Māori voices in healing childhood maltreatment and breaking the cycle of family harm

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Psychologists in Aotearoa are frequently tasked with addressing the adverse outcomes of childhood maltreatment and family harm perpetration. Opportunities for hope and healing proffered by Indigenous practices are under-utilised in mainstream psychology. Through purposeful sampling, 16 semi-structured interviews with adult perpetrators of family harm were undertaken, seeking to explore the relationship with experiences of childhood maltreatment. This paper focuses on the interviews provided by 8 Māori (Indigenous people of Aotearoa) participants. Findings revealed two main themes entitled 'Culture of Silence' and 'Pathways to Wellbeing'. The wāhine (women, n=4) and tāne (men, n=4) described being isolated and silenced by adults within their home and community settings. The culture of silence was pervasive, as evident in the lack of inter-agency communication, further silencing Māori voices. Cultural beliefs and healing practices helped interrupt the intergenerational transmission of trauma and family harm. Three core concepts emerged as key to stopping family harm and helping heal adverse trauma outcomes as identified in the words of the participants: Wairua (spiritual connection), Pou (becoming a symbol of strength and support for self and others), and Tūrangawaewae (finding a sense of belonging). The findings are in unison with previous research highlighting the multiple pathways to wellbeing Indigenous knowledge and practice provide to stop the intergenerational transmission of trauma and violence.

Keywords: *Childhood maltreatment; family harm; intergenerational trauma and violence; Indigenous psychology.*

Introduction

The adverse effects of family harm reverberate through individuals, families, communities, and generations in multiple and detrimental ways (Kahui & Snively, 2014; Goddard & Pooley, 2019; Lambie, 2018). For these reasons, it is crucial that psychologists strive to understand the relationships between childhood experiences of maltreatment and family harm perpetration to stop the devastating cycle. The enduring consequences of intergenerational trauma and violence echo through Indigenous populations (Brave Heart & DeBruyn, 1998; Drywater-Whitekiller, 2014). Indigenous researchers have long highlighted the utility of drawing upon cultural knowledge when supporting people's psychological wellbeing (Glover & Hirini, 2005; Milne, 2005; Valentine et al., 2017). Yet, mātauranga Māori and kaupapa Māori models of health and wellbeing are not widely employed in mainstream psychological practice (Bennett, 2017; McNeill, 2009; Muriwai et al., 2015; Pitama et al., 2007). This paper explores the relationship between childhood maltreatment and family harm perpetration and pathways to wellbeing.

Indigenous consideration of human psychology has long been a bedrock of knowledge and understanding (Nikora et al., 2006; Levy, 2016). The significance of Indigenous psychology for Māori has long been highlighted in Māori models of wellbeing such as Te Whare Tapa Whā model (Durie, 1994); Te Wheke (Pere, 1984), Meihana Model (Pitama et al., 2007), Whānau Rangatiratanga framework (Superu, 2016; 2017), Te Pauawaitanga o Ngā Whānau model (Durie, 2001). Kaupapa Māori models contain a wealth of knowledge regarding family systems and the interconnected nature of intergenerational wellbeing. Indigenous researchers Pihama, Miller, Greensill, Te Nana, Campbell and Lee-Morgan (2021) highlight traditional Māori and Hawaiian childrearing practices focused on wellbeing through loving, nurturing, and collective childrearing practices. McLachlan, Waitoki, Harris and Jones (2021) presented the Whiti Te Rā model for Māori practitioners to guide whai ora Māori (Māori clients) through traditional pathways to wellbeing.

Colonisation interrupted the passing on of traditional knowledge and disrupted the configuration of whānau and social bonds for Indigenous populations (Cavino, 2016; Ruwhiu et al., 2009). To understand the impact of historical trauma, we need to look beyond the individual to acknowledge the cumulative emotional and psychological effects across generations (Pihama et al., 2014; Wirihana, 2014). Being placed in the care of the state results in loss of ties to cultural knowledge, practices, identity (Aboriginal Children in Care Working Group, 2015; Office of the Children's Commissioner, 2015). Gram, Gulliver, Ota and Wislon (2015) illustrate that the adverse effects of colonisation and systemic bias are part of the explanation regarding the overrepresentation of

Indigenous children in the state's care. The recent public outcry about the removal of tamariki (children) Māori from whānau provided the impetus for the recent inquiries into state care and protection policies and practices (New Zealand Government, 2018; Office of the Children's Commissioner, 2020).

Researchers and practitioners across disciplines endeavour to understand the relationship between childhood experiences of maltreatment and family harm to inform prevention and postvention strategies (Kimber et al., 2018; Lamotte et al., 2018; Reid & Sullivan, 2012; Semiatin et al., 2017). To do this successfully, psychologists must take time to evaluate the theories that inform practise critically. For non-Māori psychologists in Aotearoa, this means actively engaging with mātaurangi Māori and Indigenous psychology. On an individual practitioner level, this allows non-Māori psychologists to enact the Treaty of Waitangi principles of participation and partnership outlined in the Code of Ethics New Zealand Psychological Society (2002), the Continuing Competence Programme (New Zealand Psychologist Board, 2018) and the Health Practitioners' Competence Assurance Act (Ministry of Health, 2019). On a service delivery level, the expectation of comprehensive and collaborative assessment and treatment development with Māori embeds the basic principles of participation and partnership as the core foundation. However, the principles outlined in these guiding documents only present the baseline for best practice expectations. Without the deeper exploration and understanding of Mātauranga Māori and Kaupapa Māori models, non-Māori practitioners' risk only using these models at a surface level, restricting the potential healing properties inherent in these models (McLachlan et al., 2021).

Examining the relationship between childhood maltreatment and family harm perpetration within existing data samples and self-report questionnaires provides important information about prevalence. However, research that merely outlines prevalence does not explain contributing factors for the overrepresentation of Māori and other Indigenous populations in the cycle of family harm. Exploring the lived experience of the intergenerational transmission of trauma and violence through qualitative research allows for an in-depth exploration of experiential understanding. Methodologies that centre on collaborative approaches to facilitate examining the intertwined contributing factors, such as the impact of nurturing or inhibition of cultural identity and knowledge. Therefore, we need more research to understand better the relationships between childhood experiences of maltreatment and family harm to guide the development of targeted individual, group, and community interventions. This study elicited retrospective personal narratives from adults regarding their insights into the relationship between childhood maltreatment and the perpetration of family harm.

METHODS
Design and Methodology

The current study employed a semi-structured interview format that allowed for a flexible approach to exploring interviewees' thoughts regarding the relationship between childhood maltreatment experiences and family harm perpetration. The research was approved by the Human Research Ethics Committee of Te Whare Wānanga of Waikato The University of Waikato (Health; 2018#56). The current study is part of broader doctoral research undertaken by the lead author (KDR) who is a non-Māori clinical psychologist who has worked in the area of childhood maltreatment and family harm for 20 years. Key motivations for undertaking this research were moral and ethical drivers to inform and challenge her clinical practice in the context of working alongside whai ora Māori and in her role as a teaching fellow educating undergraduate and graduate students in mental health and wellbeing. The research panel consisted of three women who regularly reviewed the research process, giving primacy to the people's psychological wellbeing. At the beginning of research development, a male advisory panel was established to provide a gender balance to review the analysis (suggested by our central recruitment agency). It included two kaumātua (Māori elders) to help guide and shape the research throughout in terms of culturally safety and utility. Braun and Clarke's (2006; 2013) six-step interpretive thematic analysis was utilised to analyse the interview content. This approach allowed an iterative process to identify common themes in the interviewee's responses regarding the relationship between childhood experiences of maltreatment and family harm perpetration. The emerging analysis by KDR was also discussed within individual cultural supervision, under the guidance of co-author BMA, and with the aforementioned kaumātua to challenge mainstream assumptions and facilitate an Indigenous lens to the thematic analysis.

Inclusion criteria: To participate, people had to be 25 years or older to allow for broad retrospective reflection regarding their experiences of the relationship between childhood maltreatment experiences and family harm. Participants self-identified experiencing childhood maltreatment including one or more of the following forms of abuse: physical; sexual; emotional; neglect (emotional or physical); and had caused family harm that was either known to the justice sector or was self-reported. The term family harm was chosen to be consistent with Aotearoa legal terminology and encompass all forms of harm, such as coercion, emotional and verbal abuse towards family members.

Recruitment: Three key agencies in the-North Island of Aotearoa that provide assessment and treatment for people who met the selection criteria were contacted regarding recruitment for this study. Initially, information about the research was sent to relevant agencies via a Service Provider information Sheet, inviting them to contact the lead researcher (KDR) with any questions before providing written agency consent for recruitment. Approximately 70 counsellors, psychologists, and social workers within each agency were given participant information sheets and flyers (electronically and hard copies) to invite eligible people to participate.

Participants

Eight Māori participants, 4 tāne (men) and 4 wāhine (women), were recruited with an age range from 40 to 60 years. The people interviewed identified their iwi (tribe) connections which covered Ngāpuhi from the Te Tai Tokerau (Northland) region, through to Waikato Tainui,

Ngāti Maniapoto, Te Arawa, Tūhoe, Ngāti Porou, Ngāti Tūwharetoa and Ngāi Tahu (South Island region). Each participant either chose their pseudonym or a pseudonym was assigned before transcription with ongoing care to remove any identifying information.

Interview Process

People interested in participating in this study contacted the main researcher (KDR) via email or phone directly or through their key worker. Prospective participants were invited to talk with the researcher about the Participant Information Sheet and have any queries answered. The interview date and time were arranged, and contact was made the day before reconfirming this was still suitable. All interviews were conducted by KDR in a private office space organised by the recruitment agency or their key worker. Those interviewed were invited to bring whānau or support people with them to be part of the process if they desired. Key workers were informed of the day and time of the interview to ensure the availability of post-interview debriefing should that be required. Three of the four wāhine and one of the tāne interviewed asked their counsellor/psychologist to remain in the room for the interview process. One person invited whānau to remain during the interview process, and two had whānau meet the interviewer and chose to wait in another space when confident the interviewee was safe and informed about the interview process. The confidentiality of the interview content and each person's identity was assured unless they disclosed that they were at imminent risk of hurting themselves or others. In one instance, in consultation with the participant, a key worker and counsellor were informed that the interviewee had expressed recent suicidal thoughts and the study safety plan was employed. Upon follow up, this person reported feeling supported and encouraged by the process to tell their therapist about issues contributing to suicidal thoughts.

Before commencing the interview, the information sheet was reviewed with participants and any questions answered before obtaining consent. A karakia (prayer) or whakatauki (proverb) was recited (either by the researcher or participant) before and after the interview process to help create a safe space consistent with cultural protocols. A flexible semi-structured interview format was followed, exploring how maltreatment experiences as children had affected them personally and the relationship, if any, with later adverse life outcomes, including the perpetration of family harm. Thus, allowing the interviewee to lead the interview process with prompts from the interviewer to further explore pertinent issues. The interviewees were asked to reflect on the and relationship to childhood maltreatment and perpetuation of family harm were discussed. Near the end of the interview, the focus moved to what advice and wisdom they would like to pass on to others with similar lived experiences and the professionals working in this field. As an acknowledgement of participation, everyone interviewed was provided with a $30 supermarket voucher and were provided with the contact details of a range of services available if they required support at any point. The day after the interview, participants were contacted as part of a wellbeing check and reminder of supports available.

Data Analysis

All interviews were audio-recorded to allow for transcription. Braun and Clarke's (2006; 2013) interpretive thematic analytic approach was utilised to analyse the interview content. This approach allowed an iterative process to explore the themes emerging from the interviewee's responses regarding the pathways between childhood maltreatment and family harm. The analysis was led by the first author and interviewer (KDR) with regular input from the second author (BMA) and co-authors (KR and NS). The male advisory and kaumātua group were also engaged in discussions about the emerging findings (not given access to raw data or interview transcripts) to provide input regarding responsivity and relevance to Māori.

A summary of the key points from each interview transcript was collated, including pertinent quotes. The summary was then sent to each participant to confirm accuracy, gain permission to use the quotes in research reports, and encouraging them to add or change anything they deemed pertinent. Opportunity to meet or talk through the summaries was offered to facilitate a collaborative research approach 'with' the participants. Participants were kept informed about what was happening with the progress and nature of the research analysis at regular intervals. Interviewees engaged invited to engage in regular communication and provided feedback about what should be included in subsequent presentations and publications. These strategies aimed to provide a collaborative nature to the research. Near the end of the research project, interviewees and key workers attached to the recruitment agencies were invited to attend an interactive workshop where findings were presented. Care was taken to ensure that interviewees were not identified throughout, instead were part of the wider audience gathered under the auspice of presenting findings and seeking feedback from people interested in stopping the intergenerational transmission of trauma and violence.

ANALYSIS

The wāhine and tāne interviewed described multiple experiences of maltreatment that were ignored and actively silenced, contributing to a culture of silence surrounding childhood maltreatment evident on individual and systemic levels. The neglect of physical and emotional needs was manifest during interactions with social services, amplifying cultural isolation as children. However, intergenerational patterns of trauma and violence were disrupted by reconnection to cultural identity and mātaranga Māori. The following section outlines the critical interview findings for the four wāhine Māori, and four tāne Māori interviewed captured in the themes entitled 'Culture of Silence' and 'Pathways to Wellbeing'.

Culture of Silence

One of the main threads throughout the interviews was that the wāhine and tāne interviewed did not feel like they were heard. This experience's breadth was pervasive emerging from within their living environments as children through to the professional and government agencies involved in their lives. The descriptions did not

reflect the commonly referred to 'code of silence' around abuse but rather a systemic culture of silence.

No-one stopped it: The first sub-theme of the 'Culture of Silence' was given the title of 'no one stopped it.' As children, the wāhine and tāne described being ignored when they disclosed abuse and the adults minimised what they were saying, thinking, and feeling. Childhood experiences of being ignored were amplified by the lack of intervention on the part of adults to stop the abuse by the adults charged to care for them (such as family, teachers', and social service employees). Three of the interviewees were removed from whānau as babies and two in mid to late childhood. For the 4 interviewees removed from whānau and placed in non-whānau placements experiences of abuse and neglect occurred at the hands of people charged with their care such as foster parents and group home staff. The lack of intervention was confusing and disturbing when recalling the severity of their physical injuries that included bruises and lacerations, to broken bones in some cases. Manaia was removed from his parents and subsequently placed in multiple foster homes, wherein all but one he was sexually and physically abused. The following is an example of the lack of communication between professionals acknowledging Manaia's pain and suffering.

> *"I've been to fuckin [over 40] schools in my life…. I wasn't settling well in them so they [school and social welfare agency] were moving me from school to school cause schools couldn't handle me…. nobody asked why I was the problem you know. We'll try this school then you know I got a hiding if I got sent home…. I'm more angry now [as a grown man] at the system because I'm more aware of what was going on, what wasn't going on and what could have happened and those things weren't happening because nobody was listening to a 7-year-old, nobody was doing what I wanted to do, nobody came and said to me…. are you happy here [in foster placement]?" Manaia*

For any child having to adjust to a new school, new rules and routines and make new friends are a big step and stressful life event. Children in care often change schools a to move closer to their new placement (described by the tāne who were in the care of the state), and the above quote from Manaia puts into words how challenging this can be. As an adult reflecting on his childhood experiences, he recognised that the reason for the changes was not addressed. Furthermore, engagement in a transition process to each school in a meaningful and developmentally appropriate manner did not occur. The more critical realisation for Manaia was regarding the way adults charged with his care framed him as bad, punishing him and changing schools rather than seeking to understand what was happening to him. Had those adults provided Manaia with appropriate support that sought to understand the underlying problem (the abuse inflicted upon Manaia) adulthood may have been very different.

Childhood isolation: A sub-theme of the culture of silence was entitled 'childhood isolation' and captured repeated experiences of being physically and emotionally isolated from others (neglect). As a child, being isolated

contributed to behaviours that maintained a distance from strength-based connections that would have enabled positive attachment and emotional development. More specifically, being ignored meant being taught to ignore their own needs and wants as children. Furthermore, positive role-modelling regarding relationships were not regularly observed or personally experienced. The sense of being invisible as a child resulted in the interviewees at times withdrawing from intimacy and love in various ways as apparent in the following quote from Daphne.

> *"I didn't know what love was…. How to receive love and how to give love are two different things, um how to accept love, self-love, self-worth. I did not have those back then you just got on with it."*
> *Daphne*

This led to a form of silencing of their own needs and wants that was evident when describing scenarios of family harm. For example, Nikau attributed the abuse he experienced in multiple care and juvenile correctional settings with feeling void of emotions. He attributed ongoing issues with feeling and expressing emotions with instances of family harm particularly struggling to process the emotions of family members and partners in his life.

> *"How things were, um when growing up it [physical, emotional, and sexual abuse in care] had affected me, because it affected me mentally, emotionally, and how I dealt with life, um at that young age…. It affected my youth, 20s, 30s. Sometimes a lot of it [emotion], it was like a void, there was a big void, silly as that sounds, but it was like that too." Nikau*

Our analysis of the transcripts revealed an extra layer of systemic neglect evident in the information provided by reflecting a lack of intervention from the schoolteachers and social services. For example, all the Māori tāne interviewed were removed from their family of origin and placed in non-Māori run foster or adoptive homes. The neglect of Māori identity and connection to whānau, hapū (kinship group) and iwi (extended kinship group) lead to a deep sense of loss. Caleb was placed with a non-Māori family when he was a baby and described a sense of isolation, rejection, and shame about this amongst his friends at school.

> *"Oh, yeh that, the whole me being brown and them being white [adopted parents], that was the main thing when I was going to school. Hey, you've got a white mother and, yeh, you know. But I didn't know how to answer it…. but I had always brought that thing that I was ashamed because I had a different mother and yeh that was the start of my journey, the downward spiral I think and being rejected." Caleb*

Ultimately, what was evident was an additional level of cultural isolation on top of a childhood that was characterised as isolated. As adults looking back, there was a palpable sense of grief at the loss of not only knowing and living with whānau, but of a lost connection and relationship with their whenua, ancestors, hapu and iwi. In addition, they were losing opportunities to learn established kawa and protocols for managing the

complexity of family life. Moana, was not told her true ethnicity by her adoptive parents, completely denying her access to her cultural identity. Thus, representing another layer of silence and isolation through the lack of acknowledgment of her cultural heritage.

> *"I had no whakapapa…. I felt really just there…. then I was gifted my whakapapa ... So, my identity played a huge role in my wholistic wellbeing, not just for me but for my descendants…. They want to hear the stories; they want to know where I've come from…. With that identity came the whakapapa of health, mental health you know what they were like, which you know is really important too." Moana*

In this quote, we can see that eventually knowing her whakapapa (genealogy) was a gift that opened to Moana the wealth of kaupapa Māori values and principles she found essential to her adult journey towards healing and wellbeing. The wāhine and tāne were clear that stopping the intergenerational transmission of trauma and violence was a hard and an ongoing process but were steadfast in a commitment to protect and nurture future generations. The following section summarises the key aspects the people interviewed attributed to changing the trajectory from psychological distress, trauma, and violence to stopping the intergenerational transmission of trauma and violence.

Pathways to Wellbeing

Freedom in adulthood to engage in te ao Māori were associated with personal wellbeing and improving interpersonal and familial relationships. The following section summarises the 'pathways to wellbeing' interviewees described that gave them a voice to talk about their lives and make sense of their childhood experiences of maltreatment and how these impacted them as adults. Each person had their own journey towards wellbeing and stopping the cycle of harm, but all started out on this journey to change for the benefit of their children and younger family members. The nature of structural supports that helped varied, for instance, Candace found becoming active in the life of her marae essential to helping her continue to heal. Caleb found engagement with faith-based social networks with others who had similar life experiences very beneficial. Three core concepts emerged in our analysis that encompassed the pathways to wellbeing: Wairua, Pou, and Tūrangawaewae. These headings are derived from the words of the participants and illuminate their understanding of the concepts, and thus may or may not reflect accepted translations/understanding of these words.

Wairua (spirituality): A crucial step in facilitating the transition from feeling isolated and ignored was enhancing an understanding of wairua. A spiritual connection to the land was a source of rejuvenation and strength essential for the eight people interviewed mental health and wellbeing. Hence, incorporating time in nature, whether in the bush, mountains, river, or beach, was part of their wellbeing strategies. As part of understanding, cultural identity came with a reconnection to ancestors who were present unconditionally, resulting in a sense of

belonging and support via a spiritual realm. The importance of spiritual connection is evident when Aroha attributed her tūpuna (ancestors) for saving her life in many ways.

> *"I think one of the things that does get a lot of people who have experienced trauma, though, is wairua, so the fact that we don't talk a lot about that, or we talk about it in colonising ways, is really, I wouldn't have gotten here if it hadn't of been for my ancestors." Aroha*

The presence of a spiritual realm provided a source of unconditional listening even when they were hurting themselves and others. Indeed, this provided an essential source of steadfast support, a stark contrast to their childhood experiences. Both the wāhine and tāne described communicating with tūpuna as children over the course of time. Thus, spiritual connections provided a sense of protection and strength that was absent during childhood, as highlighted in the following quote from Moana:

> *"In the end I'm saying son…. the only people you need to trust is your tūpuna…. that know you. They are the only ones that are driving you…… That's what I do, that's who I trust. Like when I get an A+ I take it up to my Tūpuna who are on my wall and I celebrate with them." Moana*

For three of the people interviewed, the spiritual connection identified was with God (from differing religious beliefs systems). For example, after being in and out of juvenile residential facilities and prison, Caleb said that he began to change when he "met" God in prison. In the following quote, we can see that Caleb found a place to belong in his spiritual connection) with God and the family of Christian tāne who continued to walk alongside him.

> *"My rejection and my sexual abuse that really that I covered with all the drugs that I didn't want to face. At the time I was going through* [a faith-based] *counselling realising I wasn't to blame, and other people encouraged me. That's where I started getting free from all my anger and just people loving me for who I am and understanding and that's a lot of my journey was I needed someone to hear…. I have helped people that abuse other people and I won't look at them like I want to give them a hiding or something, I just say to them you need help, you need help." Caleb*

Caleb was steadfast in his commitment to creating a safe home for his partner, tamariki, mokopuna (grandchildren), and helping other men wanting to stop the intergenerational transmission of trauma and violence. This commitment was evident in the interview content of the others and is explored in the following section entitled Pou.

Pou (steadfast and reliable): A link between engaging with cultural identity to locating their voice was a key aspect of healing and interrupting the transmission of trauma and family harm. Nevertheless, it is essential to acknowledge that it was more than a desire to stop family harm rather a steadfast commitment to being a point of

change in the family and a facilitator of the transmission of health and wellbeing. Daphne's quote highlights her journey towards change by understanding her role in her children and grandchildren's life as one of safety and consistency. Like Moana's message to her son, Daphne talked to her children about learning to become their own Pou.

> *"Inconsistency is huge, I think in my generation.... Our kids don't know to trust us because we are supposed to be their Pou.... we are supposed to be who they come to..... They're all trying to find somebody to love. So that's their consistency there, their Pou is the other person. They're trying to make the other person their constant, their base, their foundation, their everything. Now they're coming to me going mum what do I do.... I've been able to stand in my truth and be consistent in it, and they're starting to trust me." Daphne*

Daphne articulated her realisation that she can rely on and validate herself and in turn, act as the cornerstone that can now exist for her children and her mokopuna to change the patterns of violence that existed before. To validate themselves and not seek validation in from others is the essence of this quote, a concept of challenging a belief system not dissimilar to that used within psychological cognitive and schema therapies. The willingness to face the reality of the harm caused and make personal change is echoed through all the interviews. In the face of generations of trauma and violence, the honesty, strength, and conviction to begin this change was quite remarkable and is exemplified in the following quote from Manaia.

> *".... that's a whole other generation [children in his family] and I'm glad. And I think the only proud thing I have to stake claim on is that, as far as all that ugly shit goes it stops right with me. Because they're not going to carry that on, they're going to be a policeman or famous sportsman and do really well in life." Manaia*

The overarching sentiment of everyone was the belief that family harm stopped with them. Moreover, evident in the interview content was an emerging awareness that the changes that were being made on individual, family group and societal levels were significant and provided hope. For example, Nikau's observation about how the current generation has made changes so that children are seen and heard is poignant for two reasons. Firstly, he described himself as being at the beginning stages of wanting to change and was still involved with the justice system. Secondly, the tone of this comment was one of wonder and astonishment as if he were observing for the first-time children expressing emotions and that these were heard and validated.

> *"Anger came as a result of a lot of that abuse because when you get abused you've got no say in it, you can't, you can't stand up because you're little. You know back in our era, it would've been, it was ok to be seen. But not heard! And those were part of the old concepts of what that generation had brought us up in.... So really, we have no voice compared to as what the voices [of children] today. You know you get a lot of youth that can, or a lot of children that actually are quite open [with thoughts and feelings]." Nikau*

Nikau's comment highlights that efforts to stop family harm and focus on the intergenerational transmission of hope and wellbeing are seen and heard and can be inspiring and motivating for others.

Tūrangawaewae (a place to stand): Through cultural reconnection all the wāhine and tāne expressed a sense of feeling validated with a destined place in the world. Thus, providing a sense of belonging and an identity that they could proudly talk about instead of their childhood experiences. Aroha described a framework she developed based on a Māori concept of belonging that has helped her regain her voice and be an active agent in her life.

> *"I have a tūrangawaewae and at one stage it was woven for me and I didn't understand that I could weave it for myself. So, in my mind and how I'm thinking of it now is that the tūrangawaewae is the relationships, the connections in life .... I have come to understand that I weave my own tūrangawaewae, my own standing place and that has to be firm and so I took [supportive people] with me I'm weaving them into my tūrangawaewae, so when I go into shaky places, I have got a firm place to stand." Aroha*

Caring for and looking after others was a critical foundation identified as something that gave life purpose and meaning and a sense of belonging to something bigger than themselves. For example, all expressed a desire that their life story could act as a roadmap for others' wellbeing. The following quote from Candace represents the message that pervaded all the interviews regarding the next generation. A message of hope and the essential role of human decency when thinking about people who have a history of childhood maltreatment and family harm.

> *"When you've got all that rubbish going around in your head it's all negative. All you want to do is hurt yourself and that's sad ay, cause they're beautiful people. It doesn't matter what walk of life they came from, they have a right to be respected and to be loved and accepted just for who they are." Candace*

Inherent in Candace's quote was her appreciation of the existence of mauri (life force) and beauty within everyone. An aspect of humanity that can be forgotten within experiences of abuse and trauma as children and within institutions but never lost.

Knowing whānau who have similar lived experiences provided solace and connection robbed when removed from living with whānau. For example, in addition to the sense of isolation and removal from his family due to sexual abuse, Brian described a sense of isolation and separation as he thought he was the only gay person in his whānau. Learning later in life that an aunty, and one of the only whānau he recalled as being "whole" was lesbian, provided reassurance he was not alone and gave a sense of kinship he had not previously felt.

"She wasn't married, and this is back in late 70s, she had no children, she was a teacher, and she was interested in travelling the world.... She was lesbian.... To know about my aunty.... would have been nice to know about .... her life but never got to. Cause that was all taken away from me you know, from my uncle from what he did you know. And that's where I sort of just went wayward." Brian

For Brian, knowing he was not the only gay person in his family and having a positive role model in his aunty later in life was the beginning of a healing journey from a sense of shame and isolation related to his sexual identity. He described feeling increasingly proud of who he is and feels he belongs to a long line of takatāpui (individuals who identify as gay, lesbian, bisexual, transgender, intersex) who provide models for healthy relationships part of a family going forward.

To summarise, it was not one element that helped the wāhine and tāne interviewed to stop family harm perpetration and move towards personal and familial wellbeing. It was many aspects occurring in multiple ways over time. The experiences of being ignored and silenced as children were inverted when their voice was finally heard, and the process of healing began through values and practices inherent in the essence of mātauranga Māori and kaupapa Māori models.

DISCUSSION

The findings of this study reinforce the importance for psychologists working in the area of childhood maltreatment and family harm perpetration to engage in trauma and Indigenous-informed practises to stop the intergenerational transmission of trauma and violence. For these 8 participants, intergenerational patterns of trauma and violence were healed through their reconnection to Indigenous knowledge and practices. Our analysis revealed three key components critical to stopping family harm perpetration and facilitating psychological wellbeing: Wairua (spiritual connection), Pou (becoming a symbol of strength and support for self and others), and Tūrangawaewae (finding a sense of belonging). The findings outlined in this paper support the ever-increasing compendium of knowledge that demonstrates that Indigenous understandings and practice facilitate the intergenerational transmission of hope and healing (Durie, 2001; Cooper & Rickard, 2016; Fox et al., 2018; Tapsell, 2020). Therefore, Indigenous Māori psychologists working from kaupapa Māori perspectives is essential to healing intergenerational trauma. Equally, there is a need for non-Māori psychologists to actively engage in cultural supervision and training to eliminate the intergenerational transmission of trauma and violence.

The launchpad for healing and self-determination has repeatedly been identified is a return to Māori value systems to restore a sense of purpose, meaning and progress towards positive life outcomes (Ruwhiu et al., 2009; Cooper & Rickard, 2016; Fox et al., 2018). As evident in the experience of Manaia, childhood maltreatment resulted in a sense of isolation amplified by the lack of support and intervention from professionals. However, reconnection to whenua, whakapapa and

ancestors provided Moana and Aroha with strength and support to pivotal to their healing journey. These findings are in alignment with kaupapa Māori models of health and wellbeing that highlight the importance of reconnection with forbearers, Hā a Koro Mā, a kui Mā (Pere, 2017) and spiritual and faith-based figures, Waiuratanga (Valentine et al., 2017). Therefore, interventions to stop the intergenerational trauma and violence and facilitate psychological wellbeing must include the essential component of Wairua.

One of the core facets of relating to others is expressing and responding to emotions in ourselves and others. However, childhood experiences of maltreatment can interfere with the processing of emotions in relational contexts and have been linked to family harm perpetration (Young & Widom, 2014). For example, Daphne linked the lack of love she experienced as a child to her struggles in adulthood to know how to love herself or others. Nikau linked the void of emotions evident in care settings with ongoing issues relating his adult experiences with expressing and feeling emotions to family harm. Consequently, exploring the nature and experience of whatumanawa (emotions) is an important pathway for stopping family harm perpetration and can be fostered through engagement with kaupapa Māori models such as outlined in Pere's (2017) Te Wheke model. Therefore, our findings highlight the importance of including kaupapa Māori models to help people better understand the role of emotions within relational contexts to stop the transmission of trauma and violence. For this recommendation to be achieved, services must allow Indigenous Māori psychologists to work from kaupapa Māori perspectives and for non-Māori psychologists to foster and continually develop their understanding of working within kaupapa Māori practices to eliminate the intergenerational transmission of trauma and violence.

It is important to note that the wāhine and tāne interviewed did not suggest that childhood neglect and abuse were an excuse for family harm perpetration, but instead, it helped them make sense of their reactions. But what was clear was the ongoing and detrimental impacts of the abuse and neglect that occurred for the interviewees removed from whānau and placed into non-Māori settings. The pain and suffering experienced outweighed any harm experienced within whānau settings prior to removal. The critical sentiment running through the interviews was the desire to positively change for themselves and future generations, aligning with kaupapa Māori models of wellbeing. Such as Superu's (2016; 2017) Whānau Rangatiratanga conceptual framework that highlights elements of kotahitanga (collective unity) and manaakitanga (responsibilities to honour the mana, authority, of others). Daphne's conceptualisation that she was becoming a model of strength of her family, as her own Pou, offers a beautiful challenge to previous beliefs around hopelessness and powerlessness. Through cultural reconnection, the wāhine and tāne expressed a sense of feeling validated a sense of belonging, Tūrangawaewae. Caring for and looking after others was a critical foundation that gave life meaning and a sense of belonging to something bigger than themselves. Ultimately fostering supportive relationships that provided opportunities to talk through issues and

psychological distress, a stark contrast to childhood experiences. Therefore, fostering reconnection to people and places where people have a sense of purpose and belonging is a key aspect of healing and interrupting the transmission of trauma and family harm.

One of the major recommendations that stand out in the narratives of the people interviewed is the need for all of us demand that tamariki receive a high level of care and nurturing. The devastating impact of the cultural isolation was evident in the experiences of Caleb and Moana and reflected an additional layer to the culture of silence. The information emerging from the ongoing national and international inquiries into the abuse of Indigenous children in state care confirm that the effects of childhood maltreatment can continue into adulthood (Aboriginal Children in Care Working Group, 2015; Office of the Children's Commissioner, 2015). Manaia and Nikau linked the chronic abuse and neglect they experienced in state care placements to psychological and interpersonal challenges. Therefore, non-Māori psychologists must ensure that our practices do not further silence Māori from talking about their childhood maltreatment experiences or minimize the impact abuse within the context of state care. One way to ensure this is to employ trauma-informed practices. At the heart of trauma-informed principles is enabling people's voice with past traumatic experiences, so childhood experiences of silencing and powerlessness are not replicated (Short et al., 2019; Wirihana, 2014; Pihama et al., 2017). The five key trauma-informed principles are safety, trustworthiness, empowerment, choice, and collaboration (Dempster-Rivett, 2019). These principles are intertwined with kaupapa Māori values such as those of Kaitiakitanga (guardianship), Manaakitanga, Rangatiratanga (leadership) that brings people together and the anchoring and protective aspects of Wairuatanga. Ultimately, non-Māori psychologists working in trauma and Indigenous informed ways would not replicate the childhood experiences of being ignored and isolated.

Our analysis clearly showed that all the people interviewed experienced multiple times where they did not feel heard or kept safe from the adults in their lives. Therefore, one of the implications of this study is that for non-Māori psychologist working in the area of trauma and violence to enable spaces for Māori to talk about lived experiences of intergenerational trauma and violence in all forms. Specifically, ensuring the voice of Māori is integral to the development and implementation of programmes to address the intergenerational transfer of trauma and violence. Our study focused on the reflections provided by people who had harmed their families and the relationship with childhood experiences of maltreatment. In the future, it would be beneficial to extend this research to talk to whānau, such as partners, children and parents, which would provide valuable insights into contributors and inhibitors of the intergenerational transmission of trauma and violence. The age group of the interviewees ranged between 40-60 years of age. It would be helpful to explore the intergenerational transmission of trauma and violence with younger and older cohorts. Ongoing research is needed to guide and support partnership models and Māori for Māori approaches in developing and implementing programmes to address adverse impacts of childhood maltreatment.

In conclusion, the findings of this study highlight the importance of infusing Indigenous psychological approaches to facilitate the intergenerational transmission of hope and wellbeing. Three core concepts were identified in breaking the cycle of family harm and healing childhood maltreatment: reconnection with Wairua, becoming a beacon of strength and support for self and others, Pou, and finding a sense of belonging and Tūrangawaewae. Therefore, psychologists need to create therapeutic environments where Māori are free to engage in cultural beliefs and healing practices for personal and familial wellbeing.

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Glossary of Māori terms

This glossary identifies Māori words used in this article. The English version reflects the researchers' interpretation, often based on how the Māori word was used by participants. The terms presented here are in alignment with Health Research Council of New Zealand terminology (HRC, 2010).

Māori	English
Hapū	Kinship group
Iwi	Extended kinship group, tribe
Kaitiakitanga	Guardianship
Karakia	Prayer, incantation
Kaumātua	Māori elders
Kotahitanga	Collective unity
Manaakitanga	Cultural and social responsibility; Respecting the mana (authority) of others
Mātauranga	Traditional knowledge
Mokopuna	Grandchildren
Pou	Steadfast and reliable; becoming a symbol of strength and support for self and others*
Rangatiratanga	Leadership
Tāne	Men
Tamariki	Children
Tangata whenua	Indigenous people
Takatāpui	Individuals who Identify as Gay, Lesbian, Bisexual, Transgender, Intersex
Te ao Māori	Māori worldview
Tūrangawaewae	A place to stand, finding a sense of belonging*
Tūpuna	Ancestors
Wairua	Spirit; spiritual connection*
Wairuatanga	Spirituality
Wāhine	Women
Whai ora Māori	Māori clients
Whakatauki	Proverb
Whakapapa	Genealogy
Whānau	Family
Whatumanawa	Emotions

* Interpretation as emerged from the interview content.