are not able to be considered a priority. This then means that in the rebuilding of their whare, we must provide access to the resources and systems that will support that process.

## Rangatiratanga

### ***Honour Māori aspirations of self-determination***

A key discussion throughout the research was the desire for whānau, hapū, iwi and Māori organisations to be self-determining. This requires the honouring of Māori aspirations of mana motuhake, of collective self-determination that is a right as tangata whenua, the people of the land, and the honouring of the agreement of tino rangatiratanga as expressed within Te Tiriti o Waitangi. The failure, for nearly 180 years, of successive colonial governments to uphold the relationship agreed within Te Tiriti o Waitangi and Māori assertions of tino rangatiratanga have compounded the trauma experienced by Māori through both historical and intergenerational trauma events and impacts. Across the research there is a clear assertion that for Māori by Māori services are critical for healing and that requires the affirmation, validation and assertion of tino rangatiratanga.

### ***Remove barriers to Kaupapa Māori approaches and practices***

The urgent need for Kaupapa Māori services and provision is a constant issue raised in the broader health sector, and this research continues to assert the aspiration for greater resources and services to be made available for Māori who experience trauma and who are seeking healing that is grounded upon Kaupapa Māori principles and practices. This



includes the need to support the training of Māori social service providers, counsellors, healers, social workers and others who work alongside whānau Māori in Kaupapa Māori training and degree programmes. In order to do so, there must be increased support for those programmes on site such as wānanga Māori that provide Kaupapa Māori approaches in their educational options. Within each of the elements of the project the issue of barriers to Kaupapa Māori approaches, provision and practices were raised. These are seen as obstructive to tino rangatiratanga and are highlighted below.

## Barriers to Kaupapa Māori Informed Care

The wānanga helped to identify barriers to Kaupapa Māori informed care that impede individual and whānau Māori from accessing healing. During the eight wānanga the plethora of barriers to accessing a Kaupapa Māori Trauma informed healing process were themed into the following areas: the impact of colonisation; government control; institutional racism and practices; and the inability to access culturally appropriate services (Māori providers). These barriers are inherently linked to the impact of colonisation and are fundamentally institutional or systemic in nature. As such they are familiar to many Māori on multiple levels. In the wider context they are barriers to the assertion not only of Kaupapa Māori approaches but also to aspirations of mana motuhake and tino rangatiratanga.

### ***Understanding the impact of Colonisation***

The impact of colonisation within the broad trauma informed care space is significant. Hui participants highlighted that neoliberal thinking – a capitalist economy with a strong focus on individual wealth creation – has influenced the direction of all models of care in Aotearoa. The list of barriers that were compiled from the wānanga kōrero is indicative of Māori experiences within the mainstream Pākehā trauma informed care space. These barriers have served to prevent Māori from developing and experiencing kaupapa Māori trauma informed care practices. For whānau and Māori the colonisation discourse begins with naming the detrimental impact that christianity and land confiscation have had on whānau Māori whakapapa. The disruption in mātauranga Māori intergenerational knowledge transfer has detrimentally disrupted kinship structures, forcing a nuclear family model to be ‘the norm’.

### ***Government Control***

Participants stated that government interventions and constraints contributed to the ongoing state violence that many Māori have experienced. The imposition of strict government controls on the health and wellbeing of Māori is a huge barrier to having full power and control over our ability to develop and implement a kaupapa Māori trauma informed care healing framework. Racist and punitive government policies on Māori wellbeing continue to perpetuate an impoverished state of unwellness in the Māori population. Indicators of Māori unwellness are reflected in data gathered from the health, education, socio economic and housing sectors.

### ***Institutional racism and racist practises***

Institutional racism and racist practices have been strongly identified as a significant barrier to the the implementation of Māori healing frameworks and practices in the health and social service sectors of Aotearoa. The machinations of colonisation continue to perpetuate the institutional white-streamed powerbase. This institutional monopoly views Māori unwellness through a lens that asserts pathological assumptions and continued deficit thinking. The conscious practice of institutional racism has direct mental, physical, social, and spiritual implications for Māori frameworks, practises and effective delivery mechanisms. There is a huge funding variance between white-streamed services and Kaupapa Māori healing services/wellbeing initiatives. And when government agencies are faced with trimming their budget lines, it is usually the Māori initiatives that are cut first. The participants also noted that cultural competency in mainstream organisations is usually the lowest weighted skill set in health-related roles. This is most visible when cultural incompetence is a factor that most Māori /whānau have to face on a daily basis. This results in Māori continuing to experience a poor quality of care.

### ***Inability to access culturally appropriate service providers***

Wānanga feedback indicates that Māori inability to access culturally appropriate service providers highlights a number of factors that have seen the deliberate and systematic removal of whānau memories and whakapapa. Limited cultural connections have contributed to the growing void in leadership in our whānau and hapū kinship structures. The structural issues that participants have identified are the micro and macro aggressions that affect Māori daily. While it is imperative that we understand how Pākehā New Zealand continues to oppress Māori healing spaces, Māori activism continues to demand that our cultural imperative be realised in order for whānau ora, hau ora, wai ora and toi ora to flourish in ways that are good for our whānau, hapū and iwi. The hui participants had clear understandings of the barriers and challenges that continue to suppress the rights and opportunities of Māori to heal and live well according to our own collective cultural norms.

The following table includes areas of discussion that were raised across the project in regards to barriers and negative determinants that impact on the wellbeing of whānau, hapū, iwi and Māori communities.

# Kaupapa Māori Analysis of Determinants for Negative Outcomes aka Colonial Risk Factors

i.e. what we know does not work

<b>Group One: Historical Determinants</b> Large scale/simultaneous/high negative impact at population level		
Determinant	Impacts focus	Examples of strategies, resiliency, resistance factors
<b>Supra loss</b>	Political, cultural, environmental, biological (e.g. fecundity), health, social, epistemological, spiritual	<ul style="list-style-type: none"> <li>• Te Whakapūtanga o Niu Tirenī – Declaration of Independence 1935</li> </ul>
<b>Dispossession</b>	Environmental, connections to land, waterways, displacement and homelessness	<ul style="list-style-type: none"> <li>• Te Tiriti o Waitangi 1840</li> </ul>
<b>Traumatic events</b>	<ul style="list-style-type: none"> <li>• Military Invasion and Battles</li> <li>• Land Confiscation as collective impact at whānau/hapū and iwi levels</li> </ul>	<ul style="list-style-type: none"> <li>• Petitions, letters and visits to the Queen of England</li> <li>• Kīngitanga</li> <li>• Kotahitanga</li> <li>• Development of Māori movements across Aotearoa</li> </ul>
<b>Colonial Violence</b>	Military, epistemic, economic, cultural, political, genocide, ethnocide	<ul style="list-style-type: none"> <li>• Māori defend rights as tangata whenua</li> </ul>
<b>Assimilation</b>	Culture, language, values, relationships, behaviours, collective responsibilities & accountabilities	<ul style="list-style-type: none"> <li>• Resistance</li> <li>• Seeking justice</li> <li>• Māori leadership gatherings and development</li> </ul>
<b>Negative Impact:</b> <b>Population Decimation, Fragmentation, Loss of Rangatiratanga, Trauma, Grief</b>		<ul style="list-style-type: none"> <li>• Māori Seats in Parliament</li> </ul>

## Group Two: State Policy & Practice Determinants

Determinant	Impacts focus	Examples of strategies, resiliency, resistance factors
<b>Erosion</b>	Denial of Rights and Autonomy through legislation, policy and the Courts	<ul style="list-style-type: none"> <li>• Attempts to participate and engage in policy formation</li> <li>• Māori Participation in World War 1 and 2 as acts of citizenship</li> <li>• Engagement in education and economic development</li> <li>• Attempts to retain and continue to use Te Reo Māori and Tikanga Māori</li> <li>• Cultural revitalisation movements</li> <li>• Waitangi Tribunal</li> <li>• Māori tino rangatiratanga movements</li> <li>• Māori Women's Welfare League</li> <li>• Direct challenging of systemic racism</li> </ul>
<b>Exclusion</b>	Denial of benefits of citizenship e.g. access to health, education and services	
<b>Eugenics and Scientific Racism</b>	Supremacist informing of ideologies, social policies and practices	
<b>Patriarchy, Paternalism, Mysogeny</b>	Imposition of the State as White Man and Father	
<b>Pathologising</b>	<ul style="list-style-type: none"> <li>• Deficit Framing and medicalisation of Social Issues</li> <li>• Māori constructed as "the problem"</li> </ul>	
<b>Separatist Policies</b>	Breaking Māori down, separating children from the kāinga through schooling, rangatira and chiefs from the iwi through domestication	
<b>Negative Impact: Nuclear Forced Family Structures, Family Violence, Institutionalisation</b>		

## Group Three : Intergenerational Determinants

Determinant	Impacts focus	Examples of strategies, resiliency, resistance factors
<b>Cumulative Loss</b>	Multi and complex, individual and collective loss	<ul style="list-style-type: none"> <li>• Cultural revitalisation</li> <li>• Māori political participation in Government</li> <li>• Land occupations and reassertion of tangata whenua status</li> <li>• Māori education e.g. Te Kōhanga Reo, Kura Kaupapa Māori</li> <li>• Kaupapa Māori strategies and Organisations</li> <li>• Māori Broadcasting</li> <li>• Māori employment and health developments</li> <li>• Rongoā and traditional healing spaces created</li> <li>• Re-establishing Papakāinga</li> </ul>
<b>Cultural Assimilation</b>	Denial of Māori identity, feeling ashamed of being Māori, Māori language trauma	
<b>Economic Deprivation</b>	Landlessness, lack of economic power	
<b>Social/Cultural Alienation</b>	Alienation and marginalisation from communities	
<b>Cognitive Injustice</b>	Constant denial of mātauranga and normative superiority of western knowledge	
<b>Food and Nutritional injustice</b>	Access to healthy, quality foods, promotion of drugs and alcohol in communities through liquor outlets and illicit activities	
<b>Negative Impact: Inequality, poor health, poor education, urbanisation, lack of participation</b>		



## Group Four: Neo-liberal Determinants

Determinant	Impacts focus	Examples of strategies, resiliency, resistance factors
<b>Trickle up of economic advantage</b>	Inequities created via free market economics aided by Government	<ul style="list-style-type: none"> <li>• Economic developments</li> <li>• Treaty of Waitangi Settlements e.g. fisheries, historic iwi settlements</li> <li>• Strategic engagement in Crown-Iwi/Māori relationships</li> <li>• Whānau, hapū, iwi and community led developments</li> <li>• Māori challenging of dominant supremacist views</li> <li>• Māori engaged in political processes</li> </ul>
<b>Punitive regimes of state power</b>	Social welfare policies/criminal justice/employment Impacts	
<b>Neoliberal concepts of equity</b>	Level playing field approaches that denied unique needs of Māori	
<b>Diversity as mask for on-going white privilege</b>	Version of multiculturalism that sees Māori as simply one group with no special status as tangata whenua. White privilege entrenched as 'neutral referee'	
<b>Cultural Appropriation</b>	Use of Reo and Tikanga Māori concepts for marketing purposes	
<b>Moral fundamentalism and alignment with state power</b>	Christian right and fundamentalist religious groups gaining legitimacy as service providers while selling their moral messages, e.g. patriarchal family structures	
<b>Privatisation of public responsibility</b>	Privatisation of social services, education and health	
<b>White extremism and fragility</b>	Constant use of racist rhetoric for political gain and to resist progressive policies	
<b>Negative Impact:</b> <b>Widening gap of inequality, poverty, homelessness, alienation</b>		

## Group Five: Institutional and Professional Practice Determinants

Determinant	Impacts focus	Examples of strategies, resiliency, resistance factors
<b>Institutionalised Racism</b>	<ul style="list-style-type: none"> <li>Failure to implement Treaty of Waitangi.</li> <li>Empowering of racist assumptions held by individuals</li> <li>Insufficient appointments of staff who are Māori</li> <li>Lack of Māori leadership or presence</li> <li>Failure of institutions to be accountable for outcomes</li> </ul>	<ul style="list-style-type: none"> <li>Māori policy developments</li> <li>Treaty and anti-racism education</li> <li>Māori Participation in professional organisations</li> <li>Kaupapa Māori initiatives</li> <li>Māori women's organising</li> <li>Tino Rangatiratanga movements</li> <li>Bi-cultural interventions</li> <li>Revitalisation movements</li> <li>Decolonisation</li> <li>Māori Tertiary options through Wānanga</li> </ul>
<b>Conscious and Unconscious Bias</b>	Bias as a barrier to change	
<b>Inadequate education and professional development</b>	Lack of Treaty education, deep ignorance of NZ history, lip service to development and training	
<b>Microaggression and individual acts of racism</b>	Individual acts of racism	
<b>Marginalisation of Māori providers and models</b>	Contracting models and funding used to undermine Māori providers	
<b>Selective evidence based decision making</b>	Lack of attention given to Māori models of care and practice, over reliance on external/international models that have not been tested in Aotearoa with Māori	
<b>White Patriarchal Governance</b>	Domination of Pākehā male governance across NZ	
<b>Negative Impact:</b> <b>Lack of progress, unequal service and inequitable social outcomes</b>		

## Group Six : Internal Colonial Determinants

Determinant	Impacts focus	Examples of strategies, resiliency, resistance factors
<b>Erasure of cultural memory and history</b>	Trying to set aside and deny history	<ul style="list-style-type: none"> <li>• Revitalisation of Māori values and practices</li> <li>• Mana Wāhine and other rights activities</li> <li>• Māori Women's organisations such as Māori Women's Refuge</li> <li>• Building cultural pride through the arts, music and creative practices</li> <li>• Iwi regional and national hui</li> <li>• Māori Community based initiatives</li> <li>• Waitangi Tribunal claims</li> <li>• Whānau Ora and other Kaupapa Māori services</li> <li>• Decolonisation workshops and training</li> </ul>
<b>Lateral Violence</b>	Domestic, sexual, physical, psychological	
<b>Colonial Hegemony</b>	Internalisation of the interests of colonisers	
<b>Mimicry and hyper-adoption of Pākehā and hetero-normativity</b>	Attempting to copy modes of normativity	
<b>Lack of trust of ourselves and of our own institutions</b>	Even when given a choice Māori will stick with the option that they know does not work but at least it is familiar, e.g. Hauora Māori, Kura Kaupapa Māori, Te Kōhanga Reo	
<b>Grief and Grievance</b>	Acknowledged and unacknowledged attention to traumatic events and legacies from the past, inter-generational trauma	
<b>Negative Impact: Addictions, social fragmentation, poor mental and physical health status</b>		



## Group Seven: Social Determinants

Determinant	Impacts focus	Examples of strategies, resiliency, resistance factors
<b>Inherited Health Status</b>	Genetic legacies, maternal health, legacies of poor health status of previous generations, poor nutrition and sense of rangatiratanga over health	<ul style="list-style-type: none"> <li>• Tribunal Kaupapa Claims</li> <li>• Māori tino rangatiratanga movements</li> <li>• Standing in defence of whenua, moana, maunga, awa</li> <li>• International Fora</li> <li>• Māori models for social services</li> <li>• Economic and cultural revitalisation efforts</li> <li>• Māori engagement with agencies and government to influence Policy</li> <li>• Decolonisation</li> <li>• Engagement across breadth of issues</li> </ul>
<b>Childhood and Whānau Experiences</b>	Poverty, housing, trauma, nutrition, stress	
<b>Income and Social Status</b>	Lack of equitable access to all social opportunities	
<b>Physical Environments and Housing</b>	Inadequate housing, transport, neighbourhoods	
<b>Access to Public Goods and Services</b>	<ul style="list-style-type: none"> <li>• Poor access to services and poor services</li> <li>• Lack of accountability of service providers</li> <li>• Widening disparities across NZ between haves and have nots</li> </ul>	
<b>Collective and Individual Practices</b>	What whānau and individuals do or don't do, can or can't do when faced with health and wellbeing decisions	
<b>Education and Employment</b>	<ul style="list-style-type: none"> <li>• Limited life pathways available</li> <li>• Limited opportunities</li> <li>• Restricted life choices</li> </ul>	
<b>Social Participation and Engagement</b>	<ul style="list-style-type: none"> <li>• Limited life pathways available</li> <li>• Limited opportunities</li> <li>• Restricted life choices</li> <li>• Reduced social networks</li> </ul>	
<p><b>Negative Impact:</b>  <b>Poor health, poverty, homelessness, unemployment, unequal access to wellbeing</b></p>		

# Whakapapa & Whanaungatanga

## ***Everyone has a whakapapa, a name and a pepeha that unlocks their ancestral relationship***

This principle draws from the idea that individuals and whānau are connected and related. Everyone has an individual connection to a greater collective of ancestors and future descendants. It also suggests that individuals who are in a healing process need to have this relationship revitalised or established as it will contribute to their wellbeing. It is fundamental to the Māori concept of mana motuhake and empowerment.

## ***Re-connect to support systems so they feel supported***

This principle acknowledges that some individuals have no whānau support and need help to either reconnect with whānau or be connected to support systems (not services). There are many examples where the whānau support system is broken and where that break is a significant aspect of the trauma. The person needs considerable strength and resources to reconnect with whānau. For many Māori this may involve trying to find whānau, as they were adopted out of the whānau and have little documentation to help them find their birth whānau. While finding and re-connecting to a whānau might be an aspiration, in the interim, individuals need safe and trustworthy social support systems, networks, friendships and relationships. Positive networks help the healing pathway.

## ***Reconnecting to whānau helps to ignite mauri ora***

It was strongly advocated that rebuilding relationships supports healing and enables reconnection to whānau and to an understanding of the role of whakapapa in creating secure identity. Whanaungatanga brings forward the relational nature of Te Ao Māori and centres the power of identity and coming to know oneself in relation to wider collective relationships and ancestral links. Whānau in this context is both whakapapa based and kaupapa based. The contemporary expression of kaupapa whānau is one that enables the creation of connections across Māori for those that as a result of displacement or urbanisation live away from their iwi lands and also for those that for other reasons may not have direct contact with their whakapapa whānau.

# Tikanga & Te Reo

## ***Everything you provide needs to be medicine so make sure it can heal***

This principle draws on the many different articulations of rongoā found in Te Reo and Tikanga Māori; in silence and song, in words and actions. It also attends to the delivery of services and ensuring that from the first contact with the receptionist to the intervention, everything that is said and done is part of the healing process. Healing, in other words, is not like a pill or a formal counselling session but has to be a wholistic, purposeful and trustworthy process.

## ***Sing their songs to them so they find their voice***

This principle is the principle of voice, of supporting a person to find their own voice and to learn to use it to sing as a positive affirming expression of mana and wellbeing. This principle is about finding their self, being in touch with their being and being able to bring that out of their body as an authentic expression of their identity. "Singing can mean literal singing but it also means poetry, writing, painting, whistling and laughing. It means playing a taonga puoro or an instrument and making sound. It comes from the puku, the heart, the throat or the mind but aligns the body with the voice.

## ***Listen to them so they can speak their own thoughts***

This principle reaffirms the constant need to listen, to demonstrate that one has listened and heard. Listening is rongoā. Listening focuses all the senses into a way to be with a person who has experienced trauma, in their space and at their invitation. The listening is not about the words that come forth but the struggle for words, the absence of words, the emotions and body movements. It does not require the practitioner to respond or find an immediate intervention but to be the recipient of another person's thoughts.

## ***Revitalise tikanga so they can navigate the future***

This principle reinforces the importance of tikanga as a guide to living a good life as a Māori and in a Māori worldview. The revitalisation of tikanga gives people tools to help make sense of their histories, biographies, relationships and identities. It gives words and concepts that help name their thoughts and experiences. Tikanga can be empowering but navigating any social set of values and more is complicated for beginners. Breaches of tikanga that may have instigated the trauma in the first place also need to be healed through tikanga. Tikanga can be used to disempower, and a person needs to be supported in a healthy journey of revitalising their tikanga. As noted throughout the project, tikanga

provides for a wide range of concepts and practices that are central to, and support our wellbeing. Supporting access to, knowledge of and practice of tikanga within healing frameworks is essential. This requires providing access to all forms of mātauranga Māori, including pūrākau; waiata; haka; mōteatea; whakatauki/whakatauāki which bring forward knowledge and guidance that can support healing journeys.

### ***He rongoā te reo***

This principle refers to te reo as both language and voice. Te Reo is medicine is the fundamental understanding that is embedded within this statement. Within kaupapa Māori initiatives the revitalisation of te reo Māori sits alongside the reclamation of tikanga. Expanding our knowledge of te reo Māori is a means by which to expand our knowledge of ourselves and our place within the world. Opening the door to te reo Māori is a process that supports the expansion of our access to mātauranga Māori. The denial of te reo Māori has been intense and intentional for generations of our people. Supporting access to te reo means that we need to work collaboratively across multiple sectors including health and education to ensure that our people have supportive and positive experiences of reconnecting to te reo Māori and in finding their own voices.

### ***Provide access to Māori cultural experts so their journey in mana continues***

This principle recognises that many providers and practitioners can only facilitate the journey of healing and people need to be referred to more expert and wise Māori guidance to continue their learning. This relates to all the Kaupapa Māori healing principles. There are experts in this arena and policies and providers need to value that expertise equally with the professional skill sets of nurses, psychologists and social workers. Māori cultural experts have been trained, have experience, live their practices and are accountable to their whānau and iwi. They can not be plucked off the street. Kaupapa Māori providers, generally speaking, have this expertise as a core part of their service. It is in their governance, their values and their practices and is expressed in committed and practical ways. This expertise is essential to the trustworthiness of a Kaupapa Māori provider and the healing services they provide.

### ***Provide them silence so they can hear the rhythm of their own heart***

This principle recognises the positive dimension of silence; a good silence that comes not from a voice being broken but a peaceful state of being. It reflects the idea that everything can be turned into rongoā or good medicine. From a Māori perspective silence is not seen as a negative thing or even as a sign that a person is not speaking. Silence communicates. There are times when silence is an expression of being “tau”; settled and rested with no need to speak.

### ***Invoke the power of healing through rongoā and traditional healing practices***

This principle brings to the fore the critical point raised within Māori models of healing that we must adhere to the holistic nature that is a Māori approach to wellbeing. Notions of hauora, waiora, toiora, mauri ora, whānau ora, all provide us with understandings of the relationships of our physical, emotional, spiritual, intellectual selves within our collective whānau relationships. This principle also reminds us that to align solely to individualistic, reductionist, western approaches can not only fail to provide healing but can also increase imbalances. The notion of balance is central to the power of healing and to the practices of traditional healing practices.

## Mana Tangata

### ***Respect the mana of the person so they can walk as a person of mana***

Mana is a dynamic concept that ebbs and flows, that be gained and lost. This principle asserts that wellness is about having mana as an inherent part of one's identity, but also asserts that mana is about resiliency, social engagement and confidence. The concept of mana is a core idea for Māori concepts of being human, having dignity and being seen by others as having dignity. It provides a strong cultural context to the idea of empowerment as it says that the empowerment of an individual has to be recognised by the individual and by others. Empowerment is more than a feeling and a set of skills; it is a collective recognition of mana.

### ***Wrap their stories around them so they hear their ancestors***

Everyone has a story, a grand narrative of who they are and where they come from. This principle connects people to their own ancestral stories, to the stories that help them feel pride and accomplishment and a part of a greater whole. It helps provide a way to re-narrate their biographies away from victimhood towards resiliency and mana motuhake. It revitalises their Māori identity, their connections to place and to the origins of life from a Māori perspective. A story is a biography is a warm blanket that should give comfort and enhance mana.

# Mauri Ora

## ***Co-construct their case files with them so they control the narration of their own journey***

This principle says that a person's healing journey is their journey and while providers and practitioners help them, the story of the journey belongs not to an organisation's case files but to the individual as well. It suggests the co-construction of case notes as a deliberate act of healing. This principle addresses the principle of collaboration and takes it deeper into the collaboration between client and provider over the way their story is narrated. This principle affirms the notion that all people have a right to be self-determining in their healing journey.

## ***Mihi and give ceremony to them and welcome them back to wellbeing***

This principle also argues for the importance of ceremony or ritual to acknowledge the progress that people make and the way they should be acknowledged as a deliberate strategy of healing. It is a different kind of honouring to that of farewelling trauma as it is a celebration of strength and empowerment and it is initiated by the practitioners with the person. They mihi and give ceremony so it is also an acknowledgement of their work.

## ***Help them mourn and farewell the trauma***

This principle says that part of moving along the healing pathway is being able to grieve and mourn the things that have hurt or weighed heavily on a person's being. It suggests the need to acknowledge, through small ceremonies, that these processes are not simply a psychological trick of 'letting go' but a strategy for honouring the milestone achieved before moving forward. This principle recognises the pathways to healing and the need to acknowledge the small accomplishments along the way that lead to transformation and healing.

## ***Ignite the pathways to wellness so they do not stumble***

This principle says that there should be more transparency about the pathway that a person is on, so they can anticipate the next steps and do not stumble on their own, get lost or be unable to find their way to a safe position and thus lose faith in the process. It is an elaboration of the principle of trustworthiness.

## ***Support those that seek to return home***

This principle is again one of reconnection. For those that experience displacement or disconnection from 'home' it is essential that we have the knowledge, expertise and networks that can support a journey home for those that wish to take that journey as a part of their healing. The connection to place is articulated throughout the project and is highlighted as a key part of affirming the link between people and the land. This is espoused within pepeha and connects to the principles related to whakapapa and whanaungatanga.

## ***Provide keys to unlocking barriers to self-care***

This principle is to ensure that the focus of 'care' is to ensure that people have the resources, tools and understandings to become more independent and resilient in their own healing so they can care for themselves. These keys are personal rather than the tools a professional employs. They consist of such things as their ancestral stories, their whakapapa and pepeha, their songs, social networks, achievements, goals, strategies and model scenarios. These are critical to their independence and resilience. This aligns with the notion that opening doors to self-healing is critical for lifetime experiences of wellbeing.

## ***Stand aside when they show readiness to depart***

This principle acknowledges the need for service providers to foster independence, self-reliance and empowerment as a sign of healing. They need to recognise that these characteristics cannot be achieved as a set of short-term goals but need to become a way of living a healthy life. In the same spirit of collaboration as the beginning of their journey, they also need a collaborative approach to their next steps. This can include the ceremonies of farewelling trauma and welcoming them back to healing.

## ***Leave out a return pass so they can come back for a top up***

This principle recognises that some people need several attempts to become well and they need to know that there is continuing support for them. The provider needs to become part of the person's network and part of their whare, their safety network. It is being available when needed.



## Summary

These principles have been generated from research conducted across Aotearoa and have been analysed and synthesised by a research team that includes Kaupapa Māori researchers, practitioners and provider partners. The principles indicate the knowledge, skills, values and practices that inform Kaupapa Māori provision of services. They also help to identify some of the core capacities needed in Kaupapa Māori services. These include appropriately trained practitioners, and recognised expertise in te reo, tikanga and mātauranga Māori.

When considered more deeply these principles also suggest that there is an urgent need to support a flourishing and connected Kaupapa Māori ecosystem. This means that Kaupapa Māori providers need capacity and professional development, as defined by them, to be resourced and available. This means that there must be a change in the prevailing practice of privileging larger Pākehā social service providers. It is noted that Pākehā providers with national reach are often favoured by Government funding agencies over what are perceived as localised Kaupapa Māori organisations. These strategies by Government can serve to both undermine and limit the development and viability of a healthy Kaupapa Māori ecosystem.

Kaupapa Māori providers are accountable to their whānau, hapū, iwi and hāpori and have been established to deliver Kaupapa Māori solutions. They often sit precariously at an interface between whānau Māori and their communities and Government social policy; between tikanga and mātauranga Māori and non-Māori approaches to trauma informed care. By definition Kaupapa Māori providers are governed by Māori and are not simply a contracted programme within a mainstream organisation. Kaupapa Māori providers employ qualified practitioners to work alongside recognised experts in Tikanga and mātauranga Māori. The workforce required to fully implement Kaupapa Māori aspirations is highly specialised and often under-valued. As such Kaupapa Māori principles point to the need for workforce training and the provision of Kaupapa Māori qualifications in trauma informed healing. Kaupapa Māori offers a model of healing that has the potential to address inter-generational and historic trauma in the process of addressing personal trauma. Realising that potential, however, requires a comprehensive and connected infrastructure that does not currently exist.

This research and the Kaupapa Māori principles are not exclusive nor are they definitive rather the intention, as defined by Māori healers, community practitioners and social service providers, are articulated to support and clarify the scope of a Kaupapa Māori approach to trauma informed healing, such as a focus on healing the ngākau rather than a western medicalised concept of care. They are also grounded in a Māori cultural environment where the positive contribution of reo and tikanga to healing is normal, sensitive to context, and highly nuanced, with diverse strategies available sourced from mātauranga Māori and other reliable and appropriate knowledge frameworks. Kaupapa Māori provides a framework that supports the more specific whānau, hapū and iwi narratives, reo and tikanga. Kaupapa Māori healing principles address all the standard principles of trauma informed care; however, they go beyond those in culturally informed and nuanced ways.

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# Appendices

## Regional Hui

### Regional Hui 1 - Waikato

1. Associate Professor Leonie Pihama
2. Professor Michelle Johnson-Jennings
3. Professor Linda Tuhiwai Smith
4. Rihi Te Nana
5. Hinewirangi Kohu-Morgan

### Regional Hui 2 - Taranaki

6. Hinewirangi Kohu-Morgan
7. Ngaropi Cameron
8. Dr Will Edwards
9. Rihi Te Nana

### Regional Hui 3 - Southland

10. Tania Matakī
11. Ariana Wilson
12. Te Wai Cassidy
13. Professor Linda Tuhiwai Smith
14. Rihi Te Nana
15. Hinewirangi Kohu-Morgan

### Regional Hui 4 - Te Arawa

16. Ngaropi Cameron
17. Rihi Te Nana

### Regional Hui 5 - Christchurch

18. Tania Matakī
19. Moana Jackson
20. Ariana Wilson
21. Rihi Te Nana
22. Professor Linda Tuhiwai Smith
23. Hinewirangi Kohu-Morgan

### Regional Hui 6 - Northland

24. Rihi Te Nana
25. Charmeyne Te Nana Williams
26. Hinewirangi Kohu-Morgan

### Regional Hui 7 - Auckland

27. Associate Professor Leonie Pihama
28. Dr Waikaremoana Waitoki
29. Ngaropi Cameron
30. Professor Linda Tuhiwai Smith
31. Hinewirangi Kohu-Morgan

### Regional Hui - Gisbourne

32. Professor Linda Tuhiwai Smith
33. Wiremu Niania
34. Hinewirangi Kohu-Morgan

### Research Symposium Keynote Speakers:

35. Associate Professor Leonie Pihama
36. Associate Professor Tessa Evans-Campbell
37. Ngaropi Cameron
38. Dr Takirangi Smith
39. Hinewirangi Kohu-Morgan
40. Rihi Te Nana

### Thought Space Wānanga Presenters:

41. Professor Linda Tuhiwai Smith
42. Professor Karina Walters
43. Dr Cheryl Smith

### He Oranga Ngākau Conference Presentations:

1. NOIS Symposium, IWRI, University of Washington, Seattle, 17 May 2017.
2. Indigenous Women's Panel, Jumbunna Institute for Indigenous Education and Research UTS, Sydney, 8 August 2018.
3. Te Kotahi Research Institute Symposium, Te Whare Waka, Wellington, 24 October 2018.
4. Ngā Pae o te Māramanga Biennial Indigenous Research Conference, University of Auckland, Auckland, 16 November 2018.
5. NAISA Conference, University of Waikato, Hamilton, 28 June 2019
6. Mauna Kea University, Hilo, Hawaii, 7 August 2019.
7. HŌ'Ā HOU: Aha Ho'oponopono - Gathering of Healers, Windward Community College, Kāne'ohe, Hawaii, 11 August 2019.







