

Improving Mental Health in Māori Children Witnessing Family Violence in New Zealand

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Abstract

A positive parent-child relationship is considered to be an essential foundation on which to nurture a child's physical and mental well-being for their future development. Any presence of abusive patterns or incidents can cause emotional scarring for the duration of a child's life. An abusive environment can cause alterations in a child's behaviour, and may lead to depression, anxiety, stress, and even fatal consequences. Recent studies have documented that domestic violence can weaken the immune and metabolic system of the body causing genetic variation of DNA. It is evident from the recent literature that the basic understanding of family violence for Māori needs to include a wider understanding that all forms of violence on whanau constitutes family violence. The literature published with a focus on family violence for Māori is lacking. Most of the literature in regard to family violence for Māori is generic and the key elements that are relevant to the area are missing. This research communication provides an overview of potential psychological approaches with a possibility to improve the mental health issues, which are otherwise progressively increasing in Māori children witnessing frequent family violence incidences. It is also suggested that a consolidated approach to develop a participatory and collaborative research strategy based on the basic principles of *triti o Waitangi* in the area of family violence for Māori is urgently needed.

Keywords: Mental health; Psychological approaches; Behavioural therapy; Family violence; Māori children

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Background

In broad terms a family unit can be described as comprising of two parents with children, who are meant to coexist in a physically and mentally healthy lifestyle. When there are disruptive events like violence, separation, accidental deaths, or abusive acts happen in a family, such events can create an unhealthy environment for a child, especially, and more so if the child is already psychologically fragile or sensitive [1,2]. Numerous studies have shown that such stressful events like intimate partner violence can affect the parent-child bond. Thereby resulting child becomes a target of aggression, harshness, and mental illness [3]. In a presence of a child expressing of such coercive behaviour in a form of abuse like arguments, intimidation, commanding behaviour, assaults, injuries. Henceforth, child might show various age-related negative behaviour like depression, anxiety, bullying, lying or cheating too. They become rebellious in school and more likely have difficulty in forming social relationships [4]. In addition, the recent pandemic due to coronavirus (COVID-19) directed to unmatched disturbance in children lives [5].

Evidentially it's been reported by Centres for Disease Control and Prevention that, 45% to 60% of child abuse is associated with partner violence. Around 68% to 80% of cases occur where the child is not physically attacked but he/she is mentally affected after witnessing the violent act [6]. United Nations commenced a new Agenda for Sustainable Development to provide the right to children to end all kinds of violence. It has been reported that more than a billion children of age group 2 to 17 years undergo domestic violence in a year [7]. In New Zealand, indigenous cultural and family practices show a significant rise in cases of intimate partner violence (IPV) and child abuse and neglect (CAN) [8].

As a result, numerous programmes and guidelines have been designed with consideration of biomedical and biopsychosocial interventions. Thus, this communication aims to illustrate psychological methodologies for improving the mental health of Māori children facing domestic violence in New Zealand.

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Classification

The literature describes, domestic or family violence is an abusive act performed in an intimate relation by one person to another. In most of the cases, the primary victims are women and secondary are children, however in some cases children might also be the primary victims [1,2]. Thus, the following categories:

- Physical abuse, is a corporal punishments or physical force applied to cause pain and discomfort. Such as an act of cruelty, torture or inhumane treating e.g. slapping, kicking, burning, and many more uncomfortable gestures.
- Mental abuse, is the harming of feelings that may be carried out verbally, or emotionally. For instance, terrorizing and threatening a child, being partially or unresponsive, insulting, and humiliating. Recently, mental abuse has also been reported through technology via social media and is known as Cyber bullying [9].
- Sexual abuse, which is any form of sex-related initiation or threatening activities where the child feels intimidated. This is considered a criminal offence [10].
- Neglect, occurs when there is disregard or abandonment of the child. Repetitive inattention, careless behaviour towards medical and educational care or even lack of emotional support is considered as neglect [11].

Impact

World Health Organisation (WHO) in 2006 elucidated the fact that abuse influences the development of the brain during childhood. The pathophysiology of violence or abuse causes disruption in neural activity by increasing glutamatergic neurotransmission. Studies have reported that a child can show signs of being abused through secondary experiences, when the abuse is not physically or directly done to that child. For example, if he/she witnesses violent incidences at home, when they accompany injured parents (usually the mother) suffering from physical abuse to a hospital, when they tidy-up after parents fight or when they console hurt parents [12].

These secondary symptoms of child abuse can be observed by the caregivers, parents, teachers or other family members. Disorders like attention deficit hyperactivity disorder (ADHD), bulimia or other eating disorders, drug or substance use are evidently reported due to child abuse. Psychological abuse causes critical consequences on children such as self-blame, helplessness, fear, aggressive nature, outrageous, physical injuries and in severity can lead to suicide [13].

Prevalence

United Nations Children's Fund UNICEF evaluated that about 300 million children are subjected to family violence and 250 million to physical abuse. In few cases when children are the primary victim, 3 out of 10 children undergoes physical punishments. It has been also reported that 176 million children under the age of 5 years reside with their mother, as a victim of IPV [14].

In New Zealand, recent data revealed that the mortality rate is

1 child every 5th week because of the family violence. Reports showed that in 2018, there were 11 child homicides, where children were under the age of 2 years. Unfortunately, data has also revealed that 27% of mothers, 24% of fathers and 17% of both parents were the perpetrators. The latest report conducted from January 2009 to December 2015, highlighted the high incidence of domestic violence, where data showed a total of 194 deaths occurred including parent and child. Additionally, in adult women mortality rate was higher when compared to men [15].

On the other hand, of 117 child abuse and child neglect reported cases, 80% were under the age of 5 years. Only 52% of IPV and 77% of CAN due to family violence cases filed complaints to the police department. Studies claimed that on comparisons between the ethnic groups, Māori had higher rates of IPV than to non-Māori. Considerably, females are highly susceptible to intimate partner violence than males. Moreover, the children under age of 4 are prone to be maltreated 4 times in Māori population compared with non-Māori [16]. According to recent data released by police department of New Zealand, stated that during COVID -19 lockdown a month 20% rise in domestic violence [17].

Risk Factors

Socioeconomic disparities among the multicultural community in New Zealand are related to child abuse and neglect on numerous levels. Detrimental relationships among individuals, family, peers, and community contributes to the child being a victim of violence [18]. Indicators like financial crisis, family structure, cultural beliefs, and assumed gender superiority are some of the major risk factors for neglect and ill-treatment of Māori children [19]. Other factors at the individual or family levels can be low economic status, maternal age, unsatisfactory housing, and large families.

Even in a developed country like New Zealand, women can still be the victims of domestic violence. The power and control factor are the major causative issue for an imbalance in the relationship between partners. Psychologists intervened lack of empathy in the male perpetrators beside of the attitude of paranoid, control, supremacy and authority. In addition, Taylor et al. [10] indicated that men may be perceived as, fragile with an inferiority complex or insecurity. These characteristics have been instrumental in triggering relationship conflicts with family members. Other variables that contribute to men being the offender in domestic violence are 'skewed' cultural beliefs, personality disorders, unrealistic egos, and superiority factors [20].

Low family income leads to higher stress levels in families, leading to lowering the standard of living. The basic needs of child demand like housing and education are not fulfilled, affecting the psychology of children in the family. In addendum, substance abuse smoking, alcohol and gambling situations among Māori become the major risk factors in instigating partner and child abuse [18].

Māori cultural beliefs and values have weakened due to emphasis on Eurocentric beliefs. Thus, shortfall in ethnic conception led to an increase in domestic violence and child maltreatment. Depiction of abuse among Māori children can also be due to

intergenerational gaps and differences [19].

Single parents and large families of Māori have shown nine times more of CAN as compared to other ethnicities. Studies showed that three fourth of single parents maltreated their children under two years. Lethal child abuse have been observed by stepparents in Māori, and even fatal relationship between young parents and their child [24].

Psychological Approaches and Intervention

Family violence witnessing child and teenager undergo harmful behavioural changes, however management of such conditions can differ based on risk and protective factors. Biopsychological approaches designed for the management of the child mental health condition and reduce anxiety and trauma, for instance, cognitive behavioural, psychodynamics, humanistic or family centred patterns.

Cognitive behavioural approach

The cognitive behavioural approach introduced by Beck and Ellis deals with emotions and sensitive behavioural issues. Such mental discomforts include distrust and negative attitudes towards life, family, and community [22]. This approach works on the connection between conduct and emotions, which is to be sustained by cognitive (rational thinking, memory) and behavioural (support, evasion) manners for the functioning of an individual. A child deficient from the basic support, happiness, and care from parents is considered as maltreated. Under such circumstances, the child tries to overcome the threats and stress by handling the situation, which is known as adjustment. Although in such a peer pressure unknowingly undergoes to depression and anxiety. In recent years the best approach to solving such problems for children is through the cognitive-behavioural approach [23]. This approach includes the involvement of parents and children, thereby treating both parallelly. Herbert designed a study based on the cognitive behavioural approach for Māori, focusing interaction between family and child by a series of interviews. After analysis subjects showed a significant positive response to the approach. Henceforth in the field of psychology based on evidence, cognitive behavioural therapy (CBT) is the most effective approach and considered as a gold standard [24].

Multi-systemic approach

A standard model by Bronfenbrenner in 1979 [25] was conceived based on principles of social ecology, which is a bidirectional correlation between child abuse and influencing factors (family, parent, community). This microunit constitutes of concentric circles, where innermost layers are child and surrounded by parents, grandparents, neighbours, community, and schools. Multisystemic approach focuses on variant area of the problems and allotting small weekly tasks. It also analyses and assesses the barriers interfering with its application. Numerous studies proved this approach has a highly significant effect on caregivers and reduction on the occurrence of the child assault. On the contrary, studies stated that this method is cost-effective. Implementation of such an approach will achieve the goal which is to intensively

support victims of abuse and violence. Thereby, this approach gives positive perspectives to parents to raise children in a happy and healthy environment [9,27].

Intervention

Globally, the prevention of condition or disease is carried out under three levels: primary prevention involves caution before occurrence and then secondary prevention target on instant actions like emergency services. Lastly is tertiary prevention takes place in long-lasting maltreatment of a child or intimate partner like rehabilitation [10]. There are two broad categories of delivery mechanisms which are universal and selective modes. Universal mode includes therapies and programs for public awareness as media-based and school-based, whereas selective mode consists of home visiting, parenting and support groups [28].

Therapy

CBT is the conversion of the pessimistic thinking caused due to abusive acts to positivity conducts [28]. Māori therapists deliberated cognitive behavioural therapy to upgrade the parenting skills and recognized the importance of communication between children and parents [24]. Evidence-based studies have illustrated this technique and its application. Studies have evaluated the concept of disruption of “cycle of violence” and with significant outcome in social behaviour during childhood [29]. Numerous strategies designed to follow techniques that are self-analysis, emotional evaluations, and coping mechanisms within 12 months. Some supportive therapies like interpersonal, play, emotionally focused therapy aid in beneficial inventing the traumatic memories [30].

The impact of violence on a child leads to relatively numerous loss and life transitions, along with conflicts at the interpersonal level. Interpersonal therapy can be the strategy with 8-12 sessions depending on the severity of cases. Emotion-focused therapy is a combination of individual-based practice and gestalt therapy to provide safe surroundings to the child to confront and reduce emotional stress. It is also evaluated that with the influence of family-focused psychotherapies as well as interpersonal therapy, the results exhibited substantial improvement in symptoms and behaviours. Play therapy is one of the operative models in which child vent out feeling, and control the emotions and feelings suffered due to trauma [31]. As research was conducted in Dunedin for assessment of child's issues in communication and other behaviours among Māori parents too [32].

Mode of delivery

Talk therapy

Face to face conversation aids in understanding the thoughts and feelings of the child. Activities like art, drama, music, or outdoor games facilitate the therapist to have personal interactions to assess body attitude and aptitude. Modification and barriers in treatment can easily be applied during sessions [33]. Some sessions include parents as well, in which they are encouraged to change a child's lifestyle by indulging in their passionate interests. Expensive, commute issues and long waiting hours can be some of the limitations.

Online programmes

Media-based psychotherapies have varieties of modes of delivery mechanism which can be internet-based interventions, mobile apps, messaging, or game-based. Internet-based delivery requires support and guidance from practitioners. Recently, game-based intervention has been introduced more impact on teenagers than young children. However, SPARX (a computerised CBT intervention) has been designed especially for Māori teenagers, with perspectives of reduction of depression, and other substance usages [34]. Free mobile apps like smiling mind, mind-shift, etc, and website “The Lowdown” are launched for Māori children and youth. On the other hand, online or internet-based mode of delivery is easily accessible and innovative [35]. Meta reviews have stated that guided internet cognitive behavioural therapies

are highly promising, as they are a combination of in-person talk and online delivery [36].

Conclusion

Each of the key points highlighted in this report need to be investigated from a Māori perspective. A qualitative and quantitative data driven research approach and with specific focus on family violence for Māori need to implemented to ensure that programmes and interventions include whānau, hapū, iwi and Māori community responses. It is also suggested that a consolidated approach to develop a participatory and collaborative research strategy based on the basic principles of treaty of Waitangi in the area of family violence for Māori is urgently needed.

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