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Transforming the normalisation and intergenerational whānau (family) violence

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Denise Wilson

Auckland University of Technology

Abstract

Whānau (extended family networks) are the fabric of any indigenous community and society. For many whānau violence has become a normalised way of functioning, and persists as a way for its members interacting generation after generation. Māori (indigenous peoples of Aotearoa [New Zealand]), similar to other colonised indigenous peoples, are challenged by the widespread and corrosive nature of violence within their whānau and wider community. *Mokopuna* (indigenous children) growing up in homes with abuse and violence maintains the intergenerational transmission of violence as an acceptable way of functioning because they are often without opportunities to learn alternative non-violent modes of interacting. Living with violence heightens their risk of becoming victims, perpetrators or both (Burnette & Cannon, 2014; Smith, Ireland, Park, Elwyn, & Thornberry, 2011). Strengthening and restoring whānau cultural identities and traditional values is crucial to halting family violence normalisation and intergenerational transmission. In this paper, opportunities to disrupt violence will be

discussed briefly drawing on lessons embedded in our cultural traditions, and insights and experiences of participating in the New Zealand Family Violence Death Review Committee and *The People's Report*.

Keywords: Family violence, whānau violence, domestic violence, whakapapa, indigenous peoples, Māori, colonisation

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Introduction

It is hard to imagine how Māori (indigenous peoples of Aotearoa [New Zealand]) went from a society where *tāne* (men), *wāhine* (women) and *mokopuna* (children and grandchildren) all had important roles, which maintained the strength and wellbeing of their *whakapapa* (genealogy) to many living amidst violence in their whānau.

Wāhine and mokopuna were highly valued members as the bearers of future generations and represented their future. Of particular note was the nurturing role and communal obligations that tāne and the wider whānau (comprising of grandparents, aunties, uncles, and cousins) had to protect its members and raise healthy mokopuna. Our *mātauranga* (knowledge) contained within *pūrakau* (stories myths and legends), *waiata* (songs), *karakia* (ritual chants or prayers), *mōteatea* (traditional laments or chants), and *oriorio* (lullabys), for example, provide evidence of traditional values and practises. These indicate whānau and its members obligations held central the care and protection of mokopuna (Eruera & Ruwhiu, 2015), as well as their mothers. Our historical documents confirm the absence of violence within whānau and *hapū* (sub-tribe), particularly that inflicted against wāhine and mokopuna, sometimes to the dismay of the authors of these accounts (Taonui, 2010). Any violence against wāhine and mokopuna was unacceptable, and indiscretions addressed both swiftly and harshly – viewed as transgressions against whakapapa (Kruger et al., 2004; Mikaere, 1994). The impacts of colonisation destroyed our traditional ways of life for many whānau. The importance of respectful and complementary relationships and the collective obligations and responsibilities held by whānau and hapū members eroded. Instead, the *new* ways of our colonisers replaced traditional values and practices.

In contemporary Aotearoa, Māori whānau are over-represented in poor social and health outcomes, including family violence prevalence and deaths. It is more than just an issue of coercive control commonly associated with family violence affecting the majority of the population (Johnson, Leone, & Xu, 2014). Rather whānau violence is entangled in a history of colonisation, socioeconomic deprivation, and trauma that persists into contemporary times. It extends beyond just intimate partners and children to include wider whānau members (such as siblings, grandparents, aunties, uncles, and cousins). It is from this basis, informed by a decolonising and Māori theoretical perspective (Chilisa, 2012; Pihama, 2010; Smith, 2012), that I explore and contest the normalisation and intergenerational transmission of violence in our

whānau in this conceptual paper, and suggest some areas for transforming this persistent phenomena in Indigenous communities globally.

Background

Family violence is a global and national concern, particularly for indigenous women and children (Family Violence Death Review Committee, 2014; World Health Organization [WHO], 2014). Aotearoa also ranks poorly in the world for child homicide (24 out of 35 countries) and child poverty (21 out of 35 countries; UNICEF Office of Research, 2013). The burden of disease associated with family violence is high for victims of family and sexual violence, leading to long-term health conditions, disability and premature death (WHO, 2013). In Aotearoa, 25% of the 500 people who came forward to speak to the Glenn Inquiry into child abuse and domestic violence identified as Māori. This independent inquiry asked the people of Aotearoa: *If New Zealand was leading the world in addressing child abuse and domestic violence, what would that look like?* Among the many messages, people shared that children living in homes with violence was child abuse, and therefore, the imperative to protect them; violence was everybody's problem, and as a country, we needed to have a zero tolerance to violence. The need for the nation to be child-focused originated out of people's realities and the importance that their, and others', mokopuna would live in whānau free of violence (Wilson & Webber, 2014).

The persistence of family violence, raises questions about whether anybody is listening or seeing what is happening regarding people's in our communities need for support. The Family Violence Death Review Committee's (2014) reviews of deaths found that when people are seeking help or are identified as being victims of family violence the accurate documentation of their story is also fraught – they are frequently forced to retell their stories to different people, are not believed, and their stories are misinterpreted. Generally the focus has been on women who are victims and holding them responsible for keeping themselves and their children safe and questioning what they are doing about the violence in their lives. While the person using the violence is rendered invisible (Family

Violence Death Review Committee, 2016; Wilson, Smith, Tolmie, & de Haan, 2015).

Violence within whānau is a major concern for not only Māori but the country as a whole. One in three women experience intimate partner violence (IPV) in Aotearoa (Fanslow & Robinson, 2011). However, the prevalence of IPV for Māori women attending emergency departments and a Māori health provider was found to be as high as 34% and 27% for recent IPV (in the last 12 months), and 57% and 80% for lifetime IPV, respectively (Koziol-McLain et al., 2004; Koziol-McLain, Rameka, Giddings, Fyfe, & Gardiner, 2007). Children growing up in homes where violence is occurring is considered a form of child abuse (FVDRC, 2016; Lamers-Winkelmann, Willemsen, & Visser, 2012). Koziol-McLain et al (2004; 2007) found that those Māori women screening positive for IPV, 60% and 96% of those in emergency departments and a Māori health provider (respectively) had children living in their homes. Furthermore, family violence is a risk factor for suicidal behaviours in children and adolescents, although its prevalence is not known (Haqqi, 2008; Lievore & Mayhew, 2007).

Family violence homicides make up about half of the homicides in Aotearoa. Māori are also disproportionately represented in the family violence homicides, accounting for approximately half of family violence homicides:

- Māori women are three times more likely than other women living in Aotearoa to be victims of homicide;
- Māori children are 5.5 times more likely to be a victim of homicide; and
- Māori men are almost five times more likely to be an offender of a homicide (Family Violence Death Review Committee, 2014).

Furthermore, evidence of the extensive reach of violence within whānau is the over-representation of Māori as victims and offenders of intrafamilial homicides, which involves family members other than intimate partners and children. They are 5.5 times more likely to be a victim, and 13 times more liable to be an offender of an intrafamilial homicide than other groups living in Aotearoa. Furthermore, while family violence homicides are evident across the socioeconomic deprivation and ethnic groups,

they are more likely to occur in neighbourhoods of high deprivation – areas where Māori are more likely to reside (Family Violence Death Review Committee, 2014).

Inequities in the prevalence of violence within whānau is evident in the number of Māori mokopuna investigated for care and protection concerns. While Māori mokopuna comprise 30% of all children born in Aotearoa, they make-up approximately 57% of children coming to the attention of Child, Youth and Family (CYF – Aotearoa’s statutory child and protection agency) by five years of age. This disproportionate representation includes removal of Māori children from their whānau, with Māori mokopuna comprising 60% of children in state care and protection. Most of these children belong to families with high social and health need and socio-economic deprivation (Modernising Child Youth and Family Expert Panel, 2015). Indigenous children in Canada, Australia and the United States are also disproportionately over-represented in state care (see for example, Denison, Varcoe & Browne, 2014; Roylance, 2009; Scannapieco & Iannone, 2012). Moreover, Māori mokopuna in state care has intergenerational effects, causing further damage to our mokopuna. Of those in state care,

- 80% will leave school without NCEA Level 2;
- 85% will receive a state income support (with or without a child) by 21 years of age;
- 10% of Māori mokopuna (compared to 4.4% of all children in care) will have a referral to youth justice; receive an adult community or custodial sentence; and
- they are less likely to be enrolled in primary healthcare and more likely to use mental health services.

More specifically, 14% of young Māori women (compared to 6% of the total cohort) with histories of CYF care are more likely to have a child reported to CYF for child care and protection concerns before they are 23 years old (Templeton et al., 2016).

Māori face inequities that extend beyond those associated with violence in whānau mentioned above. This is despite Māori having *Te Tiriti o Waitangi* (treaty between Māori and the Crown)

rights to *tino rangatiratanga* (self-determination) and *oritetanga* (equity). Undoubtedly, family violence is a complex multifaceted issue that persists despite many to seeking to resolve it by simple solutions. Mainstream services, many of which are designed to *help* New Zealanders, continue to colonise Māori and perpetuate systemic inequities that compound historical trauma and poverty, employment opportunities, and access to necessary services. Instead, services, tools and assessments undertaken by non-Māori service providers not only reinforce negative stereotypes and deficit explanations held about Māori whānau, they also stigmatise and engage in racist and discriminatory behaviours (Harris et al., 2012). Importantly, such approaches deny Māori the opportunities to access culturally-based services and practices. Not being able to get the right help and support at the right times in culturally appropriate and acceptable ways impedes the ability of our whānau to prosper and succeed – these are structural issues beyond the control whānau to manage.

Impacts of Whānau Violence

Many whānau living with whānau violence live in complex contexts. Family violence sequelae includes far-reaching impacts on physical, social, spiritual and mental health of those it affects (Simmons et al., 2016; Stewart, Vigod, & Riazantseva, 2015; Sugg, 2015). Furthermore, partner violence, particularly accompanied by anxiety and posttraumatic stress symptomatology, is associated with greater alcohol and drug misuse (Jaquier, Flanagan, & Sullivan, 2015).

Family violence consequences impact on the functioning of whānau, including the care of children. Child maltreatment and partner violence are entangled, especially when psychological abuse of children’s mothers occurs (Chang, Theodore, Martin, & Runyan, 2008) and contributes to high parenting stress impacting the quality of parenting their children (Renner, 2009). The effects of the stress associated with intimate partner violence on parenting in turn impacts children’s behavioural and emotional functioning (Huth-Bocks & Hughes, 2008). The loss of the protective structures of traditional Māori culture

resulted in the loss of positive role models, necessary to assist young parents with support and skills for raising their mokopuna. Parenting stress includes having unrealistic developmental expectations of their children (Cram, 2012) that leads to their abuse and neglect. Undeniably, the exposure of children to violence within their home has long-term adverse effects on them which continues into their adulthood, resulting in poor social and health outcomes and early mortality (Lamers-Winkelman et al., 2012).

Whānau violence contributes to the removal of mokopuna into state care, which subsequently disconnects them from whānau and cultural networks impacting “...greatly on the health and wellbeing of mokopuna safety” (Eruera & Ruwhiu, 2015, p. 17). The state care of children, initiated in the 1960s by social welfare policy, transferred responsibility of children’s welfare to the state. By the early 1980s, just over 12% of Māori children were under the guardianship of the state, of which over half were in the foster care of Pākehā families (Cram, 2012). The current state care system, for the most part, remains without culturally-informed approaches to the care of our mokopuna, similar to the 1960s and 1980s (Eruera & Ruwhiu, 2015).

Impacts on Whakapapa - Intergenerational Transmission

Undoubtedly, whānau violence has had detrimental effects on the wellbeing and connectedness of indigenous whakapapa – it eats away at the whānau and its individual members’ spiritual, physical and psychological wellbeing (Kruger et al., 2004). Moreover, it has introduced violence along with the lifelong spiritual, physical, and psychological effects on its members, and in some cases ceased members’ lives long before their time. No longer having a secure cultural identity and connectedness aids the existence of violence and its perpetuation for many whānau. The effects of colonisation have been widespread on many whānau, hapū, and *imi* (tribe) – it not only removed land, language, and cultural values and practises. It also introduced Victorian hegemonic social norms, which forced the change from the collaborative structure and function of whānau and the roles of tāne and

wāhine, to whānau subjugating wāhine and *tamariki* (children); (Pihama, Jenkins, & Middleton, 2003). Hegemonic family structures contrast with the importance in Māori culture of complementary nature of *māreikura* (female) and *whatakura* (male) dimensions (Eruera & Ruwhiu, 2015). Loss of connection to wider whānau, hapū, iwi, *tūpuna* (ancestors), and *atua* (deities, gods) contributed to a loss of mātauranga Māori and *tikanga* (cultural practices and processes). The cultural values and practices that ensured respectful relationships and the safety of whānau members and the whānau as a whole has become lost for many whānau – instead being replaced by *imposter tikanga* (correct ways of doing things; Kruger et al., 2004).

Whānau who use violence as an acceptable way of interacting provides an environment for the transmission of violence to *tamariki* growing up in its midst. It is normalised and misinterpreted as being part of Māori culture and is what Kruger et al. (2004) refer to as *imposter tikanga*. The negative whānau and social responses of others supports misunderstandings about whānau violence by those who have the potential to help those affected by the violence. Whānau violence is also shrouded in *whakamā* (cultural expression of shame and embarrassment), the stigma of living with violence, secrets (especially regarding child abuse and neglect), and silence. People's unwillingness to talk about whānau violence, denial that it is occurring, and their turning away support such stances (Wilson & Webber, 2014). However, as mentioned earlier, violence is an imposter way of functioning within whānau, which was not evident within traditional cultural practices regarding the treatment of wāhine, mokopuna, and wider whānau members.

The intergenerational transmission of violence from one generation to another is somewhat cyclical (Figure 1). This environment shapes mokopuna expectations of what is an acceptable way of behaving in adult relationships. In turn, the likelihood of either becoming a victim or perpetrator increases, and in some cases both a victim and perpetrator (Smith et al., 2011; Whitfield, Anda, Dube, & Felitti, 2003). While abused children often become abusive parents, this is not always the case. Such a trajectory involves a complex interplay between contextual, risk (such as poverty) and protective (for example

attachment) factors present at childhood along with family, community and societal (mis)understandings of and attitudes towards violence (Kim, 2012). Evidence clearly links witnessing parental violence and being victims of physical punishment which increases the odds of a child's perpetration of partner violence in their adulthood by 1.86 and 2.06 times, respectively (Franklin & Kercher, 2012).

Furthermore, evidence also establishes abuse and neglect as patterns for parenting underpinned by violence. Perpetration and victimisation is linked to growing up in homes with partner violence (Franklin & Kercher, 2012). Children observing father-only and bi-directional violence is predictive of partner violence perpetration in adulthood, while experiences of child abuse and observing mother-only violence was not (Erikson & Mazerolle, 2015). In addition to impacts of the quality of parental role models, violence within whānau increases children's risk of behavioural problems such as bullying, aggression and dating violence (Ehrensaft & Cohen, 2012; Franklin & Kercher, 2012). People talking to the Glenn Inquiry about growing up in violent and abusive families indicated they often did not know about alternative parenting strategies. The transmission of violence stopped for some because a person came into their lives to show them different and positive ways of interacting or parenting, or an event happened that made them question the *normalcy* of their whānau (Wilson & Webber, 2014). Essentially, *when you don't know what you don't know, you do what you do know, and what you do know may not be safe or right, but you don't know any other way* – persistence in blaming these whānau for doing wrong is futile, instead showing and supporting them in new ways for interacting with others that does not involve violence would be more productive in ceasing the transmission of violence within whānau.

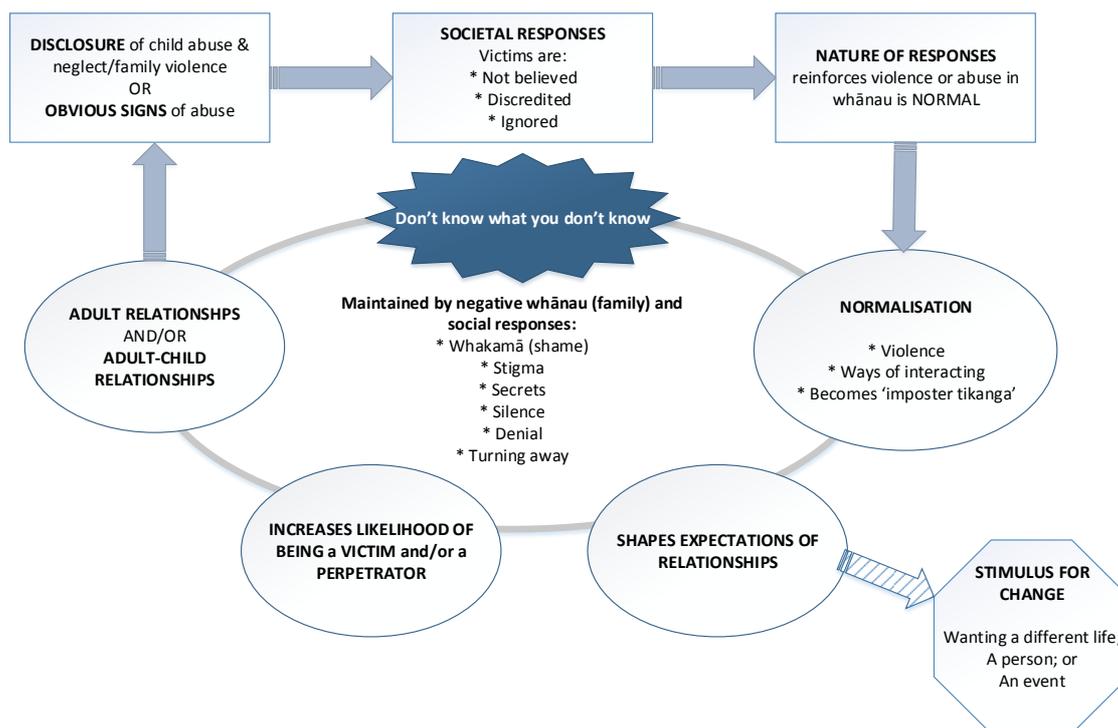


Figure 1: Intergenerational transmission of violence within whānau.

Therefore, breaking the cycle of violence needs to be informed by the reality that for many young parents, for instance, they need support and development of alternative ways of interacting with other adults and with children, as parents. Mokopuna making actual or attempted disclosures, or having expectations that others will *notice* something becomes unsuccessful when they encounter negative social responses (Wilson & Webber, 2014). Such responses come in the form of not believing mokopuna. Instead, their claims are discredited, or simply ignored. This type of social response reinforced to children and young people that violence is normal in their whānau. Moreover, the cycle continues, unless someone or something that happens in the lives of whānau members or the whānau as a whole. Franklin and Kercher (2012) highlight the importance of intervention with children before they reach late childhood, and supporting parents to use alternative strategies for managing childhood behavioural problems.

Transforming Intergenerational Violence

Addressing intergenerational violence requires a varied and multi-levelled approach (Figure 2). First, attention is needed at a social and political

level with the view to addressing the impacts of historical trauma and ongoing colonisation that contributes to the structural inequities Māori whānau encounter when they access social and health services, including racism and discrimination (Came, 2014). Durie’s (2003) work on the nature of whānau functioning identified the impact on the health and safety of its members. He highlighted the need to recognise the different ways that whānau operate, and thus requiring different approaches to be adopted:

- Positive whānau have a high level of connectedness and functioning.
- Restricted whānau, while well-intentioned lack necessary resources to function optimally.
- Laissez-faire whānau, while having no hostility are disorganised and lack direction, impacting on their ability to function well.
- Isolated whānau have members who lack confidence, have narrow perspectives, and are culturally estranged and disconnected from Māori networks.
- Unsafe whānau have members who are disrespectful to each other, often resorting to violence as an acceptable remedy.

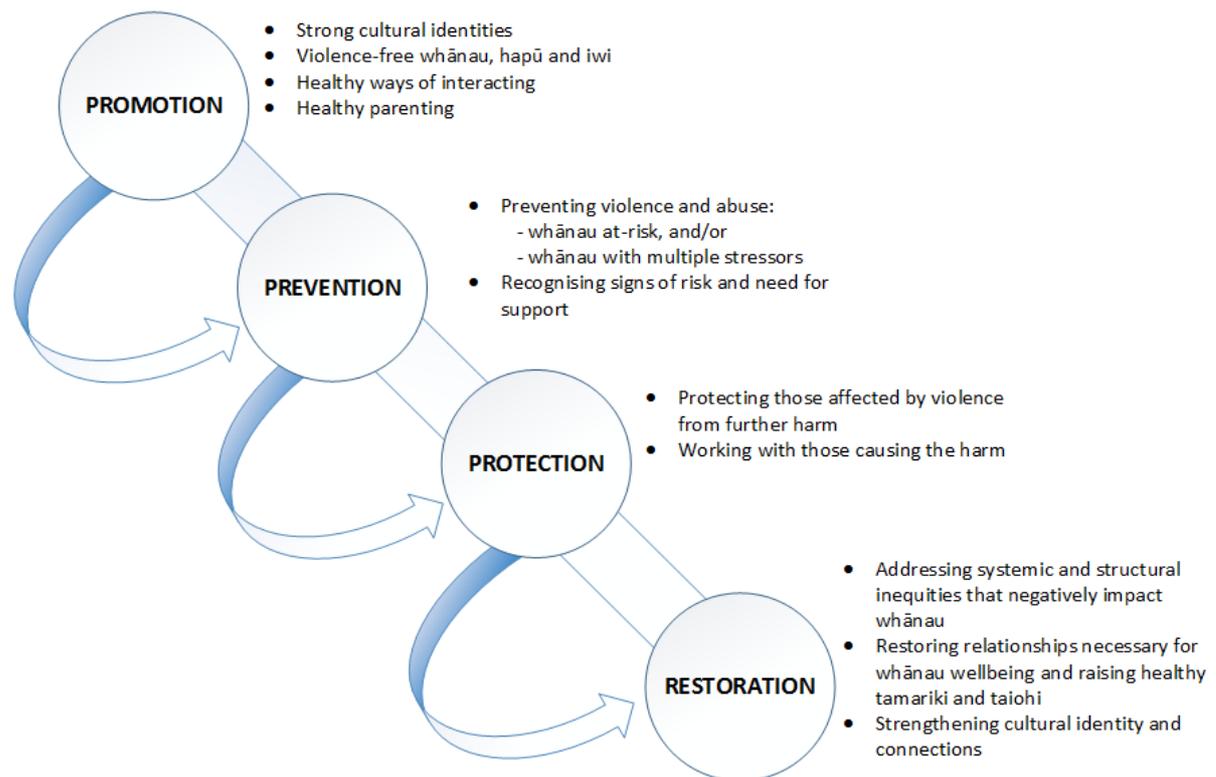


Figure 2: Levels of responsiveness to whānau.

Promoting both healthy positive adult and adult-child relationships occurs at the promotion level across all types of whānau functioning, and relates to those activities that nurture and foster violence-free whānau. It also involves promoting strong cultural identities, healthy ways of interacting and supporting parents to raise their children without abuse and violence. Eruera and Ruwhiu (2015) recommended positive parenting practices steeped in traditional cultural approaches, particularly because of their inherent protective factors. Prevention requires whānau, friends, neighbours, as well as those in agencies being able to recognise signs of family violence, especially regarding child abuse and neglect, and respond to get assistance to their support needs. Early detection of whānau under stress and in need of support is a crucial part of preventing violence within whānau. Because some mokopuna are born into whānau with violence, it also requires the identification of these whānau at-risk and those who have multiple stressors in their daily lives to prevent the perpetuation of violence. For instance, a whānau with restricted functioning may require access to necessary resources or a whānau exhibiting laissez-faire

functioning may need support and guidance to introduce structure and routine into their lives so that children have necessary routine in their lives and their needs met promptly.

Some whānau require protection because their circumstances mean members have some form of crisis in their relationships that is putting their safety and wellbeing at risk of serious harm. In these cases, the important action is to ensure that those members at risk are actively supported to be safe, and that work focuses on those causing the harm to stop the abuse and violence they are using. When whānau members are in positions of being safe and secure, a focus on restoration is needed. Restoring relationships to a point necessary for whānau wellbeing, and for raising healthy tamariki and *taiohi* (youth). It is not sufficient to simply place people into safe spaces, instead, and where possible, work should occur on restoring the *mana* (prestige, control, authority) of all concerned, understanding whānau whakapapa, how violence became part of it, healing work, and where whānau want to go into the future. Restoration does not mean the outcome is that whānau will necessarily live together, but that they can have a relationship

that fosters respect and models positive behaviour for tamariki and taiohi.

Doing Things Better

The Family Violence Death Review Committee's (2016) fifth report outlines the need to reconceptualise family violence and how to work with those whānau living with violence. Far from being an isolated one-off incident, family violence is a deliberate pattern of harm inflicted by one person onto another and others (such as mokopuna and other whānau members). It is entrapment, occurring within a context of coercive control maintained by threats of further violence or death levelled at victims along with other controlling behaviours. Coercive control means it is difficult and often dangerous for victims to simply leave their partners. It is also difficult for mothers to stop the violence within their home to protect their children. Furthermore, Māori wāhine are often already socially marginalised and discriminated against, making it difficult to access help they need from services and agencies.

Thinking that wāhine living in violent relationships can be empowered is a dangerous notion. The Family Violence Death Review Committee (2014) found that most women killed had disclosed their relationship violence and had asked for help. They realised their efforts to manage a safe home environment and protect their children have been exhausted. Instead of receiving the needed assistance to be safe, they were ignored. Victims of violence need to be listened to and disclosures or concerns about their safety taken seriously.

While much attention is paid to wāhine and what they are doing to keep their mokopuna safe, those using the violence (often their male partners) have been rendered invisible. The Family Violence Death Review Committee (2016) has stressed the need for the focus to shift onto those using violence, and stopping their use of violence. Because of the entangled nature of whānau violence, protecting and keeping mothers safe will also assist in keeping their children safe. Research has shown that supporting mothers improved their ability and capability to parent better (Davies & Krane, 2006; Lapierre, 2008; Moulding, Buchanan, & Wendt, 2015).

Cultural Identity and Connectedness

Whānau are the vehicles for healing and change. Amid their complex and seemingly chaotic lives, whānau are important. Realising the potential of whānau and promoting safety and wellbeing of its members requires responsive culturally connected whānau, hapū, iwi, and communities. Such approaches require culturally-informed and tailored help and support aimed at strengthening their cultural identity and connectedness, as well as having services and people working in them who have an understanding of the historical and contemporary contexts for Māori whānau. *Helping*-services that understand people's stories and contexts for lives and their distress are more likely to provide effective support and assistance.

Embedded in indigenous traditional cultural artifacts like *pūrākau*, waiata, and karakia are messages for learning and provide a vehicle to restore the protection inherent in traditional tikanga and mātauranga. One example of culturally informed messages is Pihama, Greensill, Campbell, Te Nana and Lee's (2015) book, *Taku Kuru Pounamu*, which is provided free of charge to whānau. It contains a range of *whakataukī* (proverb) that contain important messages that draw on the wisdom and values of tūpuna about being conscious about tending to mokopuna with care and respect to ensure their safety and wellbeing.

In traditional indigenous cultures, grandmothers had significant roles in tending and nurturing the young. Many contemporary young women are often disconnected from the cultural supports that once existed, left instead to parent their children without the experience and wisdom of elder women. In a dominant culture that does not value the role of elders like grandparents, *The Whispers of Waitaha* (Ruka Te Korako & Ruka Te Korako, 2006) provides another example highlighting the important role grandmothers and our tūpuna have. Grandmothers banded together to compile their messages for their mokopuna. In their book, they highlighted the important role grandmothers have in tending their granddaughters:

Te whare tangata he taonga

Me tino tūpato koutou ngā kuikuia

Ma te tiaki i ngā mokopuna tamahine
Kia ora ai e ngā tino mana o ngā wāhine

The house of humanity is a treasure
Your elder women must be aware

That by carefully tending the granddaughters
Will the survival of the generations of family be
safe.

(Ruka Te Korako & Ruka Te Korako, 2006, p.
28)

Conclusion

Whānau are important vehicles for healing and change – even amid their complex lives and trauma. To be vehicles for change, they need culturally-informed help and support and approaches tailored to their unique histories and requirements. Invariably this involves restoring and strengthening their cultural identity and connections to bring back the protectiveness cultural traditions offer. Disrupting and transforming whānau violence is about building safe and supportive communities, and growing safe and healthy whānau that are culturally connected.

References

- Burnette, C. E., & Cannon, C. (2014). "It will always continue unless we can change something": Consequences of intimate partner violence for indigenous women, children, and families. *European Journal of Psychotraumatology*, 5, 1-8. doi:10.3402/ejpt.v5.24585
- Came, H. (2014). Sites of institutional racism in public health policy making in New Zealand. *Social Science & Medicine*, 106(0), 214-220. doi:10.1016/j.socscimed.2014.01.055
- Chang, J. J., Theodore, A. D., Martin, S. L., & Runyan, D. K. (2008). Psychological abuse between parents: Associations with child maltreatment from a population-based sample. *Child Abuse & Neglect*, 32(8), 819-829. doi:10.1016/j.chiabu.2007.11.003
- Chilisa, B. (2012). *Indigenous research methodologies*. Thousand Oaks, CA: Sage.
- Cram, F. (2012). Safety of subsequent children - Māori children and whānau: A review of selected literature for the Families Commission— Kōmihana ā Whānau Research Report 2/12 Retrieved from <http://www.superu.govt.nz/sites/default/files/SoSC-Maori-and-Whanau.pdf>
- Davies, L., & Krane, J. (2006). Collaborate with caution: protecting children, helping mothers. *Critical Social Policy*, 26(2), 412-425. doi:10.1177/0261018306062592
- Denison, J., Varcoe, C., & Browne, A. J. (2014). Aboriginal women's experiences of accessing health care when state apprehension of children is being threatened. *Journal of Advanced Nursing*, 70(5), 1105-1116. doi:10.1111/jan.12271
- Durie, M. (2003). *Ngā kāhui pou: Launching Māori futures*. Wellington, New Zealand: Huia.
- Ehrensaft, M., & Cohen, P. (2012). Contribution of family violence to the intergenerational transmission of externalizing behavior. *Prevention Science*, 13(4), 370-383. doi:10.1007/s11121-011-0223-8
- Eriksson, L., & Mazerolle, P. (2015). A cycle of violence? Examining family-of-origin violence, attitudes, and intimate partner violence perpetration. *Journal of Interpersonal Violence*, 30(6), 945-964. doi:10.1177/0886260514539759
- Eruera, M., & Ruwhiu, L. (2015, September). "Eeny, meeny, miny, moe" catch hegemony by the toe: *Validating cultural protective constructs for indigenous children in Aotearoa*. Paper presented at the Third International Indigenous Social Work Conference, Darwin, NT, Australia.
- Family Violence Death Review Committee. (2014). *Fourth annual report: January 2013 to December 2013*. Retrieved from <http://www.hqsc.govt.nz/assets/FVDRC/Publications/FVDRC-4th-report-June-2014.pdf>
- Family Violence Death Review Committee. (2016). *Fifth report: January 2014 to December 2015*. Wellington, New Zealand: Health Quality and Safety Commission.
- Fanslow, J. L., & Robinson, E. M. (2011). Sticks, stones, or words? Counting the prevalence of different types of intimate partner violence

- reported by New Zealand women. *Journal of Aggression, Maltreatment & Trauma*, 20(7), 741-759. doi:10.1080/10926771.2011.608221
- Franklin, C., & Kercher, G. (2012). The intergenerational transmission of intimate partner violence: Differentiating correlates in a random community sample. *Journal of Family Violence*, 27(3), 187-199. doi:10.1007/s10896-012-9419-3
- Haqqi, S. (2008). Suicide and domestic violence: Could there be a correlation? *Medscape Journal of Medicine*, 10(12), 287-287.
- Harris, R., Cormack, D., Tobias, M., Yeh, L.-C., Talamaivao, N., Minster, J., & Timutimu, R. (2012). The pervasive effects of racism: Experiences of racial discrimination in New Zealand over time and associations with multiple health domains. *Social Science & Medicine*, 74(3), 408-415. doi:10.1016/j.socscimed.2011.11.004
- Huth-Bocks, A. C., & Hughes, H. M. (2008). Parenting stress, parenting behavior, and children's adjustment in families experiencing intimate partner violence. *Journal of Family Violence*, 23(4), 243-251. doi:10.1007/s10896-007-9148-1
- Jaquier, V., Flanagan, J. C., & Sullivan, T. P. (2015). Anxiety and posttraumatic stress symptom pathways to substance use problems among community women experiencing intimate partner violence. *Anxiety, Stress, & Coping*, 28(4), 445-455. doi:10.1080/10615806.2014.968562
- Johnson, M. P., Leone, J. M., & Xu, Y. (2014). Intimate terrorism and situational couple violence in general surveys: Ex-spouses required. *Violence Against Women*, 20(2), 186-207. doi:10.1177/1077801214521324
- Kim, K. (2012). The role of culture in theories of the intergenerational transmission of violence. *Child & Family Social Work*, 17(4), 395-405. doi:10.1111/j.1365-2206.2011.00793.x
- Koziol-McLain, J., Gardiner, J., Batty, P., Rameka, M., Fyfe, E., & Giddings, L. (2004). Prevalence of intimate partner violence among women presenting to an urban adult and paediatric emergency care department. *The New Zealand Medical Journal*, 117(1206).
- Koziol-McLain, J., Rameka, M., Giddings, L., Fyfe, E., & Gardiner, J. (2007). Partner violence prevalence among women attending a Maori health provider clinic. *Australian and New Zealand Journal of Public Health*, 31(2), 143-148. doi:10.1111/j.1753-6405.2007.00032.x
- Kruger, T., Pitman, M., Grennell, D., McDonald, T., Mariu, D., & Pomare, A., ...Lawson-Te-Aho, K. (2004). *Transforming whānau violence: A conceptual framework* (2nd ed.). Wellington, New Zealand: Te Puni Kokiri.
- Lamers-Winkelmann, F., Willems, A. M., & Visser, M. (2012). Adverse childhood experiences of referred children exposed to intimate partner violence: Consequences for their wellbeing. *Child Abuse & Neglect*, 36(2), 166-179. doi:10.1016/j.chiabu.2011.07.006
- Lapierre, S. (2008). Mothering in the context of domestic violence: the pervasiveness of a deficit model of mothering. *Child & Family Social Work*, 13(4), 454-463. doi:10.1111/j.1365-2206.2008.00563.x
- Lievore, D., & Mayhew, P. (2007). *The scale and nature of family violence in New Zealand: A review and evaluation of knowledge*. Retrieved from <http://www.msd.govt.nz/about-msd-and-our-work/publications-resources/research/scale-nature-family-violence/>
- Mikaere, A. (1994). Maori women: Caught in the contradictions of a colonised reality. *Waikato Law Review*, 2.
- Modernising Child Youth and Family Expert Panel. (2015). *Modernising Child, Youth and Family: Expert Panel - Interim Report*. Retrieved from <https://www.msd.govt.nz/documents/about-msd-and-our-work/work-programmes/cyf-modernisation/interim-report-expert-panel.pdf>
- Moulding, N. T., Buchanan, F., & Wendt, S. (2015). Untangling self-blame and mother-blame in women's and children's perspectives on maternal protectiveness in domestic violence: implications for practice. *Child Abuse Review*, 24(4), 249-260. doi:10.1002/car.2389
- Pihama, L. (2010). Kaupapa Māori theory: transforming theory in Aotearoa. *He Pukenga Korero*, 9(2), 5-14 .

- Pihama, L., Greensill, H., Campbell, D., Te Nana, R., & Lee, J. (2015). *Taku kuru pounamu*. Hamilton, Aotearoa New Zealand: Te Kotahi Research Institute.
- Pihama, L., Jenkins, K., & Middleton, A. (2003). *'Te Rito' action area 13 literature review: Family violence prevention for Māori research report*. Retrieved from [https://nzfvc.org.nz/sites/nzfvc.org.nz/files/Te%20Rito%20Action%20Area%2013%20Literature%20Review%20\(2003\)%20\(.pdf](https://nzfvc.org.nz/sites/nzfvc.org.nz/files/Te%20Rito%20Action%20Area%2013%20Literature%20Review%20(2003)%20(.pdf)
- Renner, L. M. (2009). Intimate partner violence victimization and parenting stress: Assessing the mediating role of depressive symptoms. *Violence Against Women, 15*(11), 1380-1401. doi:10.1177/1077801209346712
- Roylance, R. (2009). A snap-shot of child protection systems in Australia. *International Journal of Child Health & Human Development, 2*(3), 259-270.
- Ruka Te Korako, M., & Ruka Te Korako, T. (2006). *Whispers of Waitaha: Traditions of a nation*. Darfield, New Zealand: Wharariki Publishing.
- Scannapieco, M., & Iannone, M. A. (2012). Native American Indian child welfare system change: Implementation of a culturally appropriate practice model across three tribal child welfare systems. *Child Welfare, 91*(3), 157-172.
- Simmons, C. A., Delaney, M. J., Lindsey, L., Whalley, A., Murry-Drobot, O., & Gayle Beck, J. (2016). Should programs designed to help IPV survivors screen for mental health-related problems: Voices from the field. *Violence Against Women*. doi:10.1177/1077801216646225
- Smith, C. A., Ireland, T. O., Park, A., Elwyn, L., & Thornberry, T. P. (2011). Intergenerational continuities and discontinuities in intimate partner violence: A two-generational prospective study. *Journal of Interpersonal Violence, 26*(18), 3720-3752. doi:10.1177/0886260511403751
- Smith, L. T. (2012). *Decolonizing methodologies: Research and indigenous peoples* (2nd ed.). London: Zed Books.
- Stewart, D. E., Vigod, S., & Riazantseva, E. (2016). New developments in intimate partner violence and management of its mental health sequelae. *Current Psychiatry Reports, 18*(1), 1-7. doi:10.1007/s11920-015-0644-3
- Sugg, N. (2015). Intimate partner violence prevalence, health consequences, and intervention. *Medical Clinics of North America, 99*(3), 629-649. doi:10.1016/j.mcna.2015.01.012
- Taonui, R. (2010). Mana Tamariki: Cultural alienation. *AlterNative: An International Journal of Indigenous Peoples, 6*(3), 187-202.
- Templeton, R., Crichton, S., Tumen, S., Rea, D., Ota, R., & Small, D. (2016). *Research using administrative data to support the work of the expert panel on modernising Child, Youth and Family* Retrieved from <http://purl.oclc.org/nzt/p-1852>
- UNICEF Office of Research. (2013). *Child well-being in rich countries: A comparative overview - Innocenti Report Card 11*. Retrieved from <http://media.nzherald.co.nz/webcontent/document/pdf/201315/UnicefChildWellbeingreport.pdf>
- Whitfield, C. L., Anda, R. F., Dube, S. R., & Felitti, V. J. (2003). Violent childhood experiences and the risk of intimate partner violence in adults: Assessment in a large health maintenance organization. *Journal of Interpersonal Violence, 18*(2), 166-185. doi:10.1177/0886260502238733
- Wilson, D., Smith, R., Tolmie, J., & de Haan, I. (2015). Becoming better helpers: Rethinking language to move beyond simplistic responses to women experiencing intimate partner violence. *Policy Quarterly, 11*(1), 25-31.
- Wilson, D., & Webber, M. (2014). *The People's Report: The people's inquiry into addressing child abuse and domestic violence*. Retrieved from http://ndhadeliver.natlib.govt.nz/delivery/DeliveryManagerServlet?dps_pid=IE21610016&dps_custom_att_1=ilsdb
- World Health Organization. (2013). *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence*. Retrieved from http://apps.who.int/iris/bitstream/10665/85239/1/9789241564625_eng.pdf

World Health Organization. (2014). *Global status report on violence prevention 2014*. Retrieved from http://www.who.int/violence_injury_prevention/violence/status_report/2014/report/report/en/

Denise Wilson is of Ngāti Tahinga (Tainui) and New Zealand European descent. She undertakes research on Māori/Indigenous health and health service use, family violence, cultural safety, and health workforce development. Denise is a registered nurse and currently is the Professor of Māori Health in Taupua Waiora Centre for Māori Health Research at Auckland University of Technology. She has participated in the development of the Ministry of Health's Violence Intervention Programme. Denise is the Deputy Chair of the Health Quality and Safety Commission's Family Violence Death Review Committee; a member of the HQSC's Roopū Māori; the Chair of the Mortality Review Committee's Māori Caucus; and the Chair of the Family Violence Prevention Investment Advisory Board. She is a co-author of *The People's Report* and *The People's Blueprint for the Glenn Inquiry* into child abuse and domestic violence. She is a Fellow of the College of Nurses Aotearoa (NZ) and Te Mata o te Tau (Academy of Māori Research & Scholarship). Her international collaborations include being a Visiting Professor with Oxford Brookes University in the UK. denisel.wilson@aut.ac.nz