similarities to Australia and North America (Wirihana & Smith, 2014). The significant events of the colonisation of Aotearoa include the land wars, death by infectious diseases, land confiscation and dispossession, and cultural oppression and assimilation—ethnocide (Durie, 2001).

Colonisation affected every aspect of Māori society and is the unique factor in contemporary Indigenous health, especially when comparing Indigenous health to the non-Indigenous settler nation (Lowe, 2007). Alike the American Indian colonisation experience, the exposure to infectious diseases had a devastating impact on the non-immune Māori population. The population was declining at such an alarming rate that the extinction of Māori seemed inevitable and was predicted by the British colonists (Durie, 2001). During colonisation, mātauranga Māori was invalidated by western knowledge and belief systems. Fundamental concepts to Māori societal function such as tapu (restricted) and noa (unrestricted) that had previously protected Māori wellbeing were being substituted for western concepts of health (Gillies, 2011). Unsurprisingly, although the mortality rate declined, Māori health continued to suffer. It soon became evident that Māori wellbeing required more, or something different, than what western medicine had to offer. Māori leaders advocated for Tino Rangatiratanga (including Māori health aspirations) and mātauranga Māori to be integrated into health care practice to ensure that the services were meaningful and effective for the Māori people. Interestingly, Māori are still challenging mainstream health services to integrate these concepts in contemporary health services (Durie, 2010; Gillies, 2011; Waitangi Tribunal, 2019).

Māori assimilation to a patriarchal Christian societal structure was a goal of colonial forces, which had a detrimental impact on the roles and relationships of men and women (Wirihana & Smith, 2014). Social structures and relationships were disrupted by colonisation, including the breakdown of fundamental relationships such as that between men and women and the position of children within Māori society. Traditionally, Māori men and women held important roles that sustained the functioning of Māori society and were interdependent on the harmony between the spiritual and physical realms (Barlow, 1991, cited by Wirihana & Smith, 2014). The roles were based on Māori philosophies, values, and belief systems. For example, women carried the whare tangata (womb) so were protectors of whakapapa of the iwi. Moreover, tamariki Māori (Māori children) are taonga (treasure) in Māori society. Every member of Māori society held an important role in fostering the growth, safety, and nourishment of tamariki (Wirihana & Smith, 2014).

In a contemporary context, Māori are over-represented in virtually every social and health problem such as low education attainment, incarceration, children in state care, and disease morbidity and mortality (Ministry of Health, 2015). Within the health sector, Māori often present to health care services later, have shorter hospital stays, experience inequities in referrals for medical interventions and rehabilitation, and report negative experiences in their interactions

To summarise, this literature review aims to explore the foundations of Historical Trauma Theory, primarily its concepts and contentions, and the application of Historical Trauma Theory within clinical practice. Furthermore, in examining Historical Trauma Theory, the implications for nursing philosophy and practice in Aotearoa New Zealand have been examined, particularly focussing on how Historical Trauma Theory can complement and/or inform practice for all nurses when nursing Māori whānau. To demonstrate the potential implications for nursing in Aotearoa, Māori models of nursing practice and Kawa Whakaruruhau have been drawn upon to understand the key Māori values which should guide nursing practice when nurses care for Māori whānau. Pihama et al.'s (2014) article has been used as a framework for understanding the usefulness and limitations of Historical Trauma Theory as a framework underpinning praxis in Aotearoa to date. Nevertheless, Historical Trauma Theory has been used to provide a cultural and historical framework for deepening all Aotearoa/New Zealand nurses' understanding of the effects of colonisation on Māori wellbeing, including the multiple health avenues in which the historical trauma response is evident.

The conceptualisation of Historical Trauma Theory within Aotearoa is needed to ensure that it is applied appropriately to the Māori experience of colonisation and to avoid the premature application of the theory when guiding policy and practice (Pihama et al., 2014). Therefore, the application of Historical Trauma Theory to nursing philosophy and practice in Aotearoa New Zealand supports fundamental aspects of Kaupapa Māori theory, including Māori models of nursing (Pihama et al., 2014). Key concepts of Historical Trauma Theory can be interlinked with key concepts of Kaupapa Māori Theory such as whānaungatanga, whakapapa, and core Māori values and beliefs which can provide a pathway for understanding the complexity of colonisation and Māori health for nurses in Aotearoa. However, kaupapa Māori research is required to explore Historical Trauma Theory within a Māori context (Lawson-Te Aho, 2014, 2017).

Chapter 2: Background

Indigenous people are some of the most marginalised and socially excluded communities in the world (The United Nations, 2009). Social marginalisation and exclusion result in struggles for Indigenous self-determination and development in all social arenas, including health; whereas socio-political exclusion and inequity are manifested in disproportionate morbidity and mortality, and socio-economic and political struggles for Indigenous communities (Came, 2013; The United Nations, 2009). The colonisation of Indigenous people's land is considered a major determinant of health and is the prime difference when comparing Indigenous and non-Indigenous health contexts (Lowe, 2007; Sotero, 2006). This background chapter will start with a brief description of colonisation, followed by a background of Historical Trauma Theory, followed by a brief description of the colonisation of Aotearoa and the contemporary struggles of Māori. Finally, this chapter will describe nursing practice in Aotearoa and the obligations of the nursing profession to Māori health and wellbeing.

Colonisation and Decolonisation

Colonisation is not a series of events with a finite timeline (Hartmann & Gone, 2014). Instead, the ongoing effects of colonisation, such as racial discrimination, profound poverty, and health inequities, are perpetuated by intrapersonal, interpersonal, and institutional constructs (Jones, 2000; Smith, 2012). The power imbalances established by colonisation between non-Indigenous and Indigenous communities sustain socio-political inequities endured by Indigenous populations, including health inequities (Came, 2013).

Decolonisation is a powerful process that validates Indigenous peoples' struggles and removes the barriers to Indigenous self-determination within various domains, such as research methodologies (Smith, 2012). Decolonisation challenges the power imbalances that perpetuate the psycho-social, socio-economic, and political inequities experienced by Indigenous people (Smith, 2012). Decolonisation is key to freeing Indigenous communities to re-establish Indigenous identities within colonial societies (Smith, 2012).

Historical Trauma Theory

Colonisation is recognised as a powerful determinant of health for Indigenous people. The atrocities of the colonisation of North America have been so devastating for the American Indian population that the United Nations definition of genocide has been met (Braveheart, 2000; Charbonneau-Dahlen, Lowe & Morris, 2016). Like the colonial history of Aotearoa, the

- Depression
- Sometimes PTSD symptoms
- Psychic numbing
- Fixation to trauma
- Somatic (physical) symptoms
- Low self-esteem
- Victim identity
- Anger
- Self-destructive behaviour including substance abuse
- Suicidal ideation
- Hypervigilance
- Intense fear
- Dissociation
- Compensatory fantasies
- Poor affect (emotion) tolerance

The historical trauma response is manifested within a collective of people over multi-generations. There are three categories for understanding the impact of the effects of historical trauma; the immediate impact (within 6 months following the event), the long-lasting impact, and the severity of the impact of the trauma (Palacios & Portillo, 2009). Braveheart (2003) demonstrated that historical trauma narratives exist within Indigenous communities, and connect historical losses with contemporary suffering. Braveheart's article showed that the unique historical experiences of the Lakota people were evident in contemporary manifestations of the historical trauma, such as the wearing of short hair as a sign of grief for a chief who was killed 100 years prior.

Historical Trauma Theory and an Indigenous Worldview

Historical Trauma Theory is embedded in an Indigenous worldview. Indigenous realities are centred on the connection between past and present and the spiritual realm, all of which exist simultaneously (Braveheart, 2000; Salmond, 2017). There is an innate connection between American Indian people, and other Indigenous people, with their ancestors; thus, a connection to the distress of their ancestors is a natural part of an Indigenous reality (Braveheart, 2000). Moreover, the contemporary expression of historical trauma within Indigenous populations makes sense given the interconnection of the past and the present (Braveheart, 2000). The concept of past-present connection has been captured in research with Indigenous people (Braveheart, 2000; Swanson Nicolai & Saus, 2013). The deep connection to ancestors is manifested in the Lakota historical trauma response as the *Waikuksuyapi* (The memorial people). The key features were developed by Braveheart (2000) based on the research participants' responses:

health equity for Māori (Barton, 2018). To date, implementation of Te Titiri o Waitangi into nursing practice is audited by a self-assessment completed by the nurse and verified through a peer review process, not by the recipients of health care services. Moreover, despite being developed nearly 30 years ago, there has been no research evaluating cultural safety, including Kawa Whakaruruhau, in nursing practice in Aotearoa.

To summarise, colonisation has had profound effects on Indigenous people internationally, including health outcomes (The United Nations, 2009). The decolonisation process uncovers the socio-political processes embedded in society that directly cause the power imbalance evident between Indigenous and non-Indigenous population, which is manifested in various social domains, including health outcomes. Moreover, decolonisation is fundamental to the assertion of Indigenous identities, aspirations, and self-determination within the settler society. Historical Trauma Theory was developed to validate the magnitude of devastation experienced by Indigenous people in response to the processes of colonisation (Braveheart, 2000, 2003). Furthermore, Historical Trauma Theory is centred within Indigenous realities to conceptualise the intergenerational and collective nature of the trauma associated with colonisation, which is unique and different to western concepts of trauma Historical Trauma Theory provides a pathway for understanding physical, social, and psychological/emotional manifestations of historical trauma experienced by subsequent generations of Indigenous people (Pihama et al., 2014; Sotero, 2006).

The colonisation of health and health care practice has had an impact on the quality and effectiveness of health care services received by Indigenous people, including Māori (McGibbon et al., 2014; Theunissen, 2011). Indigenous realities, including concepts of wellbeing, still exist and are independent of western concepts of health, which is the foundation of western health care practice. Moreover, institutional processes established during colonisation, such as political disempowerment and racism, have produced major health inequities for Indigenous people, including Māori (Came, 2013). Nursing philosophy is underpinned by social justice and health equity, so the impact of colonisation on Indigenous health is essential to providing meaningful and effective nursing care to Indigenous people (Nursing Council, 2011; Theunissen, 2011). Historical Trauma Theory has the potential to provide a framework for conceptualising the impact of colonisation on contemporary Māori health, as well as the possibility of guiding effective nursing practice for Māori based on the concept of historical trauma as the core of health disparities.

The foundation of Kaupapa Māori Theory, mātauranga Māori provides the conceptual framework to understand Māori realities (Salmond, 2017). Concepts, such as time, space, male-female and parent-child relationships, the creation story, farming and cultivation, and navigation, have always existed for Māori and are independent of a western worldview (Durie, 2001; Smith, 2012). The foundation of mātauranga Māori, the layers of whakapapa (genealogy), date back to the creation of the world and essentially organise te ao Māori (Pihama, 2010). Mātauranga Māori is a complex system reflecting Māori ontology and epistemology. Wiri (2011 as cited by Pihama, 2010) defined the many levels of mātauranga Māori as follows:

> Māori epistemology; the Māori way; the Māori worldview; the Māori style of thought; Māori ideology; Māori knowledge base; Māori perspective; to understand or to be acquainted with the Māori world; to be knowledgeable in things Māori; to be a graduate of the Māori schools of learning; Māori tradition and history; Māori experience of history; Māori enlightenment; Māori scholarship; Māori intellectual tradition. (p. 25)

Māori have always been theorists, so Māori knowledge systems can generate new knowledge that is of benefit and purpose to Māori (Pihama, 2010). The underlying principles of Kaupapa Māori Theory include:

- Tino rangatiratanga and mana motuhake to assert Māori identity as tangata whenua in Aotearoa and make space for Māori ontology and epistemology;
- Te reo me ōna tikanga Māori, which is the fundamental mode of transmission of mātauranga Māori; and
- Kaupapa Māori Theory as a framework "to think and act" Māori within the dominant colonial society is a form of resistance to colonialism (Pihama, 2010, p. 6).

Decolonising Research Methodologies

Essentially, decolonising research methodologies involves the critical examination of the impact of the socio-political constructs of colonisation on Indigenous people. The researcher examines how western research methodologies influence research with Indigenous people, including the impact that research has had on Indigenous peoples' knowledge systems. Moreover, decolonisation challenges the space that western knowledge occupies and makes space for Indigenous epistemologies as legitimate knowledge systems. By challenging the dominance of western research methodologies and privileging Indigenous epistemologies, decolonising research methodologies ensures that Indigenous aspirations and interests are the focus and foundation of research (Lee, 2009; Smith, 2012). Therefore, decolonising research methodologies align well with Kaupapa Māori Theory and are appropriate for examining Historical Trauma

while the dominant culture is not required to demonstrate any transparency of their values systems (Elkington, 2014).

Indigenous people were grouped into one category in which cultural assumptions and generalisations about 'Indigenous' are applied by the dominant population (Chambers et al., 2018). Moreover, the examination of Indigenous populations through a western lens developed many binary views of the Indigenous population in relation to their position in the settler society. Binary views of the settler-native dynamics are still evident in western discourse; for example, the west has knowledge and Indigenous populations have culture. Binaries created by western ontology maintain the limited 'space' for Indigenous methodologies within institutions (Pihama et al., 2002).

By applying a decolonising methodology to this literature review, the dominant discourse on Indigenous peoples is uncovered and removed from the interpretations of the findings (e.g., by the removal of racially discriminative terminology within Indigenous health literature). It is argued that terms such as 'vulnerable', 'high-risk', and 'hard-to- reach' reinforce negative stereotypes of Indigenous people, who are often blamed for their health disparities though lifestyle choices instead of examining the inequity of access to the social determinants of health (Barton, 2018; Chambers et al., 2018). Furthermore, Lowe (2007) cautioned against descriptions of Indigenous societies as societies of 'loss', loss of language, loss of land, loss of culture, as he argued that survival and resistance of Indigenous peoples is often overlooked.

Moreover, this dissertation acknowledges the vast uniqueness of Indigenous populations internationally (Smith, 2012); although, I targeted literature pertaining to the experiences of the Indigenous peoples of North America, Australia, and New Zealand due to the commonalities in their colonial histories (Wirihana & Smith, 2012). The implications of Historical Trauma Theory for nursing practice in Aotearoa is based on te ao Māori, and incorporates the uniqueness of each iwi, hapū, and whānau system (Durie, 2001). The notion of one cultural group is contradictory to pre-colonisation Indigenous societies (Smith, 2012). For example, Māori did not exist as a single population but instead were defined by whānau, hapū, and iwi identities.

Uncovering Dominant Methodologies

The dominance of western philosophy has created the assumption that there are universal processes of human emotion, psychology, and development. Indigenous ontology and epistemology were viewed by the settler state as invalid and sometimes made illegal. For example, in Aotearoa, Māori tohunga, labelled as 'witch doctors', were holders of expert mātauranga (knowledge) but the Tohunga Suppression Act passed in 1907 outlawed practice of Māori medicine (Smith, 2012; Te Ara The Encyclopaedia of New Zealand, 2011). The colonisation

limited amount of Historical Trauma Theory literature within Aotearoa New Zealand that pertains to health care and/or health care practice and within a nursing context, I also included publications pertaining to Historical Trauma Theory and Indigenous health outcomes and/or health care practice.

Table 1. Summary of inclusion and exclusion criteria

Inclusion Criteria	Exclusion Criteria
Literature published from the year 2000-2019	Literature published pre-2000 and post 2019
Historical Trauma Theory within an Indigenous context	Historical Trauma Theory within a non-Indigenous context for example, African American context
Historical Trauma Theory literature from within a health discipline and/or a health perspective	Historical Trauma Theory literature not pertaining to health or health care practice for example, education focus
Literature focussed on Historical Trauma theory as a core concept for understanding Indigenous health outcomes and underpinning health care practice	Literature that uses Historical Trauma Theory as background only and has a different focus as the main topic, such as education, and/or no health focus

Data evaluation

The data extracted included theoretical frameworks outlining Historical Trauma Theory as a pathway to adverse health outcomes for Indigenous people, discussion papers arguing for Historical Trauma Theory to be integrated into clinical practice with Indigenous people, quantitative research and qualitative research investigating a variety of Historical Trauma Theory concepts from an Indigenous perspective. Data were evaluated based on conceptual relevancy (health care outcomes) and applicability (clinical practice implications and/or health care interventions) to the purpose of this dissertation. All data were assigned a code using a 2-point coding system (Whittemore & Knalf, 2005). The coding system was used to grade the pertinence of the data to the implications for Historical Trauma Theory and nursing within a Māori context. For example, research that focussed on the application of Historical Trauma Theory as a framework underpinning health care practice was given a 2 (high relevancy). As identified by Whittemore and Knalf (2005), data of high relevancy were prioritised and contributed more to the overall analysis.

Data analysis

The data were analysed using Whittemore and Knalf's (2005) method of reduction, display, comparison, and conclusion. During data reduction, the data were grouped into theoretical and

REFERENCE	**CONTEXT & PARTICIPANTS**	**RESEARCH DESIGN & METHODS**	**KEY FINDINGS**	**LIMITATIONS**	**RELEVANCE TO WHAT I AM DOING**
Begay, T. K. (2012). *Toxic stress: Linking historical trauma to the contemporary health of American Indians and Alaska Natives*. [Unpublished dissertation]. The University of Arizona.	To investigate the biological impacts of HT. To develop a conceptual framework for understanding the biological changes caused by HT which are manifested in health and cognitive development. Set in North America.	A theoretical dissertation to conceptualise the neuro-biological impacts of HT children and adult indigenous people in North America.	• Chronic toxic stress impacts brain development, cortisol levels. • Behaviour in children is affected including the ability to cope with future stressors. • Behavioural responses to HT are controlled by the autonomic nervous system. Coping beahviours can become intergenerational and integrated into society and normalised. • Pscyhological symptoms and behavioural responses to HT impact relationships including mother/child and parenting, perpetuating biological changes. • Neurophysiological response to environment inevitable and environment can be a buffer for biological changes and vice versa. • HPA axis dysfunction leads to hyper or hypo cortisol levels which are associated with learning difficulties, anxiety/depression, physical illness and immune problems.	None identified.	Highly relevant to understanding the multifaceted compounding impact of trauma exposures and HT effects on wellbeing. Highly relevant to nursing. Code: 2

REFERENCE	CONTEXT & PARTICIPANTS	RESEARCH DESIGN & METHODS	KEY FINDINGS	LIMITATIONS	RELEVANCE TO WHAT I AM DOING
Hartmann, W. E., & Gone, J. P. (2016). Psychological-mindedness and American Indian historical trauma: Interviews with service providers from a Great Plains Reservation. *American Journal of Community Psychology*.	Set in North America. Investigation of the concept of HT theory amongst Great Plains Reservation human service providers. 23 participants – all indigenous and all working as human service providers.	Part of an ethnographic informed project on a Great plains reservation in America. Undertook 3 months of community participation to learn about important issues first. Used semi-structured interviews and avoided top-down imposition. Engaged in cultural protocols prior to starting the interview.	• Participants favoured a socio-cultural understanding of HT and used it to explain the ongoing social problems in the community, as opposed to the traditional psychological-minded framework. • Indigenous suffering attributed to ongoing oppression and lack of economic opportunity. • Traditional frameworks for HT theory can pathologise indigenous social distress, which takes spotlight off ongoing oppression. • Cultural lens evident in explanation of ongoing social distress in the community.	From 1 reservation.	Relevance to understanding HT from an indigenous perspective, including those working in human services. Code 1
Kirmayer, L. J., Gone, J., & Moses, J. (2013). Rethinking historical trauma. *Transcultural Psychiatry*.	North American setting.	Disucssion paper arguing against universal trauma definition/intervention.	• Problems in comparing the holocaust to indigenous HT argued; pre-trauma context, violence types, loss types, post-trauma context and larger social context comparisons. • Difficult to establish a link betweeen colonial processes and contemporary social and health problems of experienced by indigenous people. • Ongoing psycho-social problems such as violence and substance abuse related to ongoing structural violence and inequities, and negative portrayals of indigenous people.		From a health field – psychiatry. Relevant arguments for applying HT Theory to nursing in a Māori context. Code 1

REFERENCE	CONTEXT & PARTICIPANTS	RESEARCH DESIGN & METHODS	KEY FINDINGS	LIMITATIONS	RELEVANCE TO WHAT I AM DOING
Lowe, J. (2007). Research brief: The need for historically grounded HIV/AIDS prevention research among Native Americans. *Journal of the Association of Nurses in AIDS Care*.	Considers the need for culturally and historically grounded HIV research in American Indian populations. Set in North America. Author is an indigenous American registered nurse.	Brief discussion paper	• When viewed through an inappropriate lens, research with indigenous people often protrays indigenous communities as communities of loss and disparities. • Historical and cultural contexts are essential to researching health topics in indigenous communities.	Brief article.	Written from an indigenous nursing perspective – adds to implications for nursing practice. Code 1 – narrow focus
McQuaid, R. J., Bombay, A., McInnis, O. A., Humeny, C., Matheson, K., & Anisman, H. (2017). Suicide ideation and attempts among First Nations people living on-reserve in Canada: The intergenerational and cumulative effects of Indian residential schools. *The Canadian Journal of Psychiatry*.	Investigate the connection between RBS legacy and suicide/suicide risk over multigenerations living on-reserve. Set in Canada. No participants had attended RBS directly.	Data from a national survey conducted from 2008-2010 were analysed. 30,000 participants representative of First Nations population over 18 years old and living on-reserve. 4 groups analysed – no RBS, 1 parent attended, grandparent attended, grandparent and parent attended.	• 1 generation of RBS attendance was associated with suicidal ideation compared with those who had no familial attendance. • 2 generations of RBS attendance history were more likely to report suicide attempts compared to having 1 generation attend RBS.	First Nations in Canada living on-reserve setting only.	Supports the pathway between HT events and health outcomes. Code 1
Maxwell, K. (2014). Historicizing historical trauma theory: Troubling the transgenerational transmission paradigm. *Transcultural Psychiatry*.	Discusses HT Theory having the potential to pathologise indigenous suffering and remove attention off the ongoing colonialism in canada.	Discussion paper.	• Drawing on trauma theory could perpetuate colonial perceptions of indigenous parents failing to assimilate children. • Pathologising indigenous parents can continue power imbalances and divert attention from strutural violence that sustains inequities. • Colonial professions pathologising indigenous families & imposing interventions on children.		Has relevance to HT Theory and health care practice. Has arguments cautioning against pathologisation of indigenous social struggles. Code 1

REFERENCE	CONTEXT & PARTICIPANTS	RESEARCH DESIGN & METHODS	KEY FINDINGS	LIMITATIONS	RELEVANCE TO WHAT I AM DOING
			gives an appropriate context for understanding the long standing impact of colonisation.		
Struthers, R., & Lowe, J. (2003). Nursing in the Native American culture and historical trauma. *Issues in Mental Health Nursing*.	Original research. A conceptual model for nursing in the Native American context. Set in North America. Participants are registered Native American nurses – first focus group 203 & second 193. Data collected from two seperate summits for Native American nurses via facilitated focus groups. Data anaylsis performed by Native American nurses with advanced degrees in nursing.	A conceptual model incorporating a nursing model for nursing in a Native American context and HT.	• Caring • Traditions • Respect • Connection • Holism • Trust • Spirituality • Asked about tribal histories and if they are impacting on the client in the present. • Nurse-client relationship building essential in HT care – creates a healing space. • Culturally appropriate nursing care, such as an indigenous model of nursing, essential to healing from HT.	Native American context.	Highly relevant Discusses practical application of HT Theory to a native American nursing model which can be utilised by all nurses. Code: 2
Swanson Nicolai, S., & Saus, M. (2013). Acknowledging the past while looking to the future: Conceptualising Indigenous child trauma. *Child Welfare.*	Investigation of service providers' conceptualisation of indigenous children's trauma. Based in western Montana and Northern Norway. 17 participants service providers working with indigenous children.	Exploratory qualitative study. Semi-structured interviews. Participants had a wide age range, professsions and educational background.	• Mistrust in the system – trauma experienced in the institutions. • Resilience. • Grief and trauma – high amounts experienced by indigneous children (i.e., premature death is common) Indigneous values – spirituality, relationships, materialism and humour identified by participants. Participants highlighted differences in indigenous childcare and communication styles compared to mainstream.		Adds to clinical implications and ideas how HT can guide clinical practice. Code 1 – not health practice specifically but counselling

Although some scholars argued that Historical Trauma Theory is westernised in its approach to conceptualising Indigenous suffering from colonisation, Braveheart (2000) stated that many core concepts are grounded within an Indigenous reality, which is also identified by various other authors (Reid et al., 2014; Struthers & Lowe, 2003; Walters et al., 2011). The concept of historical trauma is based on the past, present, and spiritual interdependence of an Indigenous reality as demonstrated by Indigenous peoples' innate connection to the collective's ancestors—all of which is true for te ao Māori (Braveheart, 2000; Durie, 2001; Salmond, 2017). Moreover, research demonstrates that Indigenous people have a strong connection to ancestral pain which is experienced as loyalty to their ancestors' pain, associated guilt when experiencing good emotions, living with pain and history today, and feelings of being already dead (Braveheart, 2000; Swanson Nicolai & Saus, 2013; Whitbeck et al., 2004).

Historical Trauma Theory validates the devastation of colonisation for Indigenous people (Braveheart, 2000). The dominant discourse on colonisation marginalises Indigenous histories, including the impact of colonisation (Braveheart, 2000; Smith, 2012). However, despite the marginalisation of Indigenous people and their history, collective narratives about colonisation exist within Indigenous populations (Mohatt et al., 2014; Palacios & Portillo, 2009; Smith, 2012).

Collective narratives are formulated on socially endorsed memories of the event, which are retold over multi-generations and interpreted within the cultural context of the population (Gone, 2013; Kirmayer et al., 2013). Supported by research, narratives provide opportunities for Indigenous communities to process historical losses and link historical trauma to contemporary problems within their community (Lawson-Te Aho, 2014). The narratives identify the event(s) as traumatic including how the trauma is experienced, manifested, and represented amongst the population in contemporary society (Mohatt et al., 2014). Therefore, history is socially and culturally constructed, including the dominant discourse surrounding adverse events, which often discredits the significance of colonisation that includes blaming Māori for long-standing health disparities (Smith, 2012). Hence, Indigenous narratives are essential to the application of Historical Trauma Theory to health care practice to ensure practice is therapeutic for Indigenous people and historical trauma (Struthers & Lowe, 2003).

Historical Trauma Theory is known among Indigenous communities, but the interpretations of historical trauma vary greatly (Hartmann & Gone, 2013, 2016; Swanson Nicolai & Saus, 2015). Research demonstrates that Indigenous people, both human service workers and non human-service workers, are familiar with Historical Trauma Theory (Bryers-Brown, 2015; Hartmann & Gone, 2016; Swanson Nicolai & Saus, 2015). However, personal interpretations of how historical trauma effects and is manifested in Indigenous populations is unique and grounded in socio-cultural factors; such as historical events specific to Indigenous communities and cultural understandings of death and loss (Braveheart, 2000; Hartmann & Gone; 2013, 2016; Kirmayer et

which are directly experienced by the individual. Secondly, the intergenerational effects of historical trauma are transmitted antenatally when the unborn child is exposed to maternal stress hormones, which also alter the child's epigenome. The biological transmission of historical trauma is an essential component of Historical Trauma Theory, including when applying the theory to clinical health practice because there is the potential to halt transmission, especially in the field of epigenetics (Coching & Thayler, 2019). The biological responses to historical trauma include immune and HPA axis dysfunction that manifests in diseases in which Indigenous people are overrepresented, such as diabetes mellitus, hypertension, and mental health issues (Begay, 2012; Coching & Thayler, 2019; Walters et al., 2011).

One significant area of research is in the maternal transmission of trauma to her unborn child (Coching & Thayer, 2019). Most significant is poor maternal nutrition, specifically during fundamental developmental periods of the unborn child, which can lead to the development of adulthood cardiovascular disease such as hypertension and changes to the metabolic system, such as diabetes mellitus, with an increased associated mortality. Moreover, maternal stress has a significant impact on the neurobiological and neurodevelopment of her unborn child due to the exposure to maternal stress hormones. Stress hormone exposure can alter the epigenome in the foetus potentially leading to hypothalamic-pituitary-adrenal (HPA) axis regulation, metabolic system dysfunction, cardiovascular disease, immune system dysfunction, and anxiety and/or depression (Begay, 2012; Coching & Thayer, 2019). HPA axis dysregulation is associated with abnormal cortisol levels which cause an array of physical and mental health issues, such as immune system dysfunction, anxiety, and depression (Begay, 2012).

Transmission through parenting

Parent-child relationships are a pathway of historical trauma transmission (Braveheart, 2003). Colonisation processes, such as the residential boarding school policy in North America, resulted in major disruptions to traditional American Indian parenting (Bombay et al., 2014; Braveheart, 2000; Brown-Rice, 2013). Parental stress can expose their offspring to stressful environments either by indirect means such as lower socio-economic status or directly such as through parental substance abuse. Moreover, the psychological impacts of historical trauma such as maternal depression and anxiety can directly affect the vital maternal-infant relationship which perpetuates stress on the mother and the infant. Stress exposure in infancy and early childhood can lead to biological changes and neuro-developmental delay associated with behavioural and learning difficulties (Begay, 2012). Moreover, neurodevelopmental delays are associated with the development of poor coping strategies due to the areas of the brain that are affected by chronic stress. Interestingly, high levels of stress exposure as a child are associated with high levels of stressors as an adult (Bombay et al., 2014).

Rice, 2013; Gone, 2013). Considering Indigenous people are often living in areas of high socio-economic deprivation, exposed to and disadvantaged by institutional, interpersonal, and internalised racism, it is understandable that there would be higher prevalence of social and health distress (Bryers-Brown, 2015). Therefore, there is a need to determine whether contemporary distress evident in Indigenous communities is linked to historical or life course trauma (Whitbeck et al., 2004). Moreover, there is a need to establish how historical trauma interacts with the daily functioning of those who experience it and how it interacts with life-course trauma. It has been argued that there is a need for research to establish how historical trauma is functioning within Indigenous communities, particularly before Historical Trauma Theory is used as a framework for clinical practice with Indigenous people experiencing historical trauma (Gone, 2013; Hartmann & Gone, 2014; Lawson-Te Aho, 2014).

Existing Historical Trauma Theory research reveals that historical losses are associated with perceived emotional symptoms, such as sadness and guilt, and risky health behaviours like alcohol use and cigarette smoking in Indigenous communities (Braveheart, 2003; Whitbeck et al., 2004). Quantitative measures of perceived historical loss and perceived associated symptoms, developed by Whitbeck et al. (2004), demonstrated participants who did not directly experience the processes of colonisation, such as the residential boarding schools or forced sterilisation, are still very connected to the historical losses endured by their ancestors, which is a concept that has been shown by various other studies (Braveheart, 2000; Bryers-Brown, 2015; Swanson Nicolai & Saus, 2013). Furthermore, thoughts of historical losses are associated with feelings of depression, anxiety, guilt, numbness, anger and avoidance, and behaviours such as alcohol use and cigarette use (Braveheart, 2003). Moreover, McQuaid et al. (2017) found that First Nation participants who did not directly attend a residential boarding school but had a parent or grandparent attend were significantly more likely to attempt suicide over the course of their life time compared to those who did not have a relative attend one. Furthermore, Whitbeck et al. (2004) found an increase in the intensity of feelings were reported when the frequency of the thoughts of historical losses were increased.

Although there is research that links historical loss and the associated distress by a quantitative measure, qualitative research, specifically historical trauma narratives, can support Historical Trauma Theory (Lawson-Te Aho, 2014; Mohatt et al., 2014). Narratives are recounts of experiences and collective memories of a community told through a relevant cultural and social lens (Lawson-Te Aho, 2014). Historical trauma narratives validate, reinforce, or modify individual understandings of collective experiences, and can provide insights into the manifestation of historical trauma in contemporary Indigenous communities, such as intergenerational breakdowns in familial interactions (Lawson-Te Aho, 2014; Mohatt et al., 2014). Historical trauma narratives could support Historical Trauma Theory because narratives are what trauma studies

populations (Maxwell, 2014). Some authors argued that the psycho-analytical foundation of Historical Trauma Theory focusses on individual trauma expression from a psychological perspective that is at odds with an Indigenous worldview (Reid et al., 2014; Struthers & Lowe, 2003). Focussing on the psychological impact on individuals poses a risk that another *syndrome* has been developed to describe the societal distress evident in Indigenous populations internationally (Struthers & Lowe, 2003). Maxwell (2014) argued that Historical Trauma Theory not only pathologises Indigenous social practices such as parenting, but also assumes universal experiences of colonisation. Therefore, pathologising individual distress has the potential to perpetuate dominant health discourse in which Indigenous people are inferior and Indigenous distress is attributed to individuals' and communities' social and biological-based weaknesses, taking the spotlight off the role of the dominant society (Maxwell, 2014; Reid et al., 2014; Struthers & Lowe, 2003). Moreover, Maxwell (2014) argued pathologising Indigenous social issues by a western based trauma theory permits further intrusion on Indigenous communities by colonial ideological health practice. Therefore, centralising an Indigenous worldview when applying Historical Trauma Theory is essential to keep Indigenous aspirations the priority of clinical practice. Moreover, Nutton and Fast (2015) identify cultural reconnection and identity by applying culturally adapted interventions as essential for Indigenous people. As identified in the previous sections, Historical Trauma Theory centralises many aspects of an Indigenous worldview, including affinity with one's ancestors and past and present connections.

The application of Historical Trauma Theory to clinical practice depends on the objective of amelioration from historical trauma (Hartmann & Gone, 2014; Struthers & Lowe, 2003). Hartman and Gone (2014) identified the use of Historical Trauma Theory as a therapeutic discourse that encompasses a clinical diagnosis of trauma, but argued that the healing needs to come from within the cultural context of the person with Historical Trauma. When utilising Historical Trauma Theory, from this angle, the authors concluded that historical trauma discourse could support cultural revitalisation as a mode of healing. However, the individual diagnosis of historical trauma could potentially lead to it becoming the 'problem' of the individual as opposed to examining the ongoing environmental (political, social, historical) issues that allow historical trauma to flourish (Hartmann & Gone, 2014; Maxwell, 2014). Hartmann and Gone added that a diagnosis of historical trauma could lead to colonisation being viewed as a set of events within a certain time frame rather than an ongoing process still evident in contemporary society (Maxwell, 2014). Therefore, Hartmann and Gone identified a 'Nation Building' discourse which supports a community-led re-building of Indigenous communities, whilst challenging political disempowerment and oppression. However, these authors argued that the trauma discourse places the individual as a "patient" whereas the nation-building discourse places the individual as an "agent" of social and political change.

The incorporation of Historical Trauma Theory into clinical health practice could be essential for the improvement of Indigenous health inequities because western based health practice does not understand historical trauma response experienced by Indigenous people (Anderson et al., 2017; Durie, 2001; Struthers & Lowe, 2003). However, there is a lack of literature surrounding the application of Historical Trauma Theory to clinical practice. Swanson Nicolai and Saus' (2013) research demonstrated that practitioners who are already engaging with Historical Trauma Theory in their clinical practice state that they implement it as a framework for understanding the unique constructs of Indigenous child trauma, including the connection between the past and the present and future. Also, the Historical Trauma Theory framework was accessed for treatment, specifically identifying positive and supportive aspects of family and community values that fostered resilience through profound adversity, including historical trauma (Swanson Nicolai & Saus, 2013).

The importance of establishing an authentic relationship between the practitioner and client is highlighted as an essential component when working with Indigenous clients with historical trauma. Building the practitioner-client relationship, within the context of historical trauma, requires the practitioner demonstrate respect and empathy for the history of Indigenous people and the contemporary adversity that Indigenous people endure (Brown-Rice, 2013; Palacios & Portillo, 2009; Struthers & Lowe, 2003). From within a counsellor-client context, Brown-Rice (2013) added the acknowledgement of historical trauma and current adversity is essential if the counsellor is from the dominant population. Secondly, Indigenous mental health practitioners advocate for the integration of tribal histories into practice, such as during clinical assessments, to provide effective care to Indigenous populations (Struthers & Lowe, 2003). Struthers and Lowe (2003) suggested that nurses can assess their clients for historical trauma by enquiring about clients' tribal histories and past events that affect them in the present. Struthers and Lowe further identified the utilisation of a culturally appropriate and meaningful nursing model, such as their Nursing in the Native American Culture (NINAC) model, when assessing for historical trauma when working with American Indian clients. Using an appropriate model of care will ensure that clients are assessed from a culturally appropriate position. For example, Nutton and Fast (2015) highlighted that interventions for substance abuse in Native American communities were most successful when they incorporated Native American values and beliefs. Similarly, Brown-Rice argued that Indigenous clients need to be assessed within a collective context, validating the importance of tribal trauma histories.

In summary, Indigenous understandings of Historical Trauma Theory concepts, including how historical trauma is functioning within Indigenous communities, is essential if historical trauma theory is going to be applied to clinical practice. Although some interpretations lean toward aspects of the psychological focus of Historical Trauma Theory, most interpretations from

Indigenous people encapsulate ongoing socio-cultural oppression as the detrimental factor influencing Indigenous wellbeing. This chapter provides insights into the importance of understanding Indigenous interpretations of historical trauma so that the theory can be applied appropriately to clinical practice. Furthermore, the findings suggest that Historical Trauma Theory can provide sound insights into understanding the pathways of intergenerational trauma transmission, which has potential benefits for Indigenous health outcomes. However, further research that demonstrates how historical trauma contributes to poor health outcomes in Māori is suggested.

Chapter 5: Implications for Nursing in Aotearoa

This discussion chapter is divided into sections that demonstrate how Historical Trauma Theory could support nursing knowledge and practice when nursing Māori whānau. The main implications for nurses who are working with Māori whānau are understanding the ongoing effects of colonisation on various social and health outcomes, the importance of culturally grounded health care practice including nursing practice, whanaungatanga, cultural connectedness, and Tino Rangatiratanga

There is limited literature about Historical Trauma Theory and nursing practice. Literature about nursing and Historical Trauma Theory is from the North American context (Struthers & Lowe, 2003, Lowe, 2007). Indeed, Historical Trauma Theory and nursing practice in Aotearoa New Zealand has not been discussed in any literature. Therefore, this discussion chapter demonstrates how Historical Trauma Theory aligns with and supports an existing Māori-centred model of nursing, Wilson and Barton's (2008) Te Kapunga Putohe, which all nurses can implement when working with Māori whānau. The chapter provides arguments in support of Historical Trauma Theory as a framework for deepening nurses' understandings of how colonisation impacts Māori health today. The research findings of the literature review have been interwoven with Wilson and Barton's (2008) Te Kapunga Putohe to formulate a discussion on how Historical Trauma Theory can situate contemporary Māori health within an appropriate historical and cultural context and support all nurses to provide sound care to Māori whānau.

The Ongoing Effects of Colonisation on Māori Health and Wellbeing

The overarching argument underpinning this discussion chapter is that Māori wellbeing, including current health disparities, needs to be appropriately socially and historically contextualised; namely, in the experience of colonisation. Currently, dominant health discourse portrays a negatively biased perception of Māori health, particularly the normalisation of Māori health disparities; the attribution of poor health to Māori deficits, such as low education attainment and genetic endowment; and the examination of Māori health within the contemporary context only—all through a western lens (Barton, 2018). However, the colonisation of Aotearoa, and subsequent ongoing colonialism, including racism and profound socio-economic disadvantage, is the defining difference between Māori and Pākehā health outcomes. Historical Trauma Theory could provide a framework for nurses to understand how historical events are manifested in contemporary Māori health outcomes (Baker, 2018; Bryers-Brown, 2015; Harris et al., 2012 Lawson-Te Aho, 2014; Pihama et al., 2017). The historical trauma theory literature also examines

and challenges the inherent social injustices which plague Indigenous communities, sustaining health and social disparities in Indigenous communities. However, as identified by Pihama et al. (2014), further research that contextualises Historical Trauma Theory in Aotearoa is required to provide insights into how Historical Trauma Theory could underpin nursing clinical practice with Māori whānau.

Historical Trauma Theory could deepen nurses' understanding of the impact of colonisation on Māori health and wellbeing, which is manifested in Māori health disparities. Historical Trauma Theory identifies historical trauma as the root of Indigenous social and health disparities (Braveheart, 2000; Struthers & Lowe, 2003), and counteracts the dominant discourse surrounding Indigenous health, including the misconception of colonisation being 'all in the past' which contributes to Indigenous people being blamed for health disparities (Braveheart, 2000; Sotero, 2006). Historical Trauma Theory centres an Indigenous worldview where the connection between the past and the present is paramount, including one's innate connection to ancestors. Importantly, research shows that Indigenous people are connected to the historical trauma of colonisation experienced by their ancestors and that the trauma is alive and felt intergenerationally—it is not in the past. As identified by research with Indigenous people, historical trauma is manifested in a variety of social issues and dis-ease, such as violence, substance abuse, depression and/or anxiety and chronic illnesses such as diabetes (Baker, 2018; Braveheart, 2003; Hale, 2012; Whitbeck et al., 2004).

The intergenerational transmission of historical trauma has pathways in virtually every aspect of society, including socio-cultural pathways related to Indigenous spirituality, such as the attachment of historical trauma to whakapapa (Baker, 2018; Bryers-Brown, 2015; Gone, 2013). Socio-political constructs in society keep the pathways of historical trauma transmission open, such as internal displacement of Māori within their own iwi boundaries, institutional racism, and reminders of historical losses such as profound poverty (Bryers-Brown, 2015). Historical Trauma Theory conceptualises the intergenerational transmission of historical trauma through multi-generations that manifests in various social and health disparities for Indigenous people. Therefore, the array of pathways of intergenerational historical trauma transmission is important for nurses to know as historical trauma manifests in various social and health outcomes in which Māori are overrepresented, such as diabetes, cardiovascular disease, and mental illness. Moreover, Braveheart (2000) argued that understanding the pathways of historical trauma transmission provides an opportunity to disrupt its transmission to subsequent generations, supporting the incorporation of Historical Trauma Theory into nursing knowledge and practice when working within a Māori context.

Historical Trauma Theory literature also highlights the importance of understanding the historical trauma of colonisation through an Indigenous lens (Gone, 2013). Understanding

historical trauma through an Indigenous lens is essential for the development as a therapeutic discourse; including in the application to health care practice, such as nursing (Gone, 2013; Struthers & Lowe, 2003). Indigenous experiences of historical trauma may not fit into western frameworks of trauma, which is a pertinent concept when providing trauma-informed nursing care (Braveheart, 2000; Durie, 2001; Pihama et al., 2017). Interpretations and experiences of history are likely to vary between different Indigenous communities, so a one-size-fits-all framework for applying Historical Trauma Theory to practice may be problematic (Bryers-Brown, 2015; Gone, 2013; Hartmann & Gone, 2014; Swanson Nicolai & Saus, 2013). Although there is a generalised array of historical trauma symptoms proposed by Braveheart (2000), the historical trauma response is likely unique to the specific community affected. Literature argues that historical trauma is experienced within a socio-cultural context, including emotions and cognitive processes, and may have a spiritual context for Indigenous people, such as being described as a 'Soul Wound' and 'Soul Pain' by Indigenous research participants (Baker, 2018; Bryers-Brown, 2015; Gone, 2013). Therefore, nursing practice that is fundamentally embedded within a western worldview is most likely inappropriate in caring for clients with historical trauma. Effective nursing care of Māori whānau needs to incorporate a Māori worldview and culturally grounded interpretations of the historical trauma of colonisation so that nursing practice is relevant for Māori.

Culturally Grounded Health Care Practice

Historical Trauma Theory highlights the importance of incorporating culturally grounded health care practice when working with Indigenous people, which could also be true for nursing Māori whānau (Braveheart, 2000; Gone, 2013; Struthers & Lowe, 2003). Health care practice is embedded within the worldview of the health discipline, institution, and the health care professional (Brown-Rice, 2013; Gone, 2013). Although that is not a new concept, the depth to which Indigenous and western worldviews collide is vast, including understanding the health and social consequences of colonisation for Indigenous people (Braveheart, 2003; Salmond, 2017). Historical Trauma Theory acknowledges that Indigenous worldviews still exist and are independent of the dominant western worldview (Braveheart, 2000; Smith, 2012). Historical Trauma Theory literature identified the application of an Indigenous worldview to health care practice as essential when working with Indigenous clients (Brown-Rice, 2013; Struthers & Lowe, 2003; Wilson & Barton, 2008). Therefore, the application of Māori models of nursing by all nurses to practice when working within a Māori context is supported by the Historical Trauma Theory literature.

In the context of Aotearoa, te ao Māori survived colonisation and still exists as a legitimate reality for Māori (Wilson & Barton, 2008). Māori realities, including understandings of

health and the whakapapa of disease are essential to the redress of health disparities (Lawson-Te Aho, 2014). In te ao Māori, illness cannot be viewed in isolation from the other dimensions of wellbeing (Lyford & Cook, 2005). Therefore, Historical Trauma Theory not only contextualises Māori health appropriately, but also supports the implementation of culturally appropriate nursing interventions for Māori whānau to support the amelioration of historical trauma for the improvement of Māori health outcomes (Braveheart, 2003; Gone, 2013).

Using an appropriate model of care when working with Indigenous clients, such as Māori whānau, ensures that the application of Historical Trauma Theory as a framework underpinning nursing practice is done so from a culturally appropriate position (Brown-Rice, 2013; Struthers & Lowe, 2003). Struthers and Lowe (2003) argued that the incorporation of Historical Trauma Theory into nursing practice is essential for the improvement of American Indian health inequities; as western based psychology and psychiatry cannot fully understand the historical trauma response in response to colonisation, a concept that resonates with Indigenous literature from Aotearoa (Anderson et al., 2017; Barton, 2018; Durie, 2001; Wepa, 2016; Wilson & Barton, 2008). Therefore, Kaupapa Māori nursing models should be the foundation of nursing practice for all nurses working with Māori whānau. Aligning with Struthers and Lowe's argument, once an appropriate model of care is embedded in nursing practice with Māori, Historical Trauma Theory could also be incorporated into care.

Māori nursing models exist but do not include Historical Trauma Theory as a framework for conceptualising colonisation and Māori health in a contemporary context. Māori models of nursing provide a culturally grounded and culturally safe framework for all nurses clinical practice in a Māori context. A nursing model that centralises whānau, acknowledging the individual as an integral part of the collective, is essential to providing effective nursing care to whānau (Mahoney-Moni, 2006; Wilson & Barton, 2008). Wilson and Barton's (2008) Te Kapunga Putohe, Māori-centred nursing model, for both Māori and non-Māori nurses, has been utilized as the foundation for understanding the key Māori values that should underpin nursing practice when caring for Māori whānau. In doing so, the themes discussed in chapter 4 have been discussed in relation to Wilson and Barton's (2008) Te Kapunga Putohe to highlight and discuss how Historical Trauma Theory can inform nursing practice when caring for Māori whānau. Furthermore, professional standards for nursing practice in Aotearoa have been outlined as per the Nursing Council's (2009) Code of Conduct.

Wilson and Barton's (2008) kaupapa Māori nursing model outlined the following core Māori values that are essential to nursing within a Māori context:

- Nursing tikanga – legislative and practice standards for nursing in Aotearoa New Zealand, including Ramsden's (1991) Kawa Whakaruruhau (Cultural Safety in a Māori context)

- Pono – trustworthiness, genuine, authenticity, loyalty
- Aroha – compassion, empathy, kindness
- Manaakitanga – accommodating, hospitable, supportive and flexibility
- Tiakitanga – advocacy, overseeing, navigating the whānau through the health care system
- oranga – a state of wellbeing, balance, holism
- Whānaungatanga – establishing relationships through whakapapa and kaupapa, building partnerships
- Tikanga Māori – the 'right way', cultural practices foundational to te ao Māori
- Mana tangata – protecting and upholding mana of an individual and whānau
- Wairuatanga – ones' spiritual connection between the collective, spiritual realm and environment

Whānaungatanga

As highlighted in the research findings, the Historical Trauma Theory literature identified building an authentic practitioner-client relationship in health care is essential to providing therapeutic care to Indigenous clients with historical trauma (Brown-Rice, 2013; Struthers & Lowe, 2003). The concept of building authentic nurse-client relationships to support healing from historical trauma aligns with core Māori concepts that are identified by Māori nurses as crucial to nursing Māori whānau (Lyford & Cook, 2005; Maloney-Moni, 2006; Wilson & Barton, 2008).

Whānaungatanga is fundamental to Māori wellbeing, including accessing and utilising health care services (Anderson et al., 2017; Mahoney-Moni, 2006; Slater et al., 2013). Whānaungatanga is also essential to the nursing process within a Māori context and it is imperative that the nurse dedicate time to the process. Whānaungatanga is the process of building relationships between parties based on whakapapa (genealogy) and kaupapa (agenda) (Lyford & Cook, 2005). Historical Trauma Theory literature suggests the health practitioner acknowledge the historical trauma of colonisation and contemporary adversities that Indigenous people live with, including the impact on Indigenous health (whakapapa). As well as centralising concepts of health, including the collective or whānau health aspirations, from an Indigenous viewpoint as the objective in health care practice (kaupapa) (Brown-Rice, 2013; Struthers & Lowe, 2003). In a Māori context, the importance of the nurse-whānau relationship is based on that premise that when sharing in the whānau experience of health and illness, nurses essentially become whānaunga (Lyford & Cook, 2005).

As identified in Wilson and Barton's (2008) Te Kapunga Putohe, in te ao Māori relationships are built for the long term and flourish on reciprocal aroha (care, love, affection), pono (peace) and manaakitanga (hospitality, flexibility), and the demonstration of respect for te ao Māori as a legitimate reality (Durie, 2001; Salmond, 2017). Furthermore, aligning with the Nursing Council's (2011) guidelines, it is essential that the diversity of Māori is recognised by the

nurse and practice should be tailored to the needs of the whānau, hapū, and iwi. However, understanding and working effectively with the diversity of contemporary Māori can only be achieved with an authentic commitment to building the nurse-whānau relationship through whānaungatanga (Lyford & Cook, 2005). Whānaungatanga relies on kanohi kitea (the seen face) and kanohi-ki-te-kanohi (face to face) interactions when possible (Maloney-Moni, 2006). Therefore, the research findings could be interpreted to suggest that nurses caring for Māori whānau need to understand ~~the process of~~ whānaungatanga and incorporate this process into nursing practice to create a supportive nurse-client relationship for healing from Historical Trauma.

Cultural Connectedness

The Historical Trauma Theory literature supports the need for health care practice to incorporate cultural and spiritual dimensions of health and wellbeing when working with Indigenous people, which is also true for nursing practice (Braveheart, 2000). Specifically, assimilation and the suppression of Indigenous spirituality and cultural practices by the colonial state are at the core of intergenerational unresolved grief (Braveheart, 2000). Therefore, cultural connectedness is identified as being supportive of healing from historical trauma, and is also identified as protective of health (Baker, 2018; Braveheart, 2003; Hartmann & Gone, 2014). Facilitating cultural connectedness through embedding native cultural values in health care interventions may prevent the transmission of historical trauma to subsequent generations (Braveheart, 2000; Gone, 2013). For example, Braveheart (2003) identified the prevention of the transmission of historical trauma in the Lakota people was built upon cultural reconnection to traditional values and practices, such as parental roles and views of children as sacred. In a Māori context, the implementation of tikanga Māori into practice and care is highlighted by Wilson and Barton (2008) as essential to culturally safe nursing care and has also been identified by Māori research participants as being essential to healing from health complications (Baker, 2018; Lyford & Cook, 2014). Tikanga Māori are the values and customs of te ao Māori and translate into 'the right way'. Regarding the importance of tikanga Māori and Kawa Whakaruruhau in Māori health care, Edwards (2017 as cited in Protecting Kawa Whakaruruhau, 2017), former Māori advisor to the NZNC, asked "How can we be any safer than in our own tikanga?" (Protecting Kawa Whakaruruhau, 2017).

As identified by Wilson and Barton (2008) and throughout the Historical Trauma literature, culturally safe nursing practice that is protective of wairuatanga is essential to Māori wellbeing and healing from historical trauma (Baker, 2018; Braveheart, 2003; Gone, 2013; Mahoney-Moni, 2006). Historical Trauma Theory literature identifies trauma interpretations, including the transmission of trauma, through an Indigenous worldview as interlinked with

spirituality (Gone, 2013). The concept of wairuatanga denotes one's mauri (life force) and wairua (spirit, soul) including ones' connection to the past, the present and all living things (including the environment). One's wairua is intrinsically linked with mana and whakapapa and can be described as human dignity and sacredness. Maloney-Moni (2006) identified wairua as the key dimension in healing from dis-ease. She added that when nurses protect and support wairua, whānau can manage their physical dis-ease and without the nourishment of wairua the disease can be overwhelming (Maloney-Moni, 2006). For example, a research participant from Bryers-Brown (2015) stated "my elders always taught me, spiritual things first and foremost; physical things will naturally follow..." (p. 62). To conclude, the research findings suggest that indigenous cultural values and customs need to be incorporated into clinical health practice to support indigenous health and wellbeing and possibly support healing from historical trauma. Therefore, to be protective of Māori health, nurses caring for Māori whānau need to understand historical trauma, Māori values and a Māori worldview, as well as practising in a culturally safe manner that is protective of Wairuatanga.

Tino Rangatiratanga

Indigenous self-determination appears to be the overarching desire of Indigenous peoples struggles (Wirihana & Smith, 2014). Within a Māori context, Tino rangatiratanga can be loosely translated to sovereignty and self-determination. As guaranteed in Te Titiri o Waitangi, Māori sovereignty and self-determination would remain over whenua, pā, and taonga. Māori wellbeing is taonga which can be passed on to future generations of Māori. Furthermore, tino rangatiratanga is foundational to the concept of mauriora which sustains the mauri (life force) of the collective, which is essential to building healthy futures for mokopuna (Durie, 2001).

As identified in the findings of this literature review, indigenous people have culturally grounded interpretations of their experiences of colonisation and healing from historical trauma needs to also be culturally grounded (Gone, 2013). Therefore, Indigenous self-determination over the experience of colonisation, healing from historical trauma and health aspirations is critical to improving indigenous health outcomes. Within a Māori health context, the Historical Trauma Theory literature supports the importance of tino rangatiratanga in health care practice. For nurses to practice in a way that promotes tino rangatiratanga, nurses need to centralise whānau and their wellbeing aspirations. The implementation of a culturally grounded and a safe model of care is identified in the findings as important for indigenous health outcomes and healing from historical trauma (Brown-Rice, 2013, Braveheart, 2000; Gone, 2013). Supporting the importance of tino rangatiratanga, Historical Trauma Theory conceptualises colonisation as a process of subjugation of one population by a dominating population for power and personal gain (Braveheart, 2000). As a result, Indigenous distress associated with colonisation includes feelings

of hopelessness, loss of control, resentment, and fear (Braveheart, 2000). Tino rangatiratanga re-establishes Māori as the drivers of their own destinies, including health, acknowledging that te ao Māori exists and needs space to thrive. Although new to literature in Aotearoa, Historical Trauma Theory provides a framework conceptualising the profound effects of colonisation on Indigenous people, including the embodiment of historical trauma as manifested in health disparities. As agents of social justice, nurses can uncover the power imbalances cemented in Aotearoa, advocating for Māori as experts of their health, wellbeing, and healing from the colonial histories of whānau/hapū/iwi (Nursing Council, 2011).

Chapter 6: Conclusion and Recommendations

This integrative literature review sought out literature relevant and applicable to Historical Trauma Theory and nursing in Aotearoa to answer the research question: *How can Historical Trauma Theory inform nursing practice in Aotearoa?* Due to the lack of literature from the field of nursing, literature pertaining to health care outcomes and health care practice was included in the search. Moreover, comparable Indigenous histories, such as North America, were included to widen the search. Kaupapa Māori Theory was the philosophical foundation applied to interpreting the research findings, especially when formulating a discussion for the implications of Historical Trauma Theory for all nurses when caring for Māori whānau. A Māori-centred nursing model, Wilson and Barton's (2008) Te Kapunga Putohe, was drawn upon to provide the foundation for understanding what Māori values are required by nurses to provide effective care when caring for Māori whānau. Additionally, a decolonising approach was used as a methodological approach as it aligns with Kaupapa Māori Theory and Historical Trauma Theory, both of which centralise Indigenous worldviews, wellbeing, and challenge dominant discourse surrounding Indigenous experiences of colonisation. The methods used in this review were based on Whittemore and Knalf's (2005) framework for undertaking an Integrative literature review. Their framework was developed for nursing research with the objective of providing robust methods for producing a rigorous synthesis of a comprehensive range of literature available on the topic of interest.

To summarise, the research findings highlight Historical Trauma Theory as a framework that encapsulates the collective experience (pain, soul wound, soul pain) of colonisation over multi-generations of Indigenous communities. Although there is scholarly debate regarding Historical Trauma Theory's contribution to the pathologisation of Indigenous communities' social struggles, the intention of Historical Trauma Theory was to validate the devastation of colonisation for Indigenous communities, through an Indigenous worldview (Braveheart, 2000). The historical trauma response has features of psychological trauma, and encompasses features that are unique to Indigenous people, such as the interconnection between past and present and one's ancestors. Furthermore, the western definition of trauma may not encapsulate the Indigenous experience of historical trauma, and the experience of historical trauma is most likely reflective of an Indigenous worldview. The manifestation of historical trauma, including the transmission over multi-generations of Indigenous people, has various biological, psychological, emotional, spiritual, and social avenues (e.g., violence, substance abuse, social difficulties, such as parenting, and suicide/suicidal ideation). Colonisation is the most significant variable when examining the gaps between Indigenous and non-Indigenous health disparities (Lowe, 2007).

Furthermore, historical trauma is sustained by the socio-political conditions that allow it to proliferate in Indigenous communities, such as social marginalisation, profound poverty, systemic racism, and cultural disconnection.

As the largest body of frontline health workers in Aotearoa, nursing as a professional body is in a unique position to make a difference to Māori health. Moreover, the Nursing Council's (2012) professional code of conduct and professional competencies for practice standards stipulate that culturally competent and culturally safe care for Māori is expected from registered nurses. Colonisation is a unique experience to Māori, and Māori health needs to be understood in the appropriate social and historical contexts. Therefore, Historical Trauma Theory has the potential to contribute to nursing knowledge and practice when nursing Māori whānau.

Firstly, the profession of nursing in Aotearoa could explore Māori wellbeing and health within the context of colonisation using Historical Trauma Theory as the conceptual framework for understanding how historical events can affect contemporary health (Lawson-Te Aho, 2014; Pihama et al., 2014). Specifically, Historical Trauma Theory could contribute to nursing knowledge in Aotearoa by providing a framework with the various social and physical pathways that link historical losses to major diseases in which Māori are overrepresented, such as diabetes and cardiovascular disease. However, due to the lack of Historical Trauma Theory literature from within Aotearoa, further research that contextualises Historical Trauma Theory in Aotearoa is suggested (Lawson-Te Aho, 2014; Pihama et al., 2014).

From a practice point of view, the application of Historical Trauma Theory to nursing practice supports the application of a culturally appropriate model of care, including culturally grounded interventions, when working with Indigenous people. As argued by Struthers and Lowe (2003), the effective application of Historical Trauma Theory to nursing practice, including assessing for Historical Trauma in clients, is only feasible if the nurse is using an appropriate nursing model to care for indigenous clients. Therefore, it is recommended that the implementation of a Māori model of nursing, such as Wilson and Barton's (2008) Te Kapunga Putohe, should be the foundation of all nursing practice when caring for Māori whānau. Te Kapunga Putohe incorporates the core Māori values which are foundational to te ao Māori, including the New Zealand professional standards for Registered Nurses such as Ramsden's (1991) Kawa Whakaruruhau. Thus, Historical Trauma Theory can be drawn upon as a framework for contextualising Māori health in an appropriate historical context and, potentially, to underpin clinical interventions with Māori whānau once Māori nursing models, such as Te Kapunga Putohe, are authentically implemented into nursing clinical practice with Māori.

It is recommended that nurses in Aotearoa New Zealand have a solid understanding of, including the ability to demonstrate in clinical practice, whānaungatanga, cultural connectedness and tino rangatiratanga when nursing Māori whānau. Firstly, nursing practice underpinned by

Historical Trauma Theory would prioritise whānaungatanga (the authentic relationship between practitioner and whānau). As highlighted in the discussion chapter, within the context of historical trauma, it is recommended that the health practitioner acknowledge and demonstrate understanding of the historical and contemporary injustices endured by Indigenous people (including the major impact on health) in order to build the practitioner-client relationship. Secondly, the concept of cultural connectedness is highlighted as protective of health, as well as foundational to healing from historical trauma. By implementing a Māori model of nursing the nurse acknowledges that an Indigenous reality exists and is the most appropriate worldview for the client or whanau and, also adheres to core values in te ao Māori such as tikanga Māori and whānaungatanga that is protective of wairuatanga. Thus, hopefully, providing a culturally safe and culturally connected space for Māori whānau. Lastly, it is recommended that nurses demonstrate an understanding and commitment to the concept of tino rangatiratanga when nursing Māori whānau. Historical trauma is associated with feelings of profound grief and hopelessness which supports the need for nursing practice that is whānau centred, focussed on whānau health aspirations, and is protective of wairua (the key to Māori healing and wellbeing from disease) when working with Māori whānau.

Limitations

The limitations of this integrative literature review include the lack of literature from the field of nursing and Aotearoa New Zealand and the lack of conceptual clarity of Historical Trauma Theory, namely the argument that Historical Trauma Theory is westernised in its concepts so may be inappropriate as a framework for indigenous health and social contexts (Maxwell, 2017). The lack of Historical Trauma Theory literature in a Nursing and Aotearoa New Zealand context limited arguments for the practical application of Historical Trauma Theory to clinical nursing practice in Aotearoa New Zealand currently. Given the lack of contextualisation of Historical Trauma Theory within Aotearoa New Zealand, there are definite limits to utilising the theory exclusively for nursing theory and practice in Aotearoa New Zealand. Therefore, without further research contextualising Historical Trauma Theory within a Māori context, the application to nursing knowledge and practice is limited to the possibilities of using Historical Trauma Theory in a supportive capacity to existing Kaupapa Māori model of nursing frameworks. This led to the conclusion that Historical Trauma Theory can be utilised mainly in a theoretical capacity as a framework for understanding the profound effects of colonisation on indigenous health and social outcomes, generations after colonisation began. Nevertheless, in conjunction with Te Kapunga Putohe, which includes legislative and ethical practice standards for registered nurses in Aotearoa New Zealand, the findings of this research demonstrate that Historical Trauma Theory

could be a core theory for understanding colonisation and Māori health and underpinning clinical nursing practice however, further research on the topic is required.

To summarise, despite the long-term prioritisation of Māori health by the Aotearoa New Zealand Government and the array of research showing that Māori experience substandard health care, Māori health disparities persist which evidences a need for practice evaluation and change (Anderson et al., 2017; Wepa, 2016; Wilson & Barton, 2008). Aligning with a Māori reality which connects one's wellbeing to the wellbeing of the surrounding environment, health disparities endured by Indigenous people are manifestations of the embodiment of centuries of displacement, oppression, marginalisation and social exclusion. Historical Trauma Theory can provide the theoretical framework for nurses to understand colonisation fully, including long term health disparities. Moreover, Historical Trauma Theory supports the critical need for culturally safe nursing practice when caring for Māori whānau.

The Historical Trauma Theory literature acknowledges that historical trauma is not just in the past, but the genesis of the ongoing socio-political challenges which sustain Māori health disparities, such as poverty and racism. However, there is a need for culturally appropriate research that contextualises Historical Trauma Theory within Aotearoa, including the diversity of Indigenous communities such as within iwi and hapū. As identified by Lawson-Te Aho (2014), iwi histories are unique, including specific events of colonisation; therefore, Historical Trauma Theory could be applied as a framework for understanding trauma trajectories. Further, Historical Trauma Theory aligns well with Kaupapa Māori Theory so has the potential to contribute and support Māori health research and practice models/frameworks (Pihama et al., 2014). To conclude, the historical trauma response has permeated into every level of Indigenous society so health care research and practice must challenge and rectify the various societal constructs that provide an environment for sustained Indigenous health disparities to flourish (Lowe, 2007).

References

Anderson, A., Mills, C., & Eggleton, K. (2017). Whānau perceptions and experiences of acute rheumatic fever diagnosis for Māori in Northland, New Zealand. *New Zealand Medical Journal*, *130*(1460), 80-86. Retrieved from https://www.nzma.org.nz/journal-articles/whānau-perceptions-and-experiences-of-acute-rheumatic-fever-diagnosis-for-Māori -in-northland-new-Zealand

Baker, N. (2018). *The effect of embodied historical trauma on musculo-skeletal pain in a group of urban Māori adults*. [Unpublished master's thesis]. Unitech.

Barton, P. (2018). The elephant in the room: Nursing and Māori health disparities. *Kai Tiaki Nursing New Zealand, 24*(4), 17-19. Retrieved from http://www.nzno.org.nz

Begay, T. K. (2012). Toxic stress: Linking historical trauma to the contemporary health of American Indians and Alaska Natives. [Unpublished dissertation]. University of Arizona. Retrieved from http://hdl.handle.net/10150/228498/.

Bombay, A., Matheson, K., & Anisman, H. (2014). The intergenerational effects of Indian residential schools: Implications for the concept of historical trauma. *Transcultural Psychiatry, 51*(3), 320-338. http://doi.org/10.1177/1363461513503380

Braun, K. L., Browne, C. V., Ka'opua, L. S., Kim, B. J., & Mokuau, N. (2013). Research on Indigenous elders: From positivistic to decolonising methodologies. *The Gerontologist, 54*(1), 117-126. http://doi.org/10.1093/geront/gnt067

Braveheart, M. Y. (2015). *Historical trauma and unresolved grief: Implications for Indigenous healing and research.* PowerPoint presentation. Retrieved from https://slideplayer.com/slide/3750032/.

Braveheart, M. Y. (2000). Wakiksuyapi: Carrying the historical trauma of the Lakota. *Tulane Studies in Social Welfare*. Retrieved from http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.452.6309&rep=rep1&type=pdf

Braveheart, M. Y. (2003). The historical trauma response among Natives and its relationship with substance abuse: A Lakota illustration. *Journal of Psychoactive Drugs, 35*(1), 7-13. http://doi.org/10.1080/02791072.2003.10399988.

Brown-Rice, K. (2013). Examining the theory of historical trauma among Native Americans. *The Professional Counsellor, 3*(3), 117-130. Retrieved from https://tpcjournal.nbcc.org/wp-content/uploads/2014/01/Brown-Rice-from-TPCjournal-v3i3-Complete-2.pdf

Bryers-Brown, T. (2015). *"He reached across the river and healed the generations of hara": Structural violence, historical trauma, and healing among contemporary Whanganui Māori*. [Unpublished master's thesis]. Victoria University of Wellington. Retrieved from http://hdl.handle.net/10063/4907

Came, H. (2013). *A fair go for all: A problematic contribution to anti-racism praxis in Aotearoa*. Retrieved from http://aut.researchgateway.ac.nz/bitstream/handle/10292/6394/

Chambers, L. A., Jackson, R., Worthington, C., Wilson, C. L., Tharao, W., Greenspan, N. R., & Brownlee, P. (2018). Decolonising scoping review methodologies for literature with, for, and by Indigenous peoples and the African diaspora: Dialoguing with the tensions. *Qualitative Health Research, 28*(2), 175-188. http://doi.org/10.1177/1049732317743237

Charbonneau-Dahlen, B. K., Lowe, J., & Morris, S. L. (2016). Giving voice to historical trauma through storytelling: The impact of boarding school experience on American Indians.

Journal of Aggression, Maltreatment and Trauma, 25(6). 598-617. http://doi.org/10.1080/10926771.2016.1157843.

Conching, A. K. S., & Thayer, K. (2019). Biological pathways for historical trauma to affect health: A conceptual model focussing on epigenetic modifications. *Social Science & Medicine, 230*, 74-82. http://doi.org/10.1016/j.socimed.2019.04.001

Durie, M. (2001). *Mauri ora; the dynamics of Māori health*. Oxford University Press.

Eketone, A. (2008). Theoretical underpinnings of Kaupapa Māori directed practice. *MAI Review, 1*, 1-11. Retrieved from http://www.review.mai.ac.nz

Elkington, J. (2014). A kaupapa Māori supervision context: Cultural and professional. *Aotearoa New Zealand Social Work Review*, *26*(1), 65-73. Retrieved from https://anzswjournal.nz/anzsw/article/view/56/47

Evans-Campbell, T. (2008). Historical trauma in American Indian/Native Alaska communities: A multilevel framework for exploring impacts on individuals, families, and communities. *Journal of Interpersonal Violence, 23*(3), 316-338. http://doi.org/10.1177/0886260507312290

Gillies, A. (2011). The Māori health workforce: A historical overview. In H Tomlins-Jahnke, & M. Mulholland (Eds.), *Mana tangata: Politics of empowerment* (Chapt. 8). HUIA.

Gone, J. (2013). A community-based treatment for Native American historical trauma: Prospects for evidence-based practice. *Spirituality in Clinical Practice, 1*(S), 78-94. http://doi.org/10.1037/236-4500.1S.78.

Hale, J. (2012). The importance of historical trauma & stress as a factor in diabetes and obesity prevention among American Indian adolescents. [Unpublished master's thesis]. The University of Kansas. Retrieved from http://hdl.handle.net/1808/10272

Hangbo, W. (2018). Foreword to the state of the world's Indigenous people. In United Nations (Ed.), *The state of the world's Indigenous people: Indigenous people's access to health services* (pp. v-vi). Retrieved from https://www.un.org/development/desa/indigenouspeoples/wp-harris WEB.pdf

Harris, R., Cormack, D., Tobias, M., Yeh, L., Talamaivao, N., Minster, J. & Timutimu, R. (2012). The pervasive effects of racism: experiences of racial discrimination over time and associations with many health domains. *Social Science & Medicine,* -74,408-415. http://doi.org/10.1016/j.socscimed.2011.11.004

Hartmann, W. E., & Gone, J. P. (2014). American Indian historical trauma: Community perspectives from two Great Plains medicine men. *American Journal of Community Psychology, 54*, 274-288. http://doi.org/10.1007/s10464-014-9671-1.

Hartmann, W. E., & Gone, J. P. (2016). Psychological-mindedness and American Indian historical trauma: Interviews with service providers from a Great Plains reservation. *American Journal of Community Psychology, 57*, 229-242. http://doi.org/10.1002/ajcp.12036.

Jones, C. (2000). Levels of racism: A theoretic framework and a gardener's tale. *American Journal of Public Health, 90*, 1212-1215. https://doi/pdf/10.2105/AJPH.90.8.1212

Kirmayer, L. J., Gone, J., & Moses, J. (2013). Rethinking historical trauma. *Transcultural Psychiatry, 51*(3), 299-319. http://doi.org/10.1177/1363461514536358

Kutz, D. L. M. (2013). Indigenous methodologies: Traversing Indigenous and Western worldviews in research. *AlterNative: An International Journal of Indigenous People, 9*(3), 217-229. Retrieved from https://search-informit-com

Lawson-Te Aho, K. (2014). The healing is in the pain: Revisiting and re-narrating trauma histories as a starting point for healing. *Psychology and Developing Societies, 26*(2), 181-212. http://doi.org/10.1177/0971333614549139

Lawson-Te Aho, K. (2017). The case for re-framing Māori suicide prevention research in Aotearoa New Zealand. *Journal of Indigenous Research, 6*, 1-16. Retrieved from http://digital commons.usu.edu/kjcjir/vol6/iss2017/1.

Lowe, J. (2007). Research brief: The need for historically grounded HIV/AIDS prevention research among Native Americans*. Journal of the Association of Nurses in AIDS Care, 18*(2), 15-17. http://doi.org/10.1016/j.jana.2007.01.009

Lyford, S. & Cook, P. (2005). The Whānaungatanga Model of Care. *Nursing Praxis in New Zealand,* 21 (2), 26-35.

Maloney-Moni, J. (2006). *Kia Mana; A Synergy of Wellbeing*. Nelson, New Zealand: The Copy Press.

Maxwell, K. (2014). Historicizing historical trauma theory: Troubling the transgenerational transmission paradigm. *Transcultural Psychiatry,* 51(3), 407-435. http://doi.org.10.1177/1363461514531317

McGibbon, E., Mulandzi, F., Didham, P., Barton, S., & Sochan, A. (2014). Toward decolonising nursing: The colonisation of nursing and strategies for increasing the counter-narrative. *Nursing Inquiry, 21*(3), 179-191. http://doi.org/ 0.1111/nin.12042

McQuaid, R. J., Bombay, A., McInnis, O. A., Humeny, C., Matheson, K., & Anisman, H. (2017). Suicide ideation and attempts among First Nations people living on-reserve in Canada: The intergenerational and cumulative effects of Indian residential schools. *The Canadian Journal of Psychiatry, 62*(6), 422-430*.* http://doi.org.10.1177.0706743717702075

Ministry of Health. (2015). *Tatau kahukura: Māori health statistics*. Retrieved from https://www.health.govt.nz/our-work/populations/Māori-health/

Ministry of Health. (2016). *Health of the Health Workforce 2015*. Wellington: Ministry of Health.

Mlcek, S. (2017). Decolonising methodologies to counter 'minority' spaces. *Journal of Media and Cultural Studies, 31*(1), 72-80. http://doi.org/10.1080/10304312.2016.1262104

Mohatt, N. V., Thompson, A. B., Thai, N. D., & Tebes, J. K. (2014). Historical trauma as public narrative: A conceptual review of how history impacts present-day health. *Social Sciences & Medicine, 106*, 128-136. http://doi.org/10.1016/j.socscimed.2014.01.043

Nutton, J., & Fast, E. (2015). Historical trauma, substance use, and Indigenous peoples: Seven generations of harm from a "big event". *Substance Use & Misuse, 50*, 839-847. http://doi.org/10.3109/10826084.2015.1018755

Palacios, J. F., & Portillo, C. J. (2009). Understanding native women's health: Historical legacies. *Journal of Transcultural Nursing, 20*(1), 15-27. http://doi.org.10.1177.1043659608325844

Pihama, L. (2010). Kaupapa Māori theory: Transforming theory in Aotearoa. *He Pukenga Korero, 9*(2), 5-14. Retrieved from http://www.hepukengakorero.com/index.php/HPK/article/view/2/pdf

Pihama, L., Cram, F., & Walker, S. (2002). Creating methodological space: A literature review of kaupapa Māori research. *Canadian Journal of Native Education, 26*(1), 30-43. Retrieved from https://www.researchgate.net/profile/Fiona_Cram2/publication/234647374

Pihama, L., Reynolds, P., Smith, C., Reid, J., Smith, L., & Te Nana, R. (2014). Positioning historical trauma theory within Aotearoa New Zealand. *AlterNative: An International*

Journal of Indigenous Peoples, 10(3), 248-262. https://doi.org/10.1177/117718011401000304

Pihama, L., Tuhiwai-Smith, L., Evans-Campbell, T., Kohu-Morgan, H., Cameron, N., Mataki, T., Te Nana, R., Skipper, H., & Southey, K. (2017). Investigating Māori approaches to trauma informed care. *Journal of Indigenous Wellbeing; Te Mauri – Pimatisism, 2*(3), 18-29.

Protecting Kawa Whakaruruhau. (2017). *Kai Tiaki Nursing New Zealand*, *23*(8), 29. http://www.nzno.org.nz

Ramsden, I., & Spoonely, P. (1994). The cultural safety debate in nursing education in Aotearoa*. New Zealand Annual Review of Education, 3*, 161-174.

Reid, J., Taylor-Moore, K., & Varona, G. (2014). Towards a social-structural model of understanding current disparities in Māori health and well-being. *Journal of Loss and Trauma, 19*, 514-536. http://doi.org.10.1080/15325024.2013.809295

Salmond, A. (2017). *Tears of Rangi: Experiments across worlds*. Auckland University Press.

Slater, T., Matheson, A., Davies, C., Tavite, H., Ruhe, T., Holdaway, M., & Ellison-Loschmann, L. (2013). 'It's whānaungatanga and all that kind of stuff'; Māori cancer patients' experiences of health services. *Journal of Primary Health Care, 5*(4), 308-314.

Smith, L. T. (2012). *Decolonising methodologies* (2nd ed.). Zed Books.

Sotero, M. (2006). A conceptual model of historical trauma: Implications for public health practice and research. *Journal of Disparities Research and Practice, 1*(1), 93-108. Retrieved from https://www.researchgate.net/publication/228209032

Struthers, R., & Lowe, J. (2003). Nursing in the Native American culture and historical trauma. *Issues in Mental Health Nursing, 24*(3), 257-272. http://doi.org.10.1080/01612840302575.

Swanson Nicolai, S., & Saus, M. (2013). Acknowledging the past while looking to the future: Conceptualising Indigenous child trauma. *Child Welfare, 92*(4), 55-74. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/24851475

Te Ara - The Encyclopaedia of New Zealand. (2011). *Māori health – Te Whare Tapa Whā*. https://teara.govt.nz/en/diagram/31387/Māori-health-te-whare-tapa-wha-model

The Nursing Council of New Zealand. (2011). *Guidelines for cultural safety, the Treaty of Waitangi and Māori health in nursing education and practice.* https://www.nursingcouncil.org.nz/Public/Nursing/Standards_and_guidelines/NCNZ/nursing-section/Standards_and_guidelines_for_nurses.aspx

The Nursing Council of New Zealand (2012). *Code of Conduct for Nurses.* https://www.nursingcouncil.org.nz/Public/Nursing/Code_of_Conduct/NCNZ/

The Nursing Council of New Zealand. (2013). *Bibliographic timeline of the introduction of cultural safety into nursing education in New Zealand: 1988-2013.* www.nursingcouncil.org.nz

The Nursing Council of New Zealand. (2015). *The New Zealand nursing workforce: A profile of nurse practitioners, registered nurses and enrolled nurses 2014-2015.* www.nursingcouncil.org.nz

The United Nations. (2009). *The United Nations development group: Guidelines on Indigenous peoples' issues*. https://www.un.org/development/desa/Indigenouspeoples/publications.html

Theunissen, K. E. (2011). The nurse's role in improving health disparities experienced by the Indigenous Māori of New Zealand. *Contemporary Nurse, 39*(2), 281-286. http://doi.org.10.5172/conu.2011.281

Wadams, M., & Parks, T. (2018). Qualitative research in correctional settings: Researcher bias, Western ideological influences and social justice. *Journal of Forensic Nursing, 14*(2), 72-79. http://doi.org.10.1097/JFN.0000000000000199

Waitangi Tribunal. (2019). *Hauora - Report on stage one of the Health Services and Outcomes of Kaupapa inquiry: WAI 2575 Waitangi Tribunal Report 2019*. Waitangi Tribunal. Retrieved from https://waitangitribunal.govt.nz/inquiries/kaupapa-inquiries/health-services-and-outcomes-inquiry/

Walker, M., Fredericks, B., Mills, K., & Anderson, D. (2013). Perspectives on a decolonising approach to research about Indigenous women's health: The Indigneous women's wellness study. *AlterNative: An International Journal of Indigenous People*, *9*(3). http://doi.org/10.1177/117718011300900302

Walker, S., Eketone, A., & Gibbs, A. (2006). An exploration of kaupapa Māori research: Its principles, processes and applications. *International Journal of Social Research Methodology, 9*(4), 331-344. http://doi.org.10.1080/13645570600916049

Walters, K. L., Mohammed, S. A., Evans-Campbell, T., Beltran, R. E., Chae, D. H., & Duran, B. (2011). Bodies don't just tell stories, they tell histories: Embodiment of historical trauma among American Indians and Alaska Natives. *Du Bois Review, 8*(1), 179-189. http://doi.org/10.1017/S1742058X1100018X

Wepa, D. (2016). *Struggling to be involved: A grounded theory of Māori whānau engagement with healthcare*. [Unpublished doctoral thesis]. Auckland University of Technology. Retrieved from http://hdl.handle.net/10292/9981

Werunga, J., Reimer-Kirkham, S., & Ewashen, C. (2016). A decolonising methodology for health research on female genital cutting. *Advances in Nursing Science, 39*(2), 150-164. http://doi.org.10.1097/ANS.0000000000000121

Whitbeck, L. B., Adams, G. W., Hoyf, D. R., & Chen, X. (2004). Conceptualising and measuring historical trauma among American Indian people. *American Journal of Psychology, 33*(3/4), 119-132. http://doi.org.10.1023/B:AJCP.0000027000.77357.31

Whittemore R., & Knafl, K. (2005). The integrative review: Updated methodology. *Journal of Advanced Nursing, 52*, 546-53. http://doi.org.10.1111/j.1365-2648.2005.03621

Wilson, D & Barton, P. (2008). Te Kapunga Putohe (the restless hands): A Māori centred nursing practice model. *Nursing Praxis in New Zealand,* 24 (2), 6 – 14. Retrieved from http://www.nursingpraxis.org/

Wilson, D., & Barton, P. (2012). Indigenous hospital experiences: A New Zealand case study. *Journal of Clinical Nursing*, *23*(15-16), 2316-2326. https://doi.org/10.1111/j.1365-2702.2011.04042.x

Wirihana, R., & Smith, C. (2014). Historical trauma, healing and wellbeing in Māori communities. *MAI Review, 3*(2), 197-208. Retrieved from http://journal.mai.ac.nz/sites/default/files/MAI_Jrnl_3(3)_Wirihana02.pdf

Zambas, S., & Wright, J. (2016). Impact of colonialism on Māori and Aboriginal healthcare access: A discussion paper. *Contemporary Nurse, 52*(4), 398-409. http://doi.org/10.1080/10376178.2016.1195238