



Journeys of resilience: From adverse childhoods to achieving in adulthood

APRIL 2017



Our purpose

The purpose of the Social Policy Evaluation and Research Unit (Superu) is to increase the use of evidence by people across the social sector so that they can make better decisions – about funding, policies or services – to improve the lives of New Zealanders and New Zealand’s communities, families and whānau.

Acknowledgements

Superu commissioned Artemis Research NZ Ltd to complete this research.

A collaborative study by: Sue Carswell, Hector Kaiwai, Moana-o-Hinerangi, Michele Lennan, Judy Paulin.



Artemis Research NZ Ltd

Prime Property House
2 Woodward Street
Wellington 6011

PO Box 10780
The Terrace
Wellington 6143

Telephone: 04 473 9597

Website: artemis-research.co.nz

Superu

PO Box 2839
Wellington 6140

Telephone: 04 917 7040

Email: enquiries@superu.govt.nz

Website: superu.govt.nz

Follow us on Twitter: [@nzfamilies](https://twitter.com/nzfamilies)
ISBN 978-0-947489-49-6 (online)

Like us on Facebook: Social Policy Evaluation and Research Unit
Learn more at: superu.govt.nz



This report has been commissioned through the Ministerial Social Sector Research Fund, which is managed by Superu. The topic has been determined by the Minister of Social Development to meet policy concerns that might be addressed by expanding the available evidence. Superu is responsible for ensuring that appropriate research methods were used, including peer review and quality assurance. The Office of the Minister has managed the release of this report, including the preparation of associated communications materials. Once released, all reports commissioned through the Fund are available on the Superu website superu.govt.nz and further information on the report can be provided by Superu.

Artemis Research acknowledgements

The research team would sincerely like to thank those who shared their journeys of resilience with us. Your courage and strength is truly inspiring and it is our hope that the insights from your experiences will contribute towards better services and earlier intervention to help other families and whānau.

We would like to thank those organisations and individuals who helped recruit people into the study by distributing our letter of invitation far and wide among their networks.

The research team would also like to acknowledge the support from Superu who commissioned this research.



Executive summary

The Social Policy Evaluation and Research Unit (Superu) commissioned this project to answer the following two research questions:

1. How many at-risk families go on to achieve positive education and employment outcomes?
2. What are the key factors that influence the achievement of those positive outcomes?





The answer to the first question came from recent analysis of linked administrative data by the Treasury. They used government data on individuals to analyse the potential relationship between some identified risk factors (e.g. a parent with a corrections history, spending most of one's childhood with a parent on a benefit, and notification to Child, Youth and Family by age five) and outcomes in education and employment. They found that:

- The more risk factors people experience in childhood, the more likely they are to experience poor outcomes (e.g. failure to achieve educational qualifications or being on a benefit).
- However, the majority of those people who experience poor education and employment outcomes are actually not in the higher-risk group (i.e. those experiencing two or more risk factors in childhood), but rather in the group with low or no risks. This is because the higher-risk group is relatively small compared with the group that is at low or no risk.
- About four in 10 people in the higher-risk group achieve positive education and employment outcomes. These people are said to be resilient in the face of adversity.
- In comparison eight out of 10 people with low or no risks achieve positive education and employment outcomes.

The answer to the second question was addressed through individual face-to-face interviews conducted with 49 people who had achieved positive education and/or employment outcomes despite experiencing adversity during their childhood.

For these participants, childhood adversity ranged from physical, sexual, emotional, and psychological abuse and neglect, as well as financial and material hardship and transience. They described how these traumatic events and situations had shaped their childhood over a long period of time. The childhood experiences had often had severe impacts on their emotional wellbeing (e.g. low self-esteem), heightened risks of addiction to drugs and/or alcohol, and perpetuated the cycle of violence with their own family. This had led the majority to leave school early.

However, these participants had also described positive achievements in their lives. Positive education and/or employment outcomes for these people ranged from completing their basic education to gaining postgraduate qualifications, and from volunteering in their community to holding full-time employment. Participants also considered other achievements as significant, such as surviving their traumatic childhood without letting it destroy them, moving beyond the 'victim mentality', raising their own children, breaking the intergenerational cycle of violence within their family, and overcoming addiction.

What participants described has been termed **resilience**. It is the capacity to achieve developmental milestones, such as education and employment, in spite of adversity in childhood. Resilience is based on the complex interactions between risk (adversity) and protective factors and is better thought of as a process, rather than an event or trait. It also evolves over time, with adversity often leading to responses (e.g. mental health issues or alcohol and drug use) that lead to further adverse outcomes.

Participants' narratives illustrated the resilience process. They described the importance of relationships that served to promote positive attitudes and determination, to provide self-belief and support. Sometimes this support came through agencies, but often it was from extended family or community or schools. Where the response to the initial adverse event had been positive, the impact in terms of negative behaviours could be reduced. However, many described not being believed when they reported events and poor or non-existent responses.

For those whose path to success came later in life, the importance of making changes for the sake of their children was commonly mentioned as a motivating factor. This could then lead to re-engagement with education and success in seeking out employment. For these adults, avenues and support back into education were important, as were social services.

Participants often described common factors as being important in building resilience. These key factors had enabled participants to build their resilience and achieve positive outcomes. These key factors are:

Individual factors – positive attitudes, beliefs and aspirations

- Hope and desire for a better life
- Self-determination
- Spiritual, religious and knowledge frameworks
- Building self-esteem and confidence
- Ability to reflect and make choices
- Self-care and self-management

Interpersonal factors – supportive relationships and networks

- Somebody believing in you
- Supportive relationships in childhood
- Supportive relationships in adulthood
- Breaking the intergenerational cycle of violence and addiction

Community/societal factors – responsive government and community services

- Early intervention for children – responsive service provision
- Healing and rehabilitation for children, adults and families
- Services that are accessible and are skilled at engaging with families and whānau
- Education services that support children living in adverse environments
- Building skills and capability – education services that support young people and adults back into education
- Support to get into employment.

The findings showed that Māori participants shared many of the same resilience strategies as non-Māori; however, the way this is conceptualised and enacted can be different for whānau. Five interrelated themes emerged from the interviews: whanaungatanga; manaakitanga; kotahitanga; wairuatanga; and rangatiratanga.

While understanding of and access to Te Ao Māori varied among Māori research participants, Māori culture and identity in general was considered by all participants to be a positive and enriching experience and a significant factor in terms of its contribution to their overall wellbeing.



Based on what participants told the interviewers, it is possible to identify actions that can better support children and families, both to avoid adversity and build resilience when facing adversity:

- **Early intervention** for children and their families and whānau is strongly supported by the findings, both to prevent adversity and to provide effective support when it occurs.
- **A child-centred approach** is necessary, especially for child protection, justice, education and health services, which has implications for policy and workforce development to ensure that workers have the guidance and skills to implement this approach.
- **Appropriate follow-up, monitoring and support of children, their families and whānau** is vital after a child protection intervention takes place, to ensure the safety and wellbeing of children.
- **Responses to all forms of family violence and child abuse have to be strengthened** – these different forms of violence and abuse are closely connected and all put children at risk of abuse and negative long-term impacts.
- **A whole-of-family approach** (e.g. Whānau Ora) is required to address the multiple and complex issues within families and whānau.
- **Accessible social and health services**, such as counselling, are important for supporting children and adults in their healing process.
- **Positive, supportive relationships are key to facilitating resilience** for children, young people and adults. Therefore the findings support the need for initiatives that fund mentors, role models and community support networks.
- **Adult education provides opportunities to build confidence and vocational capability** and a pathway to strengthen positive outcomes in education and employment.
- **A strengths-based approach to getting people into employment**, based on encouragement and practical support, was supported by the findings.
- **Implications for policies and services for Māori** – Our findings support the whānau ora approach and the need for intensive strengthening of capability and capacity of whānau to grow in all the areas of resilience noted – through whānau ora commissioning agencies, a skilled whānau ora workforce, where wānanga and Māori kaupapa service provision, through iwi/hapū pathways, or directly to whānau to enable for themselves.



Contents

Executive summary	2
01 Introduction	8
1.1 Background	9
1.2 Project objectives	10
1.3 Previous research on resilience	10
1.4 The cultural dimension to resilience	14
02 How many succeed despite risks	16
2.1 Introduction	17
2.2 The Integrated Data Infrastructure	18
2.3 Adversity in childhood can lead to poor outcomes – analysis of IDI	18
2.4 Some succeed despite the risks	19
2.5 Researching why some people are resilient	21
2.6 The participants in our qualitative study	22
03 Resilience is a dynamic process	24
3.1 Introduction	25
3.2 Resilience is best thought of as a process	25
3.3 Case study 1: The earlier, the better (Pathway 1)	27
3.4 Case study 2: It's never too late (Pathway 2)	28
3.5 Case study 3: A journey of whānau resilience	29
04 Adversity in childhood affected them severely	32
4.1 Introduction	33
4.2 Childhood adversity is often traumatic	34
4.3 The impacts of childhood adversity can include emotional and psychological harm and addiction	38
05 Journeys of resilience – what helped participants overcome adversity	41
5.1 Introduction	43
5.2 Achievements despite the challenges	43
5.3 Individual factors – positive attitudes, beliefs and aspirations	45
5.4 Interpersonal factors – supportive relationships and networks	50
5.5 Community and societal factors – responsive government and community services	56



06 Resilience for Māori in the context of whānau	65
6.1 Introduction – whānau in context	67
6.2 Whanaungatanga	68
6.3 Manaakitanga	70
6.4 Kotahitanga	71
6.5 Wairuatanga	72
6.6 Rangatiratanga	73
07 Conclusion and implications of findings for promoting resilience	76
7.1 How participants achieved good outcomes	77
7.2 How to help those at risk to achieve good outcomes	78
References	81
Appendix 1: Caveats on using the IDI to study resilience	84
Appendix 2: Qualitative methodology	85
Appendix 3: Research instruments	89



01

Introduction





1.1 Background

Recent advances in the linking and analysis of government administrative data have enabled greater understanding of how early life experiences increase the chances of poor life outcomes (Vaithianathan et al. 2012; Crichton et al. 2015; McLeod et al. 2015; Ball et al. 2016). The Treasury research has shown that those children who experience risks (such as abuse and neglect, a parent with a corrections history, and a parent on a benefit) are more likely to have poor educational and employment outcomes. However, many of those experiencing childhood risks later achieve educationally and maintain full-time employment. The question inevitably arises as to why some do well despite the risks, while others struggle.

These findings are in line with a large body of research on risk, protection and resilience (for example, Werner & Smith 1992; Fraser et al. 1999; Fergusson & Horwood 2003). Research on resilience has shown substantial potential for increasing our understanding of how at-risk individuals, families and whānau overcome adversity, flourish, and enjoy better health and wellbeing (for example, Luthar, Cichetti & Becker 2000; Masten 2001; Waiti & Kingi 2014).

To date, much of this research has come from cohort studies that follow individuals through time and measure both risks and outcomes for these individuals at specific points. As Werner notes, however, 'resilience itself is never directly measured in these studies – instead it is inferred, based on the measurement of two component constructs: risk and protective factors' (Werner 2014). In part, the difficulty is in identifying and measuring those factors that contribute to resilience, and it has been through qualitative research that we are beginning to explore just what contributes to resilience.

For example, in recent years research about family resilience has been conducted in New Zealand with specific high-risk groups. Of particular relevance are a substantial review of the literature on family resilience and good child outcomes (Kalil 2003) commissioned by the Ministry of Social Development (MSD), and two MSD-managed studies: a small-scale study of resilience among teenage mothers (Collins 2010) and a larger-scale study of resilience among sole-parent families (Waldegrave et al. 2011) (and of stepfamilies also – see Robertson 2014).

The recent Treasury analysis of the Integrated Data Infrastructure (IDI) datasets has indicated that there is a group of individuals who experience risk but not the associated poor education and employment outcomes. The current project was designed to assess whether existing analysis of the IDI identifies resilient individuals, and then to explore the factors contributing to resilience through a qualitative study.



1.2 Project objectives

The Social Policy Evaluation and Research Unit (Superu) commissioned this project to answer the following two research questions:¹

1. How many at-risk families go on to achieve positive education and employment outcomes?
2. What are the key factors that influence the achievement of those positive outcomes?

The expectation was that the existing analysis of the Integrated Data Infrastructure (IDI) undertaken by Treasury (Crichton et al. 2015; McLeod et al. 2015; Ball et al. 2016) could be used to answer the first research question and that additional qualitative research would be undertaken with individuals and/or family/whānau members from a diverse group of 'at risk' families to answer the second. In keeping with children identified as priority populations in the Social Investment approach used in Budget 2016 (and the Treasury analysis), primary interview participants for the qualitative research were to have at least one of the following adverse factors in childhood:

- experience of abuse and/or neglect – whether or not they had come to the attention of Child, Youth and Family (CYF) by age five
- a parent or caregiver with a corrections history
- a parent on a benefit for most of their childhood.

In keeping with the Treasury analysis, the primary outcomes of interest were:

- educational qualifications (at least NCEA Level 1 or equivalent)
- stable employment (not being on a benefit).

1.3 Previous research on resilience

There are numerous and differing definitions of the concept of resilience in the literature and across disciplines (for example, Luthar 2006; Meredith et al. 2011; Rutter 2000), but there is general agreement that resilience describes those who manage to cope with adversity.

At the individual level, there is general consensus that resilience comprises two elements:

1. An individual must be exposed to a significant threat or severe adversity. That significant threat or severe adversity can take many forms, such as child abuse or neglect, poverty, or loss of a parent (Liebenberg 2013). Adversity may be a single event or a series of ongoing stressors.
2. The individual must demonstrate 'positive adaptation' to that adversity by coming back to baseline functioning levels (Luthar & Cicchetti 2000) or doing even better than before (Meredith et al. 2011).

¹ This project was commissioned as part of the Ministerial Fund for social sector research.



In recent years, research interest in resilience has broadened from a focus on individuals in isolation to individuals situated within a broader, ecological setting (Boulton & Gifford 2014). In the context of exposure to significant adversity, Dr Michael Ungar of the Resilience Research Centre in Canada articulates resilience as:

the capacity of individuals to navigate their way to health-sustaining resources, including opportunities to experience feelings of well-being, and a condition of the individual's family, community and culture to provide these health resources and experiences in culturally meaningful ways. (Ungar 2008)

Boulton and Gifford (2014), and Sanders and Munford (2014), are among those who have adopted Ungar's approach, which "shifts our understanding [of resilience] from an individual concept to a more relational understanding of wellbeing embedded in a socio-ecological framework."²

To date, resilience research has shown the following:

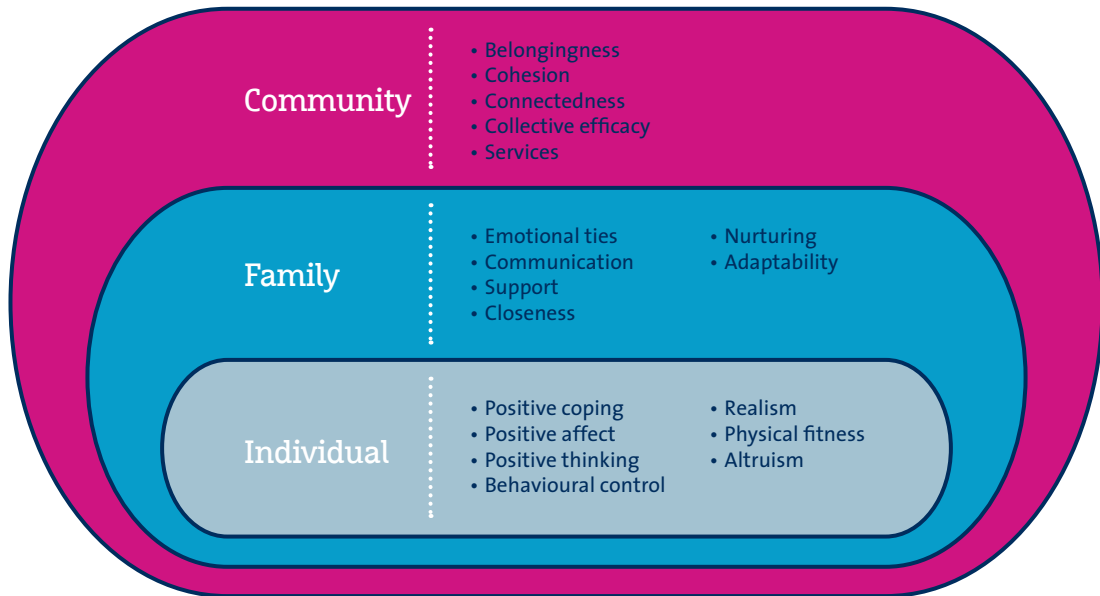
- Resilience is a process, rather than a trait. It is best understood as operating on individual development over the life course.
- A range of protective characteristics or factors have been identified as associated with individual and family resilience.
- These protective factors have been broadly categorised as individual, family or community level factors.
- Few if any protective factors are specific to specific outcomes – i.e. they operate for a range of adversities and outcomes.
- Individuals may be resilient against a set of adversities at one time, but not resilient at another time.
- Protective factors often operate in combination.
- Excessive exposure to adversity can challenge an individual's ability to be resilient.
- Reducing exposure to adversity can be as important as promoting resilience to adversity once it is experienced.
- Unexpected events and opportunities can sometimes be turning points in individuals' lives (e.g. a close mentoring relationship with a teacher or elder).
- An individual's culture can play an important role in what contributes to their resilience – i.e. the particular protective factors and how they are drawn upon.

(Boulton & Gifford 2014; Kalil 2003; Meredith et al. 2011; Sanders & Munford 2014; Ungar 2008).

Various authors (for example, Kalil 2003 and Meredith et al. 2011) have conducted reviews of the literature and identified resilience factors operating at one or more of the levels (individual, family, community and societal) within a socio-ecological framework (Figure 1.1). These are factors that have been shown to be associated with resilience, but further research is needed to show in what circumstances different combinations of these factors help individuals to achieve despite adversity. In general, the following factors are consistently identified by researchers (i.e. individual, family, community and society level factors).

² <http://www.resilienceresearch.org/about-the-rrc/resilience/14-what-is-resilience?tmpl=component&print=1&layout=default&page=>

Figure 1.1 _ Socio-ecological model for locating resilience factors



1.3.1 _ Individual-level factors

Following an extensive review of 270 relevant publications, Meredith et al. (2011) identified seven resilience factors operating at the individual level:

- **Positive coping** – the process of managing taxing circumstances, expending effort to solve personal and interpersonal problems, and seeking to reduce or tolerate stress or conflict, including active/pragmatic, problem-focused, and spiritual approaches to coping
- **Positive affect** – feeling enthusiastic, active and alert, including having positive emotions, optimism, a sense of humour, hope, and flexibility about change
- **Positive thinking** – information processing, applying knowledge, and changing preferences through restructuring, positive reframing, making sense out of a situation, flexibility, reappraisal, refocusing, having positive outcome expectations, a positive outlook, and psychological preparation
- **Realism** – realistic mastery of the possible, having realistic outcome expectations, self-esteem and self-worth, confidence, self-efficacy, perceived control, and acceptance of what is beyond control or cannot be changed
- **Behavioural control** – the process of monitoring, evaluating, and modifying emotional reactions to accomplish a goal (i.e. self-control, self-management, self-enhancement)
- **Physical fitness** – bodily ability to function efficiently and effectively in life domains
- **Altruism** – selfless concerns for the welfare of others, motivation to help without reward. (Meredith et al. 2011, Summary pages xiv-xv).



1.3.2 _ Family-level factors

Meredith et al. (2011) identified six factors that promoted resilience among individuals within a family:

- **Emotional ties** – emotional bonding among family members, including shared recreation and leisure time
- **Communication** – the exchange of thoughts, opinions or information, including problem-solving and relationship management
- **Support** – perceiving that comfort is available from (and can be provided to) others, including emotional, tangible, instrumental, informational and spiritual support
- **Closeness** – love, intimacy and attachment
- **Nurturing** – parenting skills
- **Adaptability** – ease of adapting to changes associated with work life, including flexible roles within the family. (Meredith et al. 2011, Summary page xv).

While the above family-level factors have been found to influence an individual's outcomes, research has recently begun to focus on family resilience as opposed to individual resilience. Family resilience refers to “a family's ability to adapt to risk and adversity by drawing on protective factors and resources from individual family members, the wider community and/or the way that the family functions” (Social Policy Evaluation and Research Unit, 2015). It considers the outcomes of family members as a group (e.g. are all resilient or do only some succeed?), and the way in which family interactions and resources support family members' successful adjustment to adversity. The extent of commonality between factors promoting resilience among individuals within a family and factors promoting family resilience (i.e. resilience within the family unit) is not well-known. However, there is likely to be a large overlap.

1.3.3 _ Community-level factors

The following community-level factors were identified by Meredith et al. (2011):

- **Belongingness** – integration and friendships, including participation in spiritual/ faith-based organisations, protocols, ceremonies, social services, schools etc and implementing institutional policies
- **Cohesion** – the bonds that bring people together in the community, including shared values and interpersonal belonging.
- **Connectedness** – the quality and number of connections with other people in the community
- **Collective efficacy** – group members' perceptions of the ability of the group to work together.



1.3.4 _ Societal supports

The broader socio-ecological development model places society as the outermost nested circle of the model. In terms of resilience, the focus has been on the individual, family and community levels although it needs to be noted that societal factors can support an enabling environment for the wellbeing of children, families, whānau and communities. If resilience is in part the successful process by which individuals and families access support, the provision of that support at a societal level is clearly important. The nature of the support and its accessibility will impact on how effectively individuals and families who are under stress utilise that support and overcome adversity.

1.4 The cultural dimension to resilience

As indicated above, Ungar (2008) has pointed to the need to study the resilience process in culturally meaningful ways. For example, within the New Zealand context it is important to recognise that the concepts of family and whānau are not the same (Families Commission, 2010) and may entail different networks of protective support. In addition, among Māori there are differing views of the meaning of whānau, views shaped by the impact of colonisation, urbanisation, and state policies of cultural assimilation (Superu, 2016).

Likewise, while family resilience and whānau resilience may share many characteristics in common, there are also some key differences (Waiti & Kingi, 2014). Waiti and Kingi undertook to explore the capacity of whānau to overcome adversity, flourish, and enjoy better health and wellbeing. Their findings led them to develop a framework of four themes of whānau resilience:

- **Whanaungatanga factors** – these factors include strong social networks (for example, kaupapa whānau (non-kin) support), family systems and significant attachments (such as to an aunty, uncle, nanny, close friend or teacher, or a clinician or practitioner).
- **Pūkenga factors** – these include the ability of whānau to develop protective factors throughout their lives to help buffer stressors that occur later on in life (e.g. unemployment), the ability of whānau and their individual members to adapt to changing circumstances as needs be, and the acquisition of new skills (e.g. education).
- **Tikanga factors** – a sense of meaning in life, values (positivity, optimism), and religious and cultural beliefs.
- **Tuakiri-ā-iwi factors** – secure cultural identity expressed through strong intergenerational family connections (such as whakapapa whānau support) and the practice of concepts such as aroha, manaaki, karakia, and tangihanga.



The researchers concluded that:

... while Māori share similar resilience strategies to those found in the Western literature, there are unique cultural differences quite akin to a Māori worldview and Māori family dynamics. As such, cultural identity was found within a cluster of resilience factors – factors which are expressions of cultural identity, and which have been used to promote resilience amongst these Māori families.

In 2013, Superu developed a Whānau Rangatiratanga framework, drawing on Statistics New Zealand's Māori Statistics Framework, the Māori Plan for Tamaki Makaurau, and the Families Commission's Whanau Rangatiratanga work programme, to identify capability dimensions and whānau rangatiratanga principles that contribute to whānau wellbeing: whakapapa ; manaakitanga; rangatiratanga; kotahitanga; and wairuatanga.

Dixon et al. (2010) also used a resilience-focused approach to explore how migrant and refugee families from four Asian ethnic groups experienced immigration, as well as the barriers to, and facilitators of, a positive settlement experience. Waldegrave et al. (2011) conducted qualitative research with Māori, Pākehā and Pacific peoples sole parents who had demonstrated resilience in their lives.

While many resilience factors are found to be similar across cultures, their relative importance may vary, as can the means by which they are enacted. For example, the church traditionally plays a central role in the life of Pacific peoples, providing shared values and extended sources of support that may help in times of adversity and stress.



02

How many succeed despite risks





What we found

- Treasury has conducted a variety of analyses using the Integrated Data Infrastructure (IDI) to better understand the relationship between some identified risk factors (e.g. a parent with a corrections history, spending most of one's childhood with a parent on a benefit, and notification to Child, Youth and Family by age five) and positive outcomes (e.g. education and employment outcomes).
- Experiencing adversity in childhood increases the chances of poor outcomes in adulthood. However, most people who experience poor adult outcomes are not actually in the higher-risk group (i.e. they have two or more risk factors in childhood) – they are in the group with few or no risks. This is because the higher-risk group is relatively small compared with the group that is of low or no risk.
- Approximately four out of 10 of those in the higher-risk group achieve positive education and/or employment outcomes – that is, they appear to be resilient in the face of those risks.
- In comparison eight out of 10 people with low or no risks achieve positive education and employment outcomes.
- While the IDI is a useful source of data to identify early childhood experiences that impact on later life outcomes, it is limited in its ability to identify factors associated with resilience.

2.1 Introduction


This chapter seeks to address the question of 'How many at-risk families go on to achieve positive education and employment outcomes?', by drawing on Treasury research that has been presented in three Analytical Papers.

1. Crichton, S., Templeton, R., Tumen, S. (2015). *Using Integrated Administrative Data to Understand Children at Risk of Poor Outcomes as Young Adults*. The Treasury Analytical Paper 15/01.
2. McLeod, K., Templeton, R., Ball, C., Tumen, S., Crichton, S., Dixon, S. (2015). *Using Integrated Administrative Data to Identify Youth Who Are at Risk of Poor Outcomes as Adults*. The Treasury Analytical Paper 15/02.
3. Ball, C., Crichton, S., Templeton, R., Tumen, S., Ota, R., MacCormick, C. (2016). *Characteristics of Children at Greater Risk of Poor Outcomes as Adults*. The Treasury Analytical Paper 16/01.

The analysis extracts and represents data from this analysis that is pertinent to cohort sub-groups that experienced adverse circumstances in early life and go on to experience positive outcomes (or projected outcomes) as adults.

Since the Treasury papers used the individual as the unit of analysis rather than the family, we were limited to trying to answer the question of 'How many at-risk **children** go on to achieve positive education and employment outcomes?' among the cohorts studied.

2.2 The Integrated Data Infrastructure



The Integrated Data Infrastructure (IDI) is a repository of government administrative data from multiple agencies³ that can be linked at an individual level. Thus, it is possible to follow individuals' interactions with government agencies over time, from the registration of a birth, through contacts with agencies (e.g. tax records, land records, hospital admissions), to the registration of a death. While past resilience research has relied on the analysis of research datasets (e.g. longitudinal birth cohort studies), the IDI now enables analysis of the range of data collected by government agencies over time. The IDI, and specifically created linked datasets, have recently been used to analyse the association between early life experiences (as recorded in the IDI) and later outcomes, such as employment and educational achievements. This data source has the advantage of capturing a large proportion of the population, enabling estimates of the incidence of events in that population and their relation to later outcomes.

However, there are some known and acknowledged limitations associated with the IDI and the IDI analysis, as noted by the authors of the first Treasury paper, Crichton, Templeton and Tumen (2015). They caution that their findings should be treated as preliminary since "some groups of children may appear less or more at risk relative to others than they really are, and some groups of children who are at risk may not be able to be identified."

2.3 Adversity in childhood can lead to poor outcomes – analysis of IDI

Each of the three Treasury papers used linked administrative datasets to explore associations between some selected adverse circumstances experienced by certain ages (i.e. by five, by 13, and by 18 years) and a limited number of outcomes, especially educational achievement, benefit use and justice-related outcomes, experienced as adults. The research found that the following were associated with having a greater chance of a poor outcome as an adult:

- having a Child, Youth and Family service finding of abuse or neglect
- being mostly supported by benefits since birth
- having a mother with no formal qualifications, and
- having a parent with a prison or community sentence.

These factors are referred to as being childhood risk factors for poor adult outcomes.

Negative outcomes included in the analysis were failing to achieve NCEA level 1 or level 2 before age 21, receiving a sole-parent benefit before age 21, being on a main benefit for at least five years from age 25 to 34, having a referral to CYF Youth Justice services, or serving a custodial or community sentence from age 25 to 34.

³ The agencies include Child, Youth and Family (CYF), the Ministry of Social Development (MSD), the Department of Corrections, the Department of Internal Affairs, Inland Revenue, the Ministry of Business, Innovation and Employment, the Ministry of Education, the Ministry of Health, and Work and Income, MSD.



It needs to be noted that for the current research a good employment outcome is measured by not being on a sole-parent benefit before age 21 or being on a main benefit for at least five years from age 25 to 34. Those not on a benefit are not necessarily in paid employment, but may be making positive contributions in other ways, such as through childcare or voluntary work.

The IDI is currently based on individuals, not families. With the introduction of the Census into the IDI it may be possible in the future to link individuals into family (household) units and then follow them over time. It would then be possible to consider collective family outcomes. For now, though, the IDI only makes possible the study of resilience of individuals over time.

2.4 Some succeed despite the risks

This is where, within the limitations of the data, we answer the first question about how many at-risk individuals go on to achieve positive education and employment outcomes. The three Treasury papers present different sets of analyses, using different sets of risks, outcomes and age ranges. It needs to be kept in mind that the detailed findings depend on the risks being studied, the cut-off point chosen to identify those at higher risk, the age of the group studied and followed up, and the outcome under consideration. We have selected aspects of the analysis to illustrate the main findings and to show how IDI data can be used to identify and quantify a group who appear to be resilient. The original research papers should be consulted for the detailed analyses and results.

Our interest is in those who have multiple risks in childhood but who achieve positive outcomes in adult life, particularly positive outcomes in education and employment. Treasury has presented analysis (Treasury Analytical Paper 16/01 and infographic ⁴) that provides part of the answer to this question. Their analysis focused on estimating risks and outcomes for the 873,180 children aged 0–14 years in 2013. It estimated outcomes for children with different levels of risk, comparing a **‘higher-risk group’**, identified as people with two or more risks indicators (i.e. 121,400, or **14% of the group of 0–14 year olds**), with the ‘low or no risk’ group (i.e. those with less than two risks).

We know that experiencing adversity increases the chance of poor outcomes

The Treasury research has shown that exposure to risks in childhood increases people’s chances of failing to achieve educational qualifications or sustained employment:

- 39% of the higher-risk group were projected to not achieve school qualifications, compared to 14% of the low or no-risk group.
- 15% of the higher-risk group received a sole-parent benefit before age 21, compared to 3% of the low or no-risk group.
- 22% of the higher-risk group were on a main benefit for at least five years from age 25 to 34, compared to 6% of the low or no-risk group.
- 22% of the higher-risk group served a custodial or community sentence from age 25 to 34, compared to 6% of the low or no-risk group.

⁴ With additional unpublished data supplied by Treasury.

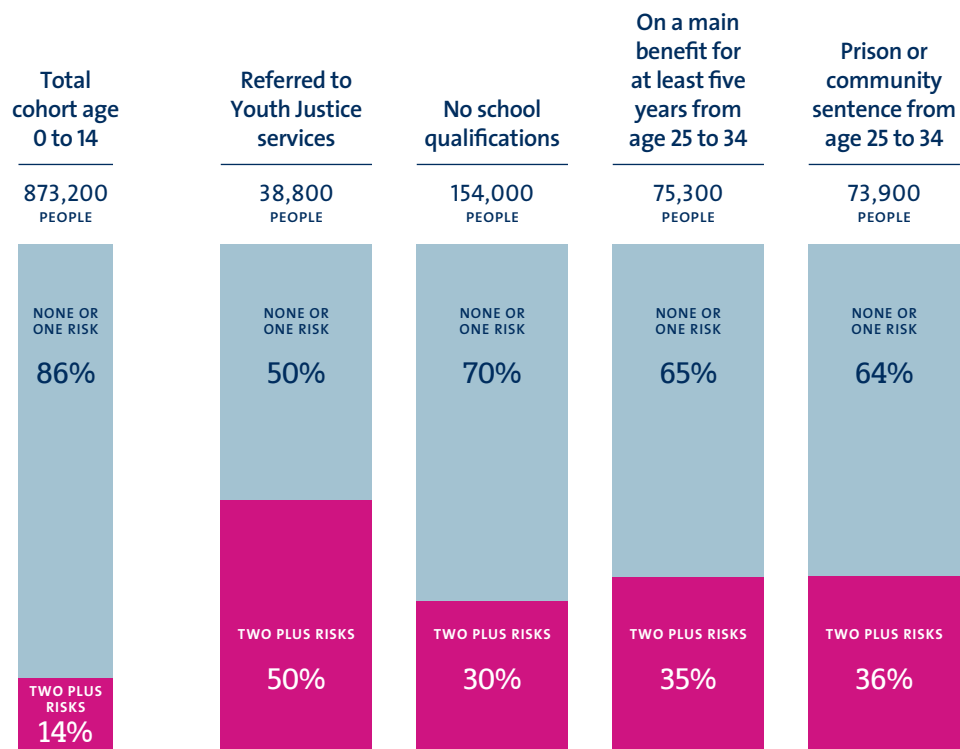
Most of those with poor outcomes are not in the higher-risk group

Treasury’s analysis found that when each outcome is examined (e.g. failing to get qualifications or being on a benefit), most of those with these outcomes do not come from the higher-risk group:

- Of the 154,077 children who were projected to not get qualifications, 70% (107,166 children) were **not** in the higher-risk group.
- Of the 75,354 who were projected to be on a main benefit for at least five years from age 25 to 34, 65% (48,753) were **not** in the higher-risk group.
- Of the 38,805 who were projected to have a Youth Justice referral, 50% were **not** in the higher-risk group.

Figure 2.1 shows these findings graphically. The first column shows the proportion of 0–14 year olds in the higher-risk (pink, 14%) compared to low or no risk groups (grey, 86%). The following columns show, for each outcome, the proportion of children from the higher versus low or no risk group (with the number having this outcome at the foot of the column).

Figure 2.1 _ For each outcome most individuals are not from the higher-risk group



Some of those at risk do not experience any poor outcome

Many of those with higher risks (i.e. two or more risk factors) manage to achieve positive outcomes. In terms of the five outcomes examined, the Treasury analysis showed that of the 121,377 children classed as at higher risk in their study, 35% were projected to have none of the five poor outcomes they examined. For the low or no-risk group 74% were projected to have none of the five poor outcomes.

- Research indicates that approximately a third (35%) of those at higher risk do not have poor justice, benefit or education outcomes.

Focusing only on the education and two benefit outcomes (i.e. ignoring justice outcomes), we find, as shown by the Treasury analysis, that:

- 44% in the higher-risk group were projected to achieve educational qualifications and **to not** spend significant time on a benefit as an adult, compared to
- 79% of those in the low or no-risk group, who were projected to achieve educational qualifications and **to not** spend significant time on a benefit as an adult.

Approximately four out of 10 (44%) in the higher-risk group – or 53,844 out of 121,377 higher-risk children – will not have poor education or benefit outcomes (Figure 2.2).

Figure 2.2 _ Projected education and employment outcomes for higher-risk group of 0–14 year olds (121,377 children)



2.5 Researching why some people are resilient

The Treasury analysis has shown that we can identify a group who experiences adversity (is at risk) yet succeeds in terms of education and employment outcomes, and who we may therefore consider as resilient. The inevitable question is: why were these individuals resilient? The problem with answering this question is that the IDI contains few measures of the protective factors contributing to resilience, as identified in the preceding chapter.

The complexity of resilience as a construct makes it challenging to measure (Liebenberg et al. 2013), especially through longitudinal studies (Luthar & Zelazo 2003). In New Zealand, Fergusson and Horwood (2003) conducted an analysis of the Christchurch Health and Development cohort study data with the aim of identifying resilience factors among those who succeeded in adulthood despite multiple risks in childhood. They “identified the presence of a series of personal, family and peer factors that could either exacerbate risks of later problems or mitigate these risks” (2003, p 22).

Further analysis of the IDI to help identify resilient individuals and factors associated with this resilience is necessarily constrained by the variables in it pertaining to childhood risk factors and negative outcomes 'achieved' in adult life (such as involvement in the criminal justice system). The IDI was not designed to study resilience but rather was presented as an opportunity to investigate possible linkages between a limited number of variables that are measures either of risk in childhood or of negative outcomes later in life. Qualitative studies are needed to test previous research findings in a New Zealand cultural context.

Perhaps the biggest limitation of the IDI or any other similar dataset for the study of resilience is the IDI's inability to capture "the capacity of individuals to navigate their way to health-sustaining resources" (Ungar 2008) or the "striking patterns in the lives of real people, losing a sense of the whole and overlooking distinctive regularities across dimensions that can indicate who is at greatest risk or needs a particular intervention" (Masten 2001).

Barton (2005) proposes that "because of the dynamic and variable interconnections among key processes in resilience, they can be better understood through narrative and phenomenological study approaches". The qualitative component of this research utilised a narrative approach to investigate the resilience processes of people who had experienced childhood adversity and gone on to achieve in life. The purpose of the interview was to have participants identify those factors or experiences in their lives that they considered helped them overcome early adversity.

2.6 The participants in our qualitative study

We conducted in-depth interviews with 49 participants using an unstructured interview guide that allowed participants to share their stories (see Appendix 2). The 49 participants lived in either Auckland or Christchurch. Thirty-six were female and 13 were male. They were recruited via social service agencies, where information sheets were distributed among staff and clients to invite clients to take part in the study. A flyer with information about the study was also posted around the University of Canterbury. Māori members of the research team approached their networks via personal contacts and social media.

We aimed to recruit approximately equal numbers of Māori and non-Māori. Twenty-six of the participants identified as Māori, 18 as Pākehā, and five as Pacific peoples.

Their average age was 36 years (ranging from 16 to 56 years). This means that many of their childhood experiences occurred 10 to 30 years ago. There are likely to have been legislative and service changes over that time. In any case, and in spite of these age differences, they had remarkably similar experiences of abuse, poverty and other forms of adversity during childhood.





The study sought to recruit participants who had achieved educational qualifications or sustained employment as adults but who had also experienced one or more of the following adversities:

- experiences of child abuse and/or neglect and violence at home
- sustained financial and material hardship
- being brought up around criminal activity.

Risk criteria	Number of participants
Child abuse and/or neglect, and witnessing family violence	34
Parent on a benefit for a substantial time during the participant's childhood	37
Parent sentenced to prison or a community sentence	11

While the recruitment criteria provide a high-level proxy measure for childhood adversity, the participants' stories demonstrated that they had experienced multiple types and combinations of adversity, ranging in severity and duration. While nearly a quarter of the participants had a parent with corrections involvement, many had been brought up around criminal activity that had not been reported, including violence (all forms of family violence) and illegal drug use, and a few talked about their relatives stealing.

Our recruitment criteria specified that potential participants must have attained one or more of the following educational qualifications, or must be making an economic contribution, or both:

- Educational qualification – for example, NCEA Level 2 or above for younger participants, and School Certificate or above for older participants
- Economic contribution – in paid work (e.g. full-time, part-time or casual) or in unpaid work (e.g. volunteering, or work in the home).

Participants' achievements in relation to the selection criteria were as follows:

- 9 had degrees or postgraduate degrees; 7 had diplomas; 7 had NCEA Level 2 and above; 8 had certificates and/or completed professional development courses; 7 were currently studying; 8 had no formal qualifications.
- Over half were in paid work: 18 were in full-time employment, three were in part-time employment, and six were self-employed (either full or part-time).
- Many participants were doing a combination of paid and unpaid work, including volunteering or mahi aroha, parenting and caring for other family members.

The results need to be considered within the specific context of this research. For example, the recruitment method (through government and community agencies and social networks), the relatively small sample of male participants, and the small sample of Pacific participants may have influenced some of the findings. Furthermore, 'Pacific peoples' denotes a range of ethnicities and more specific research would be required to identify how cultural formations of family and community influence resilience processes.

03

Resilience is a
dynamic process





What we found

- Significant adversity can lead to emotional and psychological harm (e.g. low self-esteem, depression, anxiety disorders) and/or negative coping behaviours (e.g. alcohol and drug abuse) that limit a person's ability to achieve good education or employment outcomes.
- Resilient individuals manage to overcome their childhood adversity to achieve positive outcomes as adults.
- Resilience is a dynamic process that builds over time and that results from a complex interplay of a range of risk factors (adversity) and protective factors.
- The resilience process draws on a range of protective factors that can be thought of as located at the level of the individual, the family and the community, including societal resources.
- The diversity of 'life paths' that people experience suggests that resilience processes can occur both early in life and at any time in adulthood.

3.1 Introduction

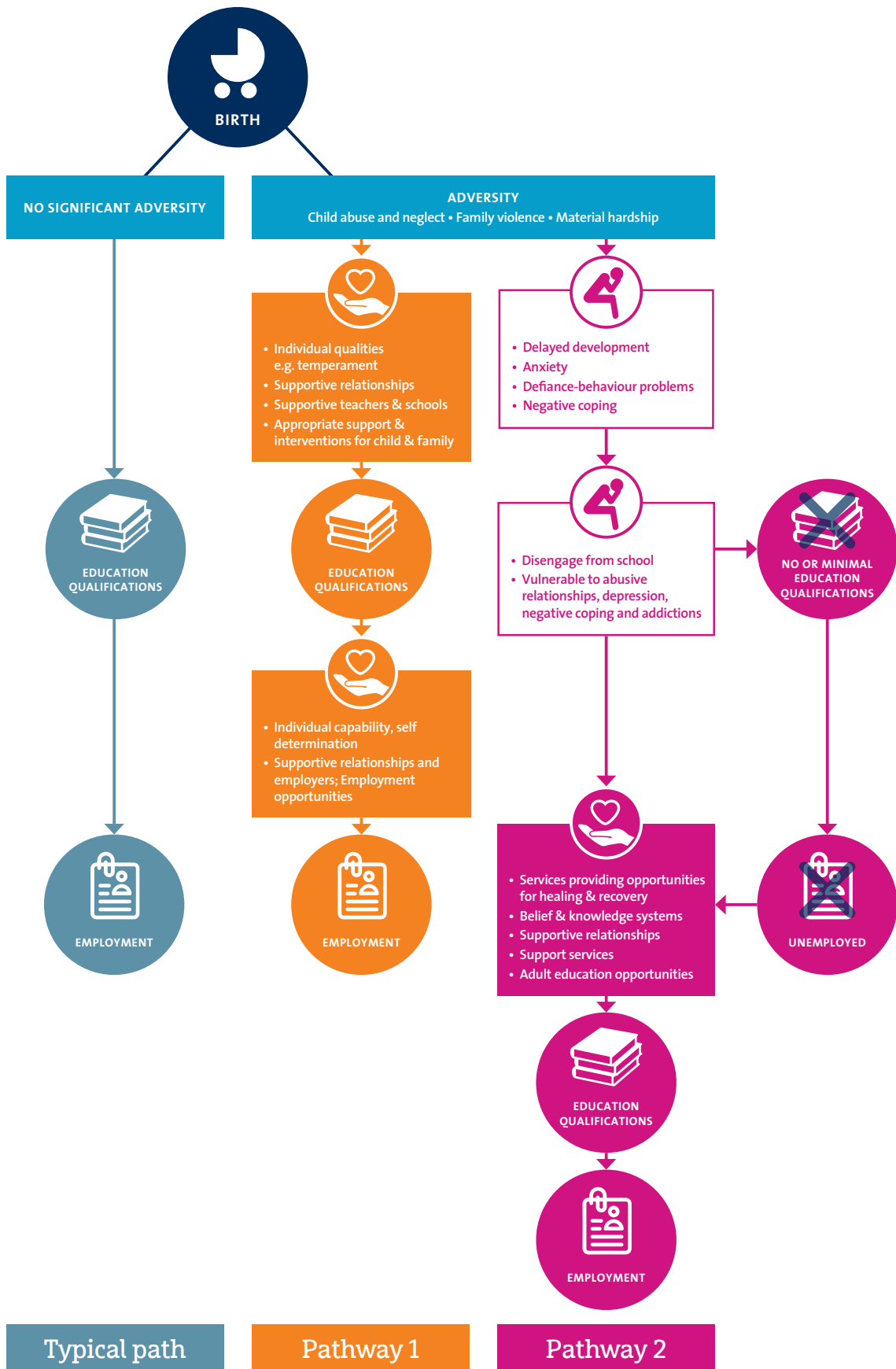
This chapter outlines the resilience journey as told by the research participants. It identifies the common pathways experienced by the participants and the ways in which protective factors at various levels worked over time to help the participants cope with the adversity they experienced. In order to help convey the dynamic and developmental nature of resilience we provide three brief case studies. Later chapters focus on various elements of the resilience process (e.g. adversity and response to adversity), achievements despite adversity, and the protective factors helping participants to be resilient.

3.2 Resilience is best thought of as a process

As outlined in earlier chapters, researchers have suggested that resilience is the capacity to achieve developmental milestones, such as education and employment, in spite of adversity in childhood. Resilience is based on the complex interactions between risk (adversity) and protective factors and is better thought of as a process, rather than an event or trait. It also unfolds over time, with initial adversity often leading to negative coping responses (e.g. mental health issues or alcohol and drug use) that lead to further adverse outcomes, but with later protective factors resetting the pathway to one of success. These potential pathways, or trajectories, are shown in Figure 3.1, with risk and protective factors drawn from this study.

To illustrate some of the key findings from our research we have developed three case studies based on the collective experiences of the research participants. To protect participants' identities, the details do not relate to any one individual. The case studies highlight the interrelationship of individual characteristics with supportive relationships (e.g. family, whānau, and friends), with socio-economic and cultural contexts, and with the interventions, opportunities and support provided by community and government services.

Figure 3.1_ Examples of pathways from adversity to positive education and employment outcomes⁵



⁵ Note that this figure does not include Māori resilience concepts.



Case study 1 focuses on how early intervention during childhood can lead to earlier positive outcomes (Pathway1).

Case study 2 highlights how the experiences of childhood abuse and hardship can negatively impact people and how people overcome these additional challenges to go on to achieve positive outcomes as adults (Pathway 2).

Case study 3 looks specifically at how Te Ao Māori concepts support resilience processes.

3.3 Case study 1: The earlier, the better (Pathway 1)

John, who is 25 years old, is the oldest of four children. His father was an alcoholic and left his mother when he was three. John's mother remarried when he was six. His stepfather used to drink and he remembers him coming home and beating his mother. John used to take his younger brother and sisters into the bedroom and hide under the bed to protect them as anyone could 'get it' if they got in his stepfather's way. His stepfather was always yelling at them, calling them stupid and putting them down.

While he was growing up John's mum worked part-time and his stepfather was in and out of work. His stepfather never contributed to the household and John thought he was a bit of a freeloader. He remembers that often there was not much to eat and some days their mother would keep them home from school as they had no food to take for lunch and she was embarrassed to send them. They sometimes would go to a foodbank and he remembers his mother also being embarrassed having to ask for food.

John had a close relationship with his grandparents who lived nearby, and he and his brother and sisters would often go to the grandparents' house if things got too bad at home. Having this close relationship with his grandparents as a child helped him develop trust in other people when he became an adult – particularly as his grandmother stuck up for them when he told her about what his stepfather was doing to them. John's mum wouldn't leave her partner, so his grandmother reported the abuse to Child, Youth and Family. This was when John was about 10.

John and his siblings then went to live with their grandparents and during that time they also went to a children's programme provided by a community organisation that he said helped them a lot. He also received counselling from a Youth Speciality Service (YSS), both when he was a child and again as a teenager because he was becoming quite depressed. He went to see the school guidance counsellor who was very supportive and referred him on to YSS.

When he was 11 his stepfather went to prison for beating his mother. He said this made them all feel a lot safer and he was really pleased his stepfather did not get away with it. John's mum was then able to look after them full-time and has since left his stepfather.

At primary school John had difficulties learning how to read and write and remembers one teacher who really encouraged him and spent extra time with him. He said if it had not been for that he's not sure if he would have gone on to do so well at school. The encouragement he received at school gave him self-confidence and he thought of school as a safe place and continued to do well at secondary school and passed NCEA Level 3. John also made some good friends at secondary school whom he is still friends with and said having good mates had been really important to him.

No-one from his family had ever been to university but John was determined to do well and wanted to have a better life. While the rest of his family were quite sceptical, his grandparents were supportive and encouraged him to go for it and follow his dreams. Having them believe in his abilities he thinks has also been crucial for developing his self-esteem and confidence to go to university.

John has now completed his degree and is working full-time. He has just moved in with his girlfriend and they are thinking of going overseas together as he has always wanted to travel.

3.4 Case study 2: It's never too late (Pathway 2)

Jess is 42 years old and the youngest of six children. Her father started sexually abusing her when she was four years old and this continued until her father left when she was 10. Jess said she was too young at first to know it was wrong but eventually told her mother who did not believe her and told her off for making up stories. Her mother then blamed her for driving her father away. She remembers her father was very controlling, manipulative and cruel.

At school she was quiet and used to hide at the back of the class. She found it difficult to concentrate on what the teacher was saying and struggled with keeping up with the lessons. Some of the kids used to bully her and this made her hate school and herself even more. When Jess was nine she wrote a story for school about how she felt about what her father was doing to her, and the teacher saw the story. Jess later reflected that this was her way of trying to get help. However, the teacher did not say anything and the abuse continued. Jess said the teacher probably thought she was making it up, and considering that her mother had not believed her either, Jess did not tell anyone else about the abuse until years later.

Her mother went on the benefit after her father left and shifted them from house to house as she often could not afford to pay the rent. Jess did not trust anyone and found it very difficult to make friends. When she was 14 she got in with the 'naughty kids' at school who liked to party and drink a lot. She discovered alcohol helped her block out the painful memories of her abuse and for the first time she felt 'free'. Jess said this was the beginning of her addiction to alcohol and that it got to the point where she started drinking before school. She would steal money to pay for the alcohol and she started truanting. Jess left school at 15 with no qualifications.

Jess was pregnant at 16. Her boyfriend was older and he liked to do drugs. They were both on a benefit. He started becoming very possessive and violent and Jess was really worried about having her baby. She remembers ringing a helpline but then could not go to the place they told her about because her boyfriend had taken all her money and would not let her out of his sight.

Jess did not want to bring up her child in a violent relationship but ended up staying with her boyfriend for the next 10 years and having five children with him. She battled her addiction with alcohol during that time, trying to stay off it when pregnant. The violence continued and the police would be called by the neighbours. Then the women's refuge would ring, but she did not trust anyone and was always scared her children would be taken away from her.





When Jess was 26 her boyfriend was convicted for drug dealing. He was sent to prison and Jess took the chance to create a better life for herself and her children. She got involved with a refuge who referred her on to counselling and also provided her and her children with support, safe housing and group programmes.

She said the counselling has been great, as it has given her confidence to really address her alcohol addiction. Jess attended several rehabilitation programmes and said one of the valuable skills they taught her was to be reflective and consciously make choices. Jess eventually went to counselling for the sexual abuse and she is still addressing this today. Jess said it has taken a long time, but she knew it was an underlying cause of her alcohol addiction.

When Jess was 31 she went to a women's leadership course where she met other women who had similar experiences to her. This was the first time she had really related to other women and been able to develop friendships. She attributes this to the counselling and learning to trust other people.

This also inspired Jess to help other families who had been in a similar situation to her. She followed someone's suggestion to do a community worker's certificate. She completed it when she was 35 and then went on to do a diploma. She is now working part-time for a community organisation and also volunteering in her community. She feels her proudest achievements have been her children, getting out of a violent relationship, and getting on top of her addiction to alcohol. She is also proud of completing her diploma as she had not done well at school.

3.5 Case study 3: A journey of whānau resilience

Roimata is the oldest of her brothers and cousins. They know that they are Ngāi Tahu on one side and Tainui on the other. However, they only know bits of their Ngāi Tahu whakapapa and do not really know any of their Tainui side, because their father did not know much.

They grew up in a four-generation freezing works culture extending across four whānau households. She and her young brothers and cousins lived among parents, uncles and aunties who were hard workers by day but also hardened drinkers by night and on weekends. Their homes became popular gathering places for workmates and other locals who wanted to have a good time.

Even though there seemed to be money coming in across their households, there were haphazard routines of grocery shopping and hokohoko (second hand) shopping. This lifestyle meant that, for Roimata and her young cousins, food was sometimes not in the cupboards, clothing was not always plentiful, and safe sleep could not be taken for granted due to all-night parties raging through the house. Violence was common and the police were regular visitors to their homes; the women were beaten, as were Roimata and her brothers and cousins, and the men fought violently with each other when they got drunk. Although life was volatile and dangerous, it was what they knew and it had a level of predictability. They also knew that despite what was happening, they were still loved by their whānau.

As the eldest mokopuna, Roimata was a consistent caregiver of her brothers and cousins. She regularly ended up in situations that she hated because of having to look for food and other comforts from Pākehā neighbours and local Pākehā shopkeepers. She often got turned away, and they had to resort to stealing off people or from shops, and got caught for it. They learnt not to share whānau stories with others and they did not take their school mates home. They were targeted for ridicule at primary school because they sometimes had no lunches, were dressed in raggy-baggy clothes and often fell asleep at their desks. Feeling whakamā (shame) was an experience that was familiar to Roimata and the other mokopuna. So too were the whānau feeling whakamā about the circumstances they found themselves in.

Roimata and her young charges' behaviour became defiant and rebellious as they got older and went through high school – they were known by the authorities for belonging to one of the most “troublesome Māori families” in town. Roimata got kicked out of high school for smoking, swearing, fighting, truanting, and generally not giving a damn. She and her older cousins were drinking and taking drugs. Getting drunk felt good and lifted them, and by the time they left school and joined their pakeke (elders/adults) in the workforce they were doing what their pakeke had been doing through their younger years – labouring hard during the day, drinking hard at night, perpetuating the violence, and living wild unrestrained lives.

Little by little, Roimata got closer to Warihi, with whom she eventually had two babies. Warihi was involved in drug dealing and did several stints in jail. Roimata still had a role to play in the whānau but she felt little now and was somehow powerless to do anything about it. She often thought about her Taua (grandmother), who had battled alcohol addiction in the past, and she found strength from her Taua's story of how she had retrieved her “rangatiratanga” and become sober.

Roimata's Taua had had to hit rock bottom and then restore herself, particularly her spiritual strength. Roimata recalled hearing stories about their ancestresses and how Taua held them in high regard and how she reshaped her life under their influence because they were women of mana. When Taua talked about rangatiratanga she was talking about the prior nobility of the whānau, about how strong their capacity to care for themselves and others had been, and how powerful their capability in manaakitanga and whanaungatanga was. Taua seemed to understand how historical things had happened that reduced those wāhine rangatira to being lost in mind, body and spirit in our own land, disconnected from the things that had sustained them. She spoke with some conviction that she wished to see her whānau safe, secure and confident in their rangatiratanga and all she felt that she could do at this time was to rebuild that for herself and make it visible, audible and touchable for other whānau members to experience.

When Roimata turned 29 she walked away from Warihi and her children and booked herself into the Māori Unit at Queen Mary in Hanmer Springs. Her Taua supported her through her detox and recovery experience, and still does today. Roimata returned to her family and clearly stated to Warihi and her daughters that they were the most important people in her life and she told them about what she needed to do in order to keep her life safely addiction-free and to keep strengthening herself and building the rangatiratanga she was wanting more of.



Roimata believes that the most important gift of her recovery is that she and Warihi kept their three daughters and son. Although their kids developed addictions to alcohol and drugs early in their teens, they each eventually have found their way to recovery. As sober parents Roimata and Warihi were able to help them build their whānau rangatiratanga. Roimata sustains her wairua by swimming in the sea, where she says “my head stops and I get real quiet and I feel whole”. She has taken up Māori Studies and Social Work at university and is near to completing a double degree.

Roimata still regards it as a miracle that one of their whānau – her Taua – found a way into her rangatiratanga again and that she, Roimata, has followed and has been followed by others. Roimata’s mother and father too have reassessed their lot and turned away from their pourī (sad/depressing) lifestyles – as have an uncle, a couple of aunties and three cousins so far. They have been persuaded by the expressions of rangatiratanga obvious in the lives of their Taua and their mokopuna, and supported by the unfolding benefits derived from having become interested and active in their respective hapū and iwi rebuilds in these post-settlement times.



04

Adversity in childhood affected them severely





What we found

- Participants experienced several and/or repeated traumatic events and situations over a long period of time, starting in childhood. These events and situations included physical, sexual, psychological and/or emotional abuse and neglect; poverty; growing up around criminal activity; and transience.
- For many participants, child abuse was perpetrated by family members and went unreported. More specifically, some children reporting sexual abuse were not believed or no action was taken against the perpetrators.
- These traumatic events and situations have had multiple, lasting impacts on the participants, which include emotional and psychological harm (e.g. low self-esteem, depression and anxiety disorders), addiction (e.g. drugs, alcohol), and repeating the cycle of violence with their own family.

4.1 Introduction

Participants' experiences of childhood adversity are described in this chapter to provide an understanding of the challenges they and their families and whānau faced. This is followed by a discussion of the ways in which these experiences impacted on the children and on their subsequent development. This is the beginning of their journey and provides the foundation for examining their resilience processes and how they attained their achievements, discussed in the following chapters.

To understand participants' experiences of violence, hardship and adversity, it is essential to consider how the wider context impacts on and interrelates with family and whānau beliefs, attitudes and behaviours. Their stories highlight what it is to experience structural inequalities in our society such as racism, gender inequality, childism⁶ and class disparity.

⁶ Prejudice against children. See, for example, Young-Bruehl (2014).

4.2 Childhood adversity is often traumatic

4.2.1 _ Many experienced abuse and neglect as a child

The majority of participants suffered varying levels of child abuse and neglect from a variety of close or distant family members. Yet few had had involvement with Child, Youth and Family (CYF) in a care and protection capacity (or the former Department of Social Welfare). Some participants said that, as a child, they had disclosed their abuse to an adult (such as a parent or teacher) and this had been reported to CYF. However, more commonly, any disclosures they had made were not believed, with the accounts of the adults (the suspected perpetrators) being believed over the children's, or children's disclosures being ignored, minimised, or not followed up.

As children, participants had suffered physical, psychological and emotional abuse and neglect. Most of the abuse had happened within the context of other forms of family violence that they had witnessed as children. These participants spoke of the terror they felt. These were often vivid, traumatic memories:

I was really young, about five. I remember it as clear as day. Dad over my mum, hitting her and beating on her. I got really scared. I remember the police came and got him too. I can remember it really vividly, the smell. (Māori, male, 40-49y)

A man described how his father had physically and psychologically abused him from a very young age:

It started with him screaming at me when I was potty training. Then it went on from that to being thrown against walls, beaten, tied down with rope and beaten, and it becoming a regular situation. Especially verbal abuse. I would go to primary school with bruises over my arms and my body because of the beatings. I would get to spend a day at home. (Pākehā, male, 30-39y)

A woman was physically and psychologically abused by her aunt into whose care she had been placed for six years:

Yes. Psychological. Every kind of abuse you could think of she did. When I started to develop I was told constantly that I was dumb, that I was ugly. The hidings were like she picked me up by my developing breasts and threw me on a wall. That is how bad they were. She used to jump on me. I used to wonder why I wasn't dead. (Pasifika, female, 50-59y)

A woman recalls how her stepfather, an alcoholic, would come home and beat her if her mother was not there to beat:

So he would get drunk, come home and just be angry and take it out on whoever was there. This always happened when Mum wasn't at home. She just didn't happen to be at home at these times. So I copped it. If Mum had been home it would have been her. So in some sense I felt like I took one for the team for you Mum. But she never believed us. So I ran away. (Pākehā, female, 30-39y)



A woman whose parents were “heavy drinkers” had the responsibility for all the housework and cooking, and if it was not done to their standard she would get a “hiding”. This resulted in her running away at 17 years:

I ran away from home at 17 because it was just too much. I was taking on the responsibility of cleaning the house, doing all the washing, cleaning everyone’s room, and doing the cooking. If it wasn’t done to that extent that they wanted it to be done, I would get a good hiding for it. I have been getting hidings since I was young anyway. It is like a normal thing. ... Because it is the island way. (Pasifika, female, 20-29y)

Child sexual abuse

Twenty-one of the 49 participants were sexually abused as children. In most cases the abuser was a male family member (e.g. father, stepfather, brother or uncle). In some other cases the abuser was a male family friend, a male neighbour, a foster care father or a family home caregiver. Only two said the abuser was a female family member. A few participants reported being gang-raped in their early teens and being prostituted by older “boyfriends”:

Can you imagine trying to defend yourself against men? It was relatives; wanting to molest you, wanting to rape you. You are fighting men, grown men, and you are only eight years old. (Pasifika, female, 50-59y)

It was mostly sexual abuse and stuff along those sorts of lines. I went into State care [because of sexual abuse in the family]. I lived in CYFS family homes until I was 17. Then I was pretty much on the street after that until I was about 20... I was a bit of a lost soul then. That is where it sort of came out that the whole time I was in CYFS care I was also abused by my caregiver. (Māori, male, 20-29y)

Intergenerational abuse and repeating abusive cycles

Much of the violence was intergenerational. Some participants recalled that their parents had experienced child abuse and neglect when growing up. This abuse impacted on their parents’ lives, including forming abusive relationships, alcohol and drug addictions, depression, anxiety disorders and other mental health issues:

So there was violence and alcohol and abuse in Mum’s life. That is when we talked to her and we said we understand where you come from, the learning skills that you were brought up with or lack of. (Pākehā, male, 50-59y)

My mother had been sexually abused as a child but never dealt with it. Gets anxious – probably quite depressed. (Pākehā, female, 40-49y)

This cycle was repeated in some of the participants’ lives and the following chapters focus on the journeys of participants to break this cycle. Their experiences as children had led many to have a distorted view of relationships and what was a ‘normal’ loving relationship. Some entered into abusive relationships at a very young age and became pregnant:

I was living in a de facto relationship when I was 15, had a child when I was 16, legally married when I was 17. I was mental. I am going to call it mental. I stabbed my husband. I was repeating, I knew I was repeating, the domestic violence of my family of origin. I knew it was distressing for me to do that, so yeah that led up to me knowing that something was wrong. (Māori, female, 50-59y)



I met a guy who was violent. Funny how history repeats itself. I got pregnant to him. He beat me up during the whole pregnancy. I left when I was about six months pregnant.... So I just traded one asshole for another. I shouldn't have said that. But my whole reason for getting pregnant and having a baby was because I wanted to have my own family. When I look back that was a really selfish reason to have a child. But when you are young and you are lost, you wanted someone. And there was nobody. (Pākehā, female, 40-49y)

Many felt that they had become vulnerable to abuse as adults – they were attracting sexual predators with similar traits to their abusers. For example, a woman recounts feeling like she was attracting men like her father, who had abused her over and over again:

When I think back with these relationships that I have had. I think I told a psychologist. I said "Can you imagine attracting your father over and over again?". So these men I am attracting they are not functional men. Your father was a rapist so what are you attracting? Then you are going through all these dysfunctional things and you have got to tell yourself "Hey, this is not normal." So you have got to do something about yourself to change it. (Pasifika, female, 50-59y)

Participants' low self-esteem and the messages they had been given as children meant some of them came to believe this is what they deserved. A participant said she thought her only role in life was to have sex and to have babies. She accepted poor behaviour from her partners.

Some lacked the skills and ability to communicate to resolve conflict and repeated being violent themselves. For example, a male participant describes how he had started off behaving in his adult relationships in the same violent way as his mother had in hers:

She taught me how to scream, how to yell, how to gather attention from another person. This came about in my first and second relationships. In the first no children but the second one children. And within those relationships I would revert back to my mother. But at that same time I was having a struggle determining, well I should be doing something better than what my mother is doing. I shouldn't be using violence. I should be using my voice. I should be able to hold myself adequately and talk fluently and talk properly so that my voice can get across. (Pākehā, male, 30-39y)

4.2.2 _ Financial and material hardship in childhood

The majority of participants had a parent on a benefit at some time during their childhood.

Some participants said their parents were not on a benefit or only on one for a short period. Nevertheless, their parents had low paying jobs and their families and whānau had still experienced periods of significant financial and material hardship.

Participants talked about their childhood experiences of going hungry, not being able to take lunch to school, eating what they could and getting food grants from Work and Income, going to foodbanks and being fed by school friends:

We had nothing. So when we were younger we had nothing. We were always hungry. Actually if we didn't have lunches she would just keep us home and tell the school that we were sick, so that we didn't have to go to school with no food. We just had nothing. (Māori, female, 20-29y)



Going through WINZ, grants and all that. I remember going to WINZ and getting school uniforms and just clothing and stuff. So you go there and get grants and whatever. I knew my family didn't have much money and were very poor. It was quite hard. It was hard to be poor. (Māori, male, 30-39y)

Just growing up, even the things we ate like it was always sausages and mince. There was never much variety of food. So as an adult as I have become exposed to different food it is quite a treat for me. Like cheese on crackers and things that people probably take for granted but for me those are delicacies. I never have had them in my life. And nice pieces of meat, nice roasts and things like that. So those are things I enjoy now and try and expose my children to. (Pākehā, female, 30-39y)

We often had no food. I remember going to the fridge – we had one of those old fridges, it might not have been old in those days, but one of those old Kelvinator fridges – and there was nothing in it except a block of cheese. So I remember eating cheese for days. I remember being very envious at school about the kids and their lunch. A friend of mine [Name] always used to share his lunch with me. I remember being very impoverished. No emotional stimulation from either parents really, even when they were together. (Māori, male, 50-59y)

4.2.3 _ Growing up around criminal activity impacts children's upbringing

Eleven participants had a parent or sibling sentenced to prison and/or a community sentence while they were a child, some for domestic violence-related offending and some for sexual abuse:

My sister's father is in and out of prison. Mum has got a wired-up jaw and rods down her back where he used to beat the shit out of her. (Pākehā, male, 50-59y)

As stated, most of the family violence and child abuse went unreported and perpetrators of abuse were never convicted. As illustrated in the next chapter, the consequences of growing up with this violence had devastating impacts on many of the participants. Some participants also indicated that their parent(s) and/or family members used illegal drugs regularly.

4.2.4 _ Experiencing transience has negative implications for schooling, social networks and housing

Many of the participants spoke about moving frequently as children.⁷ This was possibly because their parent(s) were searching for work or affordable housing, and/or moving away from abusive relationships (on the run), or because a parent had died. Some Māori participants, as tamariki, had been in whangai arrangements and consequently were required to move households.

⁷ The Treasury analysis identified that those at higher risk were more likely to have changed address at least once a year (Ball et al. 2016, Analytical Paper 16/01).

Constant moving resulted in many participants attending numerous schools during their childhood:

We went from nice house, nice happy lifestyle, completely shattered and then ended up living in state houses and moved around quite a bit.... After Dad died we just moved around the South Island for about a year.... I have had 14 schools.
(Pākehā, male, 50-59y)

This had a number of negative implications for them as children, such as always feeling like an outsider and difficulties making friends. In some cases participants' learning disabilities had not been identified or addressed.

A female participant attributed her difficulties in making and maintaining friendships with other students to her family's frequent moving. She was always "new", rather than "part of":

I didn't really put in the effort to make them in the first place because I was sort of always thinking "Well, we will probably move again anyway." I just really remember that feeling of just being there all the time, rather than being part of. I was constantly feeling like the new person and needing to try and fit in. I think in a way that impacted on me. (Pākehā, female, 30-39y)

4.3 — The impacts of childhood adversity can include emotional and psychological harm and addiction

As outlined earlier in Figure 3.1, experiences of childhood adversity can lead to risk taking, negative coping behaviour and later negative outcomes e.g. drug use, offending, dis-engagement from education, and difficulty getting employment.

4.3.1 _ Emotional and psychological impacts of abuse in childhood and later life

Many participants spoke of the negative impacts of the abuse they had suffered as children and the emotional and psychological damage they struggled to overcome as they matured.

A participant recalled the severe impact her mother's violent boyfriend had on her. When she was six she stopped talking and was taken to a children's mental health service:

I just couldn't speak anymore. It was like a protection. I would scream if Mum's boyfriend came near me. Just like "Ahhhhhh". I think I was just disturbed and just didn't handle stuff that was going on. They took me to [mental health service for children]. ... I just shut off. I was just very shy and quiet and timid and just sad all the time.
(Pākehā, female, 40-49y)





A participant said he felt totally impoverished in all aspects of his life and also vulnerable to further abuse:

Emotionally, relationally, spiritually – well I say spiritually now, socially. I had really bad self-esteem, low self-esteem, and was a recluse. At the age of 13 I got into marijuana and alcohol big time because my friends were 19 and 20. At the age of 13 I was sexually abused more than once, and that would have continued from 13 to 15. ... Truancy. I just didn't go to school. (Māori, male, 50-59y)

Many participants experienced the world as an unsafe and dangerous place growing up and said it has been difficult to change this mindset:

You can lose everything in life, but God for me has shown me that it will still be okay because He will still take care of me. The thing in my life growing up, I never had the sense that things were going to be okay. In my adolescent years and early 20s I never had the sense everything was going to be okay. Instead it was reinforced to me constantly if something bad can happen it will and things are not going to be okay. (Pākehā, female, 30-39y)

So much ... of my childhood I just felt desperately and unsafely alone, and of course a lot of those experiences were repeated then as a teenager in terms of sexually risky positions. It was like I was the target for other sexual predators really. So it felt like the world was a desperately, desperately, unsafe place. (Pākehā, female, 50-59y)

Also, many participants talked about the impact of their experiences on their self-esteem. They felt rejected and unloved and in some cases also felt self-loathing, thinking it was their fault that they were being abused. Many experienced psychological abuse, constantly being told negative things about themselves.

One woman recalled how the sexual abuse started when she was seven and the impact this had on her schooling. She stopped learning. She went on to recount the sense of rejection and lack of love in the family, which has deeply affected her:

I stopped learning. Not much reading, not writing. I just was playing up a lot. I just hated myself. I just blamed myself for everything. I hated my parents. ... [I felt] unwanted a lot. Like it doesn't matter how much I reach out for them, nothing ever came back. There was no love. There was no support. ... There was no love in the family. There was nothing. (Pasifika, female, 20-29y)

Another woman said when she was 12 years she started to recall the sexual abuse she had experienced as a four-year-old. This had been traumatic for her and sent her into a state of severe depression. This was further aggravated due to her experience of being bullied at school:

Then in intermediate I got back into really massive depression. I was heavily, heavily, bullied and I started having violent thoughts towards my classmates because they were so awful. Then I started remembering in detail what had happened with the abuse. I just remembered just being so upset by it, and not being able to block it out of my mind and just seeing the visuals in my mind. (Pākehā, female, 30-39y)

As a consequence of the sexual abuse they had experienced, many of the participants spoke about the negative impacts it had had on them psychologically, which eventually manifested through anxiety disorders, self-harming, periods of depression, post-traumatic stress disorders and other mental health issues. For quite a few participants this led to suicidal ideation and in some cases attempted suicide.

Some of the participants described being rebellious and defiant growing up as a result of the abuse they were experiencing. For example, one participant said she used to steal to get attention and she also wanted someone to find out what her aunt was doing to her. Another described becoming the “class clown” at school as a way of making people laugh and getting attention.

Several participants were expelled from school. One participant said when she was 11 years old she became very angry and was “very naughty” at school. By 13 she was expelled because of her behaviour.

Other participants described putting themselves in high-risk situations that made them vulnerable to further abuse.

4.3.2 _ Alcohol and drug abuse

Nearly half the participants said they started abusing alcohol, marijuana and in some cases other drugs from a young age in order to block out the pain of the abuse they were experiencing:

I ended up by the age of probably 15 smoking heaps of weed, doing heaps of drugs. Then by the time I got to 16 I had been introduced to methamphetamine. ... When your options are so limited you don't really want to keep smashing your head against a brick wall to feel like you are getting nowhere. So smoking some drugs is a very nice relief. (Pākehā, female, 20-29y)

Then when I was 13 I got drunk for the first time and loved it. Absolutely loved it. I thought it was a god-send. Why didn't you introduce this to me earlier? It is like I had an instant addiction to alcohol. Alcohol really soothed for me. It squashed all of that internal conflict that was happening to me as a kid and I deteriorated from that point on in myself and how I held myself. At 15 I was going to school under the influence. (Pākehā, female, 30-39y)

Just alcohol and pills and dope. Never needles and that. But to just get me away from the feeling. Bad things would happen. (Pākehā, female, 40-49y)

A male participant said he was made to feel inferior or ashamed of being Māori, which resulted in a lack of identity. Combined with the abuse in his whānau this led to alcohol and drug abuse to manage the pain:

As a kid it was just really negative. It was a really bad thing to be Māori. To be brown it was actually quite shameful. That is kind of how I felt. And you got to the European side of your family and they will put your culture down. The only way to get ahead is through the Pākehā world, so that was the only way to live. (Māori, male, 30-39y)

When you are raised with so much anger and pain and hurt it comes out in your emotions and in your actions, through your verbal abuse, violence, drinking away your sorrow, smoking weed, to hide the pain that you are feeling. For me, just speaking for myself, I didn't know how to manage my emotions and all that pain and anger and hurt and all that. That lack of identity. I didn't know who I was. (Māori, male, 30-39y)

05

Journeys of resilience – what helped participants overcome adversity



What we found

Participants' achievements

- Participants had obtained a range of educational qualifications, ranging from NCEA to university degrees. Often this was through adult education.
- Most had some form of employment, often combined with studying or childcare.
- Other achievements were also mentioned, including breaking intergenerational cycles of abuse, providing a positive environment for children, and feeling a sense of pride in their achievements.

Factors identified as helping participants achieve good outcomes

Individual factors – positive attitudes, beliefs and aspirations

- Hope and desire for a better life, especially for their children
- Self-determination
- Spiritual, religious and knowledge frameworks
- Building self-esteem and confidence
- Ability to reflect and make choices
- Self-care and self-management

Interpersonal factors – supportive relationships and networks

- Somebody believing in you
- Supportive relationships in childhood
- Supportive relationships in adulthood
- Breaking the intergenerational cycle of violence and addiction

Community/societal factors – responsive services

- Early intervention for children – responsive service provision
- Healing and rehabilitation for children, adults and families
- Accessing and engaging with services
- Education services that support children living in adverse environments
- Education services that support young people and adults back into education – build confidence and vocational capability
- Support to get into employment





5.1 Introduction

This chapter briefly describes the educational and employment achievements of the participants. It then presents the key factors that they identified as helping them overcome adversity and go on to achieve in life. Unique features of Māori participants' stories relating to cultural and historical differences are discussed in the next chapter.

The research findings are organised using the socio-ecological model (outlined in chapter 1) in order to provide a way of understanding how multiple factors interacted and influenced participants' resilience processes. The levels of the model relate to individual, interpersonal, community and societal factors and differentiating between these levels is a way of simplifying the complex world we live in. Participants recounted their stories from childhood to the present and they provided important insights into what supports resilience during childhood and adulthood. We have identified key findings related to children, young people and adults.

5.2 Achievements despite the challenges

5.2.1 Education and employment

Some participants got the early support that enabled them to stay engaged with education and achieve educational qualifications. For others, the response to adversity had led to disengagement from formal schooling and it was only at a later point in their lives that they had reengaged with education. For most this took time, and many started with short courses, night school, and certificates to build their confidence. Some had gained diplomas and degrees – a major achievement given that most had left school with no or only very minimal qualifications.

Participants' economic and social contribution included paid employment (full-time or part-time), volunteering or mahi aroha, and parenting and caring for other family members. Many participants were engaged in a combination of paid and unpaid work. Over half were in paid work: 18 were in full-time employment, three were in part-time employment, and six were self-employed (either full or part-time).

The two outcomes of interest are linked, with achievement of educational qualifications assisting in getting employment. Participants reported that educational qualifications had given them confidence and skills as well as pathways into employment and associated employment opportunities:

I guess what you get from a degree – the ability to research something, to think about something and to do it and take a few risks ... – is a good thing.
(Pākehā, female, 40-49y)

I feel I have achieved in the area of business whereby I am now at a point that people come to me for consultation and advice. ... There are many areas I can apply myself and be very successful very easily now. Part of that is purely building upon your skill set.
(Pākehā, female, 30-39y)

5.2.2 _ Achievement from a participant perspective

When participants were asked what they considered to be their main achievements they commonly spoke about their children and having managed to break the cycle of intergenerational violence:

I don't hit my children. I don't use violence towards them ... I want to see a smile on my children's face. (Pākehā, male, 30-39y)

I am really proud of the idea that they will never ever in their lives, and never have and hopefully never will, experience what I have experienced. ... In one generation I have managed to transform whakapapa [from intergenerational violence]. (Māori, female, 50-59y)

When I was growing up I was thinking how come I never did it to anyone else? You can pass it on. How come I never did it to anybody else? Then I went no, because I don't want to take anybody's innocence or anything. (Pasifika, female, 50-59y)

Some were most proud of the positive environment (emotional and physical) they had created for their children:

The best thing is that we are communicating better now ... and that is what keeps our family tight too. Like we can talk about our feelings and our needs, and even our kids. ... If they have got something that they feel is not right ... they will say "Mum, Dad, can we have a one on one talk?" and we will have a one on one. (Pasifika, female, 20-29y)

One of the things I used to say to myself was one day I will grow up and I will have my own home and I will have my own children and I will look after my children and they will be safe in our little house. It has taken a while but we got there. We got there. ... I will do what we need to do to make it feel safe. (Pākehā, female, 50-59y)

Other achievements they identified included becoming more knowledgeable about things Māori, overcoming alcohol and/or drug addictions, and working on their personal development:

Now I have got an education. ... Most of my knowledge is based around whakapapa and whare. I am called on for a lot of that knowledge now. (Māori, male, 20-29y)

... Alcoholism and drug addiction just poisons every aspect of your life and it did in all of my family members' lives. But we all, my immediate family, have recovery. It is a miracle when one person gets recovery. When that happens within a family that is amazing stuff. (Māori, female, 40-49y)

Sticking to my counselling and allowing my mindset to be changed. (Pākehā, male, 40-49y)

The majority of the participants felt it was an achievement to survive their childhood and not let it destroy them. Furthermore, they identified overcoming the "victim mentality" as a major achievement:

I have achieved by overcoming that victim mentality. That is a massive achievement to have overcome my past whereby I am no longer affected. ... I guess an achievement is I can now have really healthy positive two-way relationships and friendships. I drive a beamer. Success, you can see that in so many ways. I am smiling. I am laughing. I am able to now plan my future where in times in the past I couldn't. (Pākehā, female, 30-39 y)





All I can think right now is that it is amazing talking about it, how somebody can go through so much but yet they can make the choices as adult of whether they want to really heal from it or not, and how far you actually can come. No matter what happens to you, you can get through it. (Pākehā, female, 30-39y)

Service and contribution, and giving back to the people and community that had given so much to her, was this participant's way of enriching her life, and others within her community:

Giving back to the community and people that helped you ... paying back to the community. That is a good thing for me. Helping them out instead. (Māori, female, 20-29y)

5.3 Individual factors – positive attitudes, beliefs and aspirations

Participants identified a number of attitudes, beliefs and aspirations that helped them cope, and to various degrees overcome, the impacts of their adverse childhoods. Some identified personal qualities such as determination, stubbornness, sense of justice, positive outlook and sense of humour. All participants noted that this was a long process involving considerable reflection on their part, coupled with the help of others and support services. Many participants were still dealing with issues resulting from their childhoods and acknowledged that it was an ongoing journey.

5.3.1 Hope and desire for a better life

'Hope' is the strongest word I know.

'Hope' was emphasised by many participants, as they had experienced what it was like to have no hope. This had taken them into a 'very dark place'. Having 'hope' was expressed as hope for the future, hope for a better life, hope that you will be loved and appreciated, and hope for your children's future, and it was a strong recurring theme.

Many participants were motivated by wanting a better life for their children or younger siblings than they had experienced:

I want [my children] to experience life. Don't rush into stuff. I just don't want them to turn out like how I did. ... I have gone through a lot to get to where I am now. I want them to get their education, to get that background, to have big plans. ... I think if I didn't have my kids though, I don't know where I would be. I wouldn't be sitting here anyway. My main thing is trying to be stable for my kids. Doing the work but not forgetting about them, like me helping them out. Show them the path, the right sort of path. (Māori, female, 30-39y)

I think my younger brother is probably what significantly changed my path because then I needed to be better and present for him, show him something different. (Pākehā, female, 30-39y)



For some, to achieve a better life was expressed as a desire to be a better person than their parents, to achieve their dreams, to not give up:

But I look back at all of this now and I say my god, I am the strongest person. Hope is the strongest word I know. I can literally overcome these problems. Not because of outside or inside influence, but because I have had a desire to succeed. ... That happened around my teenage years. I looked at my mother and thought man I can be better than you. Oh and stuff my dad as well. (Pākehā, male, 30-39y)

I mean I wasn't smart at school, but I don't know, I thought no I am not going to do this. I am not going to be like my mum. I wasn't going to have children with no fathers attached. I wasn't going to be living in state housing. I wasn't going to be living off the benefit because that is what Mum did. I wasn't going to have any of that. I have told my kids that as well. You work for your money. You don't rely on the government for that. (Māori, female, 20-29y)

The desire for a better life for themselves and their families often extended to wanting to make a difference for others. A number of participants were passionate about working with children and families and had sought careers in social services. Some were also motivated to improve the social service system for others:

But in that rehab we had made goals for ourselves. We had done goal planning. I said right there and then I want to be a social worker for Child, Youth and Family. I don't know. I just had this drive. In order to change life for myself I had to do a lot of changes. So it started off with I have to clean up my own backyard in order to be a social worker. (Pākehā, female, 30-39y)

The only reason why I keep trying is now that I understand the system, there is that desire that I can change the system for people. (Pākehā, female, 20-29y)

5.3.2 _ Self-determination

I wanted to be the captain of my own ship, determine my own life.

Getting back a sense of control over their own lives and bodies was an important process for participants, as their experiences as children were out of their control.⁸

A woman described how taking back control of her life felt for her. She described the enormous effort it took to readjust her thinking after being under the control of others as a child and young adult:

That whole feeling, and having someone constantly control your life and bring devastation into your life; forever you have that sense that other people in positions of authority will be able to continually restrict you, stop you from advancing, rob you of any joy or achievement in life, and control you and keep you right down in that place of poverty basically. So that is a massive thing. Even now there is still residue of that in my life. It has taken a real concerted effort to overcome that and to adjust my thinking to reject that mindset and to adopt a new one. Because it all comes back to me having felt out of control of my life and circumstances. I am still working on those things. (Pākehā, female, 30-39y)

⁸ For Māori participants, taking back control and leadership of their whānau was expressed as whānau rangatiratanga and this is discussed in chapter 6.



Others described not being stuck with reliving the past but being able to move on and create their own future:

You need to accept the future for what it is. When you do that you then get a chance to create your own future out of the bricks that have been thrown at you. Just along the way you need some helping hands; someone with a bucket full of mortar to help create the foundation and to put the bricks together and all that. (Pākehā, male, 30-39y)

Part of taking control of their lives was imagining a future and setting goals to achieve this:

I had three key things that I wanted to do. I wanted to be the captain of my own ship, determine my own life. For me that meant getting an education. For me information was power. It still is. I think I was born with that belief or understanding. None of my family, either side, and extended family had ever gained a tertiary qualification and I had this huge determination before I even left home that I was going to go to university and get a qualification. (Pasifika, female, 40-49y)

*[Being] stubborn ... determined, yes. This is what I am doing. It was goal directed. It is like, I am doing this and that is that. So I am going to university. F*ck you, well I am doing this. That is what I am doing. No-one can talk me out of it. (Pākehā, female, 40-49y)*

5.3.3 _ Spiritual, religious and knowledge frameworks

Many participants had found solace and enlightenment through religion or through humanist and academic understandings of the world. These frameworks and belief systems provided participants with a deeper understanding about what had happened to them and their families:⁹

I think it is a spiritual thing. My belief is that people are born with a purpose, and some people are lucky to know it and be able to touch it, and I have been. ... I have always known that part of my purpose is for helping, and I just happen to have lived a life that has led me into that. I think that spiritually it is that optimism versus pessimism. You are born introvert or extravert. It is that stuff. You have a perspective. I think human beings are born with a perspective of the world that gets influenced by our conditioning. But there is a foundation there that was strong enough for me. (Pasifika, female, 40-49y)

Religion not only offered a pathway towards ‘forgiveness’ but also provided a community of people who were supportive both emotionally and pragmatically:

I very much had a victim mentality initially myself. It was all of that. So I began to connect in with this church. ... I learnt about the principle of forgiveness whereby it is so vital for you to be able to move on in your life. If you don't forgive you will forever be held captive to that. ... There is just bitterness, resentment, sadness, grief, and you don't get to move on and experience that true joy and happiness and peace and freedom from those things that had affected you. (Pākehā, female, 30-39y)

⁹ Restoration of wairua for Māori whānau is discussed in chapter 6.

Several participants turned to self-help and philosophical books in their quest to better understand what had happened to them and identify positive coping strategies:

I read every self-help book in the library. Now I can't stand them. I was just striving for a better life to feel better inside. A good book is 'The Men Who Hate Women and the Women Who Love Them'. That was a good book for me. Just understanding it. ... So it was a lot of education. Getting rid of old stuff. Changing new ways. Reprogramming the cognitive behaviour therapy. (Pākehā, female, 40-49y)

5.3.4 _ Building self-esteem and confidence

I have to keep reminding myself that I am capable. I am strong. I am resilient.

Many participants had been confronted with feelings of rejection during their childhoods and been subjected to psychological abuse, such as negative 'put-downs', which resulted in low self-esteem. Some participants talked about building their self-esteem, self-worth, and belief in themselves as part of their healing process:

But kids need to be loved and to love as well. So much of my self-esteem began slowly but surely to get restored. I carried heaps of rejection. (Pākehā, female, 30-39y)

In my twenties I was probably quite depressed, looking back. But then I learnt CBT [Cognitive Behavioural Therapy] and that has been helpful. ... I learnt mindfulness. I do all that kind of stuff. ... In my twenties, you know I was quite hard on myself and quite down on myself; now I wouldn't entertain the thoughts. (Pākehā, female, 40-49y)

Supportive relationships and services such as counselling, community groups and courses were important in facilitating building self-esteem and are discussed in section 5.5.

5.3.5 _ Ability to reflect and make choices

Some participants spoke specifically about changing their perspectives on life by learning to be reflective and self-aware and to assess consequences and make choices. They regarded this as important for developing their own resilience processes. Generally participants' stories revealed how they had developed the ability to reflect and make good decisions for themselves and their children:

It is amazing talking about it, how somebody can go through so much but yet they can make the choices as an adult of whether they want to really heal from it or not, and how far you actually can come. ... You may not be able to change your circumstances but you can change the way that you think about it, and how you feel about it in the way of believing – well I believe in God – but even believing in yourself. It is internal that you can make a difference. (Pākehā, female, 30-39y)

I have become aware of things that I wasn't aware of, and learnt how reflective I really am. That is probably a key part to all of this. Going to those rehabs I learnt how to reflect on myself, my behaviours, and actually made me think about things and always put myself at that T-intersection. If I go this way this will happen, but if I go that way that will happen. I am always able to do that now because I am so reflective, where I never had that ability before. (Pākehā, female, 30-39y)



5.3.6 _ Self-management and self-care

Having good self-management and self-care strategies and tactics in place were important resilience factors for many of our participants. These coping strategies and tactics usually comprised activities that participants either enjoyed and/or found empowering, fulfilling or enriching.

For this female participant, having some 'alone time', listening to music and having time outside of the house were her way of de-stressing:

If I don't have that to lean on, then I just enjoy being in my own space listening to music. I like to just sleep (sit?) and that usually gets rid of it and by the morning I am pretty sweet. I also like getting out of the house. I can't stand being at home and being angry or upset or stressed. I have to go. I have to leave. (Māori, female, under 20y)

Indulging her love and passion for arts and crafts, and walking, were things that this mother enjoyed in her spare time:

I can honestly say that I find it hard to find the time to do things for myself because I have no whānau in Auckland and I don't have a babysitter. On Wednesdays I have been facilitating an arts and crafts group. It is only a small group. I do that just a couple of days a month. So that is good. I enjoy that. Also I have hobbies. I like to paint. I like to weave. Just recently I have been decorating. So I have just started doing that and I really enjoy doing that. And walking, which I definitely need to get back into. (Māori, female, 30-39y)

Having friends she could talk to, and quality time with her children, was this female participant's way of de-stressing, relaxing and enjoying life:

I vent to my mate. I take my kids out to eat. They like to eat. In summer take them out to the beach. Just have good quality time. (Māori, female, 30-39y)

Self-management for some participants meant developing positive coping strategies, such as limiting or refraining from alcohol consumption and drug use, gambling and other addictive behaviours.



5.4 Interpersonal factors – supportive relationships and networks

A significant finding of this study is the importance of relationships and networks in supporting participants to overcome adversity and go on to achieve positive outcomes. This finding aligns with the literature on resilience (for example, Meredith et al. 2011).¹⁰

In the socio-ecological model the levels of ‘interpersonal’ and ‘community’ can in reality become blurred when we are examining the significance of relationships with family, whānau and friends and with people from community groups and services such as social workers, community workers, teachers and church organisations. While we have separated these types of relationships, focusing on personal relationships in this section and professional relationships in section 5.5 on community and society, some of the key factors that support resilience are the same for both ‘types’ of relationships – for example, having someone believe in you, encourage you, trust you, not judge you, and provide practical support to help you achieve your goals.

5.4.1 _ Somebody believing in you

I think having somebody to believe in you is really key.

A significant finding emerged as participants revealed how meaningful it was to have someone believe in them and encourage them towards achieving more:

I think having somebody to believe in you is really key. Somebody who will walk your journey with you. ... You don't want people telling you how to live your life. You want people who are going to walk alongside you and go "Okay well that didn't work out so well, let's try another way." Not give you a hard time for it not working out. (Pākehā, female, 40-49y)

For this participant, despite the many challenges she faced during her formative years, having someone who believed in her potential – in this case her teacher – was something that would have a profound effect on her life:

I do remember in year 6 I had one particular teacher that changed my life. She sat me down and said "You have two choices here. I see two different paths for you. You can either go and continue on being a high achiever and make a name for yourself and be really, really successful. Or you can go down the other path and end up like your mum and your dad." (Pākehā, female, 20-29y)

One woman spoke about her sports coach playing a significant role in building up her confidence and self-esteem. She had kept encouraging her until eventually she did become good at her sport:

I was good at something, and people were telling me I was good at something. I hadn't been told that a lot throughout my childhood that I was good at something. (Pākehā, female, 30-39y)

¹⁰ For Māori participants this is expressed as concepts and actions of whānaungatanga, manaakitanga and kaitiakitanga. This is discussed in chapter 5.



Furthermore, her sports coach encouraged her to pursue her dream of becoming a social worker:

Yes. My coach believed in me. She would be a major influence on my adulthood. She never ever judged me. ... [She] just believed in me. When I had done rehab, "You look so fresh [Name], you look really good." She just kept encouraging me, always encouraging me. She was probably the first person to do that.

Other examples further highlighted how participants valued being acknowledged for being good at something and valued not feeling judged.

5.4.2 _ Supportive relationships during childhood

Some participants had significant people in their childhood such as family members, carers and friends who provided love, stability and encouragement. One young woman spoke fondly of her grandfather, who was her 'go-to person' if she had a problem and also spent time teaching her. She felt he could empathise with her situation as he had been fostered when he was younger:

He was always there for me and always made me feel comfortable, like just being myself. If I had a problem I could talk to him about it. He taught me so many things. ... I loved maths more than anything. ... He was the one that like taught it to me. ... He was fostered when he was younger, because his mum put the kids into foster care because she had problems. ... So he knows what it is like to go through this big struggle, sent around different homes and everything like that. (Pākehā, female, under 20y)

Another participant spent a lot of time with her grandmother as a child, who provided her with emotional support and a place of refuge from the violence at home:

She loved and nurtured me when no-one else did ... [She's] been my saving grace. I am really close with my nana. (Pākehā, female, 30-39y)

Some participants spoke about their mothers providing support and encouragement and acting as a positive role model:

We saw [from her] what was right and what was wrong. ... I think she was our main positive influence for sure. Like if we hadn't had her I think we probably would have gone off the tracks if we only had our dad, who was also on the benefit. (Pākehā, female, 30-39y)

A Pacific woman developed a mentor relationship with an older man when she was 16 years old. She regarded him as her adopted father and he has also acted as a grandfather to her children. She described how he also helped her raise her first child:

He used to teach me everything about how to bring up babies. Because he was [there with] my first child and I didn't know anything about having a child at, what, 20. He used to tell me things like "Get out of the house. Don't stay in the house. ... Go and walk baby ... Go for lovely walks and everything. Change the baby." He used to tell me. (Pasifika, female, 50-59y)



Childhood friends were also a source of support and comfort. For example, a male participant said:

My other source of help came from my friends who were suffering the same sort of abuse from their mum and their dads. We were literally bound together in the park and defy our parents but knowing full well that if we went home we would be told off and given the jug cord. So we managed to band together and comfort each other by using comedy as a way to mask the pain. (Pākehā, male, 30-39y)

Six of the non-Māori participants experienced state care in care homes and/or foster homes. Approximately eight Māori participants had lived in a whangai situation and some were also placed in foster care. They had mixed experiences. A participant said her second family home mum was pivotal in giving her back faith in humanity as this family home mum had trusted her and provided a caring home:

My second family home, the lady there she was a pivotal person that actually gave me faith in the human race again. ... Her and her husband, I could tell they genuinely loved the kids in that family home. She sacrificed for them. She trusted me. (Pākehā, female, 30-39y)

For two participants the children's home they were placed in provided a safe and stable environment and an alternative 'normality':

It was a bit scary going there at first. But there were three meals a day. I wouldn't have guys trying to get me out drinking, drugs and stuff happen. (Pākehā, female, 40-49y)

So for me my differentiating moment ... was the Anglican foster home ... how they treated you. It was just so beautiful and everything was totally different from how you were being brought up at home with your parents and your siblings. You felt loved and you felt cherished and looked after. (Pasifika, female, 50-59y)

5.4.3 _ Supportive relationships in adulthood

Where participants had developed trusting relationships during their childhood this tended to provide a foundation for developing good relationships later on in life. For example, a woman spoke of the relationship with her grandmother:

Through what I got from her I have been able to form relationships. ... She has given me that. Because if I hadn't have had it I don't think I would have trusted anybody. (Pākehā, female, 30-39y)

Conversely those who had no-one to support them when they were children found it very difficult to trust people and had to learn how to develop relationships. For one woman, years of counselling had enabled her to make friendships with women, where previously she had no trust in women. She now valued these friendships and was providing support to some other women going through similar experiences:

From the counselling I can have good friendships with women, healthy women. I didn't like women. I didn't like women until I did my counselling and got to trust a woman. I realised that I will get a lot more honesty with women friendships than a lot of men who the brain is somewhere else. (Pākehā, female, 40-49y)



Another participant emphasised the importance of learning how to love and letting others love you if you have had rejection all through your childhood:

I ... got restored through being loved by others, letting them love me, finding people that would let me love them because that was something that I needed. Even as a foster child you need someone that will let you love them. Often foster parents don't because they want to keep you at arm's length. ... But kids need to be loved and to love as well. So much of my self-esteem began slowly but surely to get restored. I carried heaps of rejection. (Pākehā, female, 30-39y)

A male participant said his father-in-law was special to him and when he first met him it was a revelation that a man could be so kind, a stark contrast to his own father who was violent and cruel:

Her dad was a huge surprise because when I first met him I just cried. He was probably the kindest fatherly person I have ever met. (Pākehā, male, 30-39y)

One participant spoke about two important women in her life who supported and encouraged her when she was a struggling young mother. They also provided inspiration for her own career path:

Having good, supportive people along the way made such a huge difference to my life. That is why I wanted to do the job that I do. (Pākehā, female, 40-49y)

Many of the participants spoke of developing good, positive relationships with partners, sometimes after a series of dysfunctional relationships:

He is incredibly smart and talented, so I feel very blessed to have had such a lovely person in my life that not only is just a nice person but also has their head screwed on and clever and isn't like all the other twats that I decided would be a good idea to date. (Pākehā, female, 20-29y)

Another young woman met her partner when she was 18, and moved in with his family. She found her partner's family to be very different from her own in that they offered a lot of love and support:

It was good because I started picking up a lot of good vibes from the house. The family were loving and stuff like that. We could always talk. ... It was good because then I started picking up about respect. More respect. Always having that trust, trying to get that trust built within the family. (Pasifika, female, 20-29y)

Another participant made an important observation about being an active participant in a relationship with mentors and role models. You have to be open to developing a relationship with role models and mentors, and open to implementing what they have taught you. In that sense you are making the most of opportunities:

Well actually someone said to me ... [their sports] coach used to tell them all to say back to people "Thanks but we make our own luck". I thought "I like that". You are right. I have made my own luck. I have been fortunate to meet some great teachers and role models along the way, but I guess I have done the work in letting that in and then implementing what they have shown me. So that is not just luck. It is luck who you come across, but you have got to make the most of those opportunities when they come. (Pākehā, female, 50-59y)

5.4.4 _ Breaking the intergenerational cycle of violence and addiction

Realisation and motivation to break the cycle

Many of the participants talked about having a child to care for as a significant motivator to improve their lives. They no longer only had themselves to think of and wanted something better for their children:

I started realising when I was carrying that things needed to change. I knew that I needed to change too. I just wanted no violence and nothing happening to my kids what I went through. I just wanted the best for them. ... I wanted them to have a good life. (Pasifika, female, 20-29y)

I just sort of swore to myself I would never ever do that again, go down that path and lose focus on my kids. If I did it wasn't so much that I was a bad parent. I was a functioning addict. But I was messed up with all this stuff. I needed my bag first before other things. It really saddens me. I feel guilty. But what happened has happened, and I have made the changes to make it better. That is all I can do and that is what I have done, and it is going to stay that way. They deserve a lot better. They weren't asked to be born. (Māori, female, 30-39y)

Even planting the seed that abusive, violent relationships are not normal can be powerful. For example, when one woman left an abusive relationship in her early twenties she was able to move in with a friend who told her that what she was experiencing was not normal. This prompted her thinking and highlighted how adverse home conditions played a part in normalising violence and abuse:

And then my friend, who was a good guy, flatmate, said '[Name], that is not normal what he is doing'. I kind of was like "What?". It started to seed in my head there. That is not normal behaviour. It is not cool. It got me thinking. (Pākehā, female, 40-49y)

Strategies for breaking the cycle

Participants used different strategies to break the cycle of violence and addictions, including accessing family violence services, counselling, and alcohol and drug rehabilitation services.

One participant described how the multi-pronged strategy she and her partner have implemented has resulted in less violence in the household and much better parenting. They stopped abusing alcohol, and learnt better parenting and communication skills:

Just to pick up new ways of discipline and routines, and just knowing how to keep our family tight without the violence. The alcohol needed to stop and all these things. So it all came down to us. We changed for us and then they saw the change and then they [the children] started following in our footsteps. (Pasifika, female, 20-29y)



We referred ourselves to all the programmes that we thought were suitable for us and we went along to all those. We had a social worker. We had programmes from Oasis. We had four from them, getting a grip on communication. Toolbox. Triple P. Then we had programmes from Family Start, Incredible Years, and Emotional Healing. Then we went for CADS. Even though I stopped drinking I still went because I knew that I would get experience out of that from other people ... and then I will start seeing why they do it. There is always a past for everyone. It might not be the best past but everybody has their rocky moment. So I started noticing that it is not only me with a background. ... There are heaps of people that have it. So I started picking up a lot through the programmes. (Pasifika, female, 20-29y)

Another woman who was in a violent relationship and addicted to alcohol and drugs realised she was raising her children in the same way. She then realised she would have to address her addictions and leave the relationship in order to break the cycle of violence:

One day I woke up and realised I was raising my kids the same way that I was raised, if not worse. I had to do something about it. ... Here I was doing exactly what I said I wouldn't do. ... I spoke to my doctor. ... She has been probably ... the only person I could be open and honest with, and not suffer harsh consequences for being honest. She referred me to CADS. (Pākehā, female, 30-39y)

Previous attempts at rehabilitation had failed, as she had only attended to please or placate others. The final time was more effective because of her internal motivation to change and her desire to break the cycle of violence and save her family:

This time round I really, really wanted it. I knew I couldn't keep going the way I was. I was going to end up dead if I did, and my children were going to have no mother. I had to break the cycle. I really wanted it different for them. I was repeating history and I didn't want to do that. So it was up to me to stop it. No-one else could but me. (Pākehā, female, 30-39y)

Several of the women spoke of leaving abusive and violent relationships when they became pregnant or soon after having their baby. However, some found it more difficult to leave and they required support and professional counselling to help them achieve this. For example, a participant who received counselling through a family violence agency said the counselling had helped her recognise that an abusive relationship was not love:

I just had this moment where I realised that I had allowed people in my life to treat me like that because I didn't put up boundaries and that sort of thing. So it was just sort of feeling like I had some control over it. ... [A person] might say something negative about wanting to do something to somebody, like revengeful. Little warning signs like that, just to take more notice of that sort of thing. Because if you get into a relationship with somebody who is thinking like that and saying things like that, they are most likely to do what they are saying. (Pākehā, female, 30-39y)



A Māori participant who had recovered from addictions spoke about how she maintains connections with whānau members who are still in their addictive lifestyles and in gangs. While she encourages her recovering whānau members to maintain these connections, she will not compromise her sobriety:

Yes. I go home and I see my whānau. Half of them are in the gangs and the other half are still using and drinking. When I go home I stay at a motel. Because I know once the occasion is over then they are going to get haurangi and then all the kino stuff comes out. Ever since we have been in recovery we have taken our mokos back and our kids back, and we have stayed in the motel. All the boys they have been given the choice. They love being with their whānau and so they choose to stay at the marae. My boys drink and I am not sure whether they do drugs. They haven't told me and I don't need to know. I am living in the solution and if they want it they can have it.
(Māori, female, 30-39y)

5.5_ Community and societal factors – responsive government and community services

Positive experiences of responsive services supported participants as children and adults to overcome their adverse circumstances. However, negative experiences of services were damaging and had long-term consequences for participants as it made them reluctant to engage with services in the future. While the majority of participants' childhood experiences were approximately 10 to 30 years ago, the learnings should be a reminder to current service providers (government and community) when dealing with children and their families and whānau. Participants' stories of resilience also strongly support the need for services in adulthood to address the negative impacts of adversity during childhood and to facilitate healing, rehabilitation, opportunities for adult learning, and building vocational capability.

5.5.1_ Early intervention for children – responsive service provision

I got sexually abused. No-one had believed me in the past so what was the point of even f*cking telling anyone?

Most child abuse and neglect was never reported to authorities. Of the 49 participants, 34 had experienced physical, psychological and emotional abuse and neglect (19 had experienced sexual abuse), and had witnessed family violence. As children, at least 10 participants had disclosed their abuse to an adult or actively sought help from authorities but either they were not believed or it appeared that no action was taken. The perspectives of adults were prioritised over those of children, which meant the abuse was able to be covered up. These experiences led to their distrust of authorities and some did not disclose future abuse.

For example, when a participant was nine years old she contacted CYF to report her father's physical violence. CYF did not believe her, so when she was sexually abused from the ages of 11 to 13 years she did not disclose this to anyone. Another participant who was repeatedly raped by her father as a young child was not believed by authorities. Consequently when she was raped by a stranger age 17 she did not report it:



I just remember for the next couple of days being in such shock I couldn't think clearly – my whole body was so painful – and concluding that the only way to stop this happening again is to take my life. My conclusion is I have let myself down. I put it all on myself. I didn't see so much him as having done something wrong. It was more I am to blame. That whole childhood conditioning still affecting my life in that situation. Of course I didn't even consider going to the police because of my previous experience with the police of not being believed. I didn't tell anyone about it. I didn't tell anyone for eight years. (Pākehā, female, 30-39y)

A male participant was regularly severely beaten by his father. He had often called the police for help but the police had always believed his father's version of events:

On numerous times I called the police for them to intervene. But the police weren't very smart. They thought this child is misbehaving and it is maybe an embarrassment on the father. ... One time I remembered when I called them I was tied up and he was sitting on me. He threatened to violently beat me up if I said anything. Then when the police came he untied me and he said I was just stupid and over-reacting. (Pākehā, male, 30-39y)

Several participants recounted telling teachers about abuse or having very visible signs of abuse and nothing was ever done about it. A male participant (34 years) said the abuse he suffered at the hands of his father was picked up at high school by teachers, as a result of a role-playing exercise. However, no follow-up occurred.

Another participant was 11 years old when she was beaten by her stepfather so badly she could not sit properly; when asked by her teacher what was wrong she said "Oh my dad gave me a hiding and I have got a really bruised bum and I can't sit on it properly." The teacher never reported this to anyone. The participant observed that "Teachers are such a key part in kids' lives. They see them five days a week. They are the first to notice things." She reflected how different their life may have been if the teacher had rung CYF and someone had "stepped up and intervened":

They don't realise how much influence they actually have on a child's life. If that teacher had rung Child, Youth and Family, what would have happened? Would I have the addictions to alcohol and drugs like I did, and would I have relived all of that violence again with my partner? I don't know. I may not have. The damage might have already been done, and probably quite likely it was. You do wonder how life would have panned out if someone actually stepped up and intervened. (Pākehā, female, 30-39y)

Where action was taken it was not always helpful, highlighting the importance of good monitoring and follow-up on cases. A participant was placed with extended family for a short period because her brother was sexually abusing her. She was returned home as her parents were "good at lying to CYFS and telling them that he doesn't stay there, so that is what triggered everything. They [CYF] believed them and then I was back into home." The abuse continued for another three years until eventually the brother was convicted.

Action was often not what participants expected or wanted, and there were generally negative experiences of Child, Youth and Family and the police and courts. For example, this was a young participant's experience:

It is just the CYF lady wasn't very nice. Just feeding different information to each family and stuff. ... So CYFS was telling Dad "She is not allowed to go home", but then telling Mum "There is nothing that is saying she can't come home. If she is that unhappy she can come home." So it was just a whole lot of lies. Dad just ended up giving up. He just let me go.' (Pākehā, female, under 20y)

Another young woman had taken the man who had sexually abused her as a child to court when she was a young adult. However the whole process left her feeling re-victimised and with no trust in the state system:

*Like that court case, to me in a lot of senses, the jury let me down. They let him off with not guilty verdicts. The state let me down because how they administer the court hearings for victims, survivors of sexual abuse, is totally f*cked. I was on trial. I was in a box. I relived it. ... My trust in the state and my trust in that stuff is gone, completely gone. I have no trust that the state has my best interests at heart at all, at all. The state does not care about me as a human being. (Pākehā, female, 20-29y)*

5.5.2 _ Healing and rehabilitation for children, adults and families

Many had positive experiences of counselling services, which they had mainly accessed as adults. Because the violence and sexual abuse was seldom reported, only one participant received counselling as a younger child for sexual abuse. Several accessed counselling as teenagers via school guidance counsellors and mental health services:

I just clicked with this guidance counsellor and I just would tell her everything that was going on and how I was feeling. I was really, really depressed. (Pākehā, female, 30-39y)

Realising what everything means. The roles, the people. They are amazing. They have helped me so much. There is this person that comes around and she talks to me. ... She is honestly amazing. She can listen to you and get your point of view. (Pākehā, female, under 20y)

Comments by this participant, for example, mention her experiences with finding a counsellor (and service) with the right mix of skills, training and – perhaps more importantly – experience and understanding of her situation, and the difference that made to her rehabilitation:

This was the first time where I actually had a counsellor where I have clicked straight away. I mean I could just open my mouth and say a few things and already she knows. “Okay, you are just going through this anxiety. We need to work on the anxiety.” (Māori, female)

A number of the participants who had accessed family violence services were referred to counselling services. They had found this very beneficial in helping them understand the abuse they experienced and developing strategies to cope with it.

Specialist support services for those who had experienced sexual abuse were also identified as beneficial:

I think I was fortunate to find a support group in my twenties around sexual abuse that connected me with a couple of other women who had been through similar experiences. That was a real watershed experience in terms of going “Actually, I am not the only other person in the world who has ever been through this, and oh, my gosh, other people have been through similar experiences have similar results in their lives, similar impacts.” So that ... reduced that sense of isolation. So I had kind of sisters that I could identify with and we could help and support each other. It also gave me more of an understanding of I don’t have to stay in this place. I don’t have to let these things limit me and impact negatively on my life forever. It was the first inkling that I could get past it. It was a very powerful realisation and a very powerful experience. (Pākehā, female, 50-59y)



Some participants highlighted that it was important to deal with issues such as sexual abuse as it could keep you ‘stuck’ in the past. In some people’s experience they ‘buried’ it for a long time but then it impacted on them later on:

I think with abuse and stuff when you are younger, until you can move through that you are going to be stuck for a while. That is why I would like to see maybe counselling a bit more accessible, so people can understand that, work through that. (Pākehā, female, 40-49y)

Some of the participants had found addiction services very helpful. One woman, who became addicted to alcohol from the age of 13, found it pivotal to how she was today and in particular gave her skills such as the ability to reflect on choices:

I have done four A&D rehabs. It is those that have probably been quite pivotal in how I am today. Because all through those four I learnt the ability to reflect and assess things as I go along now. Like I got a little bit, enough, self-esteem, confidence to get going again. Enough to sort of pick me up basically, and that is what they did for me. (Pākehā, female, 30-39y)

Whānau members who had experienced what it was to recover from the power of addictive substances spoke about the resilience involved in allowing whakapapa transformation to occur and to grow in strength, and the opportunity it brought for rebuilding whakawhanaungatanga, manaakitanga and wairuatanga within whānau. For example a participant spoke of the ‘miracle’ of transformed whakapapa when referring to the intergenerational reach of recovery through three living generations of her whānau – and the new opportunity for expressing whakawhanaungatanga:

I just think that alcoholism and drug addiction just poisons every aspect of your life and it did in all of my family members’ lives. But we all, my immediate family, have recovery. It is a miracle when one person gets recovery. When that happens within a family that is amazing stuff. So Nan, Mum and Dad, me, my son, and my daughter. ... That is six people in recovery. (Māori, female, 20-29y)

Several participants spoke about the support and skills they acquired by attending programmes for teenage parents and young mums:

It was a pilot ... this teen parent programme, and had an awesome social worker. That is where I decided I wanted to be a social worker. ... She listened to me. She validated everything I said and acknowledged it. She provided some parenting skills stuff that my mother didn’t. (Pākehā, female, 30-39y)

She made a huge difference to my life. She was the only person that ever identified that I was a hugely stressed parent, and that actually I needed support. This wasn’t all just about getting my son support; that actually I needed support as well, because I was lost. (Pākehā, female, 40-49y)





Another female participant recounted how services like Youthline were better able to meet her specific needs as a young mother (as opposed to more generalised services), by easing her transition into a new home, and providing information, support and motivation to find education and training opportunities that were specific to her particular circumstances and aspirations:

I think I had it really quite easy because I had Youthline helping me. When I wanted to move out of home, I tried to apply for housing with Housing New Zealand, but obviously because I wasn't homeless they weren't going to help me much. So they didn't really bother helping me. And moving into a home where there are 10 other different mums and 10 other different kids wasn't really an option for me. Youthline was [also] good with education. They pushed me to keep going and find me education. (Māori, female, under 20y)

5.5.3 _ Accessing and engaging with services

Getting the right service, with the right people, training, understanding and experience, was another factor identified by participants as important in terms of supporting resilience and achievement.

Community-based services, or services that were in relatively close proximity to where participants lived, also seemed to have made a difference for many of our participants, especially in terms of access and engagement:

My kids go to [X] primary school. I just came in [to the community hub] for a browse. Actually I came in because there was a sign outside that said free tomatoes. So I thought "Oh cool, free tomatoes." So I came in and that is how I met [staff at the community hub]. She said "Here, take some tomatoes. Take as many as you like." ... While I was in here I noticed that there were some pamphlets up on the wall that said that we have got this happening and that happening. (Māori, female, 30-39y)

This same participant also spoke about the programmes that her community hub offered, and how her decision to engage in one of their programmes was based on proximity and convenience:

I have got a three-year-old son and because it was only on a Wednesday afternoon for a couple of hours it was convenient, suitable, and relevant for me and fitted into my schedule because of my routine. So that is how I ended up coming to do the course. It really has to do with just the position of where I am coming to the school and noticing the sign and then boom. (Māori, female, 30-39y)

As previously noted, the experience of most participants was that their abuse was either not reported or not followed up, and therefore they were not offered any services such as counselling when they were children. Some sought help as adults, with varying degrees of success. Some experienced barriers to access, including not meeting service criteria:

You can't succeed if you are isolated or independent. So recognising that I have to let people into my life. I have to be transparent and I have to reach out. I can't just expect people to know and understand what is going on. I have to actually take a risk and reach out and begin talking to people. So with talking this has literally been a 20-year journey to get to where I am at today. (Pākehā, female, 30-39y)



Another participant also identified a number of issues she has encountered when seeking help from one service, including not being able to get in contact with anyone, or services taking a while to respond to her requests for help:

They mention that they are always there; text or contact them is another issue too. Because when you do contact them they are always busy. Or they take a while to respond at that particular time that you need them. I have kind of given up on social work organisations now. I have just completely stopped. (Māori, female, 30-39y)

A participant highlighted that awareness of social services and access to them has improved with the internet. She wished they had been available when she was younger. It was now much easier to connect with others and learn more about your own circumstances. It would have also provided her with the opportunity to access much-needed services.

Some participants' lack of trust in others and the trauma they had suffered made it difficult to seek and to accept help when it was offered. One male participant described his experience of accepting support that has been important for his recovery, including counselling and peer support to help him with his anger and deal with his past:

I can pinpoint certain areas of my life. One being [date] I believe. I was at a [provider] hui over in [location]. At this time I was going through a rough patch with my life. I was still homeless and so I was grateful that I was given a chance to get a free shower and free food. ... I wasn't interacting with a lot of the people that were there ... I was distancing myself. One person knocked on my shower door. ... He said "[Name], do you need help?" and I felt it for the first time in my life. I felt my brain reprogramming itself, resetting itself on the spot. Five seconds later after my mind said "No, you don't need it, you don't need it." Five seconds later I said "Yes, yes I do." (Pākehā, male, 30-39y)

5.5.4 _ Education services that support children living in adverse environments

Participants had mixed experiences of school. A number did well academically and this provided them with a sense of self-worth:

I guess I was looking for achievement because, if we get deep about it, it gave me a sense of self-worth and all of that. (Pākehā, female, 30-39y)

Several participants said that they were supported by their schools when they started to misbehave, as the school saw their potential and were aware that they were experiencing issues at home:

I loved learning and I got a lot of praise for it. I think because of the praise that I got ... it hooked me there. I was very good academically but a little shit in the classroom. ... I was never kicked out of school. I was always in the headmaster's office and that sort of stuff. As I got older they used to say to me if your academic stuff wasn't so good you would be out of here. It saved me a little bit. (Pasifika, female, 40-49y)

However, most did not do well at school and left when they turned 15. A few were truant and at least one was referred to alternative education, while another was expelled due to behavioural problems. A number were bullied, which made their lives at school miserable.

For example, one young woman became truant due to problems at home, and this escalated as she was embarrassed about being left behind and looking 'dumb' in front of the other students. She was transferred to an alternative education course, which she loved due to the small class and the ability to work at her own pace and not having to be seen struggling or behind the others:

I think if the Government put more money into courses like the [alternative education provider], people that don't fit in at school have a second option. Because I know a lot of people that go to school and are struggling and they can't leave and it is the only thing that they can do. Obviously they are going to fail because they are not wanting to be there. They are not enjoying it. I think the courses like the [alternative education provider] are amazing. The people there are so nice. You learn just as much, if not quicker, than what you do at school. (Pākehā, female, under 20y)

The three Pākehā male participants had learning disabilities, including two with dyslexia:

I don't want to use the word "hate" but I have to. I hated school. ... I could not comprehend or communicate with any teacher. No teacher would want to listen to me or explain it in any form ... that would make me understand. So eventually I ended up just turning my head and not even bothering about it. Even the teachers would stop even asking me if I had done my homework. (Pākehā, male, 30-39y)

Only one had their dyslexia identified when he was at high school. Several teachers there had helped him:

She picked up there was a problem here. ... There was another English teacher. ... She was really cool. She made us do videos and things like this. She just really brought us out. She understood me. (Pākehā, male, 50-59y)

Participants recalled some very positive experiences of teachers who had taken an interest in them, believed in them, and encouraged them. One woman said the first person to ever believe in her was a teacher, and she has always remembered that as it gave her encouragement and hope:

I only ever remember one teacher when I was at school. I really wanted to become a prefect. I remember sitting in the library and I told her. She said "What are you doing?". I said "I am doing a speech for it." She said "I really believe in you." Then because she said that it was like the first person that had said something like that to me, it gave me encouragement and hope. I have always remembered that; that somebody believed in me. Because I guess I didn't have that because I was put down a lot. "You will never amount to anything. You will just be like your parents. You will be a drug addict and a prostitute and things like that." They were the messages that I was told. (Pākehā, female, 30-39y)

At age 13 a participant wrote her thoughts about suicide in a school assignment and a teacher provided support at that crucial time by reaching out to her, which the participant described as 'breaking protocol'. This was enough to change her thoughts around suicide as someone showed they cared about her:

She ended up giving me her home phone number. She said "If you ever feel like that, you call me at home and I will help you." I never called her. It wasn't kosher, it wasn't the normal thing for teachers to do. That was sort of enough for me to not want to kill myself. (Pākehā, female, 30-39y)





5.5.5 _ Education services that support young people and adults back into education

The majority of the participants we interviewed were currently or previously involved in some type of training and skills development as part of their journey to long-term, positive and sustainable change. While many left school early they were motivated to go on to further education later in life. The accessibility of night schools, short courses and introductory courses were invaluable for building their confidence and as first steps back into education. For one participant it began with a women's self-esteem course and ended with a degree in social work:

I would leave those courses and feel really good about myself. ... Education is so important. ... From a self-esteem course to a career services computer course to a polytech course to a diploma or a degree. It is like stepping stones. ... I got a babysitter in. I did night classes. I did a computer course as well. ... That took me about a year. Then a couple of years later I went and applied to Polytech to do the Certificate in Social Services. Then after I did the Certificate I applied to do the Diploma and got accepted. (Pākehā, female, 40-49y)

A Pasifika woman said that she returned to night school to get University Entrance so she could go to university. Education has been vital to her creating a better life for her and her family:

While my siblings and friends were committing crime and going to jail or forming addictions, one, both or all, I was like immersing myself [in education]. I wanted to have a better life than what my family had had. (Pasifika, female, 40-49y)

For this Māori woman, education was also seen as a key factor for her and her daughter's future success:

If I wanted to do something that I needed to go to Uni for then I wouldn't be able to because I didn't get my education. That is kind of what is pushing me now, is if I want a career. I don't want to be down in the low, getting paid for something that is horrible, a low-paid job. I want to be up there, being able to buy myself a house, buy myself a good car. Like if my daughter needs something, just being able to pay without being left with 50 cents in my account every week. I am doing my BCom next year in the second semester. I want to go to AU, Auckland. I will graduate this year, half a year before my friends in normal high school. (Māori, female, under 20y)

A male participant said a friend enrolled him at university and at first he failed everything because of his dyslexia but he persevered and now has multiple degrees. To overcome his dyslexia, he said, "I used to write it down and then write it down and then write it down." He appreciated when lecturers actually told him what he did wrong rather than just putting a red mark through it.

Other examples include a woman who spoke about completing a leadership course. This had boosted her confidence and helped her realise that there were other people with similar issues to her. She has gone on to complete other courses and start her own business. Another woman spoke about having the backing and belief of her family and her own drive and determination to complete a degree:

I have got them on board and they believe in me and back me. Definitely that. And just my sheer determination, my passion to get it and prove everybody wrong. When I walked across that graduation stage I want to walk across it again. (Pākehā, female, 30-39y)

While participants certainly benefited from having a place or space where they could connect and build positive, healthy relationships, this participant also recognised the need to develop her vocational/professional skill set in order to 'get ahead':

But things didn't really change. Like you would still go along to these places but things in your life wouldn't really change. It was quite difficult because I didn't have the skills to do anything. So I didn't know what things were. I didn't know how to do a CV. I just didn't have the practical skills to get ahead. (Māori, female, 20-29y)

5.5.6 _ Support to get into employment

Participants' experiences highlighted the importance of both skill development and pragmatic support to get into employment. The following examples illustrate different aspects of pathways into employment and the role that supportive relationships and supportive employers can play to provide people with the confidence and skills to succeed.

A participant said her first job out of school, which she had for four years, provided her with good experience and a supportive environment that nurtured her potential:

I think I also started to realise ... that I was capable. I was a good worker, conscientious, thorough. I guess I have turned that to my advantage through the whole of my career. I have managed to get to 50 without a degree, without an undergraduate degree, and doing some reasonably well-paid, well-regarded work in the last few years. So somehow I have managed to draw on that competence and create a sense of professional capability. (Pākehā, female, 50-59y)

One other participant's pathway into employment started with volunteering as a young woman. She now works full-time in social services:

That is where my sort of passion around justice and kids falling through gaps came from. So I started getting really political around what was happening to children and young people that had nowhere to go. They were being kept in these institutions simply because there was nothing else to offer them, and I was one of those kids. (Pasifika, female, 40-49y)

Another important factor for participants was receiving the right level of support to get their first job, as illustrated in this quote from one of our male participants:

I had nothing as a kid. Absolutely nothing. Anyway he took me to the [shop name] in [location] and bought me a whole interview [outfit] – trousers, shirt, jacket I think. He did that out of his pocket. ... Now I recognise; he coached me. A 17 year old really has no idea that when you are having this conversation about what to say in an interview, you are being coached. ... He took me to the interview. He waited outside in the car. I went to the interview. I got the job. (Māori, male, 50-59y)

06

Resilience for Māori in the context of whānau



What we found

While understanding of and access to Te Ao Māori varied among research participants, Māori culture and identity in general was considered by all participants to be a positive and enriching experience and a significant factor in terms of its contribution to their overall wellbeing.

Five interrelated themes emerged as important to promoting whānau resilience:

- **Whanaungatanga** – Participants spoke of the relationships they formed through shared experiences and working together and how that provided them with a sense of belonging. Whanaungatanga networks are usually kin-based; however, for our participants, their whanaungatanga networks often consisted of a mixture of family, friends, colleagues and staff from various social and health organisations and services.
- **Manaakitanga** – Along with whanaungatanga, manaakitanga – defined here as the expression of love and hospitality towards people – was identified by participants as another essential factor in strengthening their overall whānau resilience. Especially prevalent were the numerous stories that participants told of staff within social organisations and services whose expression of manaaki and mahi-a-ngākau¹¹ helped them to (re) build their trust, confidence, and sense of self-worth.
- **Kotahitanga** – Participants spoke of the solidarity and unity they felt through shared experience, and how that was important in terms of building authentic engagement and trust.
- **Wairuatanga** – Participants spoke of the importance of spirituality in their journey towards healing, rehabilitation and achievement.
- **Rangatiratanga** – Participants spoke about being inspired, motivated or empowered to take on a more prominent role within their whānau in order to action a set of goals and aspirations that would contribute to the wellbeing of their whānau.

¹¹ Work from the heart; support; help – all values of working together, protecting and supporting each other in good times and bad; often in practical ways such as labour, goods, money and moral support (Metge 1995, pp 98–99).



6.1 Introduction – whānau in context

This chapter examines the experiences of the 26 Māori participants from a cultural perspective, to identify resilience processes that helped them and their whānau. While the preceding chapters showed that Māori participants shared many of the same resilience strategies as non-Māori, the way this is conceptualised and enacted can be different for whānau (Waiti & Kingi 2014; Families and Whānau Status Report, 2015 & 2016; Te Pūmautanga o te Whānau 2012).

A set of five interrelated themes emerged as important factors that contributed to, supported and/or strengthened whānau resilience to move participants out of a place of ‘challenging circumstances’ to a place of healing, self-actualisation, achievement and collective wellbeing. These themes were:

- Whanaungatanga
- Kotahitanga
- Manaakitanga
- Wairuatanga
- Rangatiratanga.

Whānau is often translated as ‘family’, but unlike western definitions and meanings of family, which tend to emphasise the ‘nuclear family’, Māori meanings and definitions of whānau are more complex. According to the online resource “Māori Dictionary” (www.maoridictionary.co.nz), whānau is defined as “extended family, family group, a familiar term of address to a number of people,” and as the “primary economic unit of traditional Māori society”. Some definitions also include kuia and kaumātua as being the head of a Māori whānau unit (Pere 1986).

Metge (1995) defines two kinds of whānau: whakapapa-based whānau are based on genealogical connections, while kaupapa-based whānau are connected to “fulfil a common purpose or goal”. Similarly, Hohepa (1999) describes the various ways in which the term whānau has both traditional and more “evolved” meanings: traditional in that the construct of whānau through whakapapa connections remains as a key definition, and more recently the co-option of the term whānau in the linking of groups of common interest, or common kaupapa.

In his work on whānau resilience, Durie (2007) writes that whānau may face individual risk factors such as job loss and low levels of education, as well as collective risk factors as a result of colonisation, such as loss of culture and alienation from land. Mason Durie also emphasises the diversity of whānau in contemporary Māori society, noting that the term whānau has undergone changes in line with changes that have occurred in Māori society more generally. Accordingly, Durie (1994) identifies three Māori sub-groups: one group consists of those who are “culturally” Māori in that they understand Māori whakapapa (genealogy) and are familiar with Te Reo Māori (Māori language) and tikanga Māori (Māori customs); another group are “bicultural” and identify as Māori but also operate effectively among Pākehā; and a third group of Māori are described as “marginalised” and not able to relate to Māori or Pākehā effectively. Thus, while the literature shows there is no universal definition of whānau, there is a broad consensus that genealogical relationships form the basis of whānau, and that these relationships are intergenerational, shaped by context, and given meaning through roles and responsibilities.

The diversity of understandings and meanings of whānau, and the key role and function whānau played in the lives of our participants, was also represented in our interview sample, many of whose life experiences – both positive and negative – had been shaped and contoured by their whānau environment. This multiple and diverse understanding of whānau and whānau experiences is also seen in the richness of our participants’ stories, particularly in terms of the multiple and diverse pathways through which they were able to move out of challenging circumstances, to a place of achievement and wellbeing for themselves and their wider whānau. Yet despite the varying and diverse experiences of our participants, there were a number of common themes that emerged from the interviews. For instance, a number of the participants we interviewed would sit within Mason Durie’s subgroup of ‘culturally Māori’ in that they knew their whakapapa, and were versed in Te Reo Māori and tikanga Māori, but the majority of the participants we spoke to had had very little if any exposure to Te Ao Māori and were in varying stages of finding out more about their whakapapa, or were doing, or looking to enrol in, a Te Reo and tikanga Māori course. Thus, while understanding of and access to Te Ao Māori varied among our participants, Māori culture and identity in general was considered by all our participants to be a positive and enriching experience and a significant factor in terms of its contribution to their overall wellbeing.

The five themes that emerged from our interviews are examined in the following sections.

6.2 Whanaungatanga

Whanaungatanga is defined by the online resource Māori Dictionary as “a relationship formed through shared experiences and working together which provides people with a sense of belonging. It develops as a result of kinship rights and obligations, which also serve to strengthen each member of the kin group. It also extends to others to whom one develops a close familial, friendship or reciprocal relationship.”

All whānau participants talked about how whanaungatanga helped contribute to their sense of mana and kotahitanga and overall whānau resilience. Whanaungatanga networks are often kin-based; however, for our participants, their whanaungatanga networks consisted of a mixture of family, friends, colleagues and staff from various social and health organisations and services. The concept of whānau resilience as comprising a healthy, enriching, empowering and positive network of relationships is explored in the journal article ‘Introduction: Māori Resilience’ by Amohia Boulton and Heather Gifford (2014):

Far from being simply a personal quality or attribute, resilience for Māori ... necessarily comprises social connectedness, whakapapa, whānau relationships and the strength that arises from these shared bonds. Access to strong networks – particularly, but not exclusively, whakapapa-based networks – are seen as contributing to Māori whānau being able to “bounce” back from a range of adverse events, from personal bereavement, to epidemics, to natural disasters.





This research participant talks about how her whanaungatanga network provided her with opportunities to connect, build her confidence, learn and grow:

I started to learn how to socialise... which I couldn't do before. Going in and helping the preschool. ... Just helping them when they needed it. Then I actually started searching some more. Like what else can I do? What else? What kind of courses? Because I wanted to do so many courses before and the main one I really wanted to do was social work.

Although her parents were separated, this young female participant's father still played a pivotal role in her wellbeing and development:

But my dad is really, really, super-duper involved, like really involved. He rings every night to speak to me... my parents themselves. They really encouraged me to [further my education]. I didn't want to at first because I am stubborn. I wanted to do the opposite of what they said. Then I just started [going to a training course].

Even when participants mentioned having negative experiences with immediate whānau members, kin-based relationships and whānau – like parents and other close relatives – continued to play a significant role in the lives of the participants we interviewed. For example, despite this young mother's negative experiences with her parents, their support was still a contributing factor and impetus in motivating her to seek further opportunities for herself and her daughter:

I feel like I have done this all by myself. I have had help from family but that was more like support and motivation; they don't really go out of their way to help me find a house or to help me find education or help me do anything really.

A number of our participants mentioned being whāngai or living with, and seeking help from, friends and relatives, often as a consequence of some form of dysfunction within their own immediate whānau. While a number of participants mentioned some negative feelings and experiences associated with having to live with a friend or relative (instead of their immediate whānau), the vast majority of Māori participants we interviewed saw being under the care of relatives or friends as a positive experience, and in the majority of cases, these friends and relatives essentially became their whānau. According to McRae and Nikora (2006), the Māori customary practice of whāngai is often equated with adoption or foster care. However, there are significant differences between institutional understandings of the concept, which tends to be mainly focused on the interests of the child, while a Te Ao Māori understanding is weighted more towards establishing, nurturing and cementing relationships between individuals, families and broader relational networks.

In the following example, this female participant's poor relationship with her biological mother meant she often turned to a family aunty for support and advice:

There was one aunty. She was from the husband that passed away. It was his family. I don't have anyone on my blood line. I don't have a good relationship with my mother. I still don't. I have never seen her. So all my family, no. But definitely my aunty on the husband's side.

This young Māori male participant recounts his experiences of 'whāngai' as being a 'normal' part of his upbringing:

I used to get passed around. Passed around from aunty to uncle. I understood they (his parents) had jobs to do to look after us. So I sort of just took it as it came.

6.3 Manaakitanga

Along with whanaungatanga, manaakitanga – defined here as the expression of love and hospitality towards people – was identified by Māori participants as another essential factor in strengthening their overall whānau resilience. Especially prevalent were the numerous stories that participants told of staff within social organisations and services whose expression of manaaki and mahi-a-ngākau¹² helped them to (re) build their trust, confidence, and sense of self-worth.

This mother, for example, describes her experiences of initially feeling isolated and scared, and her trepidation in leaving her children in the care of others due to her own history of being abused as a child:

I was in isolation and I was scared to meet people. I couldn't even smile. I was always looking down. I didn't want to be like that. I was getting judged a lot as well. "Oh God, look, she is quite out of it." But really I was just in pain. I just didn't know how to smile. I didn't have all those positive vibes around me. I was just shut tight.

However, this same mother credits the relationships she had formed within her support network as helping her to build her confidence and self-esteem:

Taking the steps like going to take my kids to preschool and knowing that they were going to be safe there was the biggest issue. [My daughters'] preschool opened their doors for me and made me feel safe about leaving my children there and knowing they are okay. But the thing how they approached me was they smiled at me, they asked me "What would you like?" It wasn't about "Oh, this is what we do and this is how we do it." It was like "What do you want?" That really puzzled me because I was like "Oh I really don't know." All I want is for my babies to be safe. But they assured me every time that I kept going. It was quite a process to get my kids to Kindy. ... The encouragement they gave me was "Wow you are a superb mum." When I first heard that I bawled my eyes out because I had never had that before. Them saying "What a beautiful mum you are. You are very strong considering what you have been through." Those words being strong and loving, that really opened my heart. I was like "Oh wow I am." It started making me think. Oh I am a good person. I can do this. I started smiling. Even though in my head I am like "Oh my god I am having these anxiety attacks inside." They actually made me feel comfortable. All these negative people that I have had in my life, they have actually lied.

Another wahine participant describes how she felt welcomed and accepted by the staff at her local community hub:

[They were very] welcoming [at the community hub]. I noticed about this particular hub here. Not that I have been to the other ones. But this one here I just felt so embraced by [the staff]. Very embraced and very welcoming and just accepted. Acceptance is huge.

¹² Work from the heart; support; help – all values of working together, protecting and supporting each other in good times and bad; often in practical ways such as labour, goods, money and moral support (Metge 1995, pp 98–99).



Similarly, this wahine participant says her teachers provided her with emotional support and kept her strong and motivated, especially during difficult times:

The girls here, you make friends forever. The teachers aren't normal teachers. They see you through. When you are really down and out or emotionally you are not handling things. These teachers are amazing. They do more than ordinary teachers I suppose. They cope with the hormones and everything.

This wahine talks about how her local 'manaaki network' supported her recovery:

I ran into an old-timer from AA who walked into the mall. I saw him and he said "[Name]" ... and I just started crying. He said "You need help, don't you?", and I said "Yes I think I do." He took me to a place called "[H...]" ... They referred me and did an assessment. [H...] said "Do you want to get sober?" I said "Yes I do. I am dying."

6.4 Kotahitanga

Kotahitanga – defined here as solidarity and unity through shared experience – was another essential element in terms of building authentic engagement and trust.

In the following quote, one young Māori mother talks about how being in a network of people who understood and/or shared her circumstances provided her with a cathartic and non-judgemental place and space where she felt safe and comfortable to discuss any issues, problems or concerns:

I have a lot of friends that are kind of in the same situation. So I have got a lot of young mother friends. I really like just going and spending time with them, and talking about our problems. That really de-stresses me.

This mother shares having a similar experience with the teachers and parents at her daughter's school, and how their shared experiences ended up being an important factor in building friendship and trust:

Because they were parents ... they understood. They understood how I was feeling. They didn't push anything or force me to do anything. They were just taking the time over the period. Like "How did you feel about preschool? Did you feel okay? Is there any trouble or anything that you have got?" If you have any concerns let them know. It was kind of like building a friendship. It was that friendship that was building between me and the preschool teachers.

This wahine tells how she received help and support from services and agencies that had people and staff with a deep understanding and awareness of her addiction and circumstances, and how that helped her to rebuild her life:

I got back into AA that year. I went through women's groups, through City Mission. I found a sponsor. I did everything a person that wants to live would do. I got counselling and got some people in my life that were going to support me.

6.5 Wairuatanga

For some of our Māori participants, spirituality was an essential part of their journey towards healing, rehabilitation and achievement and the rebuilding of whanaungatanga, manaakitanga and whakapapa within whānau.

This tane talks about the ‘cross over’ between the cultural and the spiritual, and how both aspects complemented and informed each other and helped provide guidance for his life:

I can translate that environment [Te Ao Māori] [into] those Pentecostal heydays, of prophetic visions and influences and people falling over and easily translate that into my current life. So those expressions of visitations and people are very comforting and assuring and as a 50-year-old man ... building my self-worth, esteem and sense of belonging.

Similarly, this participant spoke of how her spirituality gave her the strength to overcome her adversities, and made her want a better life and gave her the desire to help others.

A lot of the time I was highly dependent on my Bible. It was my strongest, strongest thing. Number one definitely, my Bible is very important. That is my strength. Also having the feeling in your heart and in your mind that you want to do better. You want to be the best mum you can be to your children. You want to dream of having a really good job. I also wanted to help other people that need help. But yes, I just had this longing to help. I have a passion inside that I want to help people, to encourage them to be better. Not be better but just to be a support to somebody that could move on from whatever they are going through.

A recurring story from whānau was the impact of addictions on their lives and how spirituality helped them on their road to recovery. For example, this wahine speaks of how spirituality helped her to overcome her addiction:

I wouldn't be where I am today if I didn't go through what I have been through in order to get there. And without a high power – thy will, not mine. I learnt that because I am an addict through and through to the bone, and I am okay with that.

This wahine also spoke of how her spiritual journey helped her to fill the void she once felt in her life, and of the gratitude she now feels:

And how lucky am I that I was one of those people that was truly vulnerable, truly broken, truly violated, truly relationally, nutritionally and emotionally and spiritually starved; and now? It is a miracle.





6.6 Rangatiratanga

As with the meaning and definition of whānau, the term rangatiratanga is a complex one. However, in regards to Māori notions of leadership, Pihama (2005) writes it is clear that the term ‘leader’ and therefore Māori leadership is related to collective wellbeing and having vision. The role of ‘whānau’ and ‘leadership’ as a vehicle for intervention is outlined in the ‘Developing Leadership’ literature review by Pihama.¹³

The Whānau Rangatiratanga Conceptual Framework draws on whānau rangatiratanga (whānau empowerment) principles and makes an important distinction between ‘family’ and ‘whānau’ as terms that are “not interchangeable” and mean “very different things”. The framework provides a critical lens through which Māori aspirations of wellbeing can be analysed and interpreted (Families and Whānau Status Report 2015).

Accordingly, rangatiratanga, as expressed by whānau members, was related to participants being inspired, motivated or empowered to take on a more prominent role within their whānau in order to action a vision, dream or set of goals and aspirations that would contribute to the wellbeing of, and provide a better future for, themselves and their whānau.

All of our whānau participants described a point in their life where they decided to set goals for themselves and/or their whānau. This was often in response to broader extrinsic factors. For example, this young tane said much of his motivation to follow his dreams to be in film and television was fed by the people within his network:

I understand that being a young Māori, for me personally if it wasn't for the people around me at [Kura Kaupapa Māori (Māori full immersion school)], I know that I wouldn't have followed [my passion]. One of the things I have realised is that, as everyone knows, it is the people around you that help you. We were exposed to [people in the film and television industry] on a day-to-day basis. Just seeing them dropping their kids off at Kura, coming in for kapa haka or coming in for whatever it was. It kind of reignited the fire I guess in a way. That is how it is happening. That is what I have noticed. People know someone who knows someone.

Another tane said his motivation to make positive changes in his life was driven by a desire to make his grandparents proud:

I slowly just had to work my way out of it basically. I just had to try and either not go to prison or try and make things right. My grandparents were the main source. So they were the main source. I kind of did it on my own but kind of for them.

This same tane spoke about how life's challenges provided him with his motivation to reclaim his own rangatiratanga and turn his life around:

When I think back I never play off or make fun or even look down at my life. It has just made me who the person I am today. I am very resilient, very passionate, very assertive, and I am very proud. So when I think back I am actually grateful I went through all that stuff.

¹³ Although the Te Rito report is relatively dated and focused on whānau violence, it does provide insight into the nature of whānau in regards to whānau obligations and accountabilities to one another.

Some wahine shared their stories of how their dream of a better life for their children and whānau was their motivation and drive to set goals that would lead them to transforming themselves to improve their overall wellbeing – for example:

I definitely think that if I didn't have my daughter I wouldn't be ... where I am right now. If I didn't have her I still probably would be just at home at my mum's house having to deal with whatever. She [her daughter] definitely motivated me to go hard in life, push myself to really think "What do I need for us?" Moving in by ourselves was definitely a big one. Finding myself.

My drive was my children. So even though it was very negative what happened with getting my kids taken off of me, and I was a really angry person back then, it has turned out to be a big positive. It has given me a chance to work on myself. It has given me and my partner a chance to work on each other in our relationship. And just become a better parent for my children, and a parent they deserve. You know, they don't get taken for nothing.

For the majority of participants, wanting a better future for themselves, children and whānau often meant that they, or someone in their network, needed to take a more prominent role in terms of goal-setting and decision-making that would contribute to the collective wellbeing of their whānau. This tane speaks of the importance that having good role models has had in his life:

So it is about not just inspiring for the future but someone to show you how it is done, modelling it. So you can see how it is done. If it is not being done by your immediate family, seeing how it is done.

This wahine talks about coming to the realisation that her past behaviour had had a detrimental effect on her children, and that she needed to role-model better, healthier behaviour if she wanted to create positive change within her whānau:

So I looked at my past and have been considering my past. I started to see a pattern in their lives, in my older kids' lives of the things that I had put them through and how it was slowly starting to affect them in their adult lives. The smoking the dope and my older daughter with a partner that beat her up. Then I had to consider is this how I want my other kids to be, my younger kids? I can't change what I did back then. Yes I made mistakes raising my older kids, bringing them up in that environment. But if they can see that I am making an effort now to change, then hopefully, gradually it will start to happen for a full effect in their lives as they get older.

The following quote illustrates this young mother's desire to be a role model for her child:

Because if I am not healthy, they are not healthy. But also it wasn't just about the kids. Of course I want a better life for myself too. I don't know if that comes with age or what. You get to a point. For me I got to a point in my life where I am just "What are you going to do for your future? How are you going to support your family? You can go on like this for another five years and you will still be in the same place that you were five years ago." It is personal choices eh?



This young high-school-aged tane grew up in a setting without a father. In the following quote, he talks about how his older brother ended up being the male role model in their whānau:

Well for me it was really as I was little I have always looked up to my oldest brothers, who were always playing league. It was pretty much just looking up to my brothers really, because they were always the sporty type. Then once I grew older I got into playing sports.

This tane talks about how important it was to have a positive female role model and connection in his life, which was missing between him and his adoptive mother:

But she would have been a very significant, and still is, female who I respected, who I felt a love for and a connection in a non-sexual way. I can only imagine what it would have been like to have had that with mother, a mother figure, the mother. That was healing in itself. I often thought that [male's name] was the most significant person. But now I actually realise that it was masculine and the feminine and the role-modelling that were very significant in my life.



07

Conclusion and implications of findings for promoting resilience





What we found

- The findings of this research reinforce the need for early intervention and support for those individuals and families at risk. Intervening early can then stop a cycle of accumulating adversity.
- There is still an important role for providing support for adults. Many participants had taken the opportunity as an adult to re-engage with education, leading to productive employment.
- It is important to promote resilience at all levels, both in the individuals (e.g. through school-based programmes), the family or whānau (e.g. home visiting and Whānau Ora) and community (e.g. through strengthening community resources and services).
- Increasing protective factors and supports is important. In particular, positive family and community relationships play a crucial role in helping children cope with adversity.

7.1 How participants achieved good outcomes

Treasury analysis of the Integrated Data Infrastructure (IDI) has shown that some individuals who experience a number of adverse events in childhood are able to go on to achieve educational qualifications and employment. Previous research has described this ‘success despite adversity’ as being an example of resilience. The question why some are resilient may best be answered by qualitative studies such as the one we have conducted as part of this project. Our qualitative analysis shows that participants’ journeys were not straightforward, and most involved a complex interplay of risk and protective actors.

Most participants reported that they had experienced some psychological impacts from their childhood, resulting in low self-esteem, depression, anxiety disorders, and not being able to trust people. This had led some to contemplate suicide and a few to attempt it. Many participants described negative consequences such as alcohol and drug abuse, being vulnerable to bullying, violence, and sexual abuse outside of the home, entering into abusive and violent relationships when they became adults, and struggles with employment and poverty. Some talked about being defiant and rebellious as children and teenagers as a reaction to the abuse and neglect they were suffering.

The majority left school early and a few got involved in criminal activity and gangs. Risk factors such as abuse, financial hardship and transience impacted on their ability to learn. A number of them had learning disabilities that were either not identified or were not addressed at an early stage, which compounded their difficulties to engage in education.



However, a small proportion of participants engaged well in school and education. This was due to a number of factors: it was a safe environment; achieving at school provided participants with a sense of self-worth and/or a way of gaining approval; and they enjoyed learning and saw it as a way of accessing a better future. They were often supported and encouraged by family and whānau members, carers and teachers to do well at school.

For those who had left early, it took time for many to re-engage with education and some took a stepped approach as adults, starting with short courses to build confidence before going on to attain higher qualifications. Therefore not attaining NCEA by age 21 does not necessarily indicate that those with adverse circumstances in childhood will not go on to achieve in education and in employment. It is just that it may take them longer to engage. They needed time to work through the impacts of childhood adversity first.

There was no ‘magic bullet’ for coping with what had happened to participants as children. Rather it was a combination of people’s own evolving thinking about their childhoods and subsequent lives; being supported and encouraged by others; and developing aspirations to live a better life. A particular motivation was to create a better life for their own children and for their family and whānau.

To help them achieve those aspirations, participants were supported by positive relationships and networks. Having people believe in them and encourage and support them to take advantage of opportunities in education, employment and social service provision (including counselling) made a difference. The positive experiences of responsive services supported participants as children and adults to overcome their adverse circumstances. However, the negative experiences could be damaging and so discourage participants from further engaging with services.

7.2_ How to help those at risk to achieve good outcomes

Our findings support the view that positive service-use experiences facilitate resilience processes, which in turn leads to functional outcomes for youth (Ungar et al. 2013). In Ungar et al.’s words:

What this means is that when you have a positive experience with a service, they feel valued, listened to, they have decision making power over what happens to them, they are more likely to have resilience processes (for example, a strong belief system, be connected to their environment or community, have friendships with supportive peers, and have coping and social skills). Once these processes have been supported and developed, youth do well, which looks different depending on the culture and context.

Many felt passionate about helping others who were suffering similar hardships, and pursued careers in social services and volunteering in their communities.



The impact of societal factors such as the economy, political context (policies and legislation), and broader cultural attitudes towards family violence/child abuse and neglect are evident in the experiences of participants. Structural inequalities that often permeate our society in relation to gender, age, ethnicity and class (often hidden) can influence how people are perceived and treated and access to and availability of opportunities and support. For example, prejudicial attitudes related to perceptions of age, such as regarding children as property or playthings with fewer rights and as less reliable than adults, were evident in participants' stories about the way they were abused as children and were not believed by adults. These types of attitudes not only perpetuated abuse but also limited children's access to services and appropriate interventions. Negative gendered attitudes towards women and girls were evident in many of the participants' stories of family violence where they were subject to violence by male members of their family. Feeling ashamed because you were Māori and not 'as good as Pākehā' and experiencing racist comments are a reflection of the historical impact of colonisation and racism.

While societal attitudes have changed over time, largely in a positive direction, these inequalities are still prevalent in our society and need to be constantly addressed. Primary prevention measures such as the campaign against family violence 'It's Not OK' and the 'Never shake a baby' campaign are important for educating the public and helping shift public attitudes and behaviours.

Our findings support many of the current government policies and initiatives in the areas of child protection, family violence and whānau ora.

This research shows that services are required across the life span to address the long-term consequences of adversity and that it is never too late to support people's healing process and provide encouragement and opportunities to achieve positive outcomes for them and their families and whānau.

The research also shows that addressing intergenerational adversity takes time and, as Mason Durie and other scholars have pointed out, for Māori the impact of colonisation has left a devastating legacy. Addressing issues such as family violence, sexual abuse, addictions and mental health problems often requires a long-term and holistic approach to address the needs of the whole whānau and family.

Based on what participants told the interviewers, it is possible to identify actions that can better support children and families, both to avoid adversity and build resilience when facing adversity:

- **Early intervention for children and their families and whānau** – The findings strongly support early intervention to better identify and address risk factors such as child abuse and neglect and poverty. Children need to be provided with a safe and supportive means of disclosing abuse where they will not be further traumatised. Professionals such as teachers who regularly see children can play a vital role in both identifying abuse and providing encouragement and support to children.
- **Child centred approach – particularly for child protection, justice, education and health services** – The experiences of participants as children are an important reminder to service workers to treat children sensitively and with respect, and to be careful not to automatically prefer adults' versions of events to children's. This has implications for policy and workforce development, to ensure workers have the guidance and skills to implement this approach.

- **Appropriate follow-up, monitoring and support of children and their families and whānau** – Findings showed that sometimes, where child abuse and neglect was substantiated, the monitoring and follow-up was not adequate and children were subject to more abuse and neglect.
- **Continue to strengthen response to all forms of family violence and child abuse** – Participants' experiences highlighted the close connection between different forms of family violence such as intimate partner violence and children witnessing this violence and experiencing physical, psychological, emotional, sexual abuse and neglect. The intergenerational nature of violence within families and whānau was also very evident. Participants' stories highlighted the strategies they used to break the cycle of violence.
- **A whole-of-family approach** – Our research supports the view that a whole-of-family approach – similar to whānau ora – is required to address the multiple and complex issues within families and whānau.
- **Accessible social and health services for children and adults** – Many participants benefited from social and health services as part of their healing process. Counselling services were particularly mentioned.
- **Positive, supportive relationships are key to facilitating resilience** for children, young people and adults. Therefore the findings support the need for initiatives that fund mentors, role models and community support networks.
- **Access to adult education** – These build confidence and vocational capability by funding a range of courses to encourage young people and adults back into education.
- **Strengths-based approach to get people into employment** – There is a need for practical support and encouragement to help people into employment.
- **Additional implications for policies and services for Māori** – The findings from our research supported the whānau ora approach and the need for intensive strengthening of capability and capacity of whānau to grow in all the areas of resilience noted – through whānau ora commissioning agencies, a skilled whānau ora workforce, where wānanga and Māori kaupapa service provision, through iwi/hapū pathways, or directly to whānau to enable for themselves.

Finally, we suggest further research focused on family and whānau resilience. For example, the interviewing of whānau using a whole-of-whānau approach would be expected to provide rich insights into whānau resilience. This can then build upon what has been learnt here about individual resilience. It should also be possible to test some of the relationships identified here in larger data sets (such as the IDI and longitudinal studies), particularly if the data sets can be improved by capturing some of the key factors thought to contribute to resilience.





References

- Baker, K., Williams, H., & Tuuta, C. (2012). *Te pūmautanga o te whānau – Tūhoe and South Auckland whānau*. A Families Commission Research Report.
- Ball, C., Crichton, S., Templeton, R., Tumen, S., Ota, R., & MacCormick, C. (2016). *Characteristics of Children at Greater Risk of Poor Outcomes as Adults*. The Treasury Analytical Paper 16/01.
- Barton, W. (2005). 'Methodological challenges in the study of resilience: an overview'. In M. Ungar (Ed.), *Handbook for Working with Children and Youth: Pathways to Resilience Across Cultures and Contexts*. Sage Publications, Thousand Oaks CA.
- Boulton, A. & Gifford, H. (2014). 'Māori resilience'. *MAI Journal*, 3(2): 89-94.
- Collins, B. (2010). *Resilience in teenage mothers: A follow-up study*. Ministry of Social Development, Wellington.
- Crichton, S., Templeton, R., & Tumen, S. (2015). *Using Integrated Administrative Data to Understand Children at Risk of Poor Outcomes as Young Adults*. The Treasury Analytical Paper 15/01.
- Dixon, R., Tse, S., Rossen, F., & Sobrun-Maharaj, A. (2010). *Family resilience: the settlement experience for Asian immigrant families in New Zealand*. Families Commission Research Fund, Families Commission, Wellington.
- Durie, M. (1994). *Whaiora: Māori Health Development*. Oxford University Press, Auckland.
- Durie, M. (2007). 'From Indigenous Exclusion towards Full Participation: The Māori Experience'. In Te Mata o Te Tau. (2007). *Matariki* (pp 113-36). Te Mata o Te Tau; The Academy for Māori Research and Scholarship. Massey University, Wellington.
- Families Commission. (2010). *Definitions of Whānau: A review of selected literature*. Families Commission, Wellington.
- Fergusson, D.M. & Horwood, L.J. (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 University Press, Cambridge.
- Fraser, M.W., Richman, J.M., & Galinsky, M.J. (1999). 'Risk, protection, and resilience: Towards a conceptual framework for social work practice'. *Social Work Research*, 23(3): 131-143.
- Henry, A.W. (2015). 'Family Resilience: Moving into the Third Wave'. *Family Relations*, 64(1): 22-43.
- Hohepa, M. (1999). 'Hei Tautoko I Te Reo': *Maori Language Regeneration and Whanau Bookreading Practices*, Unpublished Doctor of Philosophy thesis, University of Auckland, Auckland.
- Liebenberg, L., Ungar, M., & LeBlanc, J.C. (2013). 'The CYRM-12: A Brief Measure of Resilience'. *Canadian Journal of Public Health*, 104(2): e131-e135.
- Luthar, S.S. (2006) 'Resilience in development: A synthesis of research across five decades'. In D. Cicchetti & D.J. Cohen (Eds.) *Developmental Psychopathology: Risk, Disorder and Adaptation* (pp 740-95). Wiley, New York.
- Luthar, S.S., Cicchetti, D., & Becker, B. (2000). 'The Construct of Resilience. A Critical Evaluation and Guidelines for Future Work'. *Child Development*, 71(3): 543-62.
- Luthar, S.S., & Zelazo, L.B. (2003). 'Research on resilience: An integrative review'. In S.S. Luthar (Ed.), *Resilience and Vulnerability: Adaptation in the Context of Childhood Adversities* (pp 510-50). Cambridge University Press, Cambridge.
- Kalil, A. (2003). *Family Resilience and Good Child Outcomes. A Review of the Literature*. Ministry of Social Development, Wellington.
- Mackay, R. (2003). 'Family resilience and good child outcomes: An overview of the research literature'. *Social Policy Journal of New Zealand*, 20: 98-118.

- Masten, A.S. (2001). 'Ordinary Magic. Resilience Processes in Development'. *American Psychologist*, 56(3): 227-38.
- McLeod, K., Templeton, R., Ball, C., Tumen, S., Crichton, S., & Dixon, S. (2015). *Using Integrated Administrative Data to Identify Youth Who Are at Risk of Poor Outcomes as Adults*. The Treasury Analytical Paper 15/02.
- McRae, K.O., & Nikora, L.W. (2006). Whangai: *remembering, understanding and experiencing*. MAI Review 1, Intern Research Report 7.
- Meredith, L.S., Serbourne, C.D., Gaillot, S., Hansell, L., Ritschard, H.V., Parker, A.M., & Wrenn, G. (2011). *Promoting Psychological Resilience in the US Military*. A joint endeavour of Rand Health and the Rand National Defense Research Institute. Prepared for the Office of the Secretary of Defense. Library of Congress Control Number 2011931851.
- Metge, J. (1995). *New Growth from Old: The Whānau in the Modern World*. Victoria University Press, Wellington.
- Pere, R.R. (1988). 'Te Wheke: Whaia Te Maramatanga me te Aroha'. In S. Middleton, *Women and Education in Aotearoa*, Allen & Unwin New Zealand Ltd., Wellington.
- Pihama, L., & Gardiner, D. (2005). *Building Baseline Data on Māori, Whānau Development and Māori Realising Their Potential: Literature Review: Developing Leadership*. UniServices Ltd.
- Pihama, L. (2013). Paper presented at the Fostering te Pā Harakeke: Healthy and Prosperous Families of Mana Conference, Tauranga, New Zealand. Retrieved from <http://mediacentre.marama-tanga.ac.nz/content/2013-symposium>
- Pihama, L., Reynolds, P., Smith, C., Reid, J., Tuhiwai-Smith, L., & Te Nana, R. (2014). 'Positioning historical trauma theory within Aotearoa New Zealand'. *AlterNative: An International Journal of Indigenous Peoples*, 10(3): 248-62.
- Poananga, S. (2011). *Positive 'whānau management': Privileging the centrality of whānau and culturally specific understandings of child discipline for the effective psychological practice with Māori* (Unpublished doctoral thesis). Massey University, Auckland.
- Pool, I. *Death rates and life expectancy – Effects of colonisation on Māori, Te Ara – The Encyclopedia of New Zealand*. Retrieved 27 September, 2016, from <http://www.TeAra.govt.nz/en/death-rates-and-life-expectancy/page-4>
- Ritchie, J.E. (1992). *Becoming bicultural*. Huia Publishers/Daphne Brasell Associates Press, Wellington.
- Robertson, J. (2014). *Addressing the challenges of stepfamily life*. Families Commission Research Fund Report No 8/14, May 2014.
- Rutter, M. (2000). 'Resilience reconsidered: conceptual considerations, empirical findings, and policy implications'. In J.P. Shonkoff & S.J. Meisels (Eds.), *Handbook of Early Childhood Intervention*. Cambridge University Press, Cambridge.
- Sanders, J., & Munford, R. (2014). 'The Interaction Between Culture, Resilience, Risks and Outcomes: A New Zealand Study'. *Cross-Cultural Advancements in Positive Psychology*, 11: 81-92.
- Social Policy Evaluation and Research Unit. (2015). Family Resilience. In Focus. August 2015. Superu, Wellington.
- Social Policy Evaluation and Research Unit (2016). *Families and Whānau Status Report 2015*. Superu, Wellington. Retrieved from www.superu.govt.nz/sites/default/files/Families-and-Whanau-Status-Report-2015.pdf
- Social Policy Evaluation and Research Unit. (2016). *Families and Whānau Status Report 2016*. Superu, Wellington. Retrieved from http://www.superu.govt.nz/publication/families_whānau_report_2016
- Te Rangi Hiroa. (1925). 'The evolution of Māori clothing'. *The Journal of the Polynesian Society*. 34(133): 61.
- Ungar, M. (2008). 'Resilience across cultures'. *British Journal of Social Work*, 38(2): 218-35.



- Ungar, M., Liebenberg, L., Armstrong, M., Dudding, P., & Van de Vijver, F. (2013). 'Patterns of Psychological Service Use: Individual and Contextual Risk Factors, and Resilience among Adolescents Using Multiple Services'. *Child Abuse and Neglect*, 37: 150-59.
- Waiti, J. & Kingi, T.K. (2014). 'Whakaoranga Whānau: Whānau resilience. *MAI Journal*, 3(2): 126-39.
- Waldegrave, C., King, P., Maniapoto, M., Tamasese, T.K., Parsons, T.L., & Sullivan, G. (2011). *Resilience in Sole Parent Families: A Qualitative Study of Relational Resilience in Māori, Pacific and Pākehā Sole Parent Families*. A Report by the Family Centre Social Policy Research Unit for the Foundation for Research Science and Technology funded Resilience in Vulnerable Sole Parent Families Research Programme. Retrieved from <http://www.familycentre.org.nz/Publications/PDFs/Resilience%20Sole%20Parents%20Final%20Report%20MSD.pdf?PHPSESSID=3b55adco02459d6865>
- Vaithianathan, R., et al. (2012). *Vulnerable Children: Can administrative data be used to identify children at risk of adverse outcomes?* Centre for Applied Research in Economics (CARE), Department of Economics, University of Auckland. September 2012. Retrieved from <https://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/research/vulnerable-children/auckland-university-can-administrative-data-be-used-to-identify-children-at-risk-of-adverse-outcome.pdf>
- Werner, E.E. (2014). 'What can we learn about resilience from large-scale longitudinal studies?'. In Goldstein & Brooks (Eds.), *Handbook of Resilience in Children* (pp. 87-102). Springer, US.
- Werner, E.E., & Smith, R.S. (1992). *Overcoming the Odds: High-risk children from birth to adulthood*. Cornell University Press, Ithaca, New York.
- Young-Bruehl, E. (2014). *Childism: Confronting Prejudice Against Children*. Yale University Press, Connecticut, USA.
- Zubrick, S.R., Taylor, C.L., Lawrence, D., Mitrou, F., Christensen, D., & Dalby, R. (2009). 'The development of human capability across the lifecourse: Perspectives from childhood'. *Australasian Epidemiologist*, 16(3): 6-10.



Appendix 1:

Caveats on using the IDI to study resilience

The Treasury papers acknowledge limitations and caveats for their studies using Integrated Data Infrastructure (IDI) datasets. They recognise their analysis was limited by the variables in the IDI as well as weaknesses associated with the IDI data, including population coverage issues, the possibility of linkage errors, and incomplete data. The scope of the studies is limited by the nature and breadth of the information collected in agencies' administrative systems and included in the IDI datasets. In addition, the use of Child, Youth and Family (CYF) involvement before age five as an adverse risk factor in childhood is very likely to be an under-count since abuse and neglect may not be notified to CYF.

There are other limitations of the IDI outcome measures too for the purposes of studying resilience. While not being in receipt of a benefit for more than two years before age 21 might be considered a proxy measure for employment (though it could also be a proxy for studying for higher qualifications), it would be far preferable to have had a more direct positive measure of employment.

Other limitations of the IDI include the host of other risk or protective factors – such as strength of social networks, quality of family relationships, and strength of cultural identity – that are not measured and therefore not included, or poorly measured, in the IDI. The IDI does not include childhood protective factors known to operate at a family level (such as emotional ties, communication, support, closeness, nurturing and adaptability) or at a whānau level (such as tuakiri-ā-iwi (cultural identity) and tikanga (a sense of meaning in life, values, religious and cultural beliefs)).

Also, the analysis cannot get at complexity. For example, a person who may have experienced many risk factors in childhood may have gone on to achieve some educational qualifications and hold down a job, but still be struggling emotionally. Qualitative studies, such as the one we have undertaken as part of this project, can provide such insights in a way that quantitative studies of longitudinal datasets are unable to. They provide some evidence as to how and why risks in childhood often result in poor outcomes later in life.

Finally, when projecting outcomes based on research with earlier cohorts, it is possible that the analysis is confounded by possible changes in the socio-economic and policy context for different cohorts over time. For example, changes in policy and practice may have increased the likelihood of the reporting abuse and neglect and family violence for younger children today compared to the 1990/91 cohort.





Appendix 2:

Qualitative methodology

The research question

The qualitative component of the research sought to complement the quantitative analysis of IDI data by investigating ‘why’ and ‘how’ people who had experienced adversity during their childhood went on to achieve positive outcomes in adulthood. The research question answered by the qualitative research was:

What are the key factors that influence the achievement of those positive outcomes in education and employment?

We broadened the scope of employment outcomes to include economic contributions, such as unpaid work, volunteering, mahi aroha, parenting, and caring for other family members. We also asked participants what they considered to be the positive outcomes they had achieved.

Our approach

We conducted face-to-face, in-depth interviews with individuals rather than groups of family or whānau members to reflect the individual analysis of the IDI data. Our research investigates individual resilience within the context of families and whānau. Participants were invited to ask family, whānau or other support people to attend if they wanted to.

The interviews were based on a narrative approach where participants could tell their stories, beginning with their childhood experiences up to their current situation.

We developed an interview guide that was unstructured and included a series of prompts to remind interviewers to ask about certain aspects of the participants’ lives that related to the research objectives. This allowed participants the freedom to identify what had assisted them to achieve positive outcomes.

Target sample

The sample was selected based on the risk factors and positive outcomes (achievements) identified in the Treasury analysis. A total of 49 people from a range of backgrounds were recruited for this research. However, there were some gender imbalances (e.g. two thirds were female participants) and only a small sample of Pacific participants. They presented the following characteristics:

- **Age** – from 16 to 56 years (averaging 36 years)
- **Ethnicity** – 26 Māori, 18 Pākehā and five Pacific people
- **Gender** – 36 women and 13 men.

Recruitment process

Identification of risk factors

The following risk factors were proxies for adversity in childhood, such as poverty, child abuse and neglect, and being brought up around criminal activity. Our selection criteria specified that an individual must have experienced one or more of the following difficulties during their childhood:

- having a parent or caregiver who was on a benefit for some time
- coming from a family or whānau that had had some involvement with Child, Youth and Family before the individual was aged five
- one of the participant's parents having been in prison or having had a community sentence.

Identification of positive outcomes (achievements)

The achievements identified were the attainment of NCEA Level 2 and being in sustained employment. The parameters of sustained employment were not specified. We broadened the concept of employment to economic contributions to capture the various types of work (e.g. caregiving and volunteering) that people undertake and that provide them with a sense of achievement as well as contributing to the economy.

Participants had to have attained one or more of the following educational qualifications, or had to be making an economic contribution, or both:

- Educational qualification such as NCEA Level 2 or above, or for older participants the attainment of School Certificate or above.
- Economic contribution: In paid work (full-time, part-time or casual) or in unpaid work (volunteering, work in the home).

Participants' highest educational qualifications included:

- 2 post-graduate degrees (Masters and PhD)
- 7 degrees (1 with multiple degrees, 1 with honours)
- 7 diplomas
- 7 NCEA Level 2
- 8 certificates and/or completion of professional development course(s)
- 7 currently studying (3 at university)
- 8 with no formal qualifications.

Over half of the participants were in paid work: 18 were in full-time employment, three were in part-time employment, and six were self-employed (either full or part-time).

Snowballing as a key strategy for recruitment

Participants were recruited in Christchurch and Auckland through a number of avenues.





Key people and agencies were approached, such as social service managers and community organisations. Twenty-two agencies were approached in Auckland. In Christchurch, the Canterbury Family Violence Collaborative, which includes 48 government and community organisations, was contacted. A flyer with information about the study was also posted around the University of Canterbury. In addition, Māori members of the research team approached their networks via personal contacts and social media.

Key people and agencies were informed about key aspects of the study (e.g. the purpose, who commissioned the study, and who was conducting it) and their questions answered. They were provided with an information sheet to distribute to potential participants (staff and clients).

However, we encountered some barriers during the recruitment process, particularly in Auckland. Some agencies' staff were unable to go through their client lists due to time constraints; others were dealing with clients whose backgrounds were unknown (i.e. they were only dealing with the 'now' issues); and some staff were reluctant to subject their clients to further re-telling of traumatic life experiences. Another barrier to recruitment was our difficulty in locating Pacific participants, despite assistance from our Auckland-based Pacific advisor.

Interview principles

Cultural considerations

Where possible we offered participants a choice of either Pākehā or Māori interviewers. We did not have the capacity to provide Pacific interviewers. Kaupapa Māori Research principles guided the way our Māori research team members engaged in the research: from how research ideas and tools were developed, to how participants were involved and treated, to the way data was analysed and reported on. In a Kaupapa Māori Research paradigm, research is undertaken by Māori, for Māori, with Māori, and seeks to understand and represent Māori as Māori.

Ethical process

In conducting the research project we adhered to the Aotearoa New Zealand Evaluation Association (ANZEA) ethical guidelines. In doing so, we also met the five standards (related to care, respect, inclusion, protection and reciprocity) set out in the Evaluation Standards for Aotearoa New Zealand that Superu developed in partnership with ANZEA.¹⁴

All interviews were conducted in accordance with principles of voluntary participation and informed consent. Participants were guaranteed confidentiality of information.

No identifying information specific to participants was included in the research findings (including this research report). Participants were asked if they agreed to be anonymously quoted and whether they would like to check their interview transcripts and quotes prior to use.

A koha of a \$40 supermarket voucher was given to participants after the interview to thank them for their time and for sharing their story.

¹⁴ The Evaluation Standards for Aotearoa New Zealand were accessed at <http://www.superu.govt.nz/standards>

Qualitative analysis

Interviews were audio-recorded and transcribed (with consent). A coding schedule was developed and revised throughout the analysis as new themes emerged or were refined. Each interview was coded according to the schedule and summarised to identify the major themes.

The team held an analysis workshop to compare findings and identify general themes across all participants, as well as key similarities and differences for Māori participants. Saturation was reached in terms of general findings across the sample where similar themes were consistently and strongly emerging. Saturation in terms of the cultural mediation of resilience also emerged within the Māori and Pākehā sample of participants. However, the sample of Pacific people was too small to examine how their various cultures influenced their experiences of resilience.



Appendix 3:

Research instruments





Invitation to take part in research: Beating the odds – overcoming challenges in childhood

Hello (or appropriate greeting e.g He mihi kau atu ki a koutou o te whānau – tēnā rā koutou katoa for potential participants who identify as Māori)

What helps people overcome challenges in childhood and go on to achieve in adult life?

This is the question we are interested in finding out more about. To do that we are collecting stories from people who have experienced challenges during their childhood and have overcome these to go on to achieve positive things.

We hope the findings will be used to develop better services to support families and whānau facing hard times. The researcher will ask you if you would like a summary of the findings when they become available.

Who are we?

We are a group of Māori, Pākehā and Pacifica researchers: Judy Paulin, Moana-o-Hinerangi, Hector Kaiwai, Michele Lennan, Sue Carswell and Fuafiva Fa'alau. We are carrying out the research project for the Social Policy Evaluation and Research Unit (formerly the Families Commission).

What kind of achievements are we interested in?

The positive things you have achieved could be lots of things like getting some qualifications at school, getting a job, looking after your whānau and family, volunteering, helping your community.

What kind of challenges in your childhood do you need to have overcome?

We know there are many different types of challenges that people may have faced in childhood. If your family/whānau experienced one or more of the following situations while you were growing up then it would be great to hear from you:

- One of your parents was on a benefit for some time while you were a child
- Before you were five years old your family/whānau had some contact with Child, Youth and Family
- One of your parents was in prison or had a community sentence with Probation.

Invitation to take part in an interview

We'd love to hear your story to better understand what helps people, their whānau and families overcome challenges.

[Researcher's name and Iwi (as appropriate)] will be the interviewer and the interview [or korero] will take about one hour. If you are keen, [Researcher's first name] will call you to arrange an interview at a time and place that best suits you. The interview would be digitally recorded if you agree.



Your choice!

You can choose to invite anyone from your family or whānau to be part of the interview. You or members of your family/whānau can choose not to answer certain questions or to stop the interview at any time. You may also withdraw from the research at any time up to the publication of our final report, without having to give a reason.

Confidential

We will not use your name or that of any whānau member who takes part in the research in our research report. Nor will we use any other information that could identify you or a whānau member. After you have had the opportunity to check the transcript of your interview we will make sure no one can match your name or identity to it (e.g. we will use made up names and change identifying details).

We may wish to quote something you said in the interview in our report. If we wish to do this, we will only do so with your permission and you will be given a chance to check your transcript if you wish.

We would only break confidentiality if you or a whānau member tells us something that indicates that there was a significant risk regarding your or another's safety. This would mean that the interviewer would discuss the issue with you in private and an appropriate professional, if this was required.

In the unlikely event that the interview raised matters that were upsetting for you we will support you to find someone to help you work through your concerns.

What will be done with the research information?

The information that you and whānau members give us will be gathered together with feedback from other whānau and summarised in a research report. This will be given to the Social Policy and Research Unit who will publish the report on their website.

Researcher contact information

Researcher's name, contact details and/or means of communication

(e.g. Dr Sue Carswell email: sue@carswellconsultancy.com or text 021 167 9141 and I will ring you back.)

This project has been reviewed and approved by the Families Commission Ethics Committee. Any concerns can be directed to the Chair of the Families Commission Ethics Committee (04 9177 040). 4th April 2016

Phone numbers of local support agencies – 0800 numbers etc.



Consent form for research: Beating the odds – overcoming challenges in childhood

I agree to take part in an interview for this research project on family resilience (or beating the odds).

I have had the chance to ask the researcher any questions I have about the research and I am satisfied with the answers I have been given.

I understand that my participation is voluntary, that I can choose not to answer any of the questions asked by the researcher, that I can stop the interview at any time and that I can withdraw from the research at any time before the report is published, without having to give a reason.

I understand that any information I provide during the interview will be treated as confidential unless I tell the interviewer something that indicates that there is a significant risk regarding my or another's safety. This would mean that the interviewer would discuss the issue with me in private and an appropriate professional, if this was required.

I understand that the researcher would like to record the interview with me.

I understand that I will be given an opportunity to check the interview transcript if I wish.

I understand that quotations taken from the interview with me may be used in reports but that my name will not be used and no one will be able to identify me from the quotes.

- I consent to the interview being voice recorded
- I would like to check the transcript of my interview before anything from it is used in a report
- I would like a summary of the research findings once the report is finalised

I _____ (full name) consent to take part in an interview for the research project.

Signature _____

Date _____

Contact details _____

This project has been reviewed and approved by the Families Commission Ethics Committee. Any concerns can be directed to the Chair of the Families Commission Ethics Committee (04 9177 040).

Interview guide: Beating the odds – overcoming challenges in childhood

This is an unstructured interview guide which is intended to act as both a reminder to the interviewer to cover certain areas and provides prompts to help explore processes of resilience.

While the research focuses on processes of resilience for overcoming childhood adversity and achieving in the areas of education and economic contribution the scope of the research is not limited to these areas. Participants will likely have other areas of achievement they are proud of. The main purpose is to explore processes of resilience that are meaningful to participants.

- Introductions
- Purpose of research
- Informed consent process

Domains and prompts for questions:

Tell me about your life so far and how you got to here?

- Family or whānau context
- Socio-economic context

Prompts: How attained achievements

What have been some of the highlights/things you feel most proud of?

- What was it about these times/things that made them so good?
- How do you think you achieved these things? What was it about you do you think that helped you reach that achievement?
- Did anyone help or support you to achieve these things? What did you find the most helpful?

Prompts: How overcame challenges/ hard times

What have been some of the challenges/hard times you faced during childhood?

- What was it about these times that made them so hard?
- What kinds of things about you helped you get through those times?
- Did anyone help you or support you during those times? How? What did you find the most helpful?
- What support did you get from your family/Whānau that helped you? What did they do or what is it about your family (or family members) that helped?
- When things haven't gone so well for you or your family/whānau, what have you done to cope/ sort things out?



[Positive and negative coping mechanisms, and level of independence/ dependence e.g. talk things over; get help and advice from others; try to take mind off things; learn to live with it; religious beliefs; use of alcohol/drugs/violence; give up; blame self etc.]

Prompts: Education and training

- School experiences – achievements and challenges
- Did you do any further education or training?
- Beliefs about education
- Motivations about further education
- Prompts re how attained achievements and overcame challenges [see above]

Prompts: Economic contribution

- Employment history
- Unpaid work in the home – caring for family and whānau, family business etc
- Volunteer work, community work etc
- Prompts re how attained achievements and overcame challenges [see above]

Future plans/aspirations (to finish)

If the participant has not already discussed the information in the table please ask them.

Please also record who else attended the interview and relationship with participant eg. Partner, parent, Aunty, friend etc

Gender identity	
Age	
Ethnicity and Iwi	
Circle each criteria that applies	<ul style="list-style-type: none"> • One of your parents was on a benefit for some time while you were a child • Before you were five years old your family/whānau had some contact with Child, Youth and Family • One of your parents was in prison or had a community sentence with Probation.
Current marital status and number of children [ages]	
Current work status	
Current Education status	
Other people who took part in interview and relationship to participant	

