# Waka tētē as a groupwork intervention with young women impacted by domestic violence

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***Abstract***: *The first place in the 2021 Student Groupwork Competition was awarded to Sarah Marr, a student on the Bachelor in Social Work degree at Toi Ohomai Institute of Technology, in Rotorua New Zealand with Donna Guy as the student supervisor. The essay is now published here.*

***Keywords***: *Waka tētē; young women and domestic violence; groupwork; group work*

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# Introduction

Waka (canoes) are iconic symbols within traditional Māori culture, their significance represents forward movement and working together for a shared purpose (Elder, 2017). Waka today are utilised for various occasions including therapeutic group interventions. Known as waka tētē, these interventions are unique, empowering and draw from traditional Māori knowledge to help navigate people through issues concerning them (Guy, 2020). It is proposed that waka tētē would be an appropriate groupwork intervention with young women impacted by domestic violence. by providing a social support network and fostering more positive relationships in their lives. This essay will begin with a personal reflection of participating in a waka tētē groupwork experience. It will explore two theoretical perspectives that could underpin waka tētē as a groupwork intervention and outline a proposed framework in working with young women impacted by domestic violence. This essay will provide an overview of the processes of engagement that supports waka tētē with this client group. Furthermore, ethical and cultural considerations in relation to implementing waka tētē will also be provided alongside potential risks that may arise during the intervention.

I was so grateful to be out of the classroom. As our van rounded the bend lake Ōkareka came into view, it was calm and inviting surrounded by native bush, I could see Taraweara in the distance, my maunga (mountain) was watching over me. We were greeted by Te Puia (or Koro to those who know him) and sat down to discuss the day ahead. After introducing ourselves we talked about any concerns we had as well as safety on the water. We put on our floating devices and Koro showed us how to hold the paddle. We walked over to the lake's edge and Koro introduced us to our waka Te Aūhekē, who would be taking us on our journey. Koro told us of the history of Te Aūhekē and explained the different parts and carvings. Before we got into Te Aūhekē, Koro performed a karakia (prayer) to bless our journey.

As we got into Te Aūhekē and started to paddle, I felt at home, connected to nature and the history of my people. While out on Ōkareka we worked together as my tīpuna (ancestors) would have, to explore different parts of the lake and learn salutes with the paddles. One salute in particular was my favourite which involved bowing to Tarawera. We

practised our salutes and sang waiata (songs), and we also had times just being still on Ōkareka listening to the sounds of manu (birds) and the soft lapping of the water against Te Aūhekē. We also spoke of our goals for the future and learnt new things about one another. When the journey was over, we sat down to share a meal with Koro and spoke of our experience with Te Aūhekē. I felt so connected to te ao Māori (the Māori world) and grateful for the opportunity to be part of waka tētē. Koro closed with a karakia and we returned home to reflect on how waka tētē could be used as a groupwork intervention.

When exploring the use of waka tētē as a groupwork intervention there are various factors to consider. Included in these factors is what theoretical perspective will be used to inform and underpin waka tētē (Crawford et al, 2015). One theoretical perspective proposed for waka tētē is that of the Meihana model. The Meihana model provides a Māori world view to intervention and was constructed from the bases of Durie's (1998) widely used Te Whare Tapa Whā model. The aim of the Meihana model is to better serve Māori clients by facilitating a fusion of cultural and clinical competencies (Pitama et al, 2007).

The analogy of a double-hulled canoe or waka hourua on a voyage across the moana (ocean) is used to describe the elements of the Meihana model and present a visual representation of how each element interacts with each other (Pitama et al, 2014). Four specific elements are depicted in the Meihana model which include the waka hourua, ngā hau e whā, ngā roma moana and whakatere. The waka hourua represents the significance of the relationship between the client and their whānau (family) including what relevance this relationship has to the presenting issue and future treatment. Ngā hau e whā is the four winds of current and historical societal influences on Māori as tangata whenua (indigenous people). Ngā roma moana refers to the ocean currents which represent different components of a Māori world view that shape people in different contexts. Whakatere is to navigate and brings together relevant information from the other elements, integrating this information into intervention processes (Pitama et al, 2017).

Originally developed to improve cultural responsiveness to Māori clients, the Meihana model provides a rich insight into a Māori culture, philosophy and experience and is based on values and beliefs embedded within indigenous history while also reflecting the modern world in

which Māori live (Durie, 2017). Theoretical perspectives from a Māori world view are holistic and whānau-centred, connecting people to their cultural identity and enabling them to positively contribute to their world (Roberts, 2016). The significance of whānau relationships is central to the Meihana model, Elder (2017) explains that whānau is an essential component of protecting and supporting health and well-being. Pitama et al (2014) suggests that the role of the practitioner is to become a part of the client's support network, by getting into the waka hourua and working alongside them and their whānau to develop a greater understanding of the physical, psychological, spiritual and environmental factors impacting on their well-being.

Furthermore, while the Meihana model draws from a distinctive Māori world view, it also acknowledges that Māori as a people, are not culturally homogenous. This is reflected in the element of ngā roma moana, which recognises that clients and their families are diverse and may have varied connections to te ao Māori (Pitama et al, 2017). Kingi (2018) explains that some Māori will have strong cultural connections, they will have a good knowledge of their whakapapa (genealogy), have spiritual connection to ancestral lands, and speak Māori. Whereas others will have little knowledge or connection to cultural practices and principles and may feel less comfortable in traditional settings. Pitama et al (2017) observes that this diversity of experiences in te ao Māori are the result of migration, colonisation, racism and marginalisation, which are depicted in ngā hau e whā. While not all Māori will have the same connection or experiences of te ao Māori, the Meihana model provides an example of how cultural perspectives can strengthen appropriate intervention with Māori clients (Kingi, 2018).

Another theoretical perspective that can be used to underpin waka tētē is narrative therapy. Within social work practice, narrative therapy provides an opportunity for clients to explore their potential and recognise their own authority over their lives (Menard et al, 2018). Narrative therapy focuses on stories clients' share about themselves which gives insight into their thoughts, feelings, behaviour, and how they make sense of new experiences (Egan & Papadopoulos, 2016). The stories people create about themselves are based on the context of how they internalise their experiences which may be unhelpful causing distress and preventing them from realising their capacity to achieve goals in life (Connolly & Healy, 2017). Narrative therapy

deconstructs problematic stories that people have about themselves through externalising conversations that locates the problem outside of the person (Egan & Papadopoulos, 2016). This process provides an opportunity for clients to re-evaluate their stories from another perspective and explore strategies and techniques that encourages a reauthoring of life stories, thus developing more beneficial narratives (Harms & Connolly, 2019).

Narrative therapy recognises the importance of a collaborative therapeutic relationship between the worker and the client, whereby the worker seeks to understand the client's lived experiences (Corey et al.2018). This is supported by Harms and Connolly (2019) who state that the therapeutic relationship provides a safe and supportive environment where clients' stories are validated, witnessed and heard. However, the authors further substantiate that the therapeutic relationship should not be the focus of intervention, rather the focus is the problematic story or narrative the client is expressing.

Furthermore, narrative therapy can be used effectively within group settings. In a group context, narrative therapy can help group members to understand that they can take authorship of their own lives, that their problems do not define them, and that they are not alone (Menard et al. 2018). Corey et al (2018) suggests that in a group setting members can share and listen to each other's stories, offer different perspectives, and together co-create alternative life stories. Ricks et al (2014) states that a benefit of combining group processes and narrative therapy is an increased motivation in members to rewrite their own stories through witnessing others doing the same.

The proposed framework for waka tētē, will merge both perspectives of the Meihana model and narrative therapy to inform groupwork intervention. The waka tētē intervention model will draw on Māori values, beliefs and experiences as well as exploring traditional and personal narratives in the form of pūrākau (stories). Durie (2018) states that Māori-centred approaches come from a holistic understanding that Māori identity is located within a wider context of social, physical and natural environments, and as many Māori live within two worlds, there is no reason why mainstream interventions cannot integrate a Māori world view into their practice. Furthermore, the outdoor experience of waka tētē provides a 'learn by doing' approach where group members work together as a collective towards a shared goal which embodies

both narrative therapy and the Meihana model.

In developing the framework for waka tētē another factor to consider is who the groupwork intervention is targeted towards. It is proposed that the underpinning theory and framework design of waka tētē would be appropriate for young women who have been impacted by domestic violence. Women who have been exposed to domestic violence often experience low self-esteem, depression, anger and disassociation (Morton & Hohman, 2016). Zastrow and Hessenauer (2019) expand on this by stating that victims of domestic violence may experience a variety of physical, emotional, or psychological symptoms including anxiety, hypervigilance, difficulty sleeping or eating, and often utilise maladaptive coping skills as a result of their trauma.

Furthermore, research suggests that Māori experience higher levels of domestic violence when compared to other population groups in Aotearoa (New Zealand) (Wilson et al, 2019). Pihama et al (2017) state that Māori are impacted by domestic violence in distinct ways that are connected to experiences of colonisation, racism and marginalisation. Therefore, intervention with women impacted by family violence that draws on cultural concepts has the capacity to increase an awareness and understanding of others and the self and can provide a promising pathway to foster positive relationships (Durie, 2017). This is supported by Guy (2020) who suggests that waka tētē is a culturally responsive intervention that can help group members learn more about themselves, each other as well as the facilitator.

The waka tētē intervention will be available to young women (approximately 18-35 years) who have been impacted by domestic violence. Groups will be closed, contain no more than 8 members in total and will be available to both Māori and non-Māori women. Waka tētē can illustrate to women that they are not alone, provide a supportive social network, promote a sense of universality, and create a safe environment that inspires sharing experiences and goals (Corey et al, 2018). The waka tētē intervention will include fundamental tenets of groupwork including activities such as ice breakers, de-inhibitizers, trust exercises and goal setting with the aim of building relationships, strengthening coping skills and improving self-concept (Schoel et al, 1988). Once an appropriate level of trust is established within the group the activity of waka tētē will be implemented. Alongside the activities the women members will be invited to share their stories with the aim

of exploring strategies and techniques to support them to realize their capacity to achieve goals in their lives (Connolly & Healy, 2017).

In terms of engagement processes with women who have been exposed to domestic violence, waka tētē will be supported by the hui process. According to Al-Busaidi et al (2018) the hui process consists of four key parts including mihimihi, whakawhanaungatanga, kaupapa and poroporoaki. The mihimihi relates to the initial greeting which includes the group facilitator introducing themselves to the group members, their role in relation to the group and the main purpose of the intervention (Lacey et al, 2011). Zastrow and Hessenauer (2019) state that it is essential that the group facilitator is clear about their role and responsibility within the group and be prepared to explain reasoning behind activities or actions. Furthermore, the facilitator should come across as approachable and knowledgeable rather than as authoritative. Crawford et al (2015) emphasize that it is important for facilitators to be warm and inviting during the initial greeting which can help lay the foundation for the groupwork experience.

The next step is whakawhanaungatanga and refers to making a connection which requires the facilitator to draw on their understanding of te ao Māori (Lacey et al, 2011). From a Māori perspective, whakawhanaungatanga incorporates making connections through whakapapa (genealogy), whānau, whenua (land), iwi (tribal affiliation), hapū (tribal community), maunga, and waka (Roberts, 2016). For the facilitator and the group members, this process provides an opportunity to share something about their background (Crawford et al, 2015). The facilitator and the women in the group may share connections between them which can support strengthening relationships between them. Lacey et al (2011) expand on this by stating that whakawhanaungatanga is not exclusive to the hui process and point out that making connections with others should be evident throughout the groupwork intervention. Elder (2018) observes that the use of whakawhanaungatanga is a required practice for many Māori and is a valuable way to signal cultural responsivity to group members and is likely to contribute to better quality interactions for facilitators and group members alike. Furthermore, whakawhanaungatanga can be strengthened in the initial group session with the use of icebreaker exercises to help members to become better acquainted with each other, feel more comfortable and facilitate communication (Zastrow & Hessenauer, 2019).

The next step in the hui process is kaupapa which refers to the purpose of the group intervention (Lacey et al, 2011). This includes going into greater depth around the reason the group was formed and includes aims, objectives and aspirations for individual members and the group as a whole (Doel & Kelly, 2014). Crawford et al (2015) state that aims should be established in discussion with the group members. For instance, at this point the facilitator may ask the group members to think about what it is they hope to achieve from participating in the group and feedback. Lacey et al (2011) suggest that this allows for a wider understanding of the individual needs and encourages members to speak more broadly about their situations which also facilitates ongoing whakawhanaungatanga. Furthermore, Zastrow and Hessenauer (2019) claim that the group is more likely to be productive if all members actively contribute and the more they contribute to selecting goals and making decisions, the more likely they are to feel part of the group.

The final step if the hui process is poroporoaki which is closing the group session (Lacey et al, 2011). In ending the first group session, Crawford et al (2015) suggest that it is important for the facilitator to allow enough time to summarise what has been achieved, answer any questions group members may have and manage expectations of the next session. Doel and Kelly (2014) claim that good endings start at the beginning and keeping the end in sight can help focus the group on achieving what they want. Crawford et al (2015) propose that facilitators should end group sessions on a positive note and thank group members for contributing to the session. Furthermore, while the hui process refers largely to the initial group session, Lacey et al (2011) suggest that subsequent group sessions should follow a similar format and continue to build upon shared commonalities.

In implementing waka tētē with a group of young women impacted by domestic violence, there are several ethical and cultural considerations. Ethical social work practice with groups is underpinned by core values of the profession. Barsky and Northen (2017) identifies these core values as competence, integrity, importance of human relationships, dignity and worth of a person, social justice, and service which guide and promote ethical social work practice. Zastrow and Hessenauer (2019) state that group facilitators need to possess the professional knowledge, values and skills required to provide effective group

interventions. Barsky and Northen (2017) expand on this by claiming that group facilitators are required to not only possess sound knowledge of groupwork theories, but also possess specialized skills to transform their knowledge into action. Further to this, the authors emphasize that facilitators also need knowledge of different client population groups and the biopsychosocial concerns they are managing. In the case of the proposed waka tētē intervention, this means having knowledge of the complexities of domestic violence and the impact that this has on young women.

A major element of ethical practice with groups is informed consent. All group members will need to give informed consent both prior to and throughout the waka tētē groupwork intervention. Corey et al (2018) state that informed consent is a process which starts with presenting information about the group intervention to potential members so they can decide whether or not they want to participate. Group facilitators need to be clear about the main purpose of the intervention, who the group is for, the demands of membership, what activities are planned, what the benefits of membership are, and any potential risks that are involved (Lindsay & Orton, 2014).

Another major ethical element of groupwork interventions is confidentiality which is a central component in group therapy and essential to effective groupwork (Corey, 2016). Doel and Kelly (2014) point out that group members are encouraged to speak openly about the reality of their situations in order to develop strategies to heal trauma and alleviate issues impacting on them. The authors further substantiate that group members are more likely to speak freely if they trust that the information they share is respected and kept confidential. Corey et al (2018) states that it is essential that facilitators discuss confidentiality fully with group members including the parameters of behaviours outside of the group, for example, posting comments or photos on social media that may breach the confidentiality of other members. The group facilitator is responsible for expressing to group members the necessity of keeping information revealed within the group confidential and should be reinforced throughout the duration of the group intervention (Corey, 2016). However, the facilitator is also required to inform group members of the limitations of confidentiality and what their legal obligations are in sharing certain information disclosed by group members (Doel & Kelly, 2014).

Cultural considerations also need to be examined when implementing the waka tētē intervention. One consideration, for example, is that the intervention is specifically for women who have experienced domestic violence often at the hands of a male partner. Therefore, it may be more appropriate to have a female facilitator leading the group in this instance (Corey et al, 2018).

Another central feature of the proposed waka tētē intervention is that it draws from a Māori world view and integrates Māori values and cultural concepts. This needs to be made clear from the very beginning when informing potential group members so they are aware beforehand and have the opportunity to decline or accept group membership (Lindsay & Orton, 2014). Moreover, facilitators need to be conscious of ethnic diversity within the group including how ethnic differences may influence group dynamics and be prepared to intervene should issues arise (Zastrow & Hessenauer, 2019). Furthermore, Barsky and Northen (2017) assert that facilitators who are culturally responsive will be respectful of diversity and individuality while simultaneously paying attention to what group members have in common.

In implementing the waka tētē intervention with women impacted by domestic violence, facilitators also need to manage risks associated with the intervention. It is essential that group facilitators inform group members of the potential risks involved in the group intervention as well as minimizing the risks where possible (Corey, 2016). Corey et al.(2018) observe that facilitators need to take reasonable precautions to safeguard members from physical, emotional and psychological trauma by preparing members to deal any issues that might arise out of the group experience. For example, the facilitator may need to intervene if they sense that a group member is being unfairly treated or if a flood of emotion from the group is directed towards one member (Corey, 2016). Doel and Kelly (2014) observe that some conflict within the development of the group is normal, however it can become destructive if not recognised or dealt with appropriately. The authors add that it is the facilitator's role to help the group bring conflict to the surface and discuss ways to resolve it.

Other risks involved in implementing waka tētē will be more physical in nature. For instance, there is significant physical risk associated with waka tētē itself, in terms of being an outdoor activity and out on the water. It is critical that the group discuss risks associated

with this activity including risks from the environment, risks from the equipment utilised and personal risk. A risk assessment and management strategy (RAMS) form can be completed by the group with the assistance of the facilitator to identify any potential risks, what may cause increased risk and strategies to reduce risk as well as an emergency management plan (Crawford et al, 2015). While some risk-taking can be beneficial to the therapeutic nature of waka tētē, it is important that facilitators create a safe environment for themselves and the group members (Corey, 2016). Furthermore, safety planning is a critical element of working alongside women who have been impacted by domestic violence and should be a primary focus of intervention with this group (Zastrow & Hessenauer, 2019).

This essay demonstrates the use of waka tētē as a groupwork intervention with young women who have been impacted by domestic violence. A personal reflection of participating in a waka tētē experience highlights the therapeutic advantages of implementing this unique and empowering model within groupwork practice. Underpinning theoretical perspective that can inform waka tētē such as the Meihana model and narrative therapy provide rich insight into Māori culture and philosophy, while also creating an opportunity for women impacted by domestic violence to explore their potential and recognise authority over their own lives. The groupwork component of waka tētē can provide a supportive social network and illustrate to women that they are not alone in their experiences. The use of Māori cultural practices implemented to support waka tētē such as the hui process can help the women make connections and foster positive relationships. However, it is important that group facilitators are competent in providing waka tētē as an intervention with this population group. Group work facilitators are accountable for what they do and how they do it, and therefore need to consider and address any ethical and cultural concerns associated with implementing waka tētē as well as manage potential risks that may arise during the intervention.

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