

Māori and Trauma Informed Care in Paediatric Oncology

Volume Three



About the Author

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The NZ Child Cancer Foundation is committed to providing support services for whānau facing childhood cancer. Founded by medical professionals and parents, this charity walks alongside and supports hundreds of whānau each year.

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Tō tuāoma timatatanga
Ō kawenga pikau mahi
Ka hāere tonu ia ra, ia ra
Mō ō ratou oranga

Your journey began
With challenges day after day
With integrity and commitment
We support you and your
whānau with empathy



Houston, diagnosed age 3.

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Introduction

In developing our preliminary research on trauma informed care and trauma informed methods, it became abundantly clear that the literature from both the health system and in academic databases is dominated by a Western world view and grounded in the colonisation of indigenous peoples.

Within an Aotearoa New Zealand context, this means recognition of historical and intergenerational trauma caused by the lasting effects of colonisation and an emphasis on healing through whānau, driving more effective, culturally grounded support systems for the communities we work with.

Acknowledging this, however, in no way minimises the challenge for non-Māori dominated organisations to transform and decolonise, or to unlearn cultural blinkers and biases that have created barriers to achieving our missions. At Child Cancer Foundation, we know we won't always get things right. We are committed, however, to listening and unlearning the attitudes, work methods and processes that uphold inequitable service provision. In practice this will require us to participate in engagement and relationship-building, and be willing to shift embedded systems and be guided by our Māori partners: be they iwi, hapu, whānau or colleagues in Māori led organisations. It will require us to bring kaupapa Māori principles and practices to the fore.

For over forty-five years, our mission has been to walk alongside and support all tamariki and their whānau on their cancer journey. As an organisation we recognise that each of us has a personal role to play and a personal commitment to make, in order to support all whānau whose lives are affected by the cancer journey of their tamariki. And while we have seen a significant improvement in outcomes for those tamariki diagnosed with cancer over these forty-five years, there is still a small disparity in five-year survival rates between Māori and non-Māori. By approaching our work with tautiaki, ngākau aroha and whakapono, we stand ready to consciously improve our service model and to influence the wider paediatric oncology ecosystem to better respond to the needs of Māori.

Through this report in both reo Māori and reo Ingarihi, Child Cancer Foundation reinforces our commitment to te Tiriti o Waitangi and in particular recognises that the lived experience of many whānau that we serve is built upon a fundamentally different worldview. We hope you find this volume, the second of three, as thought-provoking and insightful as we have.

Ngā mihi nui



Monica Briggs
Chief Executive



Dan Te Whenua-Walker
Chair, CCF



Reremoana Hammond
Deputy Chair, CCF

Executive Summary

Trauma Informed Care models have been dominated by WEIRD (Western Educated Industrialised Rich and Democratic) sources—notably sources in the United States. These resources are helpful but do not fully address the application of trauma informed approaches in a cultural context where there are important treaty obligations that must be met.

Further, there are multiple criticisms of the dominant trauma informed care models that are made by Māori scholars, practitioners and iwi, that illustrate the particular challenge that Aotearoa New Zealand faces when considering how best to approach implementing trauma informed care in a bicultural context.

Important criticisms include that current treatment models are based on treating individuals rather than recognising the collective nature of whānau, and that the dominant models are not capable of addressing either intergenerational trauma or historic traumas where the trauma is ongoing.

Work completed by the Waitangi Tribunal provides a helpful interpretation of how health service providers can interpret treaty obligations in order to toitū te Tiriti. An important finding of the Tribunal is that in order to respect Māori tino rangatiratanga, any established practices must be reimagined to enable actual Māori self-determination. The phrase “by Māori for Māori” describes this new way of working.

Child Cancer Foundation has long held a commitment to upholding and honouring Te Tiriti and is wanting to engage with its Treaty partners to reimagine its own ways of working.

Honouring te Tiriti o Waitangi

As an organization that is a part of the wider health care system of Aotearoa New Zealand, Child Cancer Foundation has long stated its commitment to Te Tiriti o Waitangi.¹ Te Tiriti is considered by the NZ Government and Courts as the foundation document of Aotearoa New Zealand. It accords rights to Māori, including the right to health and equitable health outcomes. These rights are interpreted on behalf of the Crown by the Waitangi Tribunal.

In 2017 the Waitangi Tribunal opened the Health Services and Outcomes inquiry (Wai 2527) to conduct a staged inquiry into various aspects of the healthcare system. Stage One of the Inquiry would consider the legislative and policy framework for the primary healthcare system. The preliminary report was published in 2019 with a final report published in 2021, following a period of consultation. While Child Cancer Foundation is not part of the primary health care system, research completed in this sphere is helpful to understand the context for the interpretation of te Tiriti principles insofar as health services in Aotearoa New Zealand are concerned. Chapter Three² outlines four principles. They are:

Principle of	Short summary
Partnership	Te Tiriti imposes obligations on both Māori and the Crown to 'act towards each other reasonably and with the utmost good faith'. The Inquiry concluded this principle 'describes a relationship where one party is not subordinate to the other but where each must respect the other's status and authority in all walks of life'. ³ The Inquiry also recognised this principle required the Crown to consult and partner with Māori genuinely in the 'design and provision of services' while also acknowledging the Māori right to express their tino rangatiratanga as they chose. The Tribunal also found that any practical partnership arrangement must be periodically evaluated in order to ensure that the partnership continued to fulfill its purpose. ⁴
Active protection	The Tribunal acknowledged that "the Crown's responsibility for the health and wellbeing of Māori cannot be diluted: it does not matter whether the services are being provided by the Crown directly or by a mix of publicly and privately owned organisations." ⁵ considered that te Tiriti guarantee of tino rangatiratanga, the Māori right to make decisions over their affairs is not absolute and should be informed by what is reasonable in the circumstances existing at the time. They further acknowledged that the capacity to exercise this authority is key to the active protection of tino rangatiratanga. ⁶
Equity	A condition of te Tiriti is "the Crown's duty to act with fairness and justice to all citizens." ⁷ The Tribunal found that Article 3 "not only guarantees Māori freedom from discrimination but also obliges the Crown to promote positive equity."
Options	This principle follows on from tino rangatiratanga and confirms the right of Māori to continue their way of life as they wish. This principle confirms that the Crown must adequately protect the availability of Māori solutions in healthcare to ensure that regardless of their choice that Māori are not disadvantaged by their choice. In this way the intention is to provide Māori with real options rather than a choice in name only. ⁸

¹ *The Treaty of Waitangi*.

² "Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry", Wai 2575, Waitangi Tribunal Report, 2023, p. 27.

³ *Ibid*, p. 28.

⁴ *Ibid*, p. 29.

⁵ *Ibid*, p. 31.

⁶ *Ibid*, p. 30.

⁷ *Ibid*, p. 33.

⁸ *Ibid*, p. 36.

In a study published in September 2024⁹, and noting the Tiriti obligation to deliver an equity focused implementation method for the Aotearoa New Zealand context, the following critical steps were identified:

- 1 Pre-implementation work
- 2 Collaboration discussions
- 3 A shared vision and rationale for a trauma informed approach
- 4 An implementation plan
- 5 Incorporation into organisation policies and procedures
- 6 Ongoing training and upskilling for the whole workforce
- 7 Shared evaluation, review, feedback and adjustments

This method is discussed further in Volume Three.

Trauma Informed Care and Māori

In Aotearoa New Zealand, Māori scholars have identified the multiplicity of ways that historic colonisation events continue to perpetuate harm in contemporary society.

While criticisms from Māori are not in any way homogenous, there are multiple criticisms of the Western/WEIRD¹⁰ approach. The first of which is that a trauma-related diagnosis pathologises people's response to trauma by framing them as the 'symptoms' of a 'mental disorder', meaning that the ways in which people attempt to bear the difficult circumstances are framed as indications of an underlying 'dysfunction' within the individual. The treatment focuses on addressing and healing those dysfunctions.¹¹ This approach does not acknowledge nor address the wider socio-political context and as a result they are considered by Māori scholars to be of "limited applicability".¹² The approach also pathologises the trauma-affected person, directing "blame" to the victim.

Pākehā TIC Limitations

"They fail to account for long term chronic and complex individual and collective trauma. In addition, they do not allow for experiences of historical trauma due to assimilative colonial practices, which have occurred for indigenous populations worldwide."

A second criticism is that the nature of diagnosis focuses on a singular traumatising event that has passed, instead of "the enduring nature of a traumatising environment."¹³ Even the names used e.g. post-traumatic stress disorder (PTSD) fails to recognise that the source of trauma (the settler state/colonisation) is ongoing for Māori.

A third related criticism is that the PTSD diagnosis is limited in its ability to address "the cumulative effects of multiple traumatic events occurring over generations and offers virtually no discussion on the intergenerational transmission of trauma from person to person or within communities."¹⁴

The cumulative effects of multiple traumas means that Māori are more likely to experience situational, cumulative and intergenerational trauma.¹⁵

⁹ Donaldson W., 2024, p. 22.

¹⁰ WEIRD is an acronym that stands for Western Educated Industrialised Rich and Democratic. It has been used to describe the dominant socio economic group upon which the majority of studies are based. This is considered by scholars to be a limitation of the academic published literature.

¹¹ Reid J., Rout M., Tau T.M., & Smith C., 'The Colonising Environment: An aetiology of the trauma of settler colonisation and land alienation on Ngāi Tahu whānau', Ngāi Tahu Research Centre, 2017, p. 12.

¹² Pihama L., et al. 2020, 'He Oranga Ngākau: Māori Approaches to Trauma Informed Care', Te Kotahi Research Institute, 2020, p.19.

¹³ Op.cit., Reid, p. 12.

¹⁴ Ibid, Reid, p. 12.

¹⁵ Phillips 2008, p. 153-154 quoted in Pihama op. cit., p. 23.

3 Areas of Trauma for Māori

Situational

Trauma that occurs as a result of a specific or discrete event.
For example; car accident, murder

Cumulative

Is subtle and the feelings build over time.
For example; racism

Intergenerational

If trauma is not adequately dealt with in one generation, it often gets passed down unwittingly in behaviours and thought systems.
For example; if you want to heal children and youth you have to heal yourself as well to break the cycle

Overall, the focus on the individual's experience of trauma "is an inadequate framework for understanding or resolving the multiplexity of problems faced by contemporary indigenous peoples."¹⁶ This is particularly the case when it comes to understanding and addressing historic traumas.

"Inter-generational trauma caused by colonisation is linked to the fundamental and long lasting structural changes and psychosocial challenges caused by the ongoing process of settler colonisation. The evidence suggests that it is the diminishment and structural undermining of Māori political, economic, and social institutions and, in turn, the negative impacts on the Māori ethno-cultural identity and personal self-concept that perpetuate trauma among whānau, that in fact these changes and challenges create and generate a traumatic colonising environment. Ultimately these institutions were undermined by Māori alienation from land, which underpinned Māori political and economic independence, and offered a platform of Māori civil society and ethno-cultural identity."¹⁷

These criticisms of the 'one size fits all' approach of Western medicine resulted in the He Oranga Ngākau project¹⁸, which explored Kaupapa Māori trauma informed care practice principles using research methods, co-produced with Māori and Indigenous practitioners. The project involved multiple kanohi ki te kanohi¹⁹ interviews, eight regional hui conducted over multiple days, research day, professional development and healing workshops.

The project focus evolved from Kaupapa Māori principles for trauma informed care to Kaupapa Māori Principles of Healing.²⁰ These principles, which are summarised below were discussed at multiple symposiums and wānanga. A full extract is provided at Appendix One.

Stop the blows to their ngākau²¹ Māori so the ngākau can begin to recover

This principle addresses the immediate need to stop further trauma occurring, and allows for the intergenerational challenge of long-term healing. It also addresses the urgency to stop any further trauma occurring as the first principle of safety in order for healing to begin.

Acknowledge their pain so they can name it as real

This principle identifies the need for survivors of trauma to be acknowledged, accepted and understood as experiencing a real pain rather than an imagined pain. The evidence from this research is that Māori feel their pain is not really understood and is reframed in ways that dismiss their cultural contexts. Trauma informed care approaches the cultural and colonial context of Aotearoa and the historical and inter-generational legacy of trauma.

¹⁶ Op.cit., Reid, p. 11.

¹⁷ Op.cit, Reid, p. 9.

¹⁸ He Oranga Ngākau: Māori Approaches to Trauma Informed Care project, was funded by the Health Research Council of New Zealand and Te Mata Punenga o Te Kotahi, Te Whare Wānanga o Waikato. Community partners included: Te Puna Oranga; Tū Tama Wāhine o Taranaki, Kakariki Consulting Limited and Te Whānau o Te Rau Aroha Limited.

¹⁹ Kanohi ki te kanohi translates to "face to face, in person, in the flesh". Ref, Moorfield J.C., 2011.

²⁰ Gradually through the project the emphasis shifted from 'principles of care' to 'principles of healing'.

²¹ The ngākau is the 'seat of affections, heart, mind, soul. Ref, Moorfield J.C., 2011.

<i>Help them rebuild their own whare/house of support so they have shelter</i>	People need support to rebuild emotionally, socially, culturally and economically. They need support to co-design and co-construct their house of healing and to have a sense of ownership for the completion of their house and the establishment of the values and tikanga of their house. This requires multiple support systems to ensure that the fundamental needs of each person and their whānau are met with regard to food, shelter, income, work, and having a safe and secure place to live in ways that support a wider healing journey.
<i>Honour Māori aspirations of self-determination</i>	Self-determination is a right as tangata whenua, and the honouring of tino rangatiratanga (see above). For Māori by Māori services are critical for healing and that requires the affirmation, validation and assertion of tino rangatiratanga.
<i>Remove barriers to Kaupapa Māori approaches and practices</i>	The urgent need for Kaupapa Māori services and provision is a constant issue raised in the broader health sector. Greater resources and services must be made available for Māori who experience trauma and who are seeking healing that is grounded upon Kaupapa Māori principles and practices. This includes the need to support the training of specialist Māori staff.

Barriers to Kaupapa Māori Informed Care.

The He Oranga Ngākau project also identified the barriers to Kaupapa Māori Informed Care. The identified barriers are closely linked to the settler/colonial environment and are considered to also be barriers to aspirations of mana motuhake²² and tino rangatiratanga. They have been grouped under the following themes and are summarised on the next page.

<i>Understanding the impact of colonisation</i>	<p>The impact of colonisation on healing spaces including healthcare:</p> <ul style="list-style-type: none"> • Neoliberal thinking (capitalist focus on individual wealth creation) has influenced models of care. • Detrimental impacts of Christianity and land confiscation on whānau Māori whakapapa. • Disruption in mātauranga Māori intergenerational knowledge transfer disrupting kinship structures, forcing a nuclear family model to be 'the norm'.
<i>Government control</i>	<ul style="list-style-type: none"> • Government interventions and constraints continue to contribute to ongoing state violence experienced by Māori. • Racist and punitive government policies on Māori wellbeing perpetuate an impoverished state of unwellness in the Māori population. • Māori unwellness is reflected in data gathered from the health, education, socioeconomic and housing sectors'.
<i>Institutional racism and racist practices</i>	<ul style="list-style-type: none"> • Institutional racism and racist practices in the health and social service sectors. • Pākehā dominated institutions view Māori unwellness through a lens that asserts pathological assumptions and continued deficit thinking. • Huge funding variance between white-streamed services and Kaupapa Māori healing services/wellbeing initiatives. • During government budget cuts, Māori initiatives are cut first. • Cultural competency skills in mainstream organisations are not valued, resulting in most Māori/whānau continuing to face a poor quality of care.
<i>Inability to access culturally appropriate service providers</i>	<ul style="list-style-type: none"> • Limited cultural connections have contributed to the growing void in leadership in our whānau and hapū kinship structures. • Micro and macro aggressions that affect Māori daily.

²² Mana motuhake means separate identity, autonomy – mana through self-determination and control over one's own destiny. Ref, Moorfield J.C., 2011.

Conclusion

In Aotearoa New Zealand, *toitū te Tiriti*²³ requires considering a wider approach to trauma, to specifically take account of the prevalence of historic and intergenerational trauma as a result of colonisation and its ongoing impacts for Māori and to address the collective and holistic basis for healing, rather than focusing on diagnosing a mental health deficiency in an individual.

It also requires crafting trauma informed methods that can accommodate a Māori worldview and in particular the need to service the *whānau* rather than an individual. Finally, in order to respect *tino rangatiratanga*, future approaches to trauma informed care and other services should not only be informed by Māori but be delivered by Māori. In making this shift, non-Māori staff will need cultural training and support to continue to deepen their decolonising journey.

For these reasons, implementing a trauma informed approach will require partnership with *mana whenua* and additional resourcing to take the next steps with confidence.

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²³ Honoring the Treaty of Waitangi.

Appendix One

He Oranga Ngākau: Māori Approaches to Trauma Informed Care Extract.

The following has been extracted from “He Oranga Ngākau: Māori Approaches to Trauma Informed Care”. The lead author on this report is Associate Professor Leonnie Pihama. The full report is available from: https://kaupapamaori.com/wp-content/uploads/2022/03/He-Oranga-Ngakau_Final-Report-1-2.pdf

Kaupapa Māori Principles and Healing.

Kāti te Patu Ngākau

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

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

Kia Piki Ake i ngā Raruraru o te Kāinga

Acknowledge their pain so they can name it as real

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

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

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

Rangatiratanga

Honour Māori aspirations of self-determination

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

Remove barriers to Kaupapa Māori approaches and practices

The urgent need for Kaupapa Māori services and provision is a constant issue raised in the broader health sector, and this research continues to assert the aspiration for greater resources and services to be made available for Māori who experience trauma and who are seeking healing that is grounded upon Kaupapa Māori principles and practices. This includes the need to support the training of Māori social service providers, counsellors, healers, social workers and others who work alongside whānau Māori in Kaupapa Māori training and degree programmes. In order to do so, there must be increased support for those programmes on site such as wānanga Māori that provide Kaupapa Māori approaches in their educational options. Within each of the elements of the project the issue of barriers to Kaupapa Māori approaches, provision and practices were raised. These are seen as obstructive to tino rangatiratanga and are highlighted on page 10.

Appendix Two: Key Terms and Glossary

Acute Stress Disorder	A diagnosis made in the acute phase that is confirmed if the patient meets criteria for 9 of 14 symptoms.
Acute trauma	Short term response to a traumatic event that usually results in the 'flight/fight' response.
Adverse Childhood Experiences (ACE)	A trauma occurring in childhood including emotional, sexual and physical abuse, neglect, and family dysfunction. Research shows these traumas increase the likelihood of adult disease.
Burnout	Burnout is the cumulative psychological strain and state of exhaustion from working under challenging conditions.
Chronic trauma	Trauma resulting from exposure to stressors that are repetitive or prolonged.
Compassion fatigue	Compassion fatigue is the emotional exhaustion from helping others and can lead to reduced capacity to be empathetic.
Complex trauma	Trauma resulting from multiple overlapping or successive events that may or may not be related.
Dissociation	A mental process where a person disconnects from their thoughts, feelings, memories, behaviour or sense of identity. Usually arises as a reaction to traumatic or painful events.
Hauora	Health, wellbeing.
Historic trauma	Traumatic events that are experienced so broadly that they affect an entire culture (e.g. colonisation, slavery) and is likely experienced over multiple generations.
Kaupapa Māori	Māori ideology, a philosophical doctrine incorporating the knowledge, skills, attitudes and values of Māori communities.
Leukaemia	Leukaemia is the name given to a group of cancers that develop in the bone marrow. Leukaemia develops in blood cells that have undergone a malignant change.
Paediatric Medical Traumatic Stress (PMTS)	A set of psychological and physiological responses of tamariki and their whānau to pain, injury, serious illness, medical procedures and invasive or frightening treatment experiences.
Post Traumatic Stress Disorder (PTSD)	A mental health condition triggered by a traumatic event, either experiencing it or witnessing it in person. Symptoms may include flashbacks, nightmares, and severe anxiety, as well as uncontrollable thoughts about the event.
Post Traumatic Stress Symptoms (PTSS)	Post Traumatic Symptoms that may be present without meeting the full criteria for a diagnosis of PTSD.

Resilience	The protective mechanisms that have the potential to enhance individual recovery after a traumatic event.
Secondary traumatic stress	The emotional stress response experienced by a person who is exposed to the trauma, pain and/or suffering of others. It is an occupational hazard for persons working with traumatised people. Secondary traumatic stress is also known as compassion fatigue and vicarious trauma.
Tamariki	Child or Children.
Tikanga	Correct procedure, custom, habit, lore, method, manner.
Tino Rangatiratanga	Tino Rangatiratanga relates to sovereignty, autonomy, control, self-determination and independence. The notion of Tino Rangatiratanga asserts and reinforces the goal of Kaupapa Māori initiatives, allowing Māori to control their own culture, aspirations and destiny.
Trauma	Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being. ²⁴
Trauma Informed Approach	A programme, organisation or system that is trauma informed realises the widespread impact of trauma and understands potential paths for recovery; recognises the signs and symptoms of trauma in clients, whānau, staff and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatisation.
Trauma Informed Care (TIC)	Trauma informed care means a programme of care that seeks to avoid re-traumatisation by using a trauma informed approach.
Vicarious resilience	The inspiration drawn from observing others who are experiencing difficult or traumatic circumstances.
Vicarious trauma	Vicarious trauma is the cumulative effect from prolonged exposure to the trauma of others. It involves harmful changes in an individual's personal beliefs, worldview, attitude, and sense of safety.
Whānau	Extended family or family group.

²⁴ Substance Abuse and Mental Health Services Administration (SAMHSA) Trauma and Justice Strategic Initiative 2012, p.2

