Stories of survival and resilience: An enquiry into what helps tamariki and rangatahi through whānau violence

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Family violence is overrepresented amongst Māori and has significant consequences for children. Research on family violence and children, both internationally and locally, has been predominantly deficit-focused. This research focused instead on protective factors and resilience. Semi-structured interviews were conducted with professionals who work with Māori tamariki/rangatahi who have experienced whānau violence, with a focus on their views on resilience and interventions with Māori to enhance resilience. Thematic analysis of transcripts revealed the themes that resilience is complex, internal resources contribute to resilience, and the importance of having a significant supportive person, strong positive Māori identity and wairua connection. Interventions to assist the development of resilience included the importance of building a therapeutic relationship with whānau, early systemic interventions and using Māori guided interventions.

Key words: Māori, resilience, protective factors, family violence

Family or whānau violence has significant impacts on the mental and physical wellbeing of children as demonstated in New Zealand research (Fergusson, Horwood & Lynskey, 1997; Flett et al., 2012; Mullen, Martin, Anderson, Romans & Herbison, 1993). Impacts include increased vulnerability to psychological distress, depression, anxiety, suicidal behaviours, conduct disorder, substance abuse and criminal offending (Fergusson & Horwood, 1998; Mullen et al., 1993; Flett et al., 2012). However, there is little research which specifically focuses on or differentiates between the experience and impact of family violence for Māori tamariki and rangatahi.

In order to understand the current situation for Māori as the indigenous people of Aotearoa it is necessary to understand the broader context and history. A number of definitions of family violence have been critiqued for focusing on the nuclear family, a westernised approach that does not enable the recognition of the broader constructs of violence that impact on Māori whānau (Te Puni Kōkiri, 2010). The terms family and whānau are also used interchangeably which does not accommodate the varied ways in which Māori are located within whānau, hapū, iwi and whakapapa (Kruger et al., 2004; Pihama, 1993). A definition of family violence for Māori should engage the wider social, economic and cultural context and exist within a kaupapa Māori framework that is grounded upon tikanga Māori (Kruger et al., 2004; Te Puni Kōkiri, 2010). Furthermore, Jackson (1987) has explained how the current context does not exist within a vacuum and is influenced by the past. It is therefore important to understand the impact of colonisation on Māori and how within te ao Māori whānau violence was not acceptable nor common in traditional Māori society (Cooper, 2012a; Durie, 2001; Jenkins & Harte, 2011; Mikaere, 1994; Pihama, Jenkins, & Middleton, 2003; Rickard, 1997; Te Puni Kōkiri, 2010). The role of women and children was one of divinity and sanctity where the status of women, Mana Wāhine, was an essential part of spiritual, emotional and cultural wellbeing for whānau,

hapū and iwi. The mana of women was related to her place as te whare tangata, the carrier of future generations while children also had their own mana and were viewed as taonga (Te Puni Kōkiri, 2010). The term historical trauma has been used to encompass the profoundly negative and significantly harmful impacts of colonisation on Māori health including physical, emotional and spiritual, social, cultural and economic wellbeing through loss of land, language and access to culture as well as discrimination, marginalization and systemic and structural racism (Balzer, Haimona, Henare, & Matchitt, 1997; Cooper, 2012b; Durie, 1998; Pihama et al., 2003).

Although negative impacts of whānau violence are common, effects are not inevitable. Yet research both internationally and locally has focused on negative impacts of violence with comparative neglect of the exploration of resilience (Laing, 2000). The observation that not all children succumb to the effects of family violence has led some to advocate for a greater effort to understand resilience and protective factors (e.g., Rutter, 2000; van Heugten & Wilson, 2008).

Resilience has been defined as the maintenance of healthy and successful functioning or adaptation within the context of adversity or threat, as well as the ability to "bounce back" and do well against the odds, coping and recovering (Martinez-Torteya et al., 2009). Ungar (2011) provides a more ecological and culturally attuned definition: "In the context of exposure to significant adversity, resilience is both the capacity of individuals to navigate their way to the psychological, social, cultural and physical resources that sustain their wellbeing, and their capacity individually and collectively to negotiate for these resources to be provided in culturally meaningful ways" (p.10).

Resilience has been recognised as applying in a cultural context (Hunter, 2001). Durie (2007) describes the importance of both reducing adversity and building resilience to ensure the ability for indigenous people to thrive and prosper. He

has also described how resilience involves the capacity for indigenous people to engage in their culture, networks and resources as well as with global societies and communities. Durie identified that while resilience literature has focused predominantly on individual factors relating to overcoming adversity, for indigenous people resilience also has strong links to cohesion, and the achievements and success of the collective. Furthermore, he asserts that while in western theories insight is believed to develop through looking inwards and examining thoughts and attitudes, for Māori insight is gained through relationships with whānau, marae, land and wider society. Resilience has therefore been considered to be fed and nourished by Māori language, traditional practices and oral traditions (Te Puni Kōkiri, 2010).

While there is some research on resilience relating to Māori, such as that done by Boulton (2013) with Māori in health care settings, research that specifically focuses on resilience in Māori who have experienced whānau violence is lacking. It is through developing an understanding of the factors that contribute to the development of resilience that coping can be enhanced in tamariki and rangatahi, preventing long term consequences. The current research aimed to explore and understand what helps build resilience in tamariki and rangatahi who have experienced whānau violence from the perspective of professionals working with Māori who experienced whānau violence. It is through accumulating this knowledge about factors that contribute to resilience and recommendations for effective interventions, that the wellbeing of Māori may be enhanced.

Method

Participants

Interviewees were professionals who had worked in community, social and mental health services with Māori who had experienced whānau violence as tamariki/rangatahi. Recruitment of participants involved meeting with various organisations and agencies and asking them to identify appropriate staff members. Recruitment also included the first author contacting professionals who she had worked with in the past and inviting them as well as others they may know to participate. Also, snowballing was used by providing participants who had participated in the research with information they could pass onto others who may be interested.

Of the 18 participants in this study, 11 identified as Māori. The remaining seven participants identified as Pākehā but had extensive experience working with Māori whānau. Thirteen were women and five were men. Participants were aged 31 to 80 years and had from four to 45 years of experience working in a range of areas including child protection, mental health, criminal justice, education and other social and community services. Roles included social work, counselling, psychotherapy, family therapy, teaching, clinical psychology, programme facilitatation and various other community support and child advocacy roles. Participants tended to have held various and multiple roles across these different areas.

Procedure

Ethical approval for this research was obtained from the University of Auckland Human Participants Ethics Committee.

A semi-structured interview schedule was used. The interview began with gaining an understanding of what the participants' experience had been in working with Māori who had experienced whānau violence and how they had become interested in this mahi (work). If participants disclosed their own personal experience of whānau/family violence they were invited to share what they had learnt through their own experience, how this had helped them in their mahi, and whether it had ever been problematic for them in their work. Participants were asked about their perspective of what helped Māori tamariki and rangatahi to survive through difficult experiences. Prompts were given for both internal and external factors and enquiries made about whether Māori had specific strengths or ways of coping that were culturally related. Participants were also asked about whether the way tamariki and rangatahi coped had changed over time as well as relevant changes to the role of professionals. There was a strong focus on how professionals could be most helpful to tamariki and rangatahi in their work. Finally, participants were asked to share where they thought the strength of tamariki and rangatahi came from to survive and any wisdom they would pass onto tamariki and rangatahi going through these experiences.

All interviews were conducted by the first author. Interviews were carried out kanohi-ki-te-kanohi (face-to-face) at a location chosen by the participant, which included homes, workplaces, and the University of Auckland. The interview often opened with karakia, according to participants' preference. Whakawhanaungatanga followed this and included sharing information about the interviewer's whakapapa and motivation for undertaking this research. Following this, the interview questions were usually asked as per the order indicated above, although there was flexibility in this regard. Participants were then thanked for their generosity in sharing their knowledge before closing with a karakia (if they wished). Time was also taken to share kai (food) provided by the interviewer. Where this was not possible kai was left with the participant. Koha (gift) was also given to recognise participants' contribution of time and their wisdom. Interviews lasted between 47 minutes and two hours.

Data Analysis

A digital recorder was used for the interviews and each recording was transcribed into a Microsoft Word document. Thematic analysis was used which involved identifying, analysing and reporting patterns within data to enable a detailed account of the interviews (Braun & Clarke, 2006). The steps followed were those recommended by Braun and Clarke. Data relevant to the research questions were first coded and entered into a spreadsheet by the first author. A code is an individual piece of data that is of relevance to the research question. The codes were then collated into broader themes. Then definitions and names of themes were developed that linked with the original research questions. In order to enhance the quality and trustworthiness of the data analysis consultation between the authors as well as with an external

Māori researcher with experience in area was carried out (Morrow, 2005). This included discussing codes and themes. When these discussions raised different views, these were considered and where appropriate revisions to the existing analysis were made.

Findings

Findings are reported separately in respect of the two main research questions: factors that contribute to an understanding of resilience and recommendations for effective interventions that may strengthen resilience so as to enhance the wellbeing of young Māori.

Resilience

Resilience is a complex concept

Generally, participants viewed resilience as a complex interplay between internal qualities relating to the individual, external qualities connected to the individual's environment and cultural factors associated with identity and spirituality. This included resilience being a combination of factors which is different for everyone:

> *I think every single young person's tale is different. And the reason why they might have made it through would be a bit different too.*

Caution was expressed by one participant in regard to identifying tamariki/rangatahi as resilient and that this not be taken to mean they did not need other help and support:

> *Yeah, well, there's a lot of talk about resilience. And I'm a little bit worried that resilience is kind of seen as, oh well, you know, kids are resilient, they'll get over it. Or we'll chuck a bit of something at them to make them more resilient and they'll get over it.*

This may be related to an idea that if one individual can survive and stay strong through whānau violence that there is an expectation that all individuals should be able to do the same.

Internal resources of the child contribute to resilience

This theme represents the idea that internal resources of the child are helpful for tamariki/rangatahi who experience whānau violence. Internal resources were considered to be strengths within themselves. This is also reflected in existing literature, which identifies intelligence, an easy temperament, avoidance of self-blame, problem solving skills, faith, hope and motivation for the future and self-belief and self-efficacy as helpful.

Inherent qualities

Several participants spoke about an inherent resilience that some tamariki/rangatahi have that helped them to survive through whānau violence. In general this was defined as an innate quality or temperament that tamariki/rangatahi were born with:

> *Something has definitely got to be said for an innate resilience and I think that in terms of temperament, I think resilience is not something that either exists or doesn't exist, but I think that there are intrinsic factors that we may have been born with that might lead you to be more resilient than other people.*

Nevertheless, internal resources were not considered by participants to be fixed at birth. It was considered tamariki/rangatahi could be born with qualities that could develop if the opportunity was provided:

> *But I do believe that we're all born with certain tendencies, personality tendencies and strengths. And they develop if they get the opportunity.*

Having an understanding of whānau violence

A few participants talked of the contribution that tamariki/rangatahi having an understanding of whānau violence would make to helping them survive through these difficult experiences. Participants emphasised the importance of tamariki/rangatahi developing an understanding of why the violence had happened and knowing the violence was not their fault and not taking responsibility for the violence:

> *What was really interesting for me was neither of them saw, saw it as their responsibility, they're really clear… somebody else's fault.*

Having dreams, hope for the future and goals

Many participants talked about goals, dreams and hope as being helpful for tamariki/rangatahi to survive through whānau violence. This seemed to help them see there is a future with different options and possibilities available to them. It was through these avenues that tamariki/rangatahi may see other possibilities and what they want for their life and future as well as others seeing and encouraging their potential. This was able to give them drive and motivation:

> *I think whenever there's other opportunities for young people then it helps them get through. So if somebody is, I guess playing rugby or sport or has hobbies and stuff that kind of take them away from the family environment, I mean it gives them a glimpse into another kind of world. Then that can be really, be a really big thing for them and for their drive, their motivation for their goals.*

Self-belief in their abilities

Many participants spoke about the importance of self-belief. A sense of self-efficacy, self-worth and self-esteem were believed to contribute to resilience in tamariki/rangatahi:

> *Being proud of accomplishments, and talents. And that's the other thing that helps to build resilience is, you know fostering a sense of identity, and pride, and achievements.*

Having a significant, supportive person in their life

All of the participants spoke about the importance of tamariki/rangatahi having a significant, supportive person in their life and how even just one significant person could make the difference. The significant, supportive person could be someone located within their whānau, which was seen as advantageous, such as a grandparent, aunt or uncle, sibling, parent, cousin. Other significant supportive people could be a staff member within a school such as a teacher or school counsellor, a counsellor/therapist in the community, or

caregivers, friends, neighbours, sports coaches and/or other mentor. Having a prosocial network of friends and a place that provided a sense of safety, free from violence was also seen to help tamariki/rangatahi to survive through whānau violence.

Participants identified a number of characteristics and qualities of such a person including there being someone with whom they could build a close relationship and who provided unconditional love and support, stability and guidance:

> But again it comes back to that thing of being seen and heard…And I still maintain that that is the core…but her koro, her grandfather, was the one man that had believed in her. And I found it was incredible that she was able to continue on and survive just off the back of that… he was like her light, a light in the darkness really…he was like this treasure that she had. That's what kept her going. But it's being seen, heard, believed. That sense that somebody's got me. Somebody gets me. That's the core of resilience I think.

A strong positive Māori identity helps

Almost all participants emphasised the importance of a strong positive cultural identity. This was described as the "prevailing factor", an "anchor" and the "essence" of what helps, and how if a positive Māori identity could be encouraged by whānau this was considered to have an amplifying effect in terms of resilience A positive Māori identity was seen to be knowing who you are and where you are from, including knowing your whakapapa and having a connection to whānau, hapū and iwi. It was also about knowing where you stand, your tūrangawaewae and tino rangatiratanga, which was related to integrity and being able to stand in one's own mana:

> Where does it come from for Māori to get through it? Where we do get through it, and again it comes back to what I've said before, that identity, that culture, that knowing who you are, where you stand.

It is important to note that the nature of a positive Māori identity was seen to be diverse and vary for tamariki/rangatahi. A few participants used the idea of a continuum to explain identity. This involved a tikanga related or traditional Māori identity sitting at one end of the continuum and integrated/ assimilated (with the dominant Pākehā culture) identity sitting at the other, with the middle being bicultural. Placement on the continuum was seen as dynamic and changeable where tikanga or more westernised ideas may be drawn upon more or less across different situations. This demonstrated the complexity of identity, especially within the context of post-colonisation and the advantages that accrue from having access to identities in both worlds.

Wairua – "the heart of resilience"

Many participants spoke about the role of wairua in helping tamariki/rangatahi to survive through whānau violence. Wairua was referred to as "a spiritual depth", "the heart of resilience" and "true resilience". It was described by participants as a link with a universal wholeness, a reservoir of energy and power and a place to seek solace during these difficult experiences. Wairua was also seen as providing opportunities to reach back to tīpuna and bring their power of positivity and nurturing:

> And also if they need to and believe in things Māori, reach back to their tīpuna and bring the power of that positively into the room with them and that's where I suppose the power of taha wairua for Māori really sits and that is to bring forth those that have been positive in your whakapapa who you may have never met but as you call them forth they will bring their wairua to you and provide you with nurturing.

Interventions to Assist Development of Resilience

Participants described a range of interventions to assist tamariki/rangatahi in developing resilience. Building a relationship with tamariki/rangatahi was important and the qualities of this relationship were detailed. An early, systemic approach and using Māori guided interventions were also seen as helpful.

Building a relationship

Almost all participants spoke about essential qualities and processes when engaging with tamariki/rangatahi who had experienced whānau violence. Participants emphasised the importance of the relationship with the person involved in an intervention. The therapeutic qualities of these professionals working with tamariki/rangatahi included respect, trust, being non-judgemental, maintaining confidentiality, non-blaming, offering choice, collaboration, empathy, advocacy and connection. It was considered that these qualities were essential to being able to develop rapport and reach the "core issues" through enabling a "sense of holding" and for tamariki/ rangatahi to feel they had been understood, seen and heard:

> And it's all about the relationship. It's about building that sense of trust. And the sense of holding…you have to be able to build relationship. You can have all the modalities, you can have all the assessment tools you want. If you don't have the relationship with the client and their trust, you have nothing. And you won't be able to get to the core issues.

Having a strengths focus was also identified by participants as important. This involved recognising what strengths tamariki/rangatahi already had which had helped them survive through whānau violence and building on these.

Early systemic interventions

Most participants emphasised the importance of tamariki/rangatahi having early and systemic interventions. Interventions were seen as needing to be multi-layered and holistic, consistent with ecological/systems theories. While not dismissing the importance of working with individual children, participants emphasised that working with whānau as a whole was usually required. These levels of intervention were also seen as crucial to build strength in whānau and prevent further whānau violence in the future:

> So I suppose in te taha whānau it's about creating, building up the strength of biological whānau and if we need to do that through the surrogate organisations yes. However the long term goals are whānau ora because that whānau is going to be the kind of tīpuna of the next generations…te taha whānau is critical because it provides the infrastructure within which the context,

within which the current and future and past is the whakatika, the healing the whakawātea, the healing process is then stopped at the current, healed from the past and prevented in the future. So we need to have that long-term view.

The role of the school was spoken about extensively by some participants. This included recognising that tamariki/rangatahi spent a significant amount of time at school which provided opportunities for intervention. A few participants spoke about the benefits of group programmes at school or within the community. These included education about violence not being okay as well as resiliency building programmes that taught relationship skills, emotion management and distress tolerance. Being with others who may be in the "same boat" was seen as helpful as well as encouraging a sense of belonging. It was also an opportunity to learn ways to talk about whānau violence and their feelings about what has happened:

> *Helping guys to kinda communicate stuff and say, you know what, this, this happened aye. And then because it's now words and not a memory it has some kind of form and so to be able to look at the form, now it's out, and we kind of inspect that and go, oh you know what, well that's not okay aye? That's, well that was difficult actually...You know, so, and be able to talk about it, you know, to be able to put, talk about feelings and stuff. What's that, what was that like then? And really explore that in a group.*

Other levels of intervention at the level of the community included positive natural networks such as community groups, iwi organisations, youth groups, positive peer groups, church, kapa haka as well as sports and hobbies.

Using Māori guided interventions

Many participants spoke about using Māori guided interventions for tamariki/rangatahi who experienced whānau violence. It was recognised that there are many principles within te ao Māori that can be used to guide interventions for tamariki/rangatahi. Participants spoke about these including karakia, whanaungatanga, manaakitanga, whakataukī, Māori legends and use of te reo. A few participants described the importance of whanaungatanga in building relationships with tamariki/rangatahi:

> *And it starts off, you know, I never assume that by going in, you know, single-handedly and saying oh so you're the ...... whānau, do you have links into this hapū? And I just start off very basically so where are your people from? You know because there's also that thing that Māori also carry quite a lot of, and I speak for myself here, you know up until recently. Because there are gaps in our knowledge so often, you know people will have either disconnected from their whānau or the whānau actually can, as is I regret to say sometimes the case is actually the seat of trauma...I just proceed very gently by saying oh where are you from. And then they'll say where are you from? And we do that whole. It's all about connecting.*

Cultural advisors were also seen as having a role in working with tamariki/rangatahi as well as having tikanga focused programmes. Models such as Te Whare Tapa Wha and Te Tuakiri o Te Tamaiti were seen as being able to be implemented into practice. Through this engagement and using tikanga practices tamariki/rangatahi had opportunities to learn more about te ao Māori however, caution was recommended in determining who may want a more Māori focused intervention giving recognition to the impact of colonisation and historical trauma and how this needed to be understood.

Discussion

This research provided insight into resilience for tamariki and rangatahi who have survived through whānau violence. Not surprisingly, the construct of resilience itself received attention. Participants' responses seemed to match the ecological and culturally sensitive definition provided by Ungar (2012) as provided above. Participants were clear that being identified as "resilient" did not mean they did not need help and support.

This research also supported the complex and dynamic interplay between a range of factors across different individuals and at multiple levels (individual, whānau, community, culture), clearly supporting an ecolgial approach similar to Bronfenbrenner's (1979) model which also emphasises the complexity of interactions between the person and their environment at different levels.

At the level of the individual, having self-belief which involves self-efficacy, self-esteem and a sense of mastery were identified as important as well as having hope and motivation to succeed in the future. These qualities are consistent with those identified in literature elsewhere (e.g., Daniel & Wassell, 2002; Herrenkohl, Sousa, Tajima, Herrenkohl, & Moylan, 2008; Martin, 2002; Masten, 2014). However, the individual qualities of intelligence and cognitive abilities emphasised in the literature were not commonly identified in this research. While some inherent qualities were discussed, such as temperament, participants emphasised the role of dynamic factors which could be developed to help tamariki and rangatahi survive through whānau violence.

Participants considered it of relevance for tamariki and rangatahi to have the ability to locate responsibility for the problem with the perpetrator of the violence and have an understanding of why the violence had happened. While it is common for children and young people to attribute self-blame for violence that is inflicted upon them, being able to externally attribute blame and avoid self-blame is recognised as being important to recovery (Grych, Jouriles, Swank, McDonald, & Norwood, 2000; Martinez-Torteya et al., 2009). It is likely that for many children the appropriate attribution for violence is facilitated by having a significant supportive person who models an empathic and understanding relationship towards tamariki and rangatahi allowing them to feel accepted. This may also include telling them that it is not their fault that the violence happened.

Consistent with other research, the significance of having a significant supportive person in the life of tamariki and rangatahi was emphasised by participants. Masten (2014) has also identified the central significance of close relationships for resilience, noting that virtually every review of resilience

in child development over the past 50 years has recognised it. There is ample literature demonstrating the significance of an infant's bond with their primary caregiver and how a secure attachment serves the function of safety, emotional security and learning, including its contribution to resilience (Ainsworth & Bell, 1970; Bowlby, 1973; Fergusson & Horwood, 2003; Thompson, 2000). Masten (2014) used the term "enduring presence" to describe the ongoing nature and importance of the safe significant person.

Participants identified a range of characteristics or qualities of the significant supportive person and these correspond with those identified in other literature. These include unconditional love and support, affection, nurturance, understanding, acceptance, compassion, validation and being non-judgemental; these providing a context where tamariki and rangatahi could be seen and heard (Daniel & Wassell, 2002; Gewirtz & Edleson, 2007; Jaffe, Wolfe, & Campbell, 2012; Simcock & Duncan, 2010; Yates, 2013).

Participants identified advantages of a significant supportive person being someone within their whānau. This provides for greater opportunity to develop a positive Māori identity, connect with other whānau, hapū and iwi and develop a sense of belonging. This is consistent with Masten (2014) identifying how parents can be "cultural conduits" who transmit cultural practices that can foster resilience. Strengthening a positive Māori identity in tamariki and rangatahi was identified as helpful by almost all participants. This is consistent with existing opinion and research in Aotearoa where a strong and secure identity and connectedness have been identified as protective for Māori (Cooper, 2012a; Durie, 2006; Kruger et al., 2004; Te Puni Kōkiri, 2010). It is also consistent with international research with other indigenous populations where distinctive aspects of resilience have been identified including collective knowledge and identity and pride in one's heritage (Andersson & Ledogar, 2008; Ungar, 2012). Knowing who you are and where you are from, including knowing your whakapapa, having a connection with whānau, hapū and iwi as well as wairuatanga, and being able to draw on cultural beliefs and values has helped Māori to survive and respond to challenge and adversity in the past (Cooper, 2012a; Durie, 2006; Kruger et al., 2004; Te Puni Kōkiri, 2010). It has been suggested that it is the same resilience which enabled Māori to survive despite the devastating impact of colonisation that is present in the lives of tamariki and rangatahi that helps them survive through whānau violence (Te Puni Kōkiri, 2010).

Consistent with existing literature in Aotearoa, wairua was seen to be a significant (Douglas, 1998; Henderson, 2013). It was viewed as the "heart of resilience" and a "link with a universal wholeness", "reservoir of energy and power" and "place to seek solace". Wairua is significant for Māori. It is considered to be the spirit of the person and their sense of being and is one of four parts of Te Whare Tapa Wha (the four sided house), a Māori model of health which identifies the four important parts of a person which need to be balanced in order to achieve wellbeing (Durie, 1985). The ability to bring forth tīpuna and draw on their strength and develop a "wairua connection" with others appears to be a distinct strength, emphasised by Māori to contribute to resilience.

Participants spoke extensively about interventions to assist the development of resilience. Early, systemic, Māori guided interventions were identified as helpful for tamariki and rangatahi experiencing whānau violence. Of course, interventions for family violence need to be "coordinated community responses" given the systemic nature of whānau violence, in accordance with international best practice (Shepard, 2005). In line with a social, ecological theory, interventions need to be multi-layered and holistic according to participants in this research. This involves working with whānau as a whole, school interventions such as resiliency programmes, and programmes and therapy such as family therapy, parenting programmes and individual therapy. Networks including community groups, iwi organisations, youth groups, peer groups, church and activities such as kapa haka and other sports and hobbies were also seen as important. Intervention at a broader level was also seen as necessary, involving public education and government level intervention in areas such as education, housing, financial wellbeing and employment.

Many participants talked about how interventions needed to be guided by Māori or "Māori driven". This of course would take into account the importance of the factors identified in relation to resilience of having a positive Māori identity and a wairua connection. Principles within te ao Māori were identified to lead interventions such as karakia, whanaungatanga, manaakitanga, whakataukī, Māori legends and use of te reo. This could also include consideration of Māori models such as Te Whare Tapa Wha and Te Tuakiri o Te Tamaiti. However, given the complexity of Māori identity addressed earlier, caution needs to be exercised in determining who may want and/or benefit from a more Māori-focused intervention. Cultural advisors, kaumātua and kuia may be in a good position to identify some of these complexities. A core element of intervention was seen to be building a relationship. Research on the therapeutic alliance reveals there is a strong association between the therapeutic relationship and treatment outcome (Karver, Handelsman, Fields, & Bickman, 2006; Lambert & Barley, 2001).

This research suggests that a range of people can help tamariki and rangatahi who have experienced whānau violence, and that one person can make a big difference to tamariki and rangatahi surviving through these difficult experiences. Participants identified that tamariki and rangatahi often have significant strengths that they already use to help them survive, and that these provide a foundation or platform for other interventions. Given there is no "one size fits all" approach, beginning with identifying the strengths of tamariki and rangatahi appears paramount to building a meaningful intervention.

Further research should engage tamariki and rangatahi directly to gain their perspective on how they survived through whānau violence. Such research will give tamariki and rangatahi a voice in the literature as well as provide opportunities for them to help other tamariki and rangatahi going through similar experiences. Maintaining a kaupapa Māori approach should ensure that the relevance and utility for Māori communities is maximised.

Acknowledgements

References

Ainsworth, M., & Bell, S. (1970). Attachment, exploration and separation: Illustrated by the behaviour of one year-olds in a strange situation. *Child Development, 41*, 49-67.

Andersson, N., & Ledogar, R. J. (2008). The CIET aboriginal youth resilience studies: 14 years of capacity building and methods development in Canada. *Pimatisiwin, 6*(2), 65-88.

Balzer, R., Haimona, D., Henare, D., & Matchitt, V. (1997). *Māori family violence in Aotearoa*. Wellington, NZ: Te Puni Kōkiri.

Boulton, A. (2013). *Facilitating whānau resilience through Māori primary health intervention*. Wellington, NZ: Health Research Council.

Bowlby, J. (1973). *Attachment and loss: Separation, anxiety and anger*. London: Hogarth.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101.

Bronfenbrenner, U. (1979). *The ecology of human development*. Cambridge, Massachusetts, MA: Harvard University Press.

Cooper, E. (2012a). *Mokopuna rising: Intervention in whānau violence*. Doctor of Philosophy thesis. The University of Auckland, Auckland.

Cooper, E. (2012b). Toku reo, toku ngākau: Learning the language of the heart. *Psychology Aotearoa, 4*(2), 97-103.

Daniel, B., & Wassell, S. (2002). *The school years: Assessing and promoting resilience in vulnerable children 2*. London: Jessica Kingsley Publishers.

Durie, M. (1985). A Māori perspective of health. *Social Science and Medicine, 20,* 483-486.

Durie, M. (1998). *Whaiora: Māori health development*. Melbourne, VIC: Oxford University Press.

Durie, M. (2001). *Mauri ora: The dynamics of Māori health*. Auckland, NZ: Oxford University Press.

Durie, M. (2007). Indigenous resilience: From disease and disadvantage to the realisation of potential. In *Matariki, 1,* 1, 7-26. Te Mata o Te Tau; The Academy for Māori Research and Scholarship, Massey University, Wellington.

Fergusson, D., Horwood, L. J., & Lynskey, M. T. (1997). Childhood sexual abuse, adolescent sexual behaviours and sexual revictimization. *Child Abuse & Neglect, 21*(8), 789-803.

Fergusson, D. M., & Horwood, L. J. (1998). Exposure to interparental violence in childhood and psychosocial adjustment in young adulthood. *Child Abuse & Neglect, 22*(5), 339-357.

Fergusson, D, & Horwood, L. (2003). Resilience to childhood adversity: Results of a 21 year study. In S. S. Luthar (Ed.), *Resilience and vulnerability: Adaptation in the context of childhood adversities* (pp. 130-155). Cambridge, England: Cambridge University Press.

Flett, R., Kazantzis, N., Long, N., MacDonald, C., Millar, M., Clark, B., Edwards, H., & Petrik, A. (2012). The impact of childhood sexual abuse on psychological distress among women in New Zealand. *Journal of Child and Adolescent Psychiatric Nursing, 25*(1), 25-32.

Gewirtz, A. H., & Edleson, J. L. (2007). Young children's exposure to intimate partner violence: Towards a developmental risk and resilience framework for research and intervention. J*ournal of Family Violence, 22*(3), 151-163.

Grych, J. H., Jouriles, E. N., Swank, P. R., McDonald, R., & Norwood, W. D. (2000). Patterns of adjustment among children of battered women. *Journal of Consulting and Clinical Psychology, 68*(1), 84-94.

Henderson, M. (2013). *Growing up with domestic violence: Voices of resilience*. Unpublished Masters of Health Science thesis. Massey University, Manawatu.

Herrenkohl, T. I., Sousa, C., Tajima, E. A., Herrenkohl, R. C., & Moylan, C. A. (2008). Intersection of child abuse and children's exposure to domestic violence. *Trauma, Violence, & Abuse, 9*(2), 84-99.

Hunter, A. J. (2001). A cross-cultural comparison of resilience in adolescents. *Journal of Pediatric Nursing, 16*(3), 172-179.

Jackson, M. (1987). *The Māori and the criminal justice system: A new perspective: He whaipaanga hou*. Wellington, NZ: Department of Justice.

Jaffe, P., Wolfe, D., & Campbell, M. (2012). *Growing up with domestic violence*. Massachusetts, MA: Hogrefe Publishing.

Jenkins, K., & Harte, H. M. (2011). *Traditional Māori parenting: An historical review of literature of traditional Māori child rearing practices in pre-european times*. Auckland, NZ: Te Kahui Mana Ririki.

Karver, M. S., Handelsman, J. B., Fields, S., & Bickman, L. (2006). Meta-analysis of therapeutic relationship variables in youth and family therapy: The evidence for different relationship variables in the child and adolescent treatment outcome literature. *Clinical Psychology Review, 26*(1), 50-65.

Kruger, T., Pitman, M., Grennell, D., McDonald, T., Mariu, D., Pōmare, A., Mita, Maihi, M., & Lawson–Te Aho, K. (2004). *Transforming whānau violence – A conceptual framework: An updated version of the report from the former second Māori taskforce on whānau violence* (2nd ed.). Wellington, NZ: Te Puni Kōkiri.

Laing, L. (2000). Children, young people and domestic violence. *Australian Domestic & Family Violence Clearinghouse, 2*, 1-28.

Lambert, M., & Barley, D. (2001). Research summary on the therapeutic relationship and psychotherapy outcome. *Psychotherapy: Theory/Research/Practice/Training, 38*(4), 357–361.

Martin, S. G. (2002). Children exposed to domestic violence: Psychological considerations for health care practitioners. *Holistic Nursing Practice, 16*(3), 7-15.

Martinez-Torteya, C., Anne Bogat, G., Von Eye, A., & Levendosky, A. A. (2009). Resilience among children exposed to domestic violence: The role of risk and protective factors. *Child Development, 80*(2), 562-577.

Masten, A. (2014). *Ordinary magic: Resilience in development*. New York, NY: Guilford Publications.

Mikaere, A. (1994). Māori women: Caught in the contradictions of a colonised reality. *Waikato Law Review, 2*, 125-149.

Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology, 52*(2), 250–260.

Mullen, P. E., Martin, J. L., Anderson, J. C., Romans, S. E., & Herbison, G. P. (1993). Childhood sexual abuse and mental health in adult life. *The British Journal of Psychiatry: The Journal of Mental Science,*

163, 721-732.

Pihama, L. (1993). *Tungia te ururua, kia whakaritorito: A critical analysis of parents as first teachers*. Unpublished Master of Arts thesis. University of Auckland, Auckland.

Pihama, L., Jenkins, K. E. H., & Middleton, A. (2003). *Te rito action area 13 literature review: Family violence prevention for Māori research report*. Auckland, NZ: Ministry of Health.

Rickard, S. (1997). *Koi patu koi mamae: Disciplining Māori children.* Unpublished Master of Arts thesis. University of Auckland, Auckland.

Rutter, M. (2000). *Resilience reconsidered: Conceptual considerations, empirical findings, and policy implications*. In J. Shonkoff & S. Meisels (Eds.), Handbook of early childhood intervention (pp. 651-682). New York: Cambridge University Press.

Shepard, M. (2005). Twenty years of progress in addressing domestic violence: An agenda for the next 10 years. *Journal of Interpersonal Violence, 20*, 436-441.

Simcock, A., & Duncan, L. (2010). *Hidden in front of us*. Hamilton, NZ: Maruki Books Limited.

Te Puni Kōkiri. (2010a). *Arotake tūkino whānau: Literature review on family violence*. Wellington, NZ: Te Puni Kōkiri.

Thompson, R. A. (2000). The legacy of early attachments. *Child Development, 71*(1), 145-152.

Ungar, M. (2012). *The social ecology of resilience: A handbook of theory and practice*. New York, NY: Springer.

Ungar, M. (2011). The social ecology of resilience: addressing contextual and cultural ambiguity of a nascent construct. *American Journal of Orthopsychiatry, 81(*1), 1–17.

van Heugten, K., & Wilson, E. (2008). Building resilience in young people who have witnessed intimate partner violence. *Te Awatea Review, 6*(2), 9-13.

Yates, D. (2013). *The voices of young adults in Waitakere who were exposed to family violence as children: A report on their experiences and needs at the time*. Auckland, NZ: Waitakere Anti-Violence Essential Services.

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