# Historical trauma and whānau violence

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Key Messages

- Prior to colonisation Māori people lived within whānau, hapū and iwi collectives that supported wellbeing, with whānau as the primary source of support within Māori society.

- Traditional knowledge forms within tikanga, te reo and mātauranga Māori provide clear guidance for wellbeing and appropriate behaviours within relationships.

- It is well documented that acts of whānau violence were not accepted by our ancestors.

- Central to the colonisation of Aotearoa (New Zealand) is the dispossession of land and resources of whānau, hapū and iwi.

- The position, and wellbeing of Māori women and children is central to ensuring the wellbeing of whānau.

- In Aotearoa, colonisation is characterised by extensive acts of violence upon Māori.

- Colonial ideologies and practices of gender, race and class that have been imported to Aotearoa have impacted significantly in the undermining of Māori structures, beliefs and ways of living.

- Colonisation is both a series of events and an ongoing system of oppression that has disrupted may aspects of Māori social structures and ways of being.

- Understanding both the impact of colonisation and Historical trauma is critical to understanding the origins of family violence in Aotearoa.

- Historical trauma relates to the collective trauma experienced through "massive cataclysmic" historical events that have been perpetrated intentionally by one group of people upon another.

- Historical trauma is perpetrated through deliberate and intentional acts of violence and oppression upon one group of people by another group of people.

- Historical trauma can be viewed as a 'soul wound,' which sits at the core of generations of Indigenous suffering.

- Māori views of whānau violence recognise the need for political, cultural and spiritual understandings and explanations.

- A range of Māori concepts such as 'patu ngākau', 'pouri' and 'mamae' provide understandings of trauma and its impact upon Māori.

- Healing must take place on both individual and collective levels to prevent intergenerational transmission of trauma.

- Māori healing must be based on the restoration of the Māori cultural and healing paradigms that colonisation sought to destroy.

- Kaupapa Māori approaches to trauma and healing must be defined, controlled and undertaken by Māori for Māori.
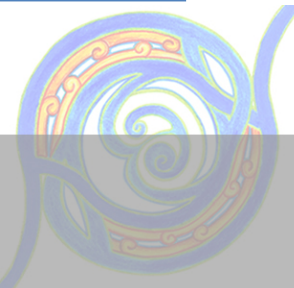
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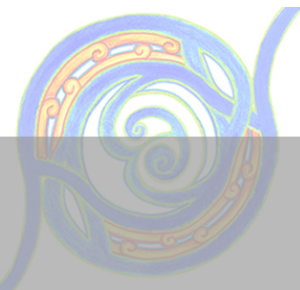## Recommended citation

Acknowledgements

Glossary

Term	Definition
Awa	River
Hapū	Sub tribal group
Iwi	Tribal group
Kaumātua	Elder
Kaupapa	Philosophy, framework
Kaupapa Māori	Māori cultural and philosophical approach
Kura	Māori schooling option
Mamae	Hurt, pain
Mana	Status, prestige, spiritual power, integrity
Marae	Māori gathering place
Mātauranga	Knowledge
Maunga	Ancestral mountain
Mauri	Life force
Moana	Sea
Patu ngākau	Beating heart or soul, trauma
Pouri	Sadness
Pūrākau	Māori traditional story
Tamariki	Children
Tangata whenua	People of the land, Indigenous
Tapu	Sacred
Te ao hurihuri	The changing world
Te ao Māori	Māori world
Te reo	Māori Language, voice
Tikanga	Māori practices and protocols
Tino rangatiratanga	Self-determination, sovereignty
Tūpuna	Ancestor
Tūpuna wahine	Female ancestor
Wahine atua	Goddess, female deity
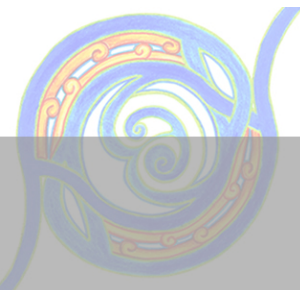
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Wairua	Spirit
Whakapapa	Māori cultural genealogical template
Whānau	Extended family grouping
Whanaungatanga	Relationships
Whāngai	To feed, to care for
Whare tangata	Womb, house of the people
Wharenui	Meeting house
Whenua	Land, placenta
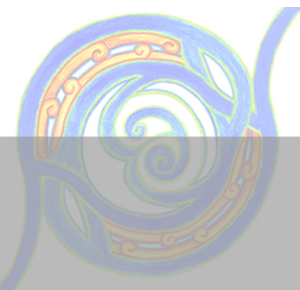
1. Introduction

> *He kokonga whare e kitea, he kokonga ngākau kāhore e kitea.*
> *The corners of a house are visible; the corners of the heart are invisible.*
> *– whakataukī (proverb)*

This issues paper has been developed from two research programmes 'He Kokonga Whare: Māori Intergenerational Trauma and Healing' and 'He Waka Eke Noa: Māori Cultural Frameworks for Violence Prevention and Intervention.' As part of a wider family violence programme of work these projects focus broadly on historical trauma, the intergenerational impact of whānau and sexual violence on Māori, and healing pathways. As an expanding discipline, historical trauma theory encourages the development of understandings and healing frameworks that are cognisant of collective and historical indigenous experience, particularly in regard to colonisation and its impact. Such frameworks provide the context and starting place for identification of the pathways that will support recovery and healing.

This discussion explores historical trauma and the impact of whānau violence on Māori. It is noted that it has been suggested that the term "whānau violence" has the potential to be seen in a deficit frame, however in this paper when we speak of whānau violence we are speaking to both the violence perpetrated by colonisation and the State upon whānau, and the violence that occurs within and between whānau members. Kruger et al. (2004) note that the "government frames whānau violence in the same way it frames family violence, using an analytical process that is punitive, reductionist and individualised" (p.11). However the approach taken in this paper locates whānau violence within the wider impact of colonisation and the impact of historical trauma upon whānau, hapū and iwi as collectives. The approach we take prioritises broadening understandings of the impact of historical trauma, how it manifests in our communities through acts of violence such as whānau violence, and exploring key principles that can be integrated into processes that enable individual and collective healing. As Mason Durie (2001) reminds us, for Māori "health is a collective challenge" (p.279).

The aim of this paper is to:
- Introduce some traditional practices related to whānau wellbeing
- Present definitions of historical trauma as understood by Indigenous scholars
- Discuss the intersection of colonisation and historical trauma
- Show connection between colonisation and historical trauma
- Provide an overview of a range of ways in which historical trauma is understood to impact upon Māori whānau, hapū and iwi in relation to whānau violence
- Discuss some barriers that affect Māori and Indigenous approaches to historical trauma
- Give examples of Māori approaches that can help to heal historical trauma and whānau violence
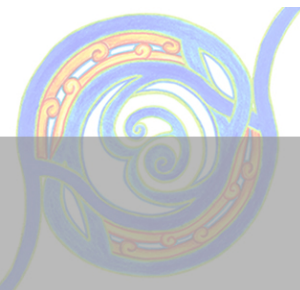
## 2. Background: Traditional practices of whānau wellbeing

Traditional knowledge holders interviewed in the 'He Kokonga Whare' project spoke of the centrality of whānau and our connectedness to each other. The power of whānau was highlighted consistently throughout the project, with an understanding expressed that raising tamariki was a collective responsibility. Traditionally whānau, hapū and iwi lived collectively on their ancestral lands in contexts where people knew each other and their connections to each other, enabling tikanga to be enacted as a mechanism for collective wellbeing.

From a traditional standpoint, the whānau is the primary source of support. Any issues within the whānau were resolved within the context of the whānau (Mikaere, 1994; Pihama & Cameron, 2012). Communal living reinforced interdependency, requiring constant contact and interaction with other members of the community to ensure that the affairs of the group remained buoyant and operational. Henare (1988) describes whānau as the basic social unit within Māori society, which may be generally interpreted as an 'extended family' consisting of three or four generations and operated under the guidance of kaumātua.

Within a traditional Māori understanding of whānau the fundamental organising principle is that of whakapapa. Definitions of whānau in a contemporary context also include what is referred to as the 'kaupapa' whānau. Kaupapa whānau refers to groups of Māori that form around common interests or activities. For example it may include kura whānau (groups of Māori that join together around a school context) or those that create support systems around structures such as urban marae, where people gather as communities and support each other for collective wellbeing (Hohepa, 1999).

Whakapapa is a cultural and structural foundation for the organisation of whānau, hapū and iwi. Within whakapapa we are involved in a complex set of interrelationships. Kathie Irwin (1992) emphasises that it is through tikanga Māori that we are able to maintain cultural control over issues of identification, including that of whānau, with a critical cultural element being whakapapa. Whakapapa has been identified as the fundamental premise upon which whānau, hapū, iwi and Māori identity are grounded (Kruger et al., 2004).

The development of healthy relationships for Māori is directly related to the quality of the whānau, hapū and iwi relationships. Tikanga provides the ancestral knowledge and practices that sit at the centre of Māori relationships. Communication of those tikanga forms the basis of a Māori world view. This, alongside whakapapa, brings to the fore collective obligations and responsibilities for each other in the wider sense of wellbeing. Traditional Māori society understood and accepted such arrangements as a key facet of life and people were engaged in philosophical thought and discussion that organised and ordered people in relation to each other and to the natural world. This always included a spiritual dimension, enabling an understanding that everything is interconnected on cultural, physical, intellectual and spiritual levels and that what happened in your whānau affected all members of the whānau. Collective connectedness is critical for whānau wellbeing. This includes
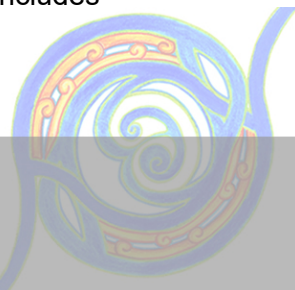
ensuring that we have a secure sense of our relationships to each other and to our lands. Whānau consistently reference maunga, whenua, moana and awa both as a part of our cultural identity and in acknowledgement of our obligations to care for our environment as a part of our wider cultural relationships.

Early documentation describes Māori of the time as a strong healthy people, and observed a well-formed societal structure that was able to meet the needs of its membership, especially the needs of the young (Pihama, Lee, Te Nana, Campbell, Greensill, & Tauroa, 2015). Māori children were treasured and their place within the communal setting was one where all adults played a role in the nurturing of the tamariki in their village (Pere, 1988; Jenkins, 1992). For example, it was noted that rather than parents working alone to raise tamariki, there was a shared process involving other whānau members to raise and nurture in line with the concept of whāngai, where the role of feeding tamariki, physically, spiritually, emotionally and intellectually, was collective (Pihama et al., 2015; Gabel, 2013). In both traditional and contemporary Māori society the whānau is critical. Mikaere (1994) notes that in this context there was no distinction between private and public domains, and the status of women was protected and affirmed.

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Historically, where whānau were geographically located in the same area it was a very common practice to find tamariki living for periods of time with other whānau members and in more recent times this was also a practice that ensured the safety of tamariki (Pere, 1982). As Naomi Simmonds (2011) states "whānau as it is used here is not simply meant to denote the nuclear family – mother, father and children. Whānau is much more. It can include extended family, and wider still the hapū or iwi" (p.16). The contributions that whānau made to each other provided physical, spiritual, emotional, cultural and psychological support mechanisms. Intergenerational support for children also provided protective mechanisms for their wellbeing and therefore for the wellbeing of all the whānau. The wellbeing of tamariki is seen as a core value in any framework of whānau wellbeing. This required the commitment of all whānau members to the care, nurturing and guidance of tamariki.

Mikaere (1994) highlights the importance of understanding the traditional Māori worldview with regard to the balanced and complementary roles of women and men in traditional Māori society. At the basis of that worldview is the concept of whanaungatanga, the interrelatedness of all living things, to each other and to the natural environment. It cannot be stressed enough that the role of Māori men in raising children was considered to be a part of their role alongside Māori women. This has been documented as a clear indication of their centrality in ensuring the wellbeing of future generations (Salmond, 1991; Pihama, 1993; Pihama, et al., 2015).

Traditionally, the survival of the whole whānau, hapū, and iwi was dependent upon everyone who made it up, and therefore each and every person within the group had her or his own intrinsic value. Māori women across whānau, hapū and iwi have always held central roles in all parts of Māori
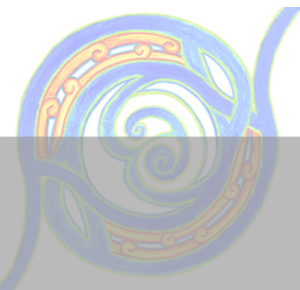
society. The place of Māori women in critical leadership roles is evident across iwi and through generations. There is significant documentation across Aotearoa that establishes that Māori women had and have central leadership roles that come both through whakapapa and their actions among our people (Mahuika, 1974; Pere, 1982; Smith, 1992; Irwin, 1992; Pihama, 2001; Mikaere, 2017). Māori women signed Te Tiriti o Waitangi on behalf of their hapū or iwi, and it is clear there would have been more Māori women signatories had the missionaries not imposed their colonial gender upon Māori (Orange, 1987; Simpson, 2011).

Throughout Aotearoa we have the names of our female ancestors that have been gifted to hapū, iwi, wharenui and places. We know the significance of naming within the Māori world and therefore the importance of those places, spaces and collectives reflects the mana of those tūpuna wahine (Seed-Pihama, 2017). Aroha Yates-Smith (1998) highlighted the vast number of wahine atua (Māori women deities) that have significant roles in the wellbeing, guardianship and protection of all living things in this land. A wide range of mātauranga Māori sources make it clear that there is a powerful co-relationship between women and land (Walters et al., 2011; Mikaere, 2017). Te reo also symbolises the significant role that women carry as 'whare tangata' (Mikaere, 2017; Pihama, 2001).

Pūrākau informed and guided relationships and understandings in regards to how we engaged in relationships, and what was acceptable and unacceptable behaviour. For example, the story of Niwareka and Mataora provides us with insights into the role of whānau in healing in a context of whānau violence (Pihama & Cameron, 2012). Niwareka, as a descendant of the Rarohenga, the underworld, journeyed to the human world, where she met and partnered with Mataora. The story tells us that when Mataora was abusive towards Niwareka she returned to her whānau in Rarohenga and it was through a whānau process that issues were resolved, culminating in Mataora committing to ensure that violence was not perpetuated in this human world. The decision as to whether Niwareka would return was a collective whānau decision, with Niwareka seeking council with her whānau, including her father, Uetonga, and her siblings. A clear learning from this ancestral story is that whānau is critical to determining what actions we need to take in resolving issues of family violence or abuse.

3. Understanding historical trauma

The term "historical trauma" was initially coined in relation to understanding the traumatic experiences of holocaust survivors and the subsequent impact of those experiences on following generations (Brave Heart, 2000; Evans-Campbell, 2008). It has also been used in discussion of the intergenerational impact of Japanese concentration camps during WWII (Drinnon, 1987; Howard, 2008; Nagata, 1991). Brave Heart and DeBruyn (1998) argue that holocaust survivor literature provides analysis and applied knowledge that informs historical trauma theory for Indigenous peoples. It is powerfully argued by Indigenous scholars that the genocidal and ethnocidal acts perpetuated against Native peoples have caused intergenerational transfer of trauma similar to that
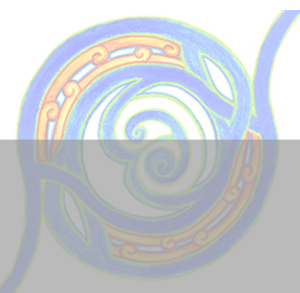
of descendants of holocaust survivors (Brave Heart & DeBruyn, 1998; Duran & Duran, 1995). However, it is also clearly stated that there are critical differences with regard to Jewish and Indigenous experiences of historical trauma (Whitbeck, Adams, Hoyt & Chen, 2004). In particular it is important to understand that for Indigenous people we recognise that issues of historical trauma and loss are not seen as a singular event but are ongoing. What these authors highlight is that colonisation, by its very systemic and structural nature, includes multiple collective traumatic events that affect Indigenous peoples.

A key element of historical trauma is the collective intergenerational trauma experienced as a result of "massive cataclysmic events." This is clearly expressed by Karina Walters (2007) who states,

> *When I am talking about historical trauma I am talking about massive cataclysmic events that target a collective. I am not talking about single event discriminatory experiences that's between one or two people but a whole group of people or community that is targeted. In our communities we talk about how this trauma is transmitted over generations so I may not have experienced the Trail of Tears, my great grandparents did so therefore what aspects of that trauma do I still carry in my history to this day (Walters, 2007, n.p.).*

Historical trauma is therefore a collective and intergenerational trauma experience and as such requires an approach that is distinct from, and moves beyond trauma experienced on an individual level. It is the deliberate and intentional acts of violence and oppression upon one group of people by another group of people. For Indigenous peoples this includes the intentional and deliberate acts of violence that we experience through colonisation within all parts of the political, social, cultural and economic structures. Tessa Evans-Campbell (2008) identifies three distinguishing features or characteristics of Historical Trauma for Native American communities as:

1. Widespread in American Indian and Alaska Native (AIAN) communities and many people in the community are affected by the event.
2. Generating high levels of collective distress and mourning in contemporary communities.
3. Generally purposely perpetuated by outsiders with destructive intent (p.322).

Duran and Duran (1995) also discuss historical trauma as a process of "wounding." This is described through the concept of the "soul wound," which sits at the core of generations of Indigenous suffering and is a central element in understanding historical trauma. Duran (2006) writes that in Native communities, people talked of issues within the community in relation to "spiritual injury, soul sickness, soul wounding and ancestral hurt" (p.15). Clearly each of these concepts links directly to the impact of historical trauma on a spiritual and soul level. Duran (2006) provides insight into how Native elders related the significance of the soul wounding practice. He writes:
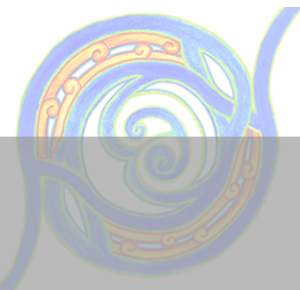
> *They explained that the ancestral wounding that occurred in the community was being passed down through the generations. They gave accounts of how the genocide had occurred in their area. Between the years 1870 and 1900, at least 80% of the population had been systematically exterminated. In addition, they explained how the earth had been wounded and how, when the earth is wounded, the people who are caretakers of the earth also are wounded at a very deep soul level. Earth wounding speaks to the process whereby people become destructive to the natural environment and disturb the natural order (p.16).*

As Yellow Horse & Brave Heart (2005) state, historical trauma is "cumulative emotional and psychological wounding, over the lifespan and across generations, emanating from massive group trauma experiences" (p.58). Million (2013) also emphasises the cataclysmic impact of historical and colonial trauma on both the individual and the collective.

4. Colonisation and historical trauma in Aotearoa

Colonisation provides a powerful explanation for the onset and trajectory of historical trauma (Duran & Duran, 1995; Duran, 2006; Lawson-Te Aho & Liu, 2010). The literature on Māori health outcomes emphasises that Māori health disparities, including the experience of whānau violence, are attributable to colonisation, dispossession and ongoing experiences of personal and systemic racism (Robson & Harris, 2007). Marsden (1986) contended that continued and persistent deprivation, oppression, intrusion, imposition, manipulation and exploitation of tangata whenua through colonisation poses a serious threat to our cultural, spiritual, emotional and physical wellbeing. As such, Māori health development is the story of struggle, challenge, threat, adaptation, adjustment and resilience (Durie, 1998). In Aotearoa, colonisation is characterised by extensive acts of violence upon Māori (Kruger et al., 2004).

Māori lives, language, culture, values, worldviews, knowledges and practices were affected in the most profound ways as customary practices were prohibited by law and cultural values were educated out of Māori children through active policies of assimilation (Jackson, 1987; Te Whaiti, McCarthy, & Durie, 1997; Simon, 1998; Pihama, 2001). Forced compliance with the strategies of the colonial government was imposed upon whānau, hapū and iwi through legislation, incarceration, confiscation of lands and other forms of punishment. In the early stages of colonisation, the death toll from introduced diseases, starvation and warfare saw the massive depopulation of our people (Durie, 1994). Colonial violence and trauma have been experienced throughout Aotearoa by whānau, hapū and iwi. It is also important to note that the continued occupation of Indigenous lands highlights colonisation not as a 'one off' historical trauma event; rather it is an ongoing process of oppressing Indigenous peoples causing cumulative harm, while maintaining colonial white supremacy and its self-perpetuating systems of institutional racism.
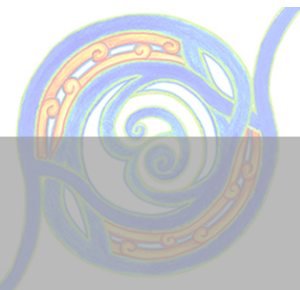
Research highlights that there are multiple layers of historical colonial disruption experienced by Māori people, including acts of dispossession of lands and resources; the marginalisation and denial of language, culture and knowledge forms; the imposition of colonial gendered beliefs and practices; the entrenchment of the nuclear family; the widespread impact of disease, alcohol, Christianity, trade and muskets; the establishment of Western education systems grounded upon policies of assimilation and integration; and the institution of colonial governmental systems which subsumed Māori sovereignty and self-determination (Walker, 1996; Simon, 1998; Simon & Smith, 2001). Wirihana and Smith (2014) note that historical trauma for Māori began with the loss of entire communities with colonial contact and wars and has been maintained through social, cultural, economic, spiritual domination that is maintained and reproduced through legal imperialism. This facilitates the disruption of language, cultural practices and of the socio-cultural systems that ensured the wellbeing of whānau, including the rupturing of "the sacredness of relationships between men and women and destroyed the nurturing protective environments required for child rearing" (p.201).

In exploring the impact of historical trauma on Māori it has become clear that the terminology associated with historical trauma theory is considered controversial in New Zealand. This is evidenced by the extreme reactions to Māori using the term "holocaust" in relation to the colonisation and traumatic events experienced by our tūpuna (Turia, 2000). Starblanket (2018) has provided significant argument that the intentional removal and displacement of Indigenous children from their communities is an act of genocide. This is also the situation in Aotearoa. Love (2000) refers to the state systems as "a white system that has historically contributed to state run programmes of cultural genocide and whānau dismemberment" (p.29). As noted in the United Nations Convention on the Prevention and Punishment of the Crime of Genocide (1948) a defining element of genocide is "Forcibly transferring children of this group to another group." It is argued that the removal of large numbers Māori children from whānau and placement into the State system is an indication of the genocidal intent of the Crown (Moyle, 2013).

All of these colonial mechanisms have contributed to the undermining of Māori understandings and practices of the fundamental practice of whanaungatanga, which are central to the ability to maintain and uphold healthy relationships. They also distance us from the understandings and expectations of our traditional cultural understandings. It is clear that acts of whānau violence were not accepted by our ancestors. They are not, and never have been, a part of what it means to be Māori (Balzer et al., 1997). The violence we see within our homes and communities is behaviour that has become a part of the contemporary experience of many whānau; however, it does not originate from our tikanga. In fact it is antithetical to how our tūpuna viewed the role and place of women and children in our society. If we are to move towards enduring change and healing in this country we must face up to a history where, as Moana Jackson (2016) continually reminds us, colonisation was and continues to be a system that is extremely violent.
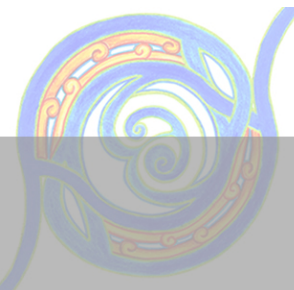
Historical trauma events

A key element to historical trauma theory and practice is that of identifying historical trauma events. Within the area of trauma testimony discussed by Brave Heart (1999) and Brave Heart and DeBruyn (1998), a range of historical traumatic events was discussed alongside the impact of those events. Acts of genocide such as that perpetuated in the Wounded Knee Massacre were recounted by participants, as were the removal of Lakota children to boarding schools and the physical and sexual abuse experienced by generations of Lakota families; the subsequent impact of those experiences on descendants of boarding school survivors; and the ongoing racism that Lakota children faced in day-school experiences. Giving testimony to those genocidal and ethnocidal events is critical for Indigenous peoples.

Historical trauma approaches assert that engaging with specific historical events and experiences is critical. Duran and Duran (1995) highlight specific periods within which traumatic events occurred for Native peoples that have impacted directly in terms of intergenerational PTSD (post-traumatic stress disorder). These include: (i) first contact - the impact of first contact where Indigenous peoples' ways of being were systematically threatened and attacked; (ii) economic competition – the confiscation of and dispossession from lands; (iii) invasion wars – the policy of genocide, involving murder and displacement of Indigenous communities; (iv) subjugation and reservation, which included the removal of Native peoples from their lands and forced translocation to reservations; (v) boarding school – the removal and institutionalisation of Native children, and destruction of family units to destroy culture, language and connections; and (vi) forced relocation and termination, entailing further relocation to urban centres and "intensification of the impact of refugee and concentration camp syndromes" (pp.32-34).

Evans-Campbell (2008) highlights the importance of differentiating between regular life stressors and traumatic events. Regular life stressors are seen as those things that are an expected part of life; traumatic events are outside those expectations. While there is a wide variation of events that are associated with historical trauma, Evans-Campbell (2008) identifies three distinguishing features or characteristics, whereby the violence and trauma is collectively experienced and widespread within American Indian and Alaska Native (AIAN) communities; generates high collective distress and mourning within those communities; and is deliberately and intentionally destructive and perpetrated by outsiders.

Walters, Beltran, Huh, and Evans-Campbell (2011) note that the "devastating high rates of health disparities" for Native peoples are linked to historical trauma events such as the confiscation and dispossession of land and forced relocation. They argue that Native people are now examining the role of "place-based historically traumatic events (e.g. forced relocation and land loss), [and] environmental microaggressions (discrimination distress based on land desecration)" (p.166) and demonstrating that such exposures are hazards to Native health and can persist for generations. The
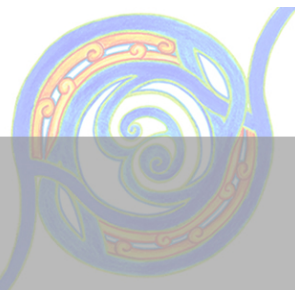
relationship between land/place and wellbeing is articulated as being central to both individual and collective wellness and that displacement is directly related to loss of spirit and hence identity.

In Aotearoa, colonisation is both an overarching historical trauma event for Māori collectively that impacts upon present and future generations and an ongoing system that continues to reproduce oppression. In order to understand historical trauma for Māori, we must understand the origins of colonial trauma in Aotearoa as embedded within colonisation, both as event and as structure. This means coming to know the history of the many whānau, hapū and iwi and the violence perpetrated through colonial invasion and occupation. For example, the historical invasions of Rangiaowhia in Waikato, Parihaka in Taranaki, Gate Pā in Tauranga and many more, and in contemporary times events such as the eviction of Ngāti Whaatua from Bastion Point in 1978, the Foreshore and Seabed Act confiscation of the foreshore in 2005, and the freeholding of Waitara lands in 2019. Alongside these events is the ongoing failure of the government to honour Te Tiriti o Waitangi, the embedded systemic racism in Ministries and agencies, the continuing expression of deficit views and racist assumptions about Māori, and the denial of Māori status as tangata whenua, the people of the land.

What this highlights is that there are a range of historical events and systemic issues that contribute to experiences of historical trauma, which have complex impacts on the cultural, spiritual, emotional and physical wellbeing of Indigenous peoples, culminating in historical trauma responses, which are discussed in the next section.

Historical trauma response

The work of Maria Yellow Horse Brave Heart provides a model for understanding the potential impact of the collective historical traumatic experiences of Indigenous nations alongside contemporary or present-day traumatic life experiences. What is clear is the need for Indigenous worldviews to define the ways in which such features are both defined and engaged. Brave Heart (2000) highlights that historical trauma responses must be viewed through Indigenous cultural understandings. Pihama et al. (2014) raise the point that historical trauma for Māori is deeply embedded in colonisation as an ongoing process that continues to affect Māori. Responses are then amplified by the impact of systemic issues and institutional racism.

The literature shows that among holocaust survivors and their descendants, and in Lakota people, the range of historical trauma responses observed include depression; psychic numbing; difficulty recognising and expressing emotions; low self-esteem; poor affect tolerance; anger; elevated mortality rates from suicide and cardiovascular diseases; self-destructive behaviour; and may include substance abuse and self-medication (Brave Heart, 1999; Brave Heart & DeBruyn, 1998). It is argued that the generations of Native American people who face collective historical trauma experience both its present impact and "historical unresolved grief," where those generations experience a "pervasive sense of pain" and an "incomplete mourning of those events." This becomes
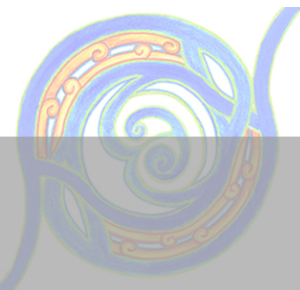
more complex with the oppressive environment in which present generations of Native peoples are located. This includes the ongoing violence perpetrated upon communities and their members (Brave Heart & DeBruyn, 1998, p.70). It is noted that the ongoing acts of violence upon Māori are associated with colonial State violence of systemic racism; disparities in access to education and health care; denial and marginalisation of te reo, tikanga and mātauranga Māori; high rates of incarceration; and increasing removal of Māori children from their whānau. Reactions to the legacy of historical trauma and daily acts of oppression for Māori and Indigenous peoples manifest in multiple ways that culminate in both personal and interpersonal trauma responses, both individual and collective. What historical trauma tells us is that in order to create pathways for collective healing we must acknowledge and deal with the many levels of trauma responses that influence whānau, affected past generations, and will have impacts on future generations unless they are addressed.

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Colonial oppression and historical trauma events create a "destabilization process" in Native communities that affects health and wellbeing (Walters & Simoni, 2002; Walters, Simoni & Evans-Campbell, 2002). The embodiment of historical trauma response is also evidenced in the impact of trauma and PTSD on Native women's health (Walters & Simoni, 2002). They note that discrimination has been related not only to psychological and emotional distress but also is embodied in experiences of poor physical health and medical conditions such as high blood pressure. Furthermore, evidence indicates that multiple forms or experiences of discrimination may culminate in physical and mental health symptoms for Native people and people of colour (Walters & Simoni, 2002). In a study related to the impact of trauma on the wellbeing of two-spirit people, Lehavot, Walters, and Simoni (2009) note that higher levels of childhood trauma, physical assault, sexual assault and intimate partner violence were related to worse mental and physical health.

Historical trauma response within families has been examined by Brave Heart and DeBruyn (1998) in the area of parenting, and Evans-Campbell (2008) notes that the impact on communities includes the breakdown of traditional culture, values, rites of passage and knowledge about how to raise and parent children. Duran and Duran (1995) emphasise the colonial attack on the family through the boarding school system as being a process of eradicating the family from the thinking and practices of Native peoples and thereby removing a critical process of collective cultural reproduction through the generations. They argue that seeking to intervene in issues within Native families is made problematic as those issues are in fact "caused by a conspiracy that was implemented over a hundred years ago" (p.28).
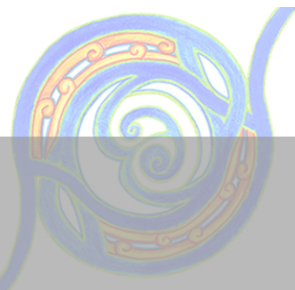
Brave Heart (1999) locates social issues rising from historical trauma within the construct of oppression and unresolved intergenerational grief, noting that a key element of historical trauma is "historical disenfranchised grief" (Braveheart 1999, p.60). This emphasises that the denial of cultural grieving for those deaths caused by historical trauma events results in intergenerational unresolved grief. That grief impacts significantly on the wellbeing of Native peoples and has critical implications for following generations. These understandings resonate with Kaupapa Māori approaches, which identify whakapapa as essential to the transformation of Māori experiences not only in material terms but also in regard to spiritual relationships (Pihama, 2001; Taki, 1996).

Wesley-Esquimaux (2009) describes the impact as entering into people's lives through a reliving of memories both in mind and body in ways that influence social and interpersonal behaviours. This, added to daily experiences of colonial domination, both personal and structural, creates a context of extreme stress for many Māori and Indigenous peoples. Intergenerational impact is therefore a direct outcome of unresolved trauma, which manifests in a range of behaviours that then inform the learning environment of, and are passed on to, subsequent generations (Duran and Duran 1995). Historical trauma responses are multi-levelled and include individual, familial and community impacts, with transmission being at both personal and societal levels (Evans-Campbell, 2008). Evans-Campbell (2008) argues that collective and societal impacts must be clearly described in any research in the area. In Aotearoa this means engaging personal, collective and systemic issues simultaneously.

Barriers to Indigenous approaches to historical trauma

It is well documented that Native American peoples have experienced traumatic and genocidal events for over 500 years and the effects of such systemic acts are devastating for communities both in their direct impact and in how they are understood (Duran & Duran, 1995). However, the dominant focus on the impact of such trauma continues to be framed through a deficit view. The effects of historical trauma and genocide are quickly personalised into victim-blaming approaches. Duran and Duran (1995) argue that this is facilitated by the use of diagnostic and labelling tools based upon Western perspectives that fail to engage issues of colonisation, dispossession and oppression. Furthermore, they note that such approaches then determine how state institutions interact with Indigenous peoples. A critical barrier to Indigenous and Kaupapa Māori approaches to healing trauma has been the wider denial of the impact of colonisation and historical trauma. The dominance of Western reductionist modalities continues to plague the sector and to marginalise Kaupapa Māori healing pathways (Levy et al., 2008).

Tessa Evans-Campbell (2008) argues that while Native communities have shown a strength and resilience in light of colonisation and associated historical trauma, a huge toll has been experienced. It is argued that standard diagnosis in relation to trauma and the impact of historical trauma is limited for Native American and Alaskan communities (Evans-Campbell, 2008). Gagne (1998) comments
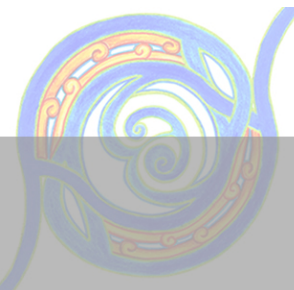
that the effects of trauma on First Nations people have been primarily discussed in terms of PTSD, and that standard PTSD nomenclature "fails to adequately represent" Native American experiences of trauma (Brave Heart, 1999, p.3). Gagne (1998) further argues that while colonialism is often viewed as the "primary source of problems faced by First Nations citizens" (p.358) it is rarely discussed in PTSD research, and that few researchers in the field discuss specific historical events and their impacts on Indigenous communities.

Evans-Campbell (2008) lists clear limitations of PTSD classifications, emphasising that they (i) were not developed to address intergenerational trauma; (ii) are inadequate in relation to the possible compounding nature of responses to multiple stressors; (iii) focus only on impacts on the individual and not on social or familial impacts; (iv) do not explore how historical and contemporary trauma interact; (v) do not explore how present trauma can be understood in relation to historical events; and (vi) are limited in regard to exploring facts that buffer the impact of such trauma. Brave Heart (2005) makes an important distinction, stating:

> *We are survivors of genocide. We may have a higher trauma threshold due to our severe chronic trauma so we may not fit the PTSD (posttraumatic stress disorder) criteria … We are survivors of intergenerational trauma, not just traumas within our lifespan. Our culture and history also influence the way we show our symptoms and the way in which we manifest our symptoms. Our grief is different from the dominant culture's grief (p.2-3).*

Duran (2006) notes that those working in the area must be aware of the "horrendous holocaust" experienced by Indigenous peoples (p.7). Central to these understandings is an acknowledgement of the enormity of the acts of genocide by colonial invaders of Indigenous lands and the need for a deep understanding of the magnitude of the impact of historical trauma and the intentional acts of genocide and ethnocide that drove such events (Evans-Campbell, 2008).

Understanding the role of intergenerational trauma in historical trauma theory is critical. A lack of knowledge of the impact of the multigenerational aspects of trauma has meant that the impact on the descendants of survivors of historical trauma has remained "misunderstood and not treated appropriately" (Brave Heart, 2000). Smith (2019) notes that the dominance of Western dualistic thinking creates a context of binaries that does not align with mātauranga Māori. For example, he notes:

> *Western theories of knowledge tend to view light and dark as binary opposites. In traditional Māori narratives, light and dark are different states of being, both with aspects of well-being and healing. In Māori knowledge systems, the atua all had a place and it was the balance between these atua that was important, as well as rebalancing when there was disruption through trauma (p.4).*
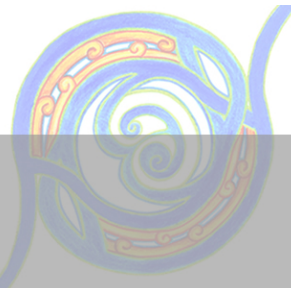
5. Where to from here

Exploring Māori concepts related to trauma

Māori views of whānau violence recognise the need for political, cultural and spiritual understandings and explanations. This has been done by the Māori Taskforce in defining whānau violence (Kruger et al., 2004), showing that a clear limitation in existing definitions was the lack of recognition of the violence perpetrated upon whānau Māori through the actions of successive colonial governments. In doing so the Taskforce note that the framework for healing provided in the report is based on the notion that colonisation has distorted Māori notions of whakapapa, tikanga, wairua, tapu, mauri and mana, and in doing so any view of whānau violence must locate colonisation as central. The Māori Family Violence in Aotearoa report (Balzer et al., 1997) shows that there are links between the suppression of Māori knowledge and tikanga; colonisation and the imposition of Western beliefs and practices; and acts of violence in Māori whānau, hapū and iwi.

> *We make links between the denigration of mana Māori, isolation from ancestral land and cultural practices, the disintegration of social and political structures and the imposition of Western ideologies and practices that play a major role in redefining the position of Māori in the world (p.7).*

Takirirangi Smith (2015) has provided a discussion that locates trauma for Māori within notions of 'patu ngākau', 'pouri' and 'mamae.' Within these understandings is an affirmation of the ways in which trauma is embodied. It is important to provide a deeper understanding of the notion of 'patu ngākau,' as it is a central concept for Māori when engaging with understanding trauma that "might be translated as a strike or an assault to the heart or the source of the emotions" (p.264). He notes that the term indicates an internal psychological and spiritual impact with the event that inflicts such an impact being attributed to a form of abuse towards an individual or collective. The traumatic event, whether physical, psychological, or both, is experienced as "an assault to the ngākau, that is the emotional core of a person and the location where memories are stored" (p.264). This, for Māori, includes the traumatic impact of the dispossession of lands and the collective oppression of Māori through colonisation (Smith, 2015). Smith (2015) notes that trauma for Māori includes the experience, and impact of 'patu ngākau' and its relationship to wider concepts of 'pouri' and 'mamae.' Smith (2015, p.255) further expands as follows:

- Patu ngākau: describes a deep psychological shock but is related more to the event that caused the shock.
- Pouritanga and mamae might also describe trauma but refer more to the state of being following the initial trauma event or shock.
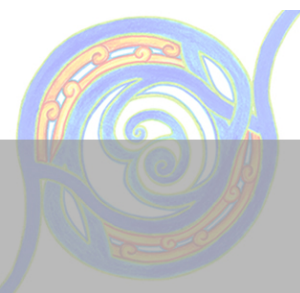
- Mamae generally refers to physical pain. When applied in reference to the internal system or organs of the human body, although the emphasis is on the physical it assumes a meaning that includes both physical and psychological pain.
- Pouritanga primarily refers to psychological pain that ranges in intensity from general anxiety to deep, suicidal depression. The term also means darkness. Darkness is qualified in the language by the description of varying intensities including the intense darkness associated with the darkest of nights, and the various states of darkness leading to dawn and to full daylight.

Affirming Kaupapa Maori healing approaches

The work of the Māori Taskforce (Kruger et al., 2004) argues the need to draw on Te Ao Māori as a source of healing for contemporary issues. Grennell (2006) also advocates the need for Māori to draw upon the traditional knowledge and wisdom of our ancestors to understand the cultural impact of violence and through which to enable community and collective healing.

Wirihana and Smith (2014) note that the acknowledgement of historical trauma for Māori is necessary to "facilitate individual and collective soul healing."

It is argued that healing must take place on both individual and collective levels to prevent intergenerational transmission of trauma (Brave Heart, 2000; Brave Heart & DeBruyn, 1998; Duran, 2006; Duran & Duran, 1995). This has been articulated by many Māori providers working in the area of sexual violence prevention and intervention. An understanding and awareness of the intergenerational impact of violence on whānau, hapū and iwi, and the subsequent manifestation of that in individual behaviours, needs to be more critically engaged with, in regard to both counselling processes and policy frameworks that determine what, and how, support is provided. These assertions are not new. As noted in the Māori Family Violence in Aotearoa report (Balzer, 1997), when seeking to develop interventions for Māori it is necessary to ensure that there is an awareness of colonisation and that many Western intervention approaches that are not informed by such understandings prove to be inappropriate for Māori. Wirihana and Smith (2014) note that the acknowledgement of historical trauma for Māori is necessary to "facilitate individual and collective soul healing."

Cultural connectedness is linked to healing and wellbeing, and Māori healing must be based on the restoration of the Māori cultural and healing paradigms that colonisation sought to destroy (Jackson, 1987). Moreover, Māori health and healing are linked to self-determination (Durie, 1998). This places 'tino rangatiratanga' as a critical principle for healing for Māori. This requires governments to engage in meaningful and enduring relationships based upon Te Tiriti o Waitangi in ways that affirm Māori self-determination. It is argued that this is fundamental to Kaupapa Māori approaches to healing, where te reo, tikanga and mātauranga Māori are at the centre of healing processes (Smith, 1997).
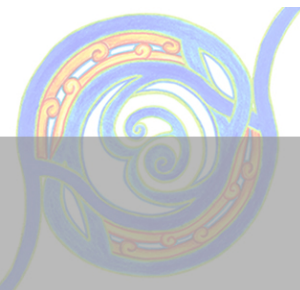
In line with the advocacy for Kaupapa Māori approaches, the whānau violence framework, advocated by the Second Māori Taskforce on Whānau Violence, was considered to have the capacity to provide prevention and intervention in relation to whānau violence (Kruger et al., 2004). The framework comprises three elements:

> a) te ao Māori (the Māori world), which includes six cultural constructs – whakapapa, tikanga, wairua, tapu, mauri and mana – to be applied as practice tools;
>
> b) te ao hurihuri (contemporary realities), which describes contemporary influences that prohibit or undermine the practice of cultural constructs from te ao Māori – in particular, colonisation and its associated outcomes; and
>
> c) a transformative element, which applies cultural constructs from te ao Māori and takes into account environmental and contextual interference and influences from te ao hurihuri.

Within this framework, the authors note it is crucial that Māori practitioners have the ability to critically analyse the impacts and outcomes of colonisation (Kruger et al., 2004). Decolonisation is also multi-layered. Dealing with issues of systemic and institutional racism and underlying deficit understandings and assumptions is essential. Developing deeper understandings about the impact of colonisation is critical to providing knowledge about what constitutes healthy relationships, as a mechanism for the prevention of and intervention in whānau violence.

A clear intersectional approach is needed that is grounded upon Kaupapa Māori approaches.

Other models of healing including Te Whare Tapa Wha (Durie, 2001); Te Wheke (Pere, 1988); and Āta (Pohatu, 2004) are considered to provide Māori understandings of healing within which all of the tikanga elements are seen as interconnected in order to restore and maintain balance. The need to be reflective as a process of enhancing notions of restoration and balance is a critical component to the strengthening of relationships (Lipsham, 2012). It is clear within the work of Kruger et al. (2004) that healing from whānau violence must centre Māori people, tino rangatiratanga, kaupapa Māori, te reo, tikanga and mātauranga as the solution. Each of these elements indicate there must be systemic change across all sectors in order to remove the institutional impacts of racism, sexism and classism in their multiple forms and the ways in which they directly affect Māori. A clear intersectional approach is needed that is grounded upon Kaupapa Māori approaches. An overarching conclusion is that within tikanga and mātauranga Māori we have all the knowledge we need to create transformative change, and that at all levels of individual and collective wellbeing, ancestral knowledge is the key to a healthy and sustainable pathway forward for whānau, hapū, iwi and Māori communities.
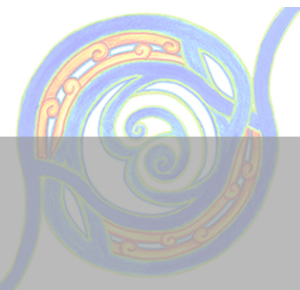
Some thoughts on further work

Over the past ten years we have seen an increase in the use of historical trauma theory alongside Kaupapa Māori theory and practice as a means by which to further understand the collective impact of trauma from colonisation upon Māori and Indigenous peoples. In the current context where frameworks of 'trauma informed care' are being implemented across a range of sites it is critical that both Kaupapa Māori and historical trauma approaches be central to such developments within Aotearoa.

As a national strategy on family and sexual violence is being developed it is critical that these forms of analysis and practice are foundational to that development. One of the issues articulated by Māori whanau and practitioners in the 'He Kokonga Whare' project was the need for frameworks of healing trauma to be grounded upon tikanga and mātauranga Māori, and to ensure that the impact of colonisation is understood. These issues require further engagement across all sectors dealing with the impacts of historical and intergenerational trauma.

It has been argued that Western frameworks of trauma informed care that do not have an understanding and analysis of collective trauma and its impacts on Māori will not provide for the healing pathways that are needed in regards to family violence (Pihama et al., 2017).

It has been argued that Western frameworks of trauma informed care that do not have an understanding and analysis of collective trauma and its impacts on Māori will not provide for the healing pathways that are needed in regards to family violence (Pihama et al., 2017). As such there is a need for further research and development to be done that will support workforce development in the area of Kaupapa Māori service provision, historical trauma theory and support their application in the social services.

Both Kaupapa Māori and historical trauma theory call on a collective approach to healing collective trauma and its impacts. This then requires government to move away from a siloed approach to health and wellbeing to one that is more able to provide across agencies in ways that mitigate the impact of collective trauma on all levels: cultural; political; economic; social and spiritual. For Māori this means a commitment by the government to meaningful Treaty relationships that work to create transformative change at societal and community levels where the needs of Māori are at the centre of future policy and strategic developments such as the national strategy of family and sexual violence. It also requires an approach that locates whānau, hapū, iwi, Māori organisations, te reo, tikanga and mātauranga Māori as critical to developing long term solutions that support collective healing and wellbeing.
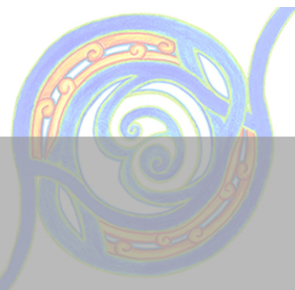
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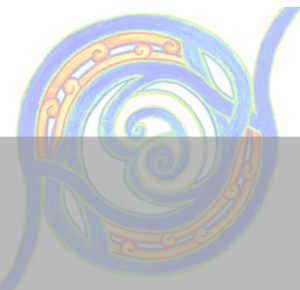
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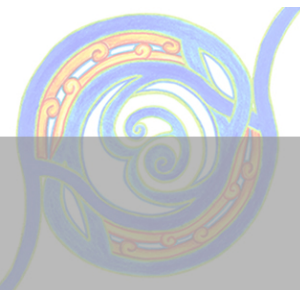
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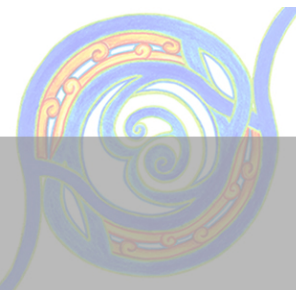
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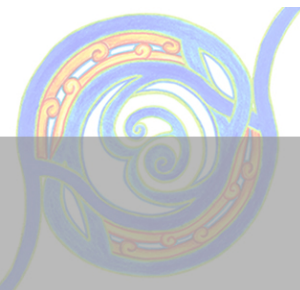
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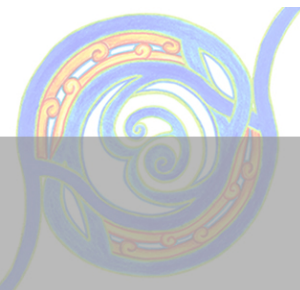
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