

What the Whakapapa Passes on – The Children of the Wound

Why Am I Not with My Mum and Dad?

A lived-experience-informed academic reflection

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ABSTRACT

This article is the fourth and final piece in the Whakapapa of a Wound series, which has traced the intergenerational transmission of relational wounding from individual childhood experience through adult relational patterns and into the next generation. This article addresses the systems-level expression of that wound: the significant over-representation of indigenous Tamariki in state care in Aotearoa, New Zealand. Drawing on epigenetic research, developmental neuroscience, and Aotearoa-specific data from Oranga Tamariki and the Independent Children's Monitor, the article argues that child removal, parental distress, and repeated system involvement cannot be fully understood without considering intergenerational trauma and its biological embedding through epigenetic mechanisms. The developmental timing of trauma exposure is examined across four critical windows. Te Poutama o te Ora (TPO) - is grounded in Te Whare Tapa Whā considers how the multi-domain framework might be capable of addressing the layered complexity of these wounds at both individual and whānau levels. The article is written from a position of lived experience and draws on published research to contextualise patterns observed across generations. It does not seek to diagnose or treat, but to reframe from individual failure to collective inheritance, and from collective inheritance to the possibility of collective healing.

Keywords: *intergenerational trauma, epigenetics, Māori Tamariki, Oranga Tamariki, state care, colonisation, developmental neuroscience, Te Poutama o te Ora, whakapapa, child protection, lived experience*

Introduction: From Plastic Windows to Biological Inheritance

Matapihi Kirihou — plastic windows — describes more than childhood poverty. It names a lived environment shaped by colonisation: economic deprivation, the theft of language, cultural disconnection, and the quiet normalisation of survival. These experiences are not merely historical or psychological; they are increasingly understood as having biological consequences that extend across generations.

Te Poutama o te Ora emerged from this lived reality. It was not developed as a clinical model, but as a framework grounded in personal and whānau experience, informed by Indigenous knowledge systems and later supported by contemporary research. This article extends that backstory to address a question asked by many indigenous children in state care: Why am I not with my mum and dad?

The previous articles in this series traced the wound from its origins in individual childhood experience — through the epigenetic and neurobiological consequences of early emotional neglect, through parentification and debt-based love, and into the adult relational patterns those early experiences produce. This final article addresses what happens when those patterns meet the systems designed to protect children from them.

This paper does not seek to diagnose or treat. It is written from a position of lived experience, drawing on published research to contextualise patterns observed across generations. The argument advanced is that child removal, parental distress, and repeated system involvement cannot be fully understood without considering intergenerational trauma and its biological embedding through epigenetic mechanisms. Reframing responsibility from individual failure to collective inheritance is not an argument against accountability. It is the beginning of an argument for healing at a scale that matches the problem.

Disproportionate Representation: What the Data Shows

As of 2024, Māori children comprised approximately two-thirds of all children in state care in Aotearoa New Zealand, despite representing roughly one quarter of the national child population (Independent Children’s Monitor, 2024). For every 1,000 Māori children, approximately nine are in care, compared with two per 1,000 non-Māori children (Oranga Tamariki, 2023). Reporting rates show a similar disparity,

with 82 per 1,000 Māori children reported to Oranga Tamariki compared with 24 per 1,000 non-Māori children (Oranga Tamariki, 2023).

Most significantly: approximately 70 per cent of Māori parents who experienced care themselves report subsequent involvement of their own children with Oranga Tamariki (The Spinoff, 2025). This figure is not incidental. It is the statistical expression of the intergenerational transmission this series has examined: the wound that travels forward, through biology and relationship, into the next generation.

These figures are routinely presented as evidence of risk or deficit. From a lived-experience perspective, they also reflect children repeatedly confronting the same unanswered questions: why home was not safe, why parents struggled with alcohol or violence, and why patterns persisted despite intervention. The data describes a pattern. The science helps explain the mechanism.

The disproportionality is not evidence of Māori failure. It is evidence of colonisation's reach into the biological architecture of whānau life.

Epigenetics: A Mechanism for Intergenerational Transmission

The Biological Pathway

Epigenetics refers to biological processes through which environmental experiences influence gene expression without altering DNA sequences. The most studied mechanism, DNA methylation, can affect how genes regulating stress response, immune function, and emotional regulation are expressed. Critically, some epigenetic modifications can be transmitted across generations (Yehuda & Lehrner, 2018).

Research involving Indigenous populations subjected to forced child removal — including residential schools in Canada and the Stolen Generations in Australia — demonstrates altered methylation patterns in genes including NR3C1, FKBP5, and IGF2, which are involved in stress regulation and neurodevelopment (Matheson & Anisman, 2019). Byrne and Keaney (2024), in their analysis of epigenetics as colonial unknowing, argue that these biological findings must be understood within

their political and historical context: the epigenetic signatures identified in descendant communities are not random variations, but the biological record of specific historical policies applied to specific populations.

These findings align with Indigenous knowledge systems that have long recognised trauma as something carried through whakapapa — not confined to individual memory, but transmitted through lineage, relationship, and the quality of the relational field in which children develop.

The Compounding of Vulnerability

For Māori children removed from whānau due to violence, substance use, or neglect, separation itself may introduce additional epigenetic stress signatures, compounding vulnerabilities inherited from parents and grandparents (Byrne & Keaney, 2024). The child who is removed from an unsafe home does not arrive in a new placement with a blank slate. They arrive carrying the biological legacy of their whakapapa, the acute stress of separation, and the neurological consequences of whatever they witnessed before removal.

This does not mean the situation is irremediable. Epigenetic modification is bidirectional: the same mechanisms that encode adversity can, under sustained conditions of safety and support, encode recovery. The implication for practice is not pessimism but precision: intervention must be sufficiently sustained, culturally safe, and multi-domain to produce the conditions under which biological recalibration becomes possible.

Developmental Timing and Trauma Exposure

Trauma does not affect children uniformly. Its impact is shaped significantly by the developmental stage at which it occurs, because different periods of development involve different neurological processes that are variably sensitive to environmental input.

- **Around age 7:** Children develop narrative memory and causal reasoning. Removal at this developmental stage is often remembered vividly and may become integrated into identity formation, frequently accompanied by self-

blame (Australian Institute of Family Studies, 2016; De Bellis, 2014). The child old enough to remember, and young enough to decide it must be their fault.

- **Ages 10–11:** Neurodevelopment enters a sensitive period in which trauma exposure is associated with heightened amygdala reactivity and altered threat perception (Dennison et al., 2016). For children in care, repeated placement changes and multiple social workers can intensify stress activation during precisely this window. The system’s instability compounds the child’s biological vulnerability.
- **Ages 14–16:** The prefrontal cortex — responsible for executive function, impulse control, and emotional regulation — undergoes critical development. Trauma during this period is associated with significantly increased likelihood of high-risk behaviours, including substance use, self-harm, and contact with the justice system (Layne et al., 2014; McCrory et al., 2011). Behaviours that are routinely judged morally at this age are more accurately understood as the predictable expression of a developing brain under sustained stress.
- **At 18:** Many young people age out of care. Outcomes for care-experienced youth include increased housing instability, lower employment rates, and higher mortality (Independent Children’s Monitor, 2024). The system’s support ends at precisely the moment when a young person, without adequate relational scaffolding, is most vulnerable to replicating the patterns they grew up in.

The pattern documented across these developmental windows is consistent: each stage of vulnerability is compounded rather than ameliorated by a system that responds to the symptom rather than the underlying biological and relational wound.

Why Parents Struggle to Break the Cycle

From a child’s perspective, one of the most painful questions is why parents cannot simply stop harmful behaviours. The research suggests this question cannot be answered through willpower alone — and that interventions premised on willpower will continue to fail.

Adults who experienced childhood trauma — including family violence or removal — often exhibit long-term alterations in stress response systems affecting emotional

regulation and attachment capacity (Anisman, 2019). Substance use may function as an attempt to regulate hyperarousal or emotional numbing associated with unresolved trauma (Felitti et al., 1998). Trauma-related hypervigilance can contribute to reactive or aggressive responses to perceived threat that, to an outside observer, appear disproportionate but are, from the nervous system's perspective, entirely logical (De Bellis, 2014).

These patterns do not excuse harm. Children deserve safety, and the impact of living with violence or neglect is real and serious regardless of the parent's history. What the research provides is a framework for understanding why punitive or behaviour-only interventions frequently fail when the biological and developmental impacts of the parent's own history remain unaddressed. The behaviour is the symptom. The nervous system is the site of the wound. Interventions that do not reach the wound will not resolve the symptom.

The parent who cannot 'just stop' is not failing to try. They are trying with the resources available to a nervous system that was shaped for survival rather than regulation. Changing that requires more than willpower. It requires healing at a biological level.

The Child Protection Paradox

Child removal is intended to ensure the safety of the child. When a home is unsafe, removal may be the only available immediate response. That protective intent is real and, in specific circumstances, necessary.

However, separation itself activates stress response systems, particularly in younger children, and may contribute to long-term developmental impacts even when removal is necessary (Widom et al., 2015). The child is removed from danger and placed in an environment that, however well-intentioned, is not family, does not carry their whakapapa, and may not be culturally safe. The stress of the original environment is replaced by a different, less visible stress.

The Independent Children's Monitor has repeatedly noted that parental desire for reunification is often unsupported by sufficient trauma-informed, culturally grounded services (Independent Children's Monitor, 2023). Without addressing the parent's own trauma history, reunification efforts are unlikely to produce durable change. The

system intervenes at the level of the symptom — the unsafe home — without consistently addressing the wound that produced it. So, the wound continues, and the cycle does too.

The 70 per cent intergenerational recurrence figure cited above is not evidence that Māori whānau are incapable of change. It is evidence that the system has not yet offered the level of intervention the problem requires.

Te Poutama o te Ora as a Multidimensional Response

Te Poutama o te Ora was developed from lived experience rather than clinical abstraction. Its nine-element structure aligns with emerging epigenetic evidence that healing requires sustained, multi-domain intervention rather than isolated treatment (Clark & Rager, 2020). Its origins in Matapihi Kirihou — in the lived reality of poverty, colonisation, and cultural disconnection — give it a specificity and a credibility that frameworks developed from the outside cannot replicate.

The dimensions of TPO most directly engaged by the challenges described in this article are:

- **Taha Whakapapa (Relational & Ancestral Wellness):** Acknowledging intergenerational transmission and the buffering role of ancestral connection. Research by Gone et al. (2019) demonstrates that Indigenous cultural continuity functions as a protective factor at population level, reducing rates of self-harm and suicide. Reconnection with whakapapa is not supplementary to healing for Māori whānau — it is central to it.
- **Taha Tuakiri (Identity Wellness):** Placed at the centre of TPO precisely because identity disruption may itself carry biological consequences (Raffington et al., 2021). For Tamariki in care and for parents separated from their children, the wound to identity — to the sense of belonging, of cultural grounding, of knowing who you are and where you come from — must be addressed directly.
- **Taha Tinana (Physical Wellness):** Attending to the physical manifestations of trauma, including gut health, immune dysregulation, and the somatic consequences of chronic stress. The body holds the history. Physical wellness interventions that are culturally grounded — including traditional food

practices, movement, and connection to whenua — are not peripheral but integral.

- **Taha Hinengaro (Mental & Emotional Wellness):** Building the cognitive and emotional capacity to understand and name what happened, without shame. Psychoeducation — helping parents and Tamariki understand the biological basis of their responses — is a form of dignity that reduces self-blame and opens the possibility of genuine change.
- **Taha Wairua (Spiritual Wellness):** Engaging the spiritual dimension of healing — reconnection with a sense of worth, purpose, and belonging that is not conditional on performance or sobriety or having got everything right. For Māori whānau, this may involve karakia, connection with tūpuna, and the restoration of spiritual grounding through cultural practice.

TPO's cyclical structure reflects the reality that epigenetic modification occurs through consistent environmental change over time, not single interventions. The Maramataka — the Māori lunar calendar — provides a temporal framework for this understanding: healing has seasons. Some seasons are for uncovering. Some are for tending. Some are for harvest. A system that expects rapid resolution from brief interventions is not aligned with the biology of change.

Protective Factors and the Possibility of Change

Not all trauma-exposed children experience long-term harm, and not all trauma-affected parents repeat damaging patterns. Protective factors identified consistently in the literature include cultural continuity, secure attachment relationships, and trauma-informed intervention (Anisman, 2019; Chandler & Lalonde, 1998).

Chandler and Lalonde's (1998) landmark research on cultural continuity and First Nations suicide rates demonstrated that communities with stronger cultural self-determination showed dramatically lower rates of youth suicide. The protective mechanism operates at a biological level as well as a social one: cultural belonging reduces allostatic load, which directly affects the stress response systems that are dysregulated by intergenerational trauma.

Iwi-led initiatives in Aotearoa that provide culturally grounded, relational support — such as Whakapai Hauora — demonstrate the effectiveness of this approach, with reported reductions in reoffending and justice system involvement (Independent Children’s Monitor, 2024). These are not anomalies. They are evidence of what becomes possible when the level of intervention matches the depth of the wound.

The epigenetic research also offers a basis for genuine hope: biological vulnerability is not fixed. Under sustained conditions of cultural safety, relational security, and consistent support, stress response systems can recalibrate. The healing that becomes possible in one generation can travel forward into the next — just as the wound did.

Conclusion: A Lived-Experience Informed Answer

So why are so many Māori children not with their Māma and Pāpā?

The answer lies in colonisation’s enduring impacts — social, cultural, and biological. Trauma is transmitted not only through learned behaviour but through stress-mediated biological pathways that shape development and parenting capacity across generations. Systems that respond late, intervene narrowly, and focus on symptom management rather than wound healing may unintentionally reinforce the very patterns they are designed to interrupt.

Understanding this does not diminish harm or excuse violence. Children deserved safety, and they deserve it still. What epigenetic and developmental research offers is a reframing: from individual failure to collective inheritance, and from collective inheritance to collective obligation.

The obligation is to offer healing at a scale and a depth that matches the wound. That means culturally grounded, relationally anchored, multi-domain, and sustained intervention — for parents as well as children, for whānau as well as individuals, across time rather than in crisis.

Biological vulnerability is not fixed. The conditions that produce it can change. The whakapapa of the wound is real — and the whakapapa of the healing is equally possible.

From plastic windows to glass. The climb is not simple. But it is possible, and Te Poutama o te Ora was built for exactly this.

What travels through whakapapa is not only wound. It is also the capacity for healing — when the conditions are right, and when the support is real.

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This is the final article in The Whakapapa of a Wound series. The series is complete.