

TE PUAWAITANGA O TE NGĀKAU

A CASE–STUDY OF WESTSIDE COUNSELLING SERVICES IN WEST AUCKLAND:

**A ‘Community of Care’ approach to working
with Māori Women and their whānau
who have been impacted by domestic violence**

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**A thesis submitted in partial fulfilment of the requirements
for the Degree of Master of Social Practice
UNITEC New Zealand, 2012**



DECLARATION

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This Thesis entitled: *Te Puawaitanga O Te Ngākau: A Case–Study of Westside Counselling Services in West Auckland*

Is submitted in partial fulfilment for the requirements for the Unitec degree of:

Master of Social Practice

CANDIDATE'S DECLARATION

I confirm that:

- This Thesis Project represents my own work;
- The contribution of supervisors and others to this work was consistent with the Unitec Regulations and Policies.
- Research for this work has been conducted in accordance with the Unitec Research Ethics Committee Policy and Procedures, and has fulfilled any requirements set for this project by the Unitec Research Ethics Committee.
- Research Ethics Committee Approval Number 2009-020

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A handwritten signature in black ink, appearing to read 'F. Pouesi', written over a light grey circular stamp.

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ABSTRACT

The purpose of this research was to explore and document the 'community of care' approach utilized by the Westside Counselling Service; a service that evolved from an affiliation with the researcher and the Massey Community Church in West Auckland in 2000. A case study approach was employed to ascertain how effective this model was for working with Māori women whose lives had been impacted by severe domestic violence. For most of these women, violence and abuse spanned throughout their childhood, adolescence, and adult lives, flowing down into the lives of their children. While the emphasis of this study is not about the violence the women incurred, it does provide awareness and insight into the impact of intergenerational violence.

The 'community of care' approach was developed to equip women whose lives were immersed in domestic violence. It offers a holistic, encompassing approach that provides ongoing support, awareness and the skills needed to integrate back into the wider community.

DEDICATION

This thesis is dedicated to the memory of my mother:

Marlene Fay Aldred (nee Haddon)
23 May 1933 – 29 May 2010



To my darling mum, thank you for your unconditional love and support, and for believing that I would see this research through. This year has served me my biggest challenge to date. My awareness of the incredible grief and loss of you and the holding of all the emotions, memories and feelings that come with such grief have been huge. Your words of encouragement to me in finishing this study prior to your passing have been instrumental in the writing of this thesis; thank you mum.

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To my husband Jose; thank you for your unconditional love, support and patience and the many, many hours you afforded me to complete this research. To my children Tania, Clinton and Hadleigh; your encouragement and the space that you have given me throughout my studies has been greatly appreciated. I am thankful for such an amazing family.

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Finally my thanks and aroha to the six Māori women who participated in this research; your journeys are a testimony to your courage and strength, and I honour you all for the remarkable life changes that you have made.

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PROLOGUE

I often wonder about my tupuna¹, my great grandfather, Robert Tahupotiki Haddon whose mother was a descendant of Titokowaru, the great leader of Ngati Ruanui iwi (tribe) in Taranaki².

My tupuna was selected for training in the ancient traditions and sacred lore of his people. When he was in his mid teens he was adopted by Tohu Kākahi (Houston, 1936, p. 154), one of the two prophets of Parihaka. Here he was taught by such learned elders as Tauke Te Hapimana and Te Haukopa; it was intended for him to become a tohunga amongst his people.

T. G. Hammond, the superintendent of the West Coast Māori mission, encountered my tupuna on one of his many visits to Parihaka³. Hammond took my tupuna under his care where he educated him for a period of time. With the approval of Tohu, my tupuna was accepted for theological training at Wesley College in Auckland in the late 1890s. His journey as a Methodist minister and his respect for the early teachings given to him by the prophet Tohu and the learned elders at Parihaka, undoubtedly contributed to his effectiveness as a rangatira, orator and minister.

The stories that are told amongst my whānau of Robert Haddon, speak of a man who had witnessed many things in the days of Te Whiti and Tohu's rise and decline at Parihaka. It is also known that he did valuable work in improving social conditions of people throughout the North Island. His many years of service to Māori up and down the country identified him as one of the greatest leaders in the Māori world of Taranaki.

While I recall hearing stories about my tupuna when I was growing up it has only been in recent years that I have begun to make links with my whakapapa and learn more of my tupuna and his amazing life. Today I believe that my spiritual experiences as a child were linked to my tupuna and ancestors. The awareness I have of my childhood visitations of old people correspond with what I know and understand today. I have no doubt that they were watching over me.

¹ A Glossary of Māori terms with their English translations is located at the back of the thesis on Page 115.

² Taranaki is a province on the West coast of the North Island of New Zealand. The province is named after Mt Taranaki, a 2518-metre-high mountain and one of the most symmetrical volcanic cones in the world. Refer to http://en.wikipedia.org/wiki/Mount_Taranaki for further information.

³ Parihaka is a village in Taranaki. In 1865, two visionary leaders, Te Whiti o Rongomai and Tohu Kākahi led the Parihaka movement of non-violent action in order to resist the invasion of their estates by British settlers. Refer to <http://www.parihaka.com/> for further information.

As I continue to learn about my Māoritanga, I am confident I will make more links and grow in my understanding of the spiritual experiences of my past and present. I often think of the brutalities and carnage that happened at Parihaka and I can't help but see how violence, although initially carried out against them, has been perpetuated from generation to generation down into my bloodline.

My spirituality encompasses my past and my present; the foundations of who I am today. Acknowledgement of my tupuna provides the path to my lineage and supports the knowing I have within.

CHAPTER ONE: THE ART OF WEAVING



Figure 1: The blossoming flax. (Source: New Zealand flax, Phormium, 2011)

Whakatauki

*Hutia te rito o te harakeke
Kei hea te komako e ko
Ki mai ki ahau
He aha te mea nui i te ao
Maku e ki atu
He tangata, he tangata, he tangata.*

*If the center shoot of the flax is pulled out
(and the flax dies)
Where will the bellbird sing
If you were to ask me
What is the most important thing in the world
I would reply
It is a person, a person, a person
Ihaika (1999)*

Introduction

Prior to the establishment of Westside Counselling Service I had had a vision of an elderly woman, somewhat hunched over, picking up what seemed to be dried up seeds from the ground, and placing them in her apron that she had folded 'up and over' to act as a pocket or carrier for the seeds she was gathering. What was also evident in the vision was that the ground in which the seeds were being gathered from was quite parched, and in parts cracked and open.

The elderly woman took her time in gathering, and sorting the seeds. Once she gathered them she took them into a large barn type building, where she began to sort through them. She placed a lot of care in the way in which she handled them. As she sorted through them she placed them on large trays. It appeared from the way she arranged the seeds that each tray held different types of seed; some were in more need of care and attention than others.

The vision also revealed a different ground to where the old woman had gathered her seeds. It was a large field in which there were many workers, some were breaking in the ground, some were digging, and others were planting and watering. In all it became evident that the vision was about the restoration of the seeds that the old woman had gathered, and the care it took in order for the seeds to reproduce once they were planted and harvested.

Recently, I was reminded of this vision when I was gifted the name for my research. 'Te Puawaitanga o te Ngakau' translated means 'the blossoming of the heart and soul'. The narrative that was given to me regarding 'Te Puawaitanga o te Ngakau' is that of seeds that have been planted, as they have germinated, grown and blossomed they have produced more seeds which in turn will be planted in good soil that will eventually produce sturdy plants.

Te Puawaitanga o te Ngakau also speaks to me about the 'blossoming' of my heart, and the hearts of the women I have had the privilege to work alongside over the past decade while establishing Westside Counselling Service. It has been a humbling experience to bear witness to women from all ages and different ethnicities grow and blossom, out of backgrounds that have been immersed in violence of all forms. It is therefore appropriate and humbling that this research be named Te Puawaitanga o te Ngakau.

This thesis relates to a 'community of care' approach that evolved from an affiliation with the Massey Community Church (MCC) Board and myself (the researcher), over ten years ago. Massey Community Church's commitment to support me in establishing a community counselling service has been fundamental in creating a community of care for women and children exposed to violence. Over time, as women accessed the counselling service, it became evident that in order to address their needs programmes would have to be developed that could address and manage complex issues resulting from brutal acts of violence. Initially the Counselling Service offered individual counselling. Over the years, the service has diversified and now includes several group-based initiatives for men, women, and young people on low incomes.

The growth and development of the service necessitated a safe empowering environment be established that would provide women with a sense of accessibility and connection. Today the

ten counsellors and two counselling students working at Westside Counselling Service (WCS) along with Massey Community Trust (MCT), Massey Community Church community and the many volunteers, are all committed to working in collaboration from a holistic framework providing therapeutic support, recovery programmes, mentoring and advocacy. These are strands that, when woven together, express a 'community of care' approach that is accessible to all people within the community and surrounding areas.

The setting up of the Westside Counselling Service and the consequent development of programmes derives from my work as a counsellor and group facilitator working in West Auckland in the early 1990s, and encompasses my own personal journey emerging out of a life lived within a violent context into one that is affirming and empowering. Over the years a community of care equipped with carers and an ethos of aroha has provided unconditional regard for women to begin to address issues that have impacted upon their lives. It provides an environment whereby women can come and be together to just sit, talk, laugh or cry and/or take part in the programmes provided. Ultimately, many of the women choose to begin to access therapy and/or programmes offered but there is no requirement that necessitates attendance at therapy sessions or groups. Sometimes, for women coming out of backgrounds where they have been exposed to horrific violence, the initial need is to be among people who care, and to find safety in order for them to begin to relate outside of what they have known.

Situating the researcher

My personal narrative is interwoven within this thesis and challenges me to stand in my truth, to articulate my truth, and to trust my truth.

Ko Taranaki toku maunga
Ko Waingongoro toku awa
Ko Aotea toku waka
Ko Aotearoa toku marae
Ko Okahu me Weriweri ngā hapū
Ko Ngāti Ruanui me Ngaruahinerangi ōku iwi
Ko Faye Pouesi ahau.

I have spent a great deal of my life avoiding conversations that would require me to talk about my whakapapa because I was ashamed that I couldn't speak te reo Māori. I learnt from a very young age how to avoid getting caught up in situations where I would be teased and tormented because I couldn't pronounce Māori words. It has only been recently that I have

begun to unpack and make sense of the huge fear that has shadowed me and prevented me from learning te reo. In saying this however, I have always known that even though I struggled with pronunciation and speaking te reo, my 'heartbeat' was Māori.

Today I stand strong in my understanding of my bicultural whakapapa. I am privileged that I walk in two worlds. I am Pākehā through my paternal lineage and I am Māori through my maternal lineage. While I continue to learn about my heritage and whakapapa and am still grappling to understand te reo Māori in any depth, I know that my tupuna have journeyed with me, and that my heart's cry is for Māori to be strong in our knowing and understanding of who we are.

The passion and concern I have for the research that this thesis is based on is intrinsically intertwined with my own personal story. My personal journey of prevailing over domestic violence and all the different forms of abuse that have occurred throughout my life from childhood up until my mid-thirties provides me with an insight that, when combined with a holistic approach to restoration, training and experience, forms the foundations of my work as a counsellor, group facilitator and visionary. My journey back from self-hatred and the many acts of sabotage that I have performed on myself over the years provides me with an in-depth knowledge into the kind of damage that occurs to a person when she falls prey to heartless, callous acts of violence.

My healing over the years has created pathways that supported me to rediscover who I really am. The various layers of my person that have been peeled back, searched out and healed now provide me with insightfulness and understanding that have equipped me as a counsellor and group facilitator.

My own history and personal journey out of violent situations, coupled with the many conversations held with others exposed to domestic and intimate partner violence, has informed me of the brutalities that women and children face behind closed doors. For many of those women their histories and stories were similar to mine, including gang-related issues as well as intergenerational abuse.

Over the past seventeen years I have worked in my community as a counsellor and group facilitator specialising in abuse and trauma, providing programmes that involve face-to-face counselling and group facilitation to women and adolescent girls from abuse-ridden backgrounds. A Māori counselling internship that I was privileged to secure soon after my graduation, concluded with me being employed as an ACC counsellor working in an abuse and

trauma counselling centre. Primarily, my work involved counselling Māori women accessing the agency for therapy as well providing counselling to schools where adolescent girls were disclosing issues of abuse.

It was my work within the schools and the agency that predominantly supported my awareness of the vast abuse issues that were impacting families, in particular families of Māori and Pacific Island origin, in West Auckland. My knowledge concerning violence against women within my community was also due to my association with the many families and friends that had been established since my childhood. This information coupled with what was being disclosed in my work began to provide me with a comprehensive view of the impact that violence, in all its forms, was having on families within West Auckland.

My background has provided me with immeasurable insight, understanding and aroha for the women I work with. My personal knowledge of how repeated acts of violence impinge upon and impoverish a person's spirit and violate the absolute essence of who she is informs me of the care needed in order for healing to take place and belief in one's self to be established. Henri Nouwen (cited in Ringma, 2000), reminds us that poverty, "at a deeper level, means that we discover our own poverty, weakness, and brokenness and can thus journey in true companionship with the poor" (p. 21). Today, my growing awareness informs me that the way of healing is greatly enhanced when a person is not alone nor is counselled in isolation, but when journeying with others and embedded in a community of care.

Why Māori women?

The group programmes that were initially established through Westside Counselling Service for women experiencing domestic violence were never created for just Māori women. Women from all ethnicities were accessing the service from the outset and this trend has continued. However, prior to the commencement of the community counselling service my aspiration was to set up programmes that would support Māori women living in violence. I was unsure how this could happen, but nevertheless it was imprinted in my heart. My work as a counsellor and group facilitator in West Auckland through the 1990s informed me that not many Māori women accessed community agencies for help. It was in that time that I aspired to find a way to connect with these women experiencing domestic violence. I never realised at the time what would transpire.

There is a "knowing" or an understanding that is hard to define which many Māori women have of one another when they have lived experiences of violence. Even though they do not

express that they have been in a violent relationship, somehow they know this. There is also a connection they make with one another that cannot be seen, only experienced. It is hard to find words that describe what has a sense of mystery, of the numinous, of ancient wisdom, of generations past who hold this knowing or what may also be termed an expression of wairuatanga. This is my link with Māori women, more so than women from other ethnicities, because I too am Māori and I have known that connection and have experienced that knowing. This connection is also evidenced in gatherings with Māori in general, not just those who experience violence (Kruger et al., 2004; Royal, 2003) and will be explored further below.

Many women who experience domestic violence and unpredictable relationships question their contribution to this and wonder, “Is it me or something I do that provokes or invites violence?” Being part of a group of women who have had similar experiences affirms their own and each other’s journey, and the compromises each has made because they have not known their truth and have believed others’ mistruths and resultant manipulative behaviours. Such deceit leaves these women distrustful, doubting their integrity and their ability to make sense of themselves and the world. This can rob women of trusting their own understanding and knowing.

As introduced above, this research will investigate the ‘community of care’ approach developed by Westside Counselling Service to ascertain whether it is an effective approach for working with Māori women exposed to domestic violence.

An overview of domestic violence in New Zealand

Aotearoa/New Zealand introduced the Domestic Violence Act in 1995. A substantial amount of resourcing, including financial and academic research, has been dispersed into this area over the past one and a half decades in order to reduce statistics concerning domestic violence in this country. In the five years following the introduction of the Domestic Violence Act 1995, it was noted that very few Māori women were attending domestic violence programmes. Also evident were the low number of Protection Orders that were being actioned by Māori women on their perpetrators. Yet what was obvious was that most of the domestic violence programmes available at this time were scarce in cultural support and lacking in registered Māori counsellors and therapists. This was relevant in the case of West Auckland where I worked.

Today, in 2011, we as a nation are reporting that domestic violence has reached epidemic proportions (Kruger et al., 2004). Furthermore, Māori are still over-represented in the statistical data (Te Puni Kōkiri, 2010) that provides the evidence of such an epidemic. While there is much research available concerning this endemic issue, statistical evidence points at the fact that the current approach is not working, particularly where it is concerning Māori. Reviewing documented evidence on Māori women, Kruger et al. (2004) conclude that:

Māori women received higher levels of medical treatment for abuse and that abuse is of greater severity for Māori women. Māori women are over represented as victims of partner abuse, more likely to report psychologically abusive behaviour, to have experienced physical or sexual abuse in the past twelve months and to have experienced more serious and repeated acts of violence (p. 10).

A Diagram of the structure of MCC, MCT, situating WCS

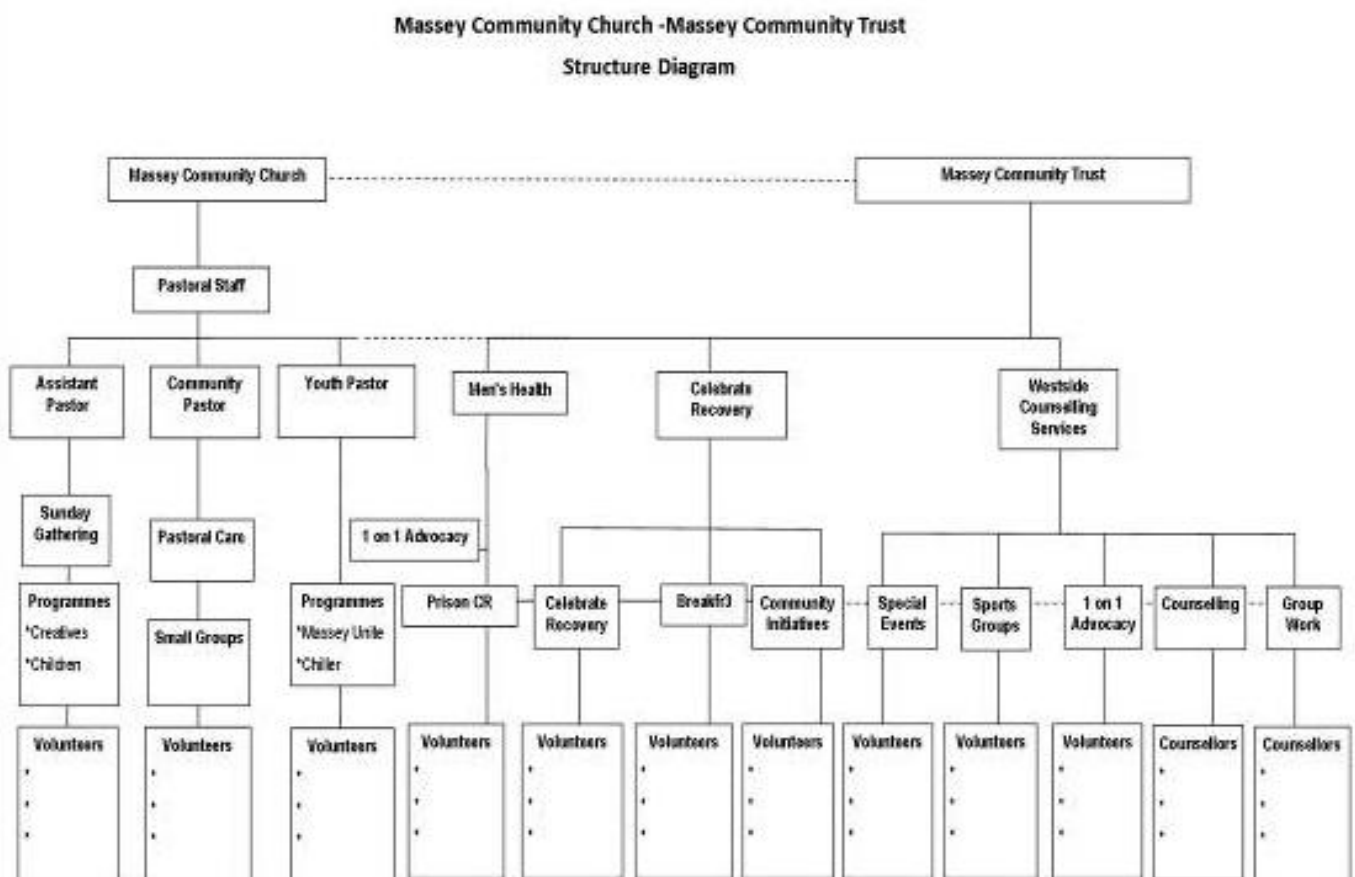


Figure 2: MCC and MCT structure (Source: Massey Community Trust, 2011)

Key: indicates relationship between parties.

Genesis - The birthing of Westside Counselling Service

Massey Community Church-Massey Community Trust-Westside Counselling Service

The community counselling service known today as Westside Counselling Service, started in June 2000, with one counsellor offering face-to-face counselling from an office within the Massey Community Church. This service was officially named as Westside Counselling Service in 2001. The counselling service was primarily set up to provide counselling support to families and individuals on low incomes within the Massey district. As community demand grew, so did the need for more counsellors, thus causing a snowball effect resulting in growth from one counsellor in an office in the local church to a suite of programmes – all in response to community need. Massey Community Trust was established in 2004 to oversee and support the counselling service. Today there are ten counsellors and two third year counselling students based at Westside.

Within its first two years of operating, the counselling service identified high numbers of self-referring Māori women who were experiencing severe domestic violence. Consequently the counselling service included a range of programmes to support those women and others from abusive backgrounds. Westside Counselling Service is a community-based organisation, and although it was not specifically set up for Māori, the organisation works with high numbers of Māori women and their families.

The vision for Westside Counselling Services was and still is to deliver services to the community that will serve the well-being of its residents, in particular those who are exposed to family violence, and to develop holistic programmes that will encourage participation and collaboration for men, women, youth and children. Westside Counselling Service engages with high numbers of low income families living in Massey and surrounding areas. The service offers professional counselling, trauma therapy, child therapy, specialised therapeutic groups and psycho-educational groups, as well as support groups, sport programmes, community events and advocacy. Over time strong relationships within the organisation have formed; this is evident in the many volunteers that offer their time and skills to support the programmes and community initiatives provided by Westside Counselling Services and Massey Community Trust.

Westside Counselling as a Community of Care

Over the past ten years Westside Counselling Service has created and developed programmes for women, men and youth that promote wellbeing in all dimensions. Many of the women accessing Westside Counselling Services over the past decade presented with distorted belief systems. The continual put-downs and repeated assaults on their character, merged with the relentless acts of physical, emotional, mental and sexual abuse to establish in them core beliefs that held they were of no worth. The 'community of care' approach was primarily developed for these women as a means to support them as they began to explore and address issues and behaviours that would ultimately break the cycle of violence in their lives.

Early on in this development of a community of care it became apparent that the issues and behaviours fell into broadly defined themes. These became apparent time and time again within the client interface. Understanding these themes such as prostitution, drug and alcohol abuse, self harming, and the role they play in the process of holistic healing emerged as key foci during the analysis of client needs initiated to determine the programmes required by Westside Counselling Services. These themes may be used as strategies to exit difficult relationships and to cope with the result of traumatic histories.

Westside Counselling Services is an agency that interfaced with community needs, along with the significant hours of dedicated work from not only the professionals but also the many volunteers. This coupled with the immeasurable support and management given from Massey Community Church and Massey Community Trust, has to date provided a foundation that underpins the rationale for the 'community of care' approach that has been developed at Westside Counselling Service.

Over recent years the 'community of care' approach has grown to include counselling, and support programmes, including community initiatives for not only women, but also men and youth and children. The variation of the many groups and support systems that have been established under the Massey Community Trust for individuals and their families provide pathways accessible to Westside Counselling Service clientele and as well, the wider community.

CHAPTER TWO: STRANDS OF THE KETE – A NARRATION OF THE HISTORY OF WESTSIDE COUNSELLING SERVICES



Figure 3: Flax kete (Source: The private collection of F.Pouesi, 2011)

Introduction

This chapter introduces the background of Westside Counselling Service.

A metaphor that encapsulates a ‘community of care’ approach is that of a finely woven kete made from the blades of pingao grass. Its handles are representative of Massey Community Church, Westside Counselling Service, and Massey Community Trust, plaited together to collectively support the kete. Traditionally the pingao kete is understood to have been used to hold sacred and precious objects. The pingao blades symbolize all of the associations that have formed through support networks and programmes, including facilities and safety, which are all woven together to create a delicate kete, lace like in appearance yet strong in texture. It is fashioned to support the broken hearted, to declare freedom to the incarcerated and to provide the opportunity for change to those bound up in what seems like loveless relationships and overwhelming difficulties. The vision is outworked in seeing the broken hearted mended and the achievement of freedom from captivity to violence, prostitution, and drug and alcohol abuse.

The history of Westside Counselling Service is told below in two sections. Section One introduces the Massey district and presents an outline of the beginnings of Westside

Counselling Service. As well, this section provides an overview of the relationships between Massey Community Church, Westside Counselling Service and Massey Community Trust and their functions. Furthermore, Section One outlines other important aspects that are significant in the delivery and support of the community of care approach.

Section Two provides an overview of the programmes that are available through both Westside Counselling Service and Massey Community Trust

SECTION ONE

Setting the context: West Auckland suburb of Massey

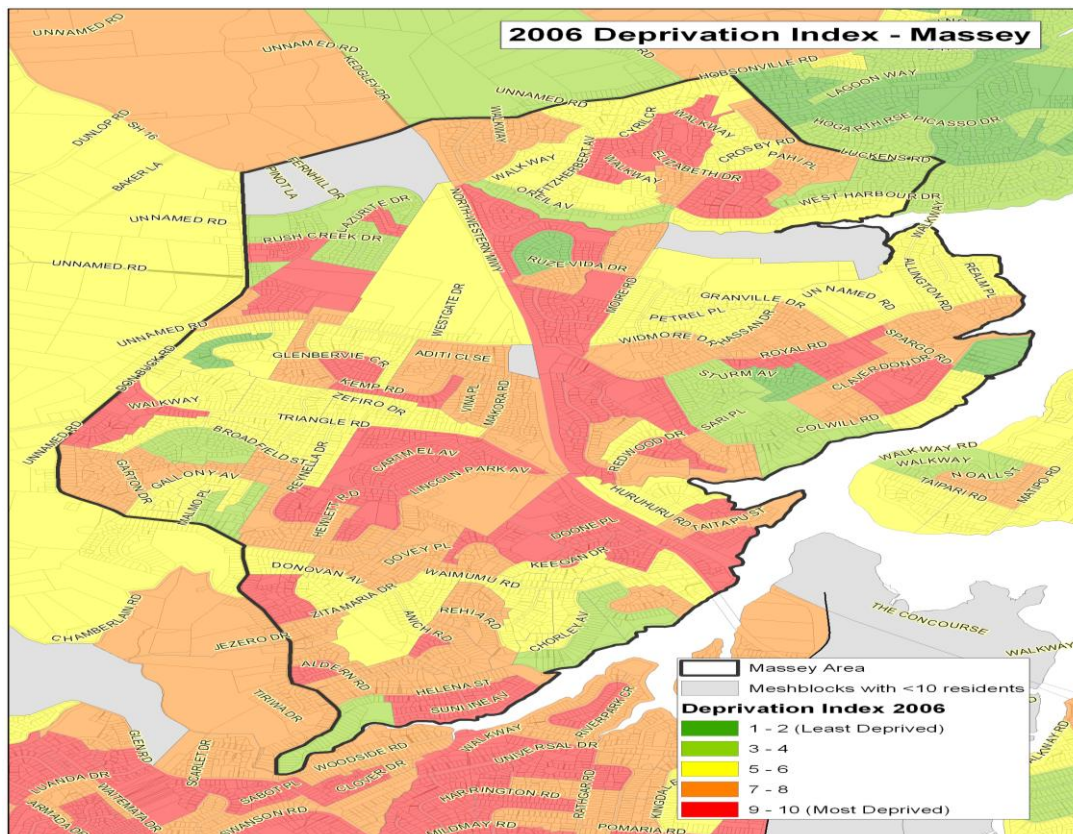


Figure 4: Map of Massey suburb. (Source: Massey Community Trust, 2011)

Westside Counselling Service is located in the suburb of Massey, in West Auckland. The findings of a report for the local government officials (2003) identified concerns for the Massey area as having high needs re community support, Massey Community Trust (2008). Massey was recognized and described as having limited access to social services due to its urban

sprawl, deprivation and low socio-economic status. There was no access to local policing or social service agencies. Massey, the largest constituency in West Auckland, was described as a difficult place to live if you are without private transport. In an area known historically as 'nappy valley'⁴, Massey residents lived for many years in isolation, disconnected from social services and public transport. In their 2006 study Conway, Witten, Asiasiga and Kaiwai note:

There was general agreement that people lived in Massey because of the low cost of housing, relative to other areas of Auckland, particularly first home-buyers. Quite divergent views existed as to whether Massey was a place of choice or a place of transition, a stepping stone to something better elsewhere (p. 14).

The Community resource access: North Shore and Waitakere report Field and Witten (2003), confirmed what many people suspected for some time, that social issues were growing in the existing Massey urban area, with some perceptions that the Massey locality was on a negative trajectory or downward spiral if nothing was done to intervene. At the 2006 census, 28% of Massey's population lived in areas with a high deprivation index ranking of 9 – 10 (10 being the highest), and 75% lived in areas ranked 6 -10. Of note, the number of people in Massey living in areas with a deprivation index ranking of 9 doubled over the 2001 – 2006 period Massey Community Trust (2008).

An aspiration of the heart

Beginnings

In the first half of 2000 I was contacted by an Auckland businessman who asked that if I was able to do something significant within my field of work, what it would be? I spent an hour sharing my heart with him about a vision to pioneer an alternative approach to working with women, in particular Māori women and families, who were not accessing existing counselling practices for issues concerning violence. Our meeting ended with him committing to finance a substantial amount of money over a period of three years to begin the process of establishing a service that would provide face-to-face counselling to low income families and individuals at no cost, and as well develop programmes for women exposed to domestic and intimate partner violence.

Within a week of that meeting, the businessman and I met with the senior pastor of Massey Community Church and shared my vision with him, asking if the church would support me to

⁴ A reference to the large numbers of young families, usually of lower socio-economic standing.

start a counselling service in Massey. The pastor then met with the Church Board who in turn set up meetings with the church community. These meetings eventually led to a community counselling service being established at Massey Community Church in June 2000.

The birth of “Westside” Counselling (2001)

The initial focus for the counselling service in 2000 was to provide professional counselling at no charge to individuals and families on low incomes in the Massey area. The provision of this service saw high numbers of self-referrals come into the counselling service through word of mouth and before long the service began to identify families in need of basic necessities.

Another initiative was to begin to collate information that would inform Massey Community Church and my counselling practice regarding the developing and delivering of services within the Massey community. Within twelve months the need for additional experienced personnel to deliver these services was identified.

Also identified was the need to name the counselling service. Around this time my colleague shared a dream she had on the 27 June 2001 and consequently journalled, as follows:

A nomadic people, who have spent their lives wandering in a desert. In this time they have been fed, clothed and sheltered but they have wandered in a desert. A people who have come out of Egypt (and all that Egypt symbolizes).

They reach a fast flowing river and see on the west side of this river, a warm shining light. On the side of the river stands a place made up of different things – yet at the same time one place. A building clothed in light. The very presence of God shrouds it and life, light and warmth are all around it. At the same time a simple pile of rocks stand. These stones have come from the deepest place in the river – from the riverbed over which the waters have flowed, these stones are an altar to God – a mark and testimony to God and what He has done. In the simplicity of this altar there is power and deep meaning and symbolism.

The river cleanses and washes everyone who passes through it. To reach the river bank where God’s presence is obvious, each person must cross (pass through) this deep flowing river. The river not only cleanses, but also sustains and gives life. The desire to cross is huge and there is a longing to go to that place where God is. Despite the fast flowing river it is easy to cross because the longing is so strong.

There is an awareness of a promise to come – of more of God.

The place on the side of the river changes from being a beautiful building to an altar of stones, and back again. The two are interwoven and interchangeable. What doesn’t change is the presence of God in this place. There is such light and warmth. S. Fenwick, Personal communication, 27 June 2001

The dream mentioned above left an impression of being quite significant and profound in relation to the counselling service, and it came at a time when much thought was being given to its name. Eventually it was determined that the significance of the west side of the river in the dream held the name and hence the name Westside Counselling Service was birthed.

For the first three years of the counselling service operating, there was very little external statistical evidence that there was a demand for a professional counselling facility in the Massey community. Paradoxically though, a need for this service had become evident to Westside Counselling Service through the voices of the community within the Massey area. That voice indicated that transport deficiencies and financial restraints had become a hindrance to people seeking help and support (Conway et al., 2006). Within the first twelve months of opening, Westside Counselling Services was receiving feedback from schools, clients, and churches as well as referring agencies. These sources indicated that more than just face-to-face counselling was needed and this information, along with the referral statistics, began to expose the difficulty families faced in accessing basic needs.

The lack of blankets, warm clothing, bedding and inadequate food was often identified by people accessing support from Westside Counselling Services. Alongside this there were the more obvious, and sometimes pressing, issues of family violence, abuse, truancy, addictions, behavioural issues and social concerns. This highlighted key areas that, if addressed, would improve the wellbeing of Massey residents, in particular those on benefits and low incomes.

The identification of these needs prompted talks between Massey Community Church and Westside Counselling Services to find ways to address some of the gaps. The weekly Massey Community Church newsletter was used to access resources for basic needs. Items such as blankets, food, bedding and furniture were donated from the church community as well as from residents of Massey. Financial sponsors from the community also pledged their support to help local families in need. In addition, a bakery drop of excess goods at Massey Community Church twice a week assisted families to provide lunches for their children, and on many occasions their goods substituted for an evening meal. The weekly distribution of the newsletter to the church community is still in use today; so too is the commitment from the church community to support and stand alongside Westside Counselling Service.

Massey Community Church

As part of ensuring accountability I would meet fortnightly with the Senior Pastor, who in turn would report to the Massey Community Church Board. Decision making would happen at this level, as, for the first three years, the Westside Counselling Service was driven by the acute needs that were being faced and there was less emphasis on the structure of the service. Haigh (2008) reflects this transition: "Isomorphism is change from voluntaristic and amateur groups to bureaucratic and professionalised organisations through the adoption of accounting, monitoring, performance and registration requirements" (p. 3).

Meetings with the Massey Community Church Board and counsellor were bi-monthly. In these meetings the Board monitored my wellbeing as Director's wellbeing and ensured that external supervision was done on a regular basis. It was also the time when the vision was shared and needs of the community were tabled. The structure of the Massey Community Church Board resembles that of the advisory board model described by Lyons (2000) where he identifies "the model being the one that churches or religious organisations mainly used prior to incorporation. The chief executive of this type of establishment would be appointed by religious leaders or a bishop and would report back to them" (p.129). Massey Community Church Board functioned in this way and was seen in an advisory role and care-taker of the counselling services funds. Westside Counselling Service was independent of government funding for nearly six years due to both the values and management of the Massey Community Church Board and the Massey Community Trust.

The establishment of the Massey Community Trust (2004)

By 2003 Westside Counselling Service had changed from just one counsellor providing one-on-one counselling and, with the addition of another paid counsellor/facilitator and further use of volunteers, evolved into a staffed operation offering various services. In response to this increased complexity, the Massey Community Church Board realised the need for a discrete governing body. As a result, a Trust was formed to manage governance. Prior to the incorporation of Massey Community Trust, Massey Community Church Board oversaw the management structure of Westside Counselling Service from its beginning stages in 2000 through to the development of Massey Community Trust.

Westside Counselling Service was economically sustained due to the generous grant from the private donor up until the end of 2003, at which time various businesses and the church body

donated funds that would secure Westside Counselling Service for a further few years. Massey Community Church Board and Massey Community Trust are financially independent; one is responsible to the church and the other responsible to the Trust and wider community.

It seems that the values held by both Boards were compatible with the people associated with the organisation. This is evident in the endless hours given to develop and establish Westside Counselling Service. The aroha shown at the first point of contact in 2000 is still evident today in 2011. These shared values and aroha allowed and supported Westside Counselling Service to stay focused on developing services that would resource the community, create collaboration and build strong relationships with folk from all walks of life.

By the first quarter of 2004, Massey Community Trust had become an incorporated Trust under the Charitable Trusts Act 1957. In order to facilitate cohesion, transition and accountability, one of the Massey Community Church Board members, then also a Massey Community Trust trustee, continued to meet fortnightly with the Director of Westside Counselling Service. The Trustee would report back to Massey Community Trust the outcome of these meetings. Today, Massey Community Trust has in place a supervisor separate from the Massey Community Trust whose role is to meet monthly with the Director and report back to the Trust the outcome of the meetings. Early in its existence Massey Community Trust established an expectation for written reports to be prepared and tabled on a bi-monthly basis. This was always done with regularity by the Director/Counsellor of Westside Counselling Service as these reports became the mechanism that informed and gave direction to Massey Community Trust with regards to the funding, direction and responsibility of the Westside Counselling Service organisation.

The bi-monthly reporting process still stands today. This ensures that the accountability process continues to serve the needs of an ever-growing team and enables the organisation to remain in a state of effective and sustainable communication. The Massey Community Trust KOPPS document states that one of the roles of the trustees of the organisation is to “receive regular reports from those responsible for programmes operating under Massey Community Trust” and to “meet every two months or as often as may be necessary for these functions to be carried out” (Section B). These roles and expectations are in alignment with Nancy Axelrod’s (1990) Governance Series Booklet Two.

Massey Community Trust is made up of people from various community backgrounds. They all have extensive backgrounds including Trust Boards, education, management, and community initiatives. They provide support, accountability, direction and strategic planning. The Trust

objectives are to serve their local community by seeking to meet their social, emotional, physical, spiritual and educational needs and to alleviate the difficulties of those experiencing hardship of whatever kind, including financial hardship, and to bring relief through whatever means available (MCT, Section B).

Drucker (2001) states, "The "non-profit" institution neither supplies goods or services nor controls. Its "product" is neither a pair of shoes nor an effective regulation. Its product is a changed human being. The non-profit institutions are human-change agents." (p. x). The heart of Massey Community Trust and Westside Counselling Service is to facilitate a process whereby people are empowered to turn their life around utilising community resources and support. Increased complexity has led to change in the management structure; however, the foundational values and visions are still in place that embrace Westside counselling, the active involvement of Massey Community Church and the Massey Community Trust. All three organisations represent the three threads used by the weaver to make the handles of the kete that holds the community

Facilities

When Westside Counselling Service began, Massey Community Church offered the full use of their premises. This included renovating an area into a suitable therapy room with a secure office. In 2002 a larger therapy room was renovated to include a group room. In March 2003 three new offices were sited. The additional offices provided administration space for Massey Community Church staff and multipurpose facilities, including a counselling room when needed. In 2007 two new counselling rooms were built and named Te Whāre O Whakamārietia to draw upon the idea of being a house of comfort. These were jointly funded by the Waitakere Licensing Trust and the ASB Trust. The buildings, containing a counselling room and a child therapy room, were officially opened in September 2007 by local kaumātua Charles Joe. Today Westside Counselling Service manages four counselling rooms in addition to having access to two other rooms several days a week. It also has the use of a multi-purpose group room and a youth hall. This was the fulfilment of a vision from 2000 that a place would exist that would give comfort to the broken-hearted, a theme from Isaiah (Chapter 61).

From the outset the vision for Westside Counselling Service was never seen in its entirety. Initially the dream was to establish a small counselling service accessible to Massey community residents, with a central kaupapa to reach Māori and Pacific Island women exposed to violence. Consideration and planning of the development of Massey Community Church structures and

property are well thought-out however. A core value is that of serving community. This is demonstrated in the way Westside Counselling Service is consulted in all planning decisions. Every building has multiple uses and is made available to other community agencies/resources.

The development of a professional counselling service

Statistics from Westside Counselling Service show that at the end of 2000, 24 referrals had attended personal counselling, 85% of which were New Zealand Pākehā. It is important to note that this evidence related only to the initial six-month period within which the service had begun operating. However, by 2002, 85 people had accessed face-to-face counselling. At this time the statistics showed a demographic shift demonstrating that 34% Māori, 33% Pacifica and 33% N.Z European had accessed Westside Counselling Service (Massey Community Trust, 2004). Although the mix of ethnicity had changed, common themes such as the inaccessibility of professional counselling for low income families, the lack of basic needs and the experience of domestic violence became more evident.

The vision for Westside Counselling Service originated with one qualified counsellor employed twenty hours a week to provide no cost counselling to people surviving on low incomes living in the Massey region. However, in 2001 it was identified that further qualified personnel were needed as referrals had increased. A qualified counsellor volunteered her time and skills once a week to help facilitate a *Living Free from Violence* group that had been developed to meet the need of residents in the community and surrounding areas. Her voluntary commitment continued until August 2003 when funds were re-allocated to pay her eight hours per week for group facilitation. In the same year Westside Counselling Service offered a counselling placement to a third year counselling student as a means to manage some of the general referrals that were being received by the agency. The placement in turn provided the student with supervised hands-on training. Acknowledgement is also made to the countless voluntary hours given by the office administrator as well the two counsellors who gave over and above their paid hours. The Westside Counselling Service administrator gave of her time and skills for over ten years unpaid until 2010 when monies became available to employ her part time.

Initially counselling at Westside Counselling Service was offered at no cost. Over the years the necessity for more specialists experienced in complex issues coupled with lack of funding has caused Westside Counselling Service to negotiate ways in which to pay for the services of these professionals and as well continue with its philosophy of offering free counselling to low

income families. In 2007 low cost room rental was offered to therapists to develop their private practice through Westside Counselling Service. This initiative was successful and culminated in there being eight qualified counsellors/psychotherapists, five of whom were Māori specialising in areas of abuse and trauma, one Pacifica and two Pākehā, as well as three students in their final year of training.

Today most of the counselling is funded through fees for service from Child Youth & Family Services, Work & Income, and the various contracts that individual counsellors and Westside Counselling Services have acquired. However, free counselling is still offered through pro-bono work and third year counselling students based at Westside Counselling Service. The provision of free counselling is available to all clients who are unable to access funding.

Safety, confidentiality and ethical considerations

While safe and ethical guidelines always supported its practice, initially, no thought was given to safety considerations for the wider environmental context of Westside Counselling Service. A change occurred, however, as some women chose to participate in other church activities. The guidelines for safe and ethical practice now needed to be acknowledged as applicable for the church as well. Talks between the senior pastor and the Director of the counselling service signalled that these guidelines needed to be provided, given that client participation could be an ongoing occurrence. In 2003 it was agreed that in order for the community counselling project to be safe and effective within the community church setting, this area needed to be addressed and precedence given to the wellbeing of all people accessing both establishments. The outcome resulted in the church developing policies and procedures in consultation with Westside Counselling Service to achieve a safe and positive environment.

In the setting up and establishing of Westside Counselling Service, priority concerning confidentiality was acknowledged by both the counselling service and the church. Earlier talks between both establishments recognized that all information concerning clients and church members was held privately within each establishment. When concerns arose relating to safety issues for Westside Counselling Service, confidentiality was adhered to as documented in the New Zealand Association of Counsellors Code of Ethics.

An example of one of the safety concerns that arose was that a convicted child abuser known by church staff was attending Sunday church services. This and other scenarios mentioned above resulted in meetings that ultimately led to building awareness and educating both staff

and Board members around the need to develop policies and procedures that would create a safe environment, and as well identify safety issues should they arise. The procedure ended with a series of documents that provided safe pathways to follow should action be required in order to initiate safe practice within either of the community settings. The process was completed without disclosing any information that would identify the known perpetrator to anyone other than those who initially held the knowledge of his background.

In some cases, such as the one mentioned, contracts were written up and signed by the perpetrator. The contracts stated that they, the signer, would adhere to the safety guidelines put in place by the Massey Community Church leadership, should they continue to attend the church establishment.

It was decided early in the establishment of the safety guidelines that two key people, specifically the Senior Pastor of Massey Community Church and the Director of Westside Counselling Service, would manage shared information and that the information would only be shared more widely if a safety concern were to arise that could cause harm.

Awareness, education and understanding the impact of violence were all necessary components in developing safety within the church structure. In 2004 when the Massey Community Trust was established, policies and procedures were put in place reinforcing safety measures. Educating the church staff around the cycle of violence and making them aware of the impact of violence on one's life became the topic of ongoing conversations over the first few years of establishing Westside Counselling Service. Most of the staff had not known or lived with violence; therefore it was important that they developed awareness and understanding in order to increase their knowledge. The time spent talking with church staff, growing awareness and providing further understanding around the cycle of violence allowed for early identification in the forming of possible unhealthy relationships within the community of care project.

As concerns became apparent, either the Senior Pastor or Community Pastor would attend to them through the process of pastoral care. This would be the responsibility of the church, not Westside Counselling. Today, (2011) Massey Community Church staff and Board have a good understanding of domestic violence and the impact it has on people's lives. Volunteers who assist with the delivery of the programme, *Celebrate Recovery*, have also gained awareness and knowledge through the ongoing supervision and training individuals receive as facilitators. Group members in turn are made aware of safety for themselves and others through the group guidelines and material covered each week, including by listening to others' experiences.

Today, people involved in the many programmes running under Massey Community Trust don't hesitate, when necessary, to act on any concerns they may have regarding the safety of women and children. The processes that are in place with regards to *Celebrate Recovery's* support and accountability personnel, pastoral care, and Westside Counselling Service, ensure a safe environment. The sense of security that informs women and men who attend any of the services offered through Westside Counselling Service is seen as they introduce themselves and their children to the different programmes available through Massey Community Trust and Massey Community Church.

Volunteers

Volunteers have supported the many functions of Westside Counselling Service. Initially the majority came from the Massey Community Church and while this continues today, others, following their personal recovery, choose to contribute their time and skills through participation and involvement in the many services Westside Counselling Service offers. This has proven to be an effective contribution within the agency, given the high numbers of volunteers needed to present significant events and to help with time and expertise by assisting in preparing the weekly meal for recovery programmes, pamper days, retreats and sport programmes. Men, women and young adults give a great deal of their time to come and support individuals and families to experience community, to offer friendship, and to give encouragement, respect and aroha.

This is in line with Wilson (2001) who notes, "The voluntary social services sector, in particular, was seen as a key stake-holder in the New Zealand Government's efforts to mobilise communities and to further engage community responsibility and participation" (p. 6).

The establishment of Te Roopu Pounamu Awhina

In response to a desire for networking, a small Māori counsellors' collective was formed by the researcher, in West Auckland in 1999. The group provided support for two Māori counsellors and one student working in a counselling agency at the time. Both the counsellors and student would meet regularly as a means of accountability for their work with Māori clients and also to awhi each other through some of the difficulties they faced as Māori women working within the agency's Pākehā driven environment.

By 2001 the Māori counsellors' network had increased to five Māori counsellors and two Māori counselling students. In 2002 memberships began to climb. It was also around this time, during a gathering of the Māori counsellors' network, that conversations were being held concerning the formation of a structure that would give the Māori counsellors network more standing in collegial and professional circles. At this time the researcher spoke of a vision she had had. Her heart was to develop the network into a gathering that would provide awahi (relational support) rather than mahi (work in the area of organisational structure, and paperwork). The vision revealed the metaphor of a newborn baby being nurtured on the breast. It revealed the baby developing from birth to autonomy; learning to crawl, finding balance in order to take its first steps and finally walking until standing on its own without the support of another's hand. This vision was clear and could be likened to a prophetic vision. More importantly though, the visionary shared how important it was that the baby be nurtured, that it be allowed to grow and form and that it was important that the baby is not to be given tasks before it was strong enough to manage them.

Without initially appreciating its significance, the vision became the foundation of the Māori counsellor's support network that would eventually form into a roopu ungoverned by committees but held together through strong relational partnerships between the counsellors and counselling students alike. This would provide accountability, support, education, awareness and understanding for its members working with their clients and organisations, including professional bodies.

By 2004 up to fifteen Māori counsellors and students were meeting regularly in West Auckland. The meetings became the place where the counsellors and students gathered to participate in peer supervision, offering accountability and support to one another for the work they were doing with Māori families. For those attending the network a great deal of support, learning and awareness was gained. It was a place for them as Māori counsellors where they could speak about their spiritual experiences, share their spiritual values and provide understanding while drawing from each other the depth of working with Māori clients. Karakia, waiata, aroha, laughter and the sharing of food provided sustenance for the lengthy discussions that took place during the hui or meeting times.

In 2006 the Māori counsellor's network was officially named Te Roopu Pounamu Awhina. The roopu consisted of 30+members based from Auckland through to Tauranga. Over the years this roopu has proven to be an effective network for Westside Counselling Service, providing us with support and accountability for the work being done with our Māori clients and whānau. It

has also been effectual for Māori counselling students and Māori counsellors and therapists alike studying in undergraduate and postgraduate work.

In the past two years the roopu has been less active in its gatherings due to the high levels of work and study commitments that members have undertaken. Nevertheless many conversations continue to be held throughout the roopu and support and awahi continues through informal local groups rather than through large gatherings. It is envisaged that the roopu will continue in this way until study requirements cease and individuals have more time to put aside for the larger gatherings.

SECTION TWO



Figure 5: preparing the ground (Source: www.google images.co.nz, 2011)

He waiata tangi

*He puna wai utuhia, he wai kei aku kamo
Te pua korau e ruia, e tipu i te waru
Tena ko Tangaroa maheni
Tiritiri noa ana ki ro pungarehu, i.*

From a song of lament.

*The tears from my eyes are like a spring
But they are like the fern spores
Which when shaken out on the desolate places
Push fronds up to stand in the ashes.
(Lament of the Ngāti Porou people).*

Programmes:

Living Free from Violence

The development of groups, both psycho-educational and therapeutic, began within 12 months of starting Westside Counselling Service. The first programme to be written and developed was the *Living Free from Violence* group (LFFV). This programme was initially developed to cope with the numbers of women accessing counselling through Westside Counselling Service for issues related to violence and abuse. LFFV was piloted in July 2001 and officially started taking referrals in 2002.

Client (R): Coming on that recovery group [LFFV], hearing other women's stories as well as my own, and then from that we went into the sexual

abuse from when we were kids. I was able to go into that one as well because a lot of my stuff that actually happened to me was because of that. I could never ever speak about it that was something I'd pushed right down for years and years and felt like I was nothing. From there things just went really, really well, I just got stronger and stronger to who I was and at that point of my life I just knew I wasn't ever, ever going back to what I had come from. Participant R, 25 November 2009, personal communication.

The Living Free from Violence group continues today and is currently being restructured into *Celebrate Recovery* programmes administered through MCT.

Referrer: My evidence is a recent client that I haven't been seeing that long, she was working as a prostitute. I told her about *** group [LFFV] she really found it powerful and she didn't feel that she was alone". Participant , 12 November 2009, personal communication.

Incorporated in the LFFV programme was a weekend retreat and/or a pamper day where women would learn the value of self care. For example,

Participant (J) states, "Yeah I've been involved in pampering and stuff like that...I like the way that it's done". Participant J, 12 November 2009, personal communication.

Provision was made for a healthy time out and the building of new relationships alongside the encouragement to be substance free. The requirement of the group was that every participant attends individual counselling.

In 2003 the LFFV group showed a significant increase in the attendance of Māori women. In addition, an increase of 85% in Māori women accessing services at Westside Counselling Service was noted. These women came from referrals beyond Massey and in some cases beyond Auckland.

Within the same year four other group programmes were written and developed. These included a *Men's Support Group*; *Huarahi Ki Te Ora* (Healing from Sexual Abuse - for women); *Expression Thru Art* group; and a children's group for children experiencing behavioural problems. As participant (R) states,

I've been able to paint canvas works and get so much pleasure out of being able to paint and do my art stuff, now that's my head, a way of helping me to heal". Participant R, 12 November 2009, personal communication.

Financial support from members of the community and private funding sources allowed these programmes to be piloted in order to gauge the need within the community.

Embrace

In 2005 *Embrace* was launched. The vision for *Embrace* was to provide an experience for women, many of whom had known trauma or abuse, to be treated and acknowledged as a person of value. This is a red-carpet event where women were invited to attend a social evening that included chauffeur service, food, entertainment, gifts and live artists – all at no cost. Invitations were sent to women who had accessed counselling or group work through Westside Counselling Service. Additional invitations were also offered to other counsellors in the wider vicinity to invite their clients. This is a community event that brings many people from differing backgrounds to volunteer their time and expertise in serving the women. Feedback from *Embrace* has been very positive and is evidenced below.

Participant A states, “Embrace for me gave me a sense of women-hood and what we’re really worth”. Participant A, 12 November 2009, personal communication.

Sports & Recreation

Another programme offered through Westside Counselling Service was the sports and recreation programme. This was initiated because women attending groups and counselling acknowledged they needed further support to break cycles of habit and negative relationships. It was aimed to provide alternative ways of dealing with intense emotion while also creating new behaviours, overcoming lack of confidence and generating healthy relationships.

Initially a weekly walking group was established by Westside Counselling Service providing an opportunity for clients, volunteers and local community members within the Massey community to participate in a regular exercise regime. The establishment of this programme provided a bridge for women attending the counselling service to participate in weekly exercise and as well offered support to enable them to form new relationships with others in the wider community.

Consequently a women’s netball team was established, which competed in local netball competitions within West Auckland. As a result of this some of the women’s partners and family members would come to watch, and before long Westside Counselling Service began receiving requests for similar programmes for men. This eventually resulted in the establishment of an indoor cricket team for men to compete at a competitive level, and paved the way for Massey locals, partners and the family members of some of the women accessing

counselling, and church members to form social sports teams that would in turn generate community events bringing together families and community members. These programmes have positively impacted individuals and families and in many cases been the forerunners to building family strengths. Comments from a referrer and past client are provided below,

Participant P: She told me to come play netball I went down coz I love netball. Participant P, 12 November 2009, personal communication.

Referrer: This is the place you can just come and be; you can go out and play sports or just sort of chat to somebody while they're playing sports. Participant, 7 November 2009, personal communication.

Celebrate Recovery

By 2004 it had become evident that a programme other than LFFV was needed – one that would provide ongoing support for women coming out of violent relationships. As the women identified their own needs, Westside Counselling Service sought to meet them by implementing programmes such as those mentioned above. However, women were presenting in the LFFV group with vast issues concerning historical and current abuse, and for many of them it was necessary to address ongoing concerns regarding physical, emotional, spiritual and social issues that went beyond the scope of living free from violence. For many of these women, vulnerability, isolation, withdrawal, addictions and continual exposure to unhealthy relationships were all determinants that, if not addressed, would impact their healing process and dislocate them further from the wider community. Their lack of awareness regarding safety for themselves and their children was another concern, coupled with financial stresses and housing problems.

As their understanding and knowledge concerning the impact of violence on their lives increased, so did their awareness about their defensive ways of coping, namely their addictions. The more receptive they became, the more they realised their fragility and need for further support. Pouesi (2009) writes:

The hardest fight for these women to fight is that of self hatred. It lurks in every part of their being. There is no escape from it. It devours the very core of their essence and it has no face, no identity. It can't be likened to anything because it feels like everything and once it grasps you it slowly begins to devour you (p. 16).

In order to deconstruct whole belief systems associated with historical abuse and re-construct new stories of hope about themselves, Westside Counselling Service realised that a programme would be needed that would offer the women ongoing support. Women were identifying destructive patterns that had developed over years and they were making links as to how those patterns disrupted their ability to establish healthy relationships and enhance their parenting.

As the bigger picture began to evolve and the needs of the women grew, an awareness of the associated complexities grew. It became clear that one hour of counselling every week and a LFFV group would not be sufficient if repetitive patterns were to cease. In order for the women to heal holistically, restrictions such as time and money to be available for counselling and group work needed to be addressed. The programme had to be such that it was neither governed by nor dependent on constraints that would further interrupt the healing process pertaining to generational patterns of abuse.

Faced with the dilemma to provide ongoing support and the lack of funds to employ more staff, Westside Counselling Service along with Massey Community Trust met with the Massey Community Church Board. The church board had been concerned for some time that their Sunday morning services, while appreciated by the wider community, were not able to deal with the depth of brokenness, addiction and dysfunction which they were witnessing within the community. A possible way through to meet this need occurred when the Community Pastor attended a conference in the United States and while there was encouraged to connect with *Celebrate Recovery* at Saddleback Church, Los Angeles. This was a model that was known within faith communities across America and Australia as being effective in dealing with people's hurts, habits and hang-ups. The impact of that meeting and the vision behind it set about a process whereby two years later, the Senior Pastor of Massey Community Church made a follow-up visit to Saddleback and included visits to other churches reaching diverse communities.

In his visit to America the Senior Pastor observed that Saddleback church was reaching an affluent "up and outer" community. Nevertheless, he could see that the programme could be adapted to a diverse West Auckland community. On his return to Massey Community Church and after a time of gathering a team, preparation and training, *Celebrate Recovery* was launched in West Auckland under the leadership of the Community Pastor.

Celebrate Recovery, a twelve step faith-based programme (see Baker, 1998), was launched in June 2006. The recovery programme is based on the eight principles from the Book of Mathew

in the Holy Bible. The programme is unique in that it is accessible to people 52 weeks of the year and offers gender-specific support groups for those struggling with issues that impact their lives.

For Westside Counselling Service, the implementation of *Celebrate Recovery* by Massey Community Trust provided the missing link; it enabled the women discussed in this paper to gain access to recovery tools and also to have ongoing support once they exited their counselling and the LFFV group.

From the outset *Celebrate Recovery* was advertised as a faith-based group programme. Agencies and professionals such as the Department of Corrections, Courts, Child Youth & Family Services, doctors and other community counselling agencies throughout West Auckland referred clients to *Celebrate Recovery*. It became a place where people could gain support while addressing issues that were impacting their lives and the lives of their families. *Celebrate Recovery* was likened to the Alcoholics Anonymous (AA) twelve step programmes. Referrers, including those self-referring, were told at the onset that the difference between AA, the alcoholics recovery programme, and *Celebrate Recovery*, was in the naming of Jesus Christ as the ambiguous higher power referred to in AA. It was thought that letting people know that it is Christian-based when they made enquiries concerning the programme, would allow them to take responsibility as to whether they would come or not.

In many ways *Celebrate Recovery* became a vehicle by which the Māori women in this study began to explore their own spirituality while experiencing healing from lifelong abuse. For Māori women, engagement with spirituality is a vital part of healing; this is a key strand interwoven within the context of their holistic worldview. Royal (2003) states, “For Māori, *Tua-ātea*, the transcendent eternal world of the spirit, is ultimate reality” (p. 62). Furthermore, Durie (1994) writes, “*Taha wairua* is generally felt by Māori to be the most essential requirement for health. It implies a capacity to have faith and to be able to understand the links between the human situation and the environment” (p. 71). As there is no rule within the *Celebrate Recovery* programme that says those who attend have to own a Christian faith, people are free to make their own conclusions as to their spiritual needs.

Included in the programme are support and accountability partners with whom participants are encouraged to engage once they have begun to establish trust and developed relationships. *Celebrate Recovery* is delivered weekly and is staffed by volunteers, including group facilitators. The group facilitators receive regular training and supervision and are required to commit to their roles for a minimum of one year. Facilitators and other volunteers

consist of counsellors based at Westside Counselling Service, students on placement from different schools studying a range of disciplines, as well as past participants from *Celebrate Recovery* and members of Massey Community Church.

In 2008 Massey Community Trust took over the management of *Celebrate Recovery* in order to expand its vision for meeting needs within the community and to create a more cohesive flow between the counselling service and the recovery groups. A Director was employed to oversee the *Celebrate Recovery* programme. To date over 20 facilitators have committed to fortnightly training, supervision and weekly group facilitation. Their commitment to a year's voluntary service is part of the programme's structure and some facilitators have undertaken their fourth year beginning in June 2010. This training continues and currently four women's groups and two men's groups meet 52 weeks of the year. Every Thursday evening they share in a community meal and a time of teaching, before going into issue-specific group work, closing the evening with dessert and coffee. Each group takes up to eight people and has two facilitators. This programme has been valuable in that people seeking support and community have had a place to go free of charge (excluding the meal and dessert which has a nominal cost of \$6.00). *Celebrate Recovery* also offers key social events throughout the year drawing together the wider community. Participant P notes:

***ended up coming to celebrate recovery, things started to improve a bit with the relationship...I know what I've learnt from being so down when I first walked in to not knowing where I belong, to coming into an environment and just be taken in it was weird for me. I'm like what do these people want because no one is this nice, I've never had that environment. Participant P, 12 November 2009, personal communication.

In 2009, after extensive talks and meetings, *Celebrate Recovery* was piloted in the Auckland Central Remand Prison. The request for the programme to be implemented initially came from the chaplain of the Prison. He had heard of the impact *Celebrate Recovery* was having in communities and prisons overseas, and after doing some research on it contacted the director at Massey to set it up in the Auckland Central Remand Prison. The programme there offers weekly group work to men working through a broad range of issues. *Celebrate Recovery* has proven to be successful to the point where it is envisioned that a modified version of the programme could be implemented throughout prisons Auckland-wide. The logistics of this are currently being worked through between prison chaplains and the Director of *Celebrate Recovery* in Massey.

Summary and conclusion

It was not initially envisaged to develop a community of care approach. Right from the outset the focus was to establish a small counselling service at no cost for Massey residents on low incomes. There was no blueprint as to how the counselling service would be set up. There was no awareness, in the beginning, that many of the Massey residents were in need. Initially, when I approached the Senior Pastor of Massey Community Church to set up a counselling service, I did it because it was in my heart to do this. I never knew how, or why; I just felt compelled to ask if they would consider taking me on as a counsellor and become the caretakers of the generous gift of money given by the Auckland businessman.

Initially face-to-face counselling provided women exposed to domestic violence with awareness and understanding of the violence they lived. However, as referrals grew this became difficult for one counsellor working 20 hours a week to maintain. Nevertheless, the professional support from a close colleague and the placement of a counselling student, along with the introduction of the living free from violence group, helped to manage the referrals which at the time came from word of mouth.

Collectively face-to-face counselling combined with the group work equipped the women to gain a greater understanding of the impact violence had had on their lives. As their awareness grew, so too did their consciousness of their needs; needs that if disregarded would eventually overturn their healing process. An example of this was women disclosing they were reliant on drugs as a means to get them through their days. Some had done this for years; it was their means of survival, it helped them to feel normal, but most of all it helped them to relate. Others who had tried to stop using drugs expressed, "It feels like we have moved to another land. We don't know anyone. How do we meet new people when we can't even meet ourselves?" Drug dependency was not the only addiction women struggled with. There were many addictions and many destructive behaviours playing out in their lives on a daily basis. Addictions such as sexual?, gambling, and alcohol were all key factors that if not addressed would draw them back to living in domestic violence.

The high referrals of women experiencing domestic violence and their need for more than an hour a week of counselling is what ultimately formed the foundations of the 'community of care approach'. It was through the development of this that it became apparent that connection was a key factor in the healing process for many of these women. Connection with others in the wider community provided a pathway for women from what seemed horrific backgrounds to re-enter society and begin the process of healing.

The community of care approach was formed as a means to address such needs. Such an approach called for community members to volunteer their skills and time. It also called for those community members who were able to finance special events such as sponsoring sports teams or to provide holiday homes where women could be taken away to experience a retreat. Healing came from all of the different aspects that involved connection: sports and recreation, group work, pamper days, retreats, face-to-face counselling, and advocacy, establishing relationships with statutory organisations, modelling and mentoring. All these were the threads that when woven together symbolised a finely woven kete, a 'community of care' approach. The 'community of care' approach also impacted the community members themselves, shaping them to care for and respond to others in need and this also provided them with a sense of wellbeing and accomplishment.

CHAPTER THREE: LITERATURE REVIEW



Figure 6: Gathering flax⁵. (Source: www.alibrown.co.nz, 2006)

Introduction

The emphasis in this study is not about face-to-face counselling or the models of counselling used in the process. Instead the emphasis has been entirely about an approach that was used to work with women who had been impacted by brutal acts of violence throughout their lives. This emphasis involved all aspects of their lives including physical, emotional, spiritual, connections to whānau, and their journey back from violence.

This intention of the literature review is to raise the awareness for the reader around the traumatic and far reaching effects of violence on women's lives. This investigation begins by first introducing themes that the literature review identified, that will provide an insight into and an understanding of the predicament that Māori women face when dealing with the impact of violence in their lives. This review provides the reader with an insider/outsider view of what women face when their lives have been rooted in violence. The themes provide a pathway that will open up possibilities to others who are working in the field of brokenness, poverty, homelessness and family violence.

⁵ © Alison Marion Brown 2006. Last updated 11 July 2011. NB. Ali Brown graciously gave permission to use this image on 29 December 2011, via email.

Defining Violence

Māori women feature strongly within domestic violence statistical data for Aotearoa New Zealand (Kruger et al., 2004). Many of these women have been exposed to and or suffered severe violence throughout their lives. There are many categories at which women experience male partner violence (Shannon, 2009), while none can be judged worse than the other, as one woman's experience of being slapped or pushed could have the same degree of trauma as women who have been badly beaten. However women who have not had a lifetime of exposure to violence are in general likely to be better resourced to engage with the healing process than those women who have grown up in violence. Shannon (2009) states:

Children, who witness frequent and severe forms of violence, perceive the violence as their fault. Because they fail to observe their caretakers resolving conflict, these children may undergo more distress than children who witness fewer incidences of physical violence (p. 306).

Violence whether witnessed or experienced, in most cases takes its victims hostage and renders them powerless. In the case of children whose lives have been immersed in domestic violence, there is a high probability that negative problems relating to behavioural, emotional and social issues will at some stage impact upon their lives (Shannon, 2009). Similarly Carroll-Lind (2011) reported that out of 2077 New Zealand school children aged between 9 and 13 years old surveyed in recent research, 27% had witnessed physical violence against an adult and most of those incidences had been in the home. Furthermore Dennehy and Newbold (2001) state: "research into child development has found that exposure to prolonged physical, psychological and sexual abuse is deleterious to an individual's chances of healthy mental and social development" (p. 72). This is exemplified by Isaac's (2007) statement that "We were the ones who were always picked on, always copping the blame, abused, unloved, rebellious, and compromised in our childhood innocence" (p. 10).

Women whose lives have been exposed to violence from childhood through to adolescence are more likely to be emotionally withdrawn or disconnected by the time they have reached their adult years (Shannon, 2009). Many of these women rely on alcohol and or substance abuse as coping mechanisms in order to survive. Such coping strategies almost always results in the failure to fully engage, which interrupts the process that supports the establishment of strong healthy relationships.

For the purpose of this investigation the context of violence is implicit in the lives of women who have grown up in whānau where intergenerational abuse has been rampant and translates as severe. In many cases these women have repeated similar, and sometimes more

horrific patterns of abuse and dis-ease amongst their own children. The varying forms of violence discussed in this investigation relate to emotional, physical, psychological, sexual, spiritual and economic factors. All of these inter-relate, changing the course of one's life if healing is not addressed. Shannon (2009) suggests that children and adults caught in the grip of cyclic domestic violence, if not treated, suffer long term effects on a day-to-day basis. Today in New Zealand it is highly probable that many families are being confronted with an aftermath of domestic violence, as seen through the lives of our youth (Carroll-Lind, 2011). This is portrayed in homes, and schools, and communities as well as youth justice and other statutory departments. The actions and behaviours of many of our young people here in New Zealand are such because they view their world as unsafe (Durie, 1994).

Domestic violence (DV), also recognized as family violence (FV), domestic abuse (DA), and intimate partner violence (IPV), exemplifies many forms of abuse. Domestic violence exists along a continuum of a one off episode of violence to regular long-term episodes of battering.

A Context of Violence

Habitual, domestic violence comprises of, physical, psychological, sexual and threatening behaviour, and in most cases includes neglect of children, generating devastating results on all its victims when not addressed. Sanderson (2010) states that "many children from DA families take on adult roles prematurely, are unable to set healthy boundaries or resolve conflicts, and are vulnerable to use of aggression and violence in their own relationships" (p. 188). Desmond (2009) states, "My flesh would literally cry out for a bashing. I think it was because of my childhood. I was so used to getting that hiding that afterwards I felt like I was accepted" (p. 150). As a further example, Mary talked of her childhood experience as extreme in the violence she witnessed and suffered (Douglas, 2006). Her sheer determination to focus on a path different to what she had known as a child, applying resilience and inner strength, combined with her copy-cat methods of learning, supported and helped her to develop values and learn new life skills. Those same survival skills that provided her with endurance and continued existence as a child sustained her in her healing as an adult.

Expanding on this Shannon (2009) states:

Children's risk levels and reactions to domestic violence exist on a continuum where some children demonstrate enormous resiliency while others show signs of significant maladaptive adjustment. Protective factors such as social competence, intelligence, high self esteem, outgoing

temperament, strong sibling and peer relationships, and a supportive relationship with an adult, are thought to be important variables that help protect children from the adverse effects of exposure to domestic violence. In addition, research shows that the impact of domestic violence on children can be moderated by certain factors (p. 306).

Given the statistical evidence based on international data relating to domestic violence (Shannon, 2009), and the endemic issues relating to domestic violence in New Zealand (Kruger et al., 2004), it is unlikely that protective factors such as mentioned above were significant in the many homes within New Zealand where violence was rampant. Furthermore Dennehy and Newbold (2001) note:

However the overriding influences on these women's lives were not the occupational or socioeconomic, but the quality of the home life that they experienced. For these women, alcoholism, abuse, violence and neglect were far more important than class alone in influencing the paths that their lives took (p. 69).

Facts similar to the above can be found documented in the lives of many individuals from New Zealand households. It is also worthy to note that severe violence does not just derive from gang backgrounds (Dennehy & Newbold, 2001; Desmond, 2009; Isaac, 2007). Stories such as those told in Tolerton (2008), also depict severe violence within New Zealand homes over the years. Witnessing re-occurring domestic violence has a huge impact on children, causing behavioural difficulties and creating complex issues involving shame, fear, anger, emotional abandonment, low self esteem and isolation. Correspondingly in Carroll-Lind (2011) study, the children rated watching physical and emotional violence against an adult as having the greatest impact on them even more so than violence directed at them. Expanding on this Dennehy and Newbold (2001) write, "For Freesia, Lily, Rose and Pansy, the violence could be extreme. All saw their fathers laying into her [sic] mothers with their fists. All were themselves subjected to abusive violence from their parents" (p. 72). Furthermore Hunter (2006) states, "It later became evident that due to my childhood abuse I had an unseen label stuck to my forehead that stated one word - VICTIM. Paul recognised me as someone he could bully and manipulate" (p. 178).

"Battered women"

The term "battered" implies repeated beatings and or ongoing physical abuse. Matsakis (1996) defines battering as "a multidimensional phenomenon" (p. 290), which must involve physical as well as emotional abuse. Battering is consistent with associated symptoms, injuries, and signs of maltreatment seen in women who have been repeatedly abused by their partners or

other male figures to establish power and control. The intergenerational impact of battered women to date has reached crisis point (Shannon, 2009).

Some battered women believe that nothing they do will change their circumstances. Their cognitive ability to perceive a successful outcome by leaving the abusive relationship is at times unable to be realized. Initially their rationale may be influenced by their lack of economic resources or emotional attachment to their perpetrator, or the desire for their children to have their father in the home. The woman could also believe that if she waits it out, he will change. For many women, their exposure to repeated acts of physical abuse or battering, are seen as passive and over time their motivation to leave the relationship diminishes. This condition is identified as “learned helplessness” (Walker, 2004), and it affects the way these women think, feel, and behave and prevents them from acting on opportunities that arise to leave the violent relationship. Walker (2004) states:

As a clinical and forensic psychologist, my research, clinical work, and experience in the courts have led me to conclude that exposure to abuse is traumatic for all women and therefore, some women may develop reactions that are consistent with the aftermath of trauma or Post Traumatic Stress Disorder (PTSD). I called these signs and symptoms Battered Woman’s Syndrome (BWS) over thirty years ago, before PTSD had been clearly defined in the diagnostic manuals (p. 27).

Most women living in the mayhem of severe domestic violence, never knowing from one hour to the next what is coming, or how it will present itself are more than likely operating on full alert. Every part of them is switched on to intuitively sense, read, see, and smell and listen. Their ability to scan their environment, listen to what is and what isn’t being said, as well as their capacity to recognize particular looks and body language, and their inner knowing of approaching danger, are all skills that they have devised to support them from the crippling affect of fear and abuse. As Hunter (2006) illustrates:

There was horror attached to the realization that I was married to a stranger, a monster capable of horrific forms of abuse and torture. Paul had me incarcerated and confined in an invisible cage; though the door was wide open, I could not walk across the threshold to freedom (p. 196).

The Relationship between Battered Women and Health

In her study, *He drove me mad*, Hager (2001) identified domestic violence as being a prerequisite to driving women ‘crazy’. She also suggests the response of existing services concerning domestic violence was ineffective. Furthermore, information from the study identified a group of women not only experiencing violence by their partners, but also coping

with severe mental distress. Likewise another study by Fanslow and Robinson (2004), *Violence against women in New Zealand*, revealed a high occurrence of violence and its pervasive association with an extensive range of physical and mental health effects, thus suggesting that violence against women in New Zealand is a significant factor under-pinning ill health in women. Similarly Pouesi (2009) states:

One of the things that I continue to witness in the area of family violence and intimate partner violence is the effect violence has on a person's spirit. The loss of joy, peace, hope and freedom and the inability to self care are all too common occurrences when working with women immersed in violence (p. 15).

Giles' (2004) research revealed that "New Zealand women continue to experience abuse from their partners in substantial numbers. Women who have experienced partner abuse may face severe and long lasting negative health outcomes" (p. 21). In most incidences women present as unwell when accessing existing services and the weight of their historical and current abuse prove to be the bearer of their unwellness (Matsakis, 1996).

Women's Experience of Male Partner Violence

Women's experience of male partner violence is not governed by class, race, age, or socioeconomic status. Watts and Zimmerman (2002) discuss the enormity of some of the most severe forms of violence against women, naming spouses and partners as potential perpetrators, amongst others. They suggest most forms of violence are ongoing and can continue for decades. Furthermore most women living with violent partners will be beaten regardless of who is around. This is observed in gang affiliated environments. As an example Isaac (2007) writes:

For nine hours last December a young woman was held captive at the site of the Mongrel Mob convention at Ambury Farm Park in South Auckland. She was raped repeatedly, hit and doused with petrol. No mob members intervened to stop the rape. Many stood and watched others took pictures (p. 91).

In their book *The Girls in the Gang*, Dennehy and Newbold (2001) noted, "During the interviews with the women in their study, many incidents of physical abuse were reported....Of the ten women spoken to, nine reported extreme violence toward themselves or their friends" (p. 108). A study by Cooper and Bowden (2006), *Working with Women Associated with Bikie*

Gangs, revealed the dilemmas social workers had when the women failed to protect themselves and their children. These women knew that protection orders and legal sanctions would not deter their gang member partners. In his book depicting his life as an ex-Mongrel Mob leader, Isaac (2007) writes, “Women were there to cook our kai and give us pleasure – they were simply chattels, meat we could consume and spit out. Everything was on tap: drugs, alcohol, sex, violence and even death” (p. 2). Similarly Dennehy and Newbold (2001) state, “staunch ‘rep’ members of the gang treated me with respect, but this was not the case for many women. Some were gang raped, others were beaten, and I felt very uneasy, and at times sickened, about what I knew was happening” (p. 14). In the same way individuals and families immersed in intergenerational abuse and violence know what is going on, hence the longevity of this phenomenon. People can become paralysed with fear and in most cases the paralysis affects their ability to talk or act.

Intergenerational violence:

A theme that is prevalent amongst women, who have experienced severe domestic violence, is that their stories bear a resemblance to that of their parents and grandparents before them. Bowlby (1989) notes, “Since, more-over, violence breeds violence, violence in families tends to perpetuate itself from one generation to the next” (p. 77). Kruger et al. (2004) write that “It has taken several generations of learned behaviour and practice to entrench whānau violence as the most devastating and debilitating of social practices” (p. 9). Furthermore Durie (2001) notes that a continuing trial for Māori social services is the ongoing abuse of women and children. Tolerton (2008) provides the following example:

My mother also had demons from her childhood. Her father had been a very violent man and the story we heard was that her mother had been killed by him, beaten to death during pregnancy. I suppose a shadow fell over my mother because she was the baby who was born just before her mother died. That’s what she carried round with her, and I suppose that affected her behaviour as an adult. It was the trickle-down effect that goes through generations (p. 74).

The Impact of Violence

Cognition and dissociation

The findings of this research project suggest that the women’s lived experiences of violence as children through to adulthood generated high levels of trauma, and included dissociation as a way of coping. Shannon (2009) reflects this:

The term complex trauma describes the dual problem of children's exposure to multiple traumatic events and the impact of this exposure on immediate long-term outcomes. Dissociation allowed their external life to continue however the internal cost was huge (p. 291).

The varying forms of violence outlined in this investigation interrelate and have multiple traits. Physical, sexual, psychological and economical manifestation of violence corrupts and undermines its victim, and when not addressed causes emotional withdrawal. This may vary from mild withdrawal through a continuum to the extreme of dissociative identity disorder. Kalsched (1996) writes:

The psyche's normal reaction to a traumatic experience is to withdraw from the scene of injury. If withdrawal is not possible, then a part of the self must be withdrawn, and for this to happen the otherwise integrated ego must split into fragments or dissociate (p. 13).

Questions that are common amongst those women who have experienced violence on all levels and come through the other end are "where the hell was I in all of that," or "where the hell did I go". For many to survive such brutalities an internal exit is necessary and in most cases if not all, egress happens at a subconscious level, not at a conscious one.

Briere and Scott (2006) note, that the Diagnostic and Statistical Manual [DSM IV] lists five dissociative disorders:

1. Depersonalization disorder, involving perceptual alienation and separation from one's body;
2. Dissociative amnesia, consisting of psychogenic, clinically significant inability to access memory;
3. Dissociative fugue, characterized by extended travel with associated identity disturbance;
4. Dissociative identity disorder (formerly multiple personality disorder), involving the experience of having two or more personalities within oneself;
5. Dissociative disorder not otherwise specified (DDNOS), used when significant dissociative symptoms are present but cannot be classified into one of the preceding diagnostic categories (p. 26).

In most cases and depending at which end of the continuum the violence sits, women who experience trauma associated with domestic violence exhibit elements of at least one or all of the dissociative disorders mentioned above. As a further outcome Matsakis (1996, p. 18) states, 'Depersonalization refers to the stripping away of your personhood - your individuality and your humanity'. Furthermore, Herman (1997) states:

When a person is completely powerless, and any form of resistance is futile, she may go into a state of surrender. The system of self-defence shuts down entirely. The helpless person escapes from her situation not by action in the real world but rather by altering her state of consciousness (p. 42).

Women living with domestic violence can also become street smart in their approach to dealing with it. They are able to adopt and perfect strategies such as scanning their environment, fine-tuning their listening skills, and awakening their intuitiveness, their inner knowing. These strategies equip and enable them in dealing with such uncertainty that comes with living with an abusive and violent partner.

The impact of trauma

Many women living in domestic violence do so in a solitary state. In most cases they are not able to talk freely about the violence that takes place in their homes or within their relationships due to their lack of trust and the shame that is associated with such violence. Herman, (1997) suggests that when trauma is present, human relationships and attachments are at risk. The trauma can “shatter the construction of the self that is sustained in relation to others” (p. 51). As Matsakis (1996) states that the psyche can be traumatized as well as the body. Trauma is “the wounding of your emotions, your spirit, your will to live, your beliefs about yourself and the world, your dignity, and your sense of security” (p. 17). Past coping patterns are no longer sufficient to handle the new trauma. Tolerton (2008) writes of the effect psychological violence had on her:

I gradually became more withdrawn and socially shy and powerless, unfulfilled and lonely in my marriage. I didn't see what my husband was doing amounted to psychological violence. I didn't have the framework of thinking, or the language. I didn't know the concept of 'power and control'. I only saw violence in terms of physical stuff I'd seen as a child (p. 13).

Disconnection and connection.

Building on the work of Jean Baker Miller, Molly Hinchman (date, retrieved 6/12/11) along with others has identified key concepts of what is termed relational therapy. These concepts include *disconnection*, through ruptured relationships, and *connection*, with associated mutual empathy and empowerment. This is also associated with being both vulnerable and yet emotionally present and accessible. Hinchman also notes the presence and impact of *relational images* from the past that can prevent connection in present relationships, that bring a holding back from full engagement through a desire for self protection. Hinchman

outlines the five good things identified by Jean Baker Miller, which are of relevance to this, in relation to growth fostering relationships. She also identifies the flip side and reversal of these, as follows.

Hinchman (2005).

Outcomes from Growth enhancing relationships.

1. A sense of zest or well being that comes from connecting with another person;
2. The ability and motivation to take action in the relationship as well as in other situations;
3. Increased knowledge of oneself and the other person;
4. An increased sense of worth;
5. A desire for more connections beyond the present one.

Outcomes from lack of growth enhancing relationships.

1. A decreased sense of vitality because of feeling less connected and more alone in a difficult experience;
2. Inability to take action in relationship (accompanied by the sense that action out of one's feelings will lead to destructive or bad consequences);
3. More confusion in relationship, lessened knowledge of ourselves and others;
4. Diminished sense of self worth;
5. Turning away from others and increased isolation.

In a similar fashion Walker (2004) writes from the perspective of a relational model of development, noting that disconnection from others is one of the most crucial causes of human suffering. Associated with this is disconnection from the self, with a resultant loss of spontaneity and awareness of needs and longings that brings a sense of isolation. Conversely Walker asserts that through connection in relationships there is a sense of authenticity, of restoration and well being, which Walker suggests is at the heart of human development. This is described as “a primary energy that flows towards others, toward joining with others in an expansive sense of interconnectedness” (p. 47).

Echoes of the community of care are seen in Walker's suggestion that disconnection goes beyond the personal histories of individuals to a culture of disconnection. For this culture to shift new images of strength, self belief, self care, and care towards others, along with a voice for advocacy for social justice are necessary to develop. Walker further notes that existing models that privilege, individual success and competence are not working for women. The key to change, for Walker, and as demonstrated in the community of care, is change and transformation *by community as we build community* (p. 25).

Impact on spirit:

The relationship with wairua and wairuatanga

For the purpose of this section I will use definitions of wairua (spirit), and wairuatanga (spirituality), as defined by Durie (1994) and Kruger et al. (2004), as these best fit with Māori experiences of spirituality. Wairua is the spirit, of prime importance for Māori concerning their individual health. Wairua recognises the things heard but not seen, and the things seen but not heard. For Māori wairuatanga is inclusive of all life, including the environment, the land, and waterways. Similarly Royal (2003) states: “The approach to life is governed by one’s perception of reality. Since ultimate reality is for the Māori the realm of the spirit, this concept plays a major part in his [sic] healing” (p. 96). Durie (2001) considers that the realm of the spirit can hold far greater meaning and importance than that of a western health perspective. Wairua encompasses faith and a depth of knowing which brings forth understanding and acceptance.

Durie (1994) writes, “Without a spiritual awareness and a mauri (spirit or vitality, sometimes called the life-force) an individual cannot be healthy and is more prone to illness or misfortune” (p. 71). Adding to this Allan (2010) writes, “Wairua is within each human being; it has the ability to prompt, to speak to an individual regarding imminent danger, and is in itself subject to attack” (p. 15). Likewise Kruger et al (2004) note that violence negatively impacts the mauri of not only the victim, but the perpetrator as well. From this can arise ‘kahupō, a state of “having no purpose in life or spiritual blindness” (p. 15), one of the worst conditions a Māori person can find him or herself in (p. 22). Poverty of spirit creates disruption and disorder. It displaces the essence of ones being and causes hindrance toward healing. This is similar to dealing with re-occurring violence.

Wairua/spirituality is further addressed in Chapter Five.

Some issues faced by Māori women experiencing violence when accessing mainstream models of support.

Historically and in most cases the response to domestic violence against women from the justice system was rendered insignificant and imperceptible (Robertson, 1999). Prior to 1995 the New Zealand police took a minimalist approach in dealing with domestic violence (Newbold & Cross 2008). The experience for most women with violence happening in their

homes at that time was they would call the police, who in turn would visit the home where the abuse was being reported from. The position the police took was to talk to the abusive partner and if need be removed him from the property for a period of up to 24 hours, after which the perpetrator would return home and in most cases continue to abuse.

In illustration of this, Pouesi (2009) writes:

It was nearly eighteen months after the fire before I would finally be free of him and his sadistic acts of violence. There was no such thing back then as protection orders, the law had nothing in place to protect women or children particularly women involved with gang members (p. 7).

When the New Zealand Domestic Violence Act 1995 was introduced very few Māori women accessed support to address issues concerning domestic violence, due to prior experiences of ineffective police and service interventions. Further, for many of them their resistance to using court orders, calling the police and/or laying charges on their abusive partners, did not align with their cultural values, nor was it the answer they sought as a way forward to healing and restoration. For women, in particular Māori women, protection orders were seen (and in some cases are still seen) as just pieces of paper that could not or would not protect them from their partner's abuse (Busch, Robertson & Lapsley, 1995).

Historically and up until the 1970's, Māori wellbeing was not given much consideration nor was it seen as a priority (Bryder & Dow, 2001). The discrepancy concerning Māori models of health, coupled with the lack of Māori professionals such as counsellors and psychotherapists and group facilitators. Including the inappropriateness of agencies that failed to acknowledge, understand and or appreciate a Māori perspective when working with Māori clients, could in part be the reason why various domestic violence programmes in the late 20th century were culturally inappropriate. An example of this was being told as a Māori professional that 'I was not to attend my client's mother's tangi' as it was not part of the agency's policy and more importantly it crossed the boundaries of the counsellor and client relationship'. These types of issues impacted the service delivery to both Māori women and men.

What Māori Health perspectives have to offer?

Māori perspectives on health and wellbeing have been outlined and expounded upon by several scholars and researchers. For Māori, health encompasses the value of one's environments, both internal and external. The importance of spirituality, the relationship with

whānau, the ability to think and feel and the capacity to grow, are all important aspects for Māori when evaluating health. Furthermore, as Waldegrave, Tamasese, Tuhaka and Campbell (2003) state:

Since spirituality informs every aspect of life in Māori and Pacific Island cultures, it naturally plays an important role in a great deal of our work. Instead of the European dualistic world view that separates physical and spiritual values, we have learned to respect the sacredness of all life (p. 6).

Mason Durie has written extensively on Māori perspectives of health and wellbeing. His development of Te Whare Tapa Whā, a Māori model of health, has been well documented, and it has impacted policy-making and formed the basis of many health initiatives regarding Māori. Te Whare Tapa Whā was first introduced in the early 1980s and has for some time been widely accepted as one of the foremost Māori health perspectives.

Durie (2001) writes:

...the recognition of Māori perspectives on health, such as Te Whare Tapa Whā has made it possible for Māori to inject greater sense of ownership over health and to see themselves as key stakeholders in the broader health arena (p. 257).

For Māori, there are four strands that when woven together provide the foundation that determines good or poor health. Te Whare Tapa Whā recognises the importance of viewing an individual and their whānau holistically. Allan (2010) writes that “The implications to working holistically within a therapeutic context are about highlighting the different aspects of human synergies and finding ways to bringing lives back into harmony and balance” (P. 7). The four dimensions that make up Te Whare Tapa Whā denote the heartbeat of the model and for that reason any assessment or understanding of an individual’s well-being must include all these arenas, not exempting any. Durie (1998) explains the model further with the following:

A study of Māori health must follow more than two strands. Tinana is the physical element of the individual and hinengaro the mental state, but these don’t make up the whole. Wairua, the spirit and whānau the wider family complete the shimmering depths of the health pounamu, the precious touchstone of Māoridom (p. 70).

Sometimes for women coming out of such horrific backgrounds, the need for them initially is to be amongst people who care and to find safety in order for them to begin to relate outside of what they have known. Paraire Huata (as cited in Durie, 2001) promotes developing the

traditional aspects of healing, teaching, insight and inspiration, and considers the necessity of “Healing the spirit rather than treating the disease” (p. 137). Durie (2001) goes on to say that healing is about “the restoration of spirit or the attainment of emotional balance, especially after a period of despair or dysfunction” (p. 155).

Over the past sixteen years key figures such as Mason Durie and other renowned academics in Aotearoa New Zealand have taken steps to address and establish better health outcomes for Māori through various researches. Currently, progress toward establishing good health outcomes for Māori are at hand. The recent implementation of ‘Whānau Ora’ (Taskforce for Whānau-Centred Initiatives, 2010), one of the New Zealand government’s key strategies to improve the well-being of Māori people and their whānau, will consist of Māori health perspectives as a means to address domestic violence within New Zealand. Whānau Ora, financially resourced through the Ministry of Social Development, will provide access to culturally appropriate support for Māori and their whānau. The recent introduction of Mason Durie’s post graduate Whānau Development course at Massey University provides the foundation for all people to learn Whānau Ora values and guidelines, equipping health workers and other health professionals with the skills needed to work with the indigenous people of New Zealand.

What does a holistic model of practice look like from a community perspective?

One holistic model of practice that has received international recognition for its approach in working to address issues related to social inequities is *Just Therapy* established at The Family Centre in Wellington over a decade ago. The *Just Therapy* team, Waldegrave et al (2003) have been influential in extending their hand out into their community and wider communities within New Zealand and abroad. Their holistic approach when working with, and relating to the structural inequities of New Zealand has gained much respect and rapport amongst other nations whose work to addresses issues of colonisation, trauma, marginalisation, and poverty amongst their low socioeconomic communities. The *Just Therapy* teams inclusion and acknowledgement of spirituality in the context of their approach has also drawn a lot of interest within both New Zealand and abroad. Waldegrave et al (2003) acknowledge that spirituality is not about religion as much as it is focused on quality relationships, including those between people and their environment, people and other people, people and their heritage, and people and the numinous. *Just Therapy* then, endeavours to take a ‘just

approach' to therapy by accounting for all contextual factors that make up a client's reality. Further:

The approach attempts to demystify therapy (and therapists) so that it can be practiced by a wider range of people including those with skills and community experience or cultural knowledge. These people may lack academic background, but nevertheless have an essential ability to effect significant change. (Waldegrave et al., 2003, p. 7)

A community organisation within New Zealand that is made up of Māori, Pacific Island, and Pākehā therapists alike, who are able to be autonomous within their own culture and those of their clients, has the potential to develop a holistic model of practice that people from such cultures can draw from. Community agencies governed from a dominant western practice, and who sit in a position of pre-eminence will always have problems when reaching communities of low socio-economic status. For example, Māori and Pacific peoples draw on their 'inner knowing', when seeking help or support. Such knowing informs them as to how they will be accepted and held. Waldegrave et al (2003) wrote of their recognition that the local Māori and Pacific Island communities had to be involved in the organisation, and in developing their own solutions to the issues facing their people.

Another similar example of a holistic community approach is that of Westside Counselling Service, the case study of this thesis. Their vision was and still is to provide a service for all members of their community, in particular Māori women and their whānau, and develop an approach that would provide them with the support and aroha they needed for healing from the effects of domestic violence.

Conclusion

The literature presented above has been purposefully selected in setting a context for this case study and providing insight into the impact of domestic violence. There is very little documentation available that depicts the depth and breadth of violence that the Māori women in this study, and in fact many other Māori women and children, have endured when impacted by domestic violence. The films 'Once were Warriors' (1994) has often been emphasized as a case in point by these women, while attempting to describe the violence they incurred when sharing their personal narratives. Some would say the film depicted their life; while others would disagree saying "it didn't even touch the sides".

The selection of Māori perspectives on health and wellbeing mentioned above provides the context that for Māori, their environment both internal and external is of great significance. Essentially their spirituality, their relationship with whānau, the environment, and their ability to think, feel and grow, are all vital aspects toward their wellbeing if they are to be operating from a place of wholeness.

While it is acknowledged and documented that spirituality plays an important role and informs every aspect of life in Māori (Durie, Royal, and Waldegrave); the majority of Māori women in this study were in effect spiritually drained, known to Māori as a state of kahupō as mentioned earlier in this chapter (Kruger et al., 2004).

The purpose of this literature review has been to provide a context to this study, hence the literature brings forth an awareness of the impact of violence but it cannot provide the full reality of firsthand experience. That information will always remain with those who were on the receiving end of it. However glimpses of this are revealed below in the emerging themes of chapter five.

CHAPTER FOUR: WEAVING THREADS OF SPIRITUALITY



Figure 7: Weaving of flax (Source: Ali Brown flax weaving 2006)

Introduction

One of many conversations that women share amongst themselves at Westside is the “huge empty hole” they have within. Indeed, the themes of emptiness, purposelessness and meaninglessness were so pervasive a more detailed account of this phenomena seemed to warrant an entire chapter being devoted to expanding on themes which are addressed in the following chapters. This highlights a quest to find meaning, hope and purpose, in the face of separation and disconnection.

Turner (1974), cited in Sandage (2006, p. 235) describes liminal space as a place of threshold, ““betwixt and between” relational statuses”. This state is a twofold process of detaching from and breaking down a previously held sense of identity with associated communal structures, to forming new attachments. This process is deeply distressing and can be likened to death as anxiety is intensified, before new attachments are made.

This term helps to make sense of what made a connection between the lack of meaning, purpose and hope the women brought with them, and the connection established consequently. As the women began to build relationships and talk amongst themselves, providing awhi for each other and encouraging one another to stay with the process of recovery, trust began to form and the unfolding of personal stories emerged. This very

process has its roots in spirituality and provides a depth of healing that has no words. Olthuis (2006) writes, "The heart is too much a mystery for us to approach its healing as a simple matter of finding and fixing the problem. Methods alone cannot meet the deep, aching need of souls that cry not for solutions, but for connection". This was true of the women referred to in this paper.

As these women established connections and relationships, conversations were entered into that ultimately brought forth in them a curiosity about spirituality. Such conversations eventually led them to explore their own spiritual understandings. Over time they came to realise a difference in how they were now feeling and a sense that the hole in them was being filled up. As Heron 2006 suggests, "spirituality is located in the interpersonal heart of the human condition where people co-operate to explore meaning, build relationship and manifest creativity through collaborative action"(p. 6). In the same way Canda and Furman (1999) suggest transformational change is necessary for people to begin or continue along a spiritual path. Challenges and crises are then seen "as opportunities for growth on a spiritual journey" (p. 252). In a similar vein Griffith and Griffith (2003) write, "The skills most helpful for opening therapy to the spiritual and religious domains have been those for preparing our own selves to meet someone not yet known the fostering within ourselves of curiosity, wonder, and openness to the being of the other" (p. 27).

The essence of spirituality manifests itself through the art of relationships, relationships that when practiced within a community of care have the capacity to penetrate the walls of those individual's hearts that conceal overwhelming feelings of inadequacy, lack of worth, self hatred, whakamaa, shame, and a sense of unimaginable aloneness. Such a community has the potential and capacity to extend not only care and support, but also provide a sense of belonging and hope to those who have been outcast, set aside, and looked down on by family/whānau, communities and wider community support systems. This type of care involves the painful peeling back of their various protective layers that were initially formed and skilfully constructed by these individuals who have been impacted from issues, resulting in deep wounds, brokenness, hurts, abandonment, rejection and brutal acts of violence, causing disconnection from self and others.

Spirituality as relationship



Figure 8: Rua Koru Iti 1 (Source: Paintings and fibre art by Philly Hall, 2011)

I. Defining spirituality

Spirituality proves to be a difficult term to define, as it has different layers of meaning as well as different meaning for different people in different contexts, in both cultural and faith based dimensions (Heibert, 1998). It also has a sense of transcendence; it is reaching for words to describe the mysterious that escapes sharp definition. As Morrison et al (2009) comment, there is little agreement in professional literature on either what constitutes spirituality, or how this relates to religion. The following are some definitions of spirituality.

To begin, Morrison et al, (2009), while noting the connection between religion and spirituality, believe religion is more related to a belief system, whilst spirituality has a more subjective aspect. They cite the definition of spirituality from The Association for Spiritual, Ethical and Religious Values in Counselling as “the drawing out and infusion of spirit in one’s life [involving] an innate capacity for creativity, growth and development of a value system” (Morrison et al, 2009, (p.184).

In defining spirituality Heron (2006) states:

A convincing account of spirituality for me is that it is about multi-faceted integral development explored by persons in relation. This is because many

basic modes of human development – e.g. those to do with gender, psychosexuality, emotional and interpersonal skills, communicative competence, morality, to name but a few – unfold through engagement with other people. A person cannot develop these on their own, but through *mutual co-inquiry*. The spirituality that is the fullest development of these modes can only be achieved through relational forms of practice that unveil the spirituality implicit in them (p. 6).

This was also evidenced in the sharing of the personal narrative mentioned below that provided a link between group members and the facilitators (including the researcher). Relationships formed almost instantly, merging together through the identification of similar narratives. Furthermore the unveiling described by Heron takes aroha, time and commitment.

In exploring the confusing mass of information on what makes up or constitutes spirituality, Griffith and Griffith (2003) also emphasise the relational core of spirituality. “Spirituality is a commitment to choose, as the primary context for understanding and acting, one’s relatedness with all that is” (p.65).

In a similar way Waldegrave et al (2003) asserts, “Spirituality to us is essentially about *relationship*” (p. 164). Furthermore Waldegrave et al. describes four key components of relationship, the primary relationship being, people and the environment; then people and other people, people and their heritage; and people and the numinous. In explaining the numinous the authors note the difficulties of moving outside a mechanistic rational and measurable explanation of reality to something equally real; the idea of transcendency, or something beyond the self and the physical senses which they relate to spirituality (Waldegrave et al., 2003, p. 165).

In addition and in keeping with Māori cultural concepts, Durie (1994) relates spirituality to two aspects of Taha Wairua (the spiritual dimension), in terms of a sense of connectedness, to be aware of and “to have faith in and be able to understand the links between the human situation and the environment” (p. 70); and a mauri, spirit of vitality or life force. Durie stresses that spirituality, while considered generally to be the most essential requirement for health, is not to be viewed in isolation to other aspects of well being, as outlined in Te Whare Tapa Wha model of well-being. Furthermore, Heron (2006) argues that without relationality spirituality can be arid or even oppressive:

In short, the spirituality of persons is developed and revealed primarily in their relations with other persons. If you regard spirituality primarily as the fruit of individual practices, such as meditative attainment, then you can have the gross

anomaly of a 'spiritual' person who is an interpersonal oppressor, and the possibility of 'spiritual' traditions that are oppression prone (p. 6).

Adding to this Royal (2003) asserts that people's world view impacts on what they perceive to be reality. Thus "Since ultimate reality is for the Māori the realm of the spirit, this concept plays a major part in [his] healing" (p. 96). Also Pouesi (2009) states, "I believe the quintessence of spirituality is when a human being can extend their hand to another and genuinely unconditionally awahi them (p.13)".

In this brief overview of spirituality some key themes emerging are all aspects of human development unfolding through engagement, through mutual co-inquiry, and relational practices with an implicit spirituality that is something bigger than individual knowing, the gestalt idea that the whole is bigger than the sum of the parts. There is a sense of transcendence or mystery, of unveiling or making explicit what is there, if only in embryonic form. Yet this is associated with the human qualities of relationality, connectedness, and commitment of time, unconditional acceptance and awahi. This idea is expressed by Joy Cowley (1989) in her poem *Shells, half open, half closed, waiting for the tide to bring the right conditions*.

II. Establishing a sacred space

Spirituality is also associated with the sense of creating a sacred space in which the counsellor and client, or, in the case of group work, clients meet. Surrey (1991) differentiates between the relational context as the structures that can be seen, such as the number of people and the surroundings; and the process itself, "which includes the experience of an enlarged "space" that can stretch and grow to encompass developing perspectives, needs, and feeling states" (p. 173). Such a space is comparable to that of the space created by the facilitator when sharing her personal narrative. Furthermore Olthuis (2006) writes, "In claiming my space – the space of my heart – I discover that it is an open space, a space of love and welcome for others, (p. 225).

Writing with respect to the use of symbol and metaphor as a tool in Pacific Island counselling, Ofa Makasiale (2007) asserts:

Any technique [in counselling] remains ineffective unless it is in the hands of a humble genuine practitioner [tools] do not come to life unless they are finely honed to weave a pathway between the two worlds of the client and therapist. In fact, these remain crude, or blunt, if the therapist has not

developed a cross-cultural ground or soul. It is this sacred ground of the therapist that facilitates the client to discover her own sacred ground, and then look into the chaos of her own life and find some life-giving form emerging (p. 120).

In the same way Waldegrave et al. (2003) describes a concept of sacredness as the primary metaphor used in their team, and how by doing so, “we are much more likely to treat people with a greater respect than if we applied the more commonly used mechanistic descriptions of casework” (p. 166).

In addition Pouesi (2009) notes a sense of creating a sacred space through relationship:

I believe for myself as a practitioner in order for in-depth healing to occur when working with clients in particular the women I refer to in this paper. I need to be open to enter into conversation that would ultimately bring forth an inquiry into the topic of spirituality, thus opening up the client to contemplate her own spiritual understandings. Furthermore that as a practitioner my own spirituality is explored in order to take part in the interaction that transpires between myself and my clients (p. 18).

The interaction that transpires out of such conversations eventually creates a space that opens a way for connection to form.

III. Beginning Connections

Walker (2004) notes, “In conventional usage, the term [connection] is used to describe encounters characterized by interpersonal harmony, warm support, and pleasant feelings. The term may also connote a relationship among people with similar interests and inclinations or with someone who can facilitate movement toward some desired goal” (p. 8). However this definition does not closely fit the more dynamic, organic and at times unpleasant phenomenon of what happened in the community of care, as explained below.

This section describes below, what happened in the gathering of the Māori women in the Living Free from Violence (LFFV) group. Initially within the first twelve months of opening, the researcher developed and piloted an eight week women’s support group, with the first group mainly composed of Pākehā women. From this was initiated the delivery of another group that formed the foundation for the Living Free from Violence programme, launched in early 2002. It was expected that the LFFV programme would help manage the referrals for the increasingly high numbers of Māori women accessing the counselling service at the time. The women who

registered in the LFFV group were mainly of Māori heritage with histories of intergenerational abuse. Most of the group participants had experienced severe violence.

As women entered the group it was noticed by both of the facilitators that some were apprehensive about being there. There was an impression of heaviness, associated with one aspect of *whakamaa*, as described by Metge (1997, p. 45). A feeling similar to that of someone carrying a huge burden also entered the room and seemed to linger in the air as the group programme began with a welcome and opened with *Karakia*, then followed with introductions offering the women an opportunity to expand on their *whakapapa* should they wish to. After the introductions one facilitator presented an overview of the group guidelines and some housekeeping tasks.

However, while this was happening the co facilitator, (and subsequent researcher) who was still aware of the feeling of heaviness that entered the room in the beginning of the group was struggling (unbeknown to the group participants) to process an overwhelming feeling to tell the group some of her own story. Instead of proceeding with the planned programme instinctively she began sharing about her own journey out of violence. As she shared her colleague and herself became aware that a new feeling was filling the space that previously separated them from the group participants. The heaviness that overflowed into the room when the women first entered was diminishing and there was a sense of a merging together that felt somewhat like a transcendent experience that wrapped itself around everyone in the room, that seemed bigger than the individuals there.

As Jordan (1991) writes,

When empathy and concern flow both ways, there is an intense affirmation of the self and, paradoxically, a transcendence of the self, a sense of self as part of a larger relational unit. The interaction allows for a relaxation of the sense of separateness; the other's well-being becomes as important as one's own (p. 82).

The sharing of the researcher's personal narrative was not planned as part of the group process. She describes her experience of telling her story as sensing something beyond herself, inviting her to spill the beans on where she had come out of, and a 'knowing' that was present, perhaps similar to what is described by Lewis, Amini, and Lannon (2000, p. 63), as "*limbic resonance* - symphony of mutual exchange and internal adaption". They write that as two people have eye contact there is a connection at a neural level, an intimate meeting that brings a mutual enhancement to both parties, difficult though this might be to find words for.

They describe the leap of recognition with this, and the opposite feeling of deadness when you look into eyes where this does not occur, where perhaps only one party is prepared to engage at this level.

A further phenomenon that helps to explain what happened with respect to connection is that of relevance theory. As Meadowcroft (2011) explains, for communication to be effective it must be relevant to the listener. If it is information the person already knows, or perceives to not be relevant they may stop listening. This is also the case if the information is too far beyond the reach of their understanding or comprehension. There is also a responsibility on the part of the one communicating to present information in such a way that it will be relevant. In the case of the researcher sharing her story, there was something new—here is someone with a shared background, but with a story of difference, of hope for the possibility of change, but using a language these women could connect to.

The telling of her personal narrative, vulnerability and shaming experiences provided a vehicle that effectively penetrated and broke down the heaviness that could qualify for shame or shame and ambivalence that had entered the room with the women. Carswell (2009) states:

Paradoxically, shame arises in the context of relationship, and it is through relationship that its effects are diminished or overcome. There is an ambivalence associated with shame, with similarities to the children's game 'hide and seek'. Those struggling with shame reflect both the desire to protect and conceal the vulnerable self, and also the yearning to be sought and found (p. 1).

Additionally Jordan and Walker (2004) note that as people seek connection they will experience uncomfortable emotions such as fear, shame and anger. The women in the group were faced with the choice of "do I stay or do I go." (p. 6)? This dilemma continued through the process of the group as challenges to building deeper levels of trust occurred.

As the women began to connect and open up with each other, trust formed and eventually their stories unfolded, as the yearning to be found gradually overcame the strong desire to hide, in what seemed like the safety of self protection. It was like the "penny dropped", as they opened up and shared in each other's narratives, making links to harrowing descriptions of each other's journey.

Surrey (1991) notes that recognizing the growth and change in people, along with ongoing connection implies a process of attunement to change, including the ability to face fear and choose to stay present in relationship. As the women continued to meet together and be committed not just to their own change, but also that of to each other, over time they began

to make life changing choices that resulted in them taking responsibility for their lives. For some, their choices led to them getting their children out of care and back home with them. These were families whose intergenerational histories were of children growing up in the care of welfare. As the women grew in self understanding and awareness they increased their capacity to make better choices for themselves and their families and take more responsibility and control over their futures (Kaplan, 1999). This effectively broke for them the cycles of intergenerational violence.

The freedom for being spontaneous in response to sensing, and /or knowing what was needed in the room was an ongoing occurrence throughout the Living free From Violence group. There was an eight week group format to follow including guidelines and safety procedures. However both facilitators agreed that there would also be a space made available should change for the programme need to occur. Allowing for such a space opens the way for such occurrences as that of the special transcendent experience mentioned above which could be described as an aspect of spirituality.

IV Establishing Connections

A key feature in establishing connection with the women in the Living Free from Violence group proved to be the sharing of my personal narrative of my journey out of violence. In all, it established more than just a connection it penetrated the hearts of those women, and simultaneously diminished the heaviness that had previously entered and enveloped the room. As Walker (2004) notes,

In the relational-cultural model, connection is both *encounter* and *active process*, and its fundamental quality is *respect*. This conception of respect is akin to the concept of unconditional positive regard emphasized in person-centered models...to experience connection is to participate in a relationship that invites exposure, curiosity, and openness to possibility (p. 9).

In addition Pouesi (2009) considers that there is an understanding that women from violent backgrounds have of each other that provides them with an inner knowing of where each have journeyed. There is also a connection they make with one another that cannot be seen only experienced. Conversely, the unspoken declaration that happens amongst women who experience such violence affirms one another's journey. Furthermore as Mearns and Cooper (2005) note, "Moments of intimacy and relational depth often occur without words" (p. 47). In

addition the following extract from Mearns and Cooper (2005) does not mention connection; there is a definite sense that the client here has made a connection.

It is an amazing feeling to feel so understood. I knew she (the therapist) understood me deeply. It wasn't just that she understood what I was talking about – it was that she understood how it feels to be me...what she was sharing was not about her own life – what she was sharing was herself, in relation to me (p. 45).

Furthermore Briere and Scot (2006) note, that safety is an integral factor to enabling clients to “let down their guard and experience the relative luxury of introspection and connection” (p.71). In addition Olthuis (2006) asserts that:

When the letting be and reaching-out are mutual, we are in connection, touching and being touched, simultaneously giving and receiving self. We meet neither distant nor fused but in contact, connected in an embrace without demands and without controls, whose only safeguard is mutual trust, an embrace open to finding its own way in hope (p. 225).

Olthuis (2006) also writes of the delicacy required in building healthy relationships, and how this is impacted upon by all manners of “elements” (p. 55), including the disposition of participants and how well they work together, heart impulses, and the risks inherent within time and space. Further, a requirement is also in building a space where people can be with each other comfortably, and without the challenges of resentment and resistance (Olthuis 2006).

AS Sandage (2006) notes with respect to liminal space, opportunities are created for spiritual transformation “through the humility of unknowing and the courage of authentic self-hood” (p. 235). He further notes this process is not always linear, as the inauthentic self is dismantled. Surrey (1991) notes that the creation, building and sustaining of deep relationships is not a straight forward process, but may include times of vulnerability when feelings may overwhelm, requiring a commitment to stay connected. In addition Hinchman (2009) asserts, “Relational theory proposes that a central human necessity is the establishment of authentic and mutual connection in relationship”.

The above is particularly true of the women who have accessed Westside Counselling Services over the past decade. As they grew in awareness, gaining understanding and insight of the impact that violence has on one's life, they became more open and willing to enter in to community. As Herman (1992) notes, “Helplessness and isolation are the core experiences of psychological trauma. Empowerment and reconnection are the core experiences of recovery (p. 197)”. Furthermore Surrey (1991) states, “Only as we value our connections and see that

maintaining and deepening them are crucial to our development will we begin to take the risks necessary to empower our relationships” (p.174).

The process from disconnection to connection was not straight forward for the women in the community of care. As Walker (2004) notes, increasing connection and finding a voice can also bring conflict, as individual preferences and differences arise, that need to be negotiated. A feature of the community was the determination women showed to stay engaged in spite of this. Walker (2004) suggests that this ability relates to the quality of trust and relationship that holds the group together and provides a safe and stable environment for this sometimes fraught process. Furthermore, as Jordan and Walker (2004) suggest, as disconnection and connection sometimes interweave, if this can be negotiated rather than shut down, growth enhancing relationships are enhanced overall.

This chapter has described the space between disconnection and connection, as old ways of being are discarded, and new ways embraced, a place of distress and anxiety holding women safely as they negotiate this liminal space and begin transformation requires deep relational trust on their behalf. This rich relational process offers a narrative of hope, meaning and purpose which may be storied as spirituality. This is reflected beautifully in the original purpose of the kete to hold sacred objects.

CHAPTER FIVE: METHODOLOGY



Figure 9: Weaving (Source: Ali Brown flax weaving 2006)

Introduction

The metaphor of the kete introduced earlier is highlighted again in the introduction of the methodology chapter with reference to the ara, the line of weaving (raranga) that directs a weaver throughout her/his work. The significance of the ara to weavers is that it guides them and helps them to follow their line of weaving. If the weaver inadvertently loses her line of weaving, she is able to find it by locating the ara.

The ara is highly significant for weavers. Without the ara, most weavers are unable to complete their weaving. In the same way the ara works to guide the weaver, methodology seeks to provide structure for the researcher. Furthermore, as Puketapu-Hetet (1989) suggests, there is more to Maori weaving than meets the eye, it is full of symbolism and deeper meaning, including spiritual values and beliefs. In the case of this research, the ara is seen to be representative of the research question: *How has Westside Counselling Service and its alternative 'community of care' approach been effective in enabling Māori women to deal with the impact of domestic violence?* This research acknowledges and holds the inherent sacredness and journey of the six Māori women at the centre of this qualitative research project.

It is the telling of a story, and the sharing of narratives detailing actual events and outcomes. The research approach elected to structure my thesis is that of a case study, and employs a mixed method approach, and in addition integrates paradigms and frameworks such as Smith's (1999) Kaupapa Maori Research, and Barker, Pistrang and Elliott's (1994) phenomenological approach and narrative inquiry.

Following the line of the ara, collaboration is employed as a transdisciplinary principle, supporting partnership through a mix of community groups including past clients, community and statutory agencies, and volunteers all of who make available the data needed to support the research.

Research approach

Qualitative research is concerned with aspects of human experience; it explores people's life histories or everyday behaviours. In describing the scope of qualitative research, Denzin and Lincoln (2000) write:

It offers multiple interpretive communities; it stretches across different landscapes. It offers a pathway back and forth between the public and the private, between science and the sacred, between disciplined inquiry and artistic expression (p. x).

All of these themes and characteristics can be identified in the current research project. Furthermore, Frankfort-Nachmias and Nachmias (2008) write of how "Qualitative researchers attempt to understand behaviour and institutions by getting to know the persons involved and their values, rituals, symbols, beliefs, and emotions". This has also been the case regarding the community of care approach developed at Westside Counselling Service.

This research also utilises a phenomenological approach. Barker, Pistrang and Elliott (1994, p. 74) define phenomenology as the possible appearances, forms, and structures of human experience "which [appear] real to the senses, regardless of whether their underlying existence is proved real or their nature understood". In this study in-depth interviews were used to gain entry into these women's perceptions of their lived experiences.

Initially it was never envisaged that the development of WCS and their community of care approach would be the focus of a research project. With ten years experience, refinement and development it feels quite surreal that WCS is the focus of field research for this qualitative study. This seemingly natural progression and "doing" demonstrates a movement from praxis to theory. It is also the way women and indigenous peoples tend to work. In relation to women doing inter-disciplinary research, Watson, Prevost, Faries and Para-Mallam (2001) writes that "In general women moved from praxis to theory, rather than undertaking abstract uncontextualised research" (p. 53).

Research paradigm(s)

There are a number of paradigms woven together within this study; and my story is also interlaced, situating me as both an insider/outsider (Smith, 1999) within the research.

The Transformatory-Emancipatory Paradigm (Mertens, 1999) is one of several key strands to this research. This paradigm has its roots in poststructuralist and interpretivist constructs, providing us with justification for research focused on attending to the individuals' lived experience and the meaning they make of it. According to Mertens (1999), the transformative-emancipatory viewpoint is to describe reality within its multiple contexts, e.g. cultural, political, economic, and historical. This approach allows participants to share in-depth information regarding their stories through the use of narrative inquiry. This has played out in the research group in the telling of stories; there is a meeting that takes place between the storyteller and the story, a connection that was not before apparent or in their awareness. Something in the telling of the story begins a transformational shift.

Linda Tuhiwai Smith's *Kaupapa Māori Research* (1999) regarding twenty-five indigenous projects, highlighted themes related to survival, remembering, naming, restoring, connecting, envisioning, returning, networking, protecting, creating, discovering, sharing, testimonies, and storytelling. These also corresponded with the same or similar themes that kept re-occurring and flowing through the sharing of stories of women in the research group. This identifying of aspects again confirmed the strength and potency of different aspects of storytelling.

Importance is placed on the use of kaupapa Maori when researching Māori. As a Māori researcher, I too was constantly aware of the understanding and insight I needed whilst researching the Māori women involved in this research and the cultural considerations inherent within that. George (2010) states, "Kaupapa Māori is an over-arching body of knowledge which can have meaning and purpose in all arenas of Māori social life. It sets out the fundamental rights of Māori to be Māori, as the tangata whenua of Aotearoa New Zealand, and as partners in the co-signing of the Treaty of Waitangi in 1840" (p. 33).

Narrative inquiry complements a phenomenological approach in that it is a vehicle used to draw attention to an individual's knowing of their experience and what they make of it. Riley and Hawe (2005) state: "Narrative inquiry examines the way a story is told by considering the positioning of the actor/storyteller, the endpoints, the supporting cast, the sequencing and the tension created by the revelation of some events, in preference to others" (p. 226). It is therefore also co-construction of stories. For many women who have lived with the impact of

domestic violence, having someone bear witness to their story often causes in them a transformational shift that can facilitate change. Denzin and Lincoln (2005) write that in some cases, the simple act of relating life events of importance to others can enable transformation to occur. Similarly participant J says:

I know what else I've discovered about myself. I know I can be funny; I never ever was able to make anybody laugh. I don't think I ever laughed, I never laughed. Everything was always so seriously wrong. Participant J, Personal communication, 12 November 2009

This approach not only supports my thesis; it makes a way for other voices with similar narratives to be heard.

Rationale for the Case Study Approach

As a means to integrate and cover multiple sources of information and research paradigms, I have elected a case study as the method in which to present my work.

A case study, regardless of its type, is the contextualisation of actual events. Extensively descriptive, a case study attempts to provide the reader with an in-depth view of the research process using detailed information collected from participants of small groups and/or individuals (Colorado State University, 2004). Expanding on this, Stake (2000) suggests: "a case may be simple or complex. It may be a child or a classroom of children, or an incident such as a mobilization of professionals to study a childhood condition" (p. 436). Furthermore Yin (2003, p.4) states "The case study is the method of choice when the phenomenon under study is not readily distinguishable from its context. Such a phenomenon may be a *project or programme* in an evaluation study". Given the above, for this research the structure of a case study supports and addresses the scope, complexity *and* various layers that have formed this work.

The evidence sourced for this case study begins in Chapter Two of this thesis through the sharing of a story that presents the history of Westside Counselling Service. The story, while informative, provides a window to view the undertakings that took place and eventuated in the establishment of a community of care for women whose lived experiences were immersed in violence. Stake (2005) suggests that "for a qualitative research community, case study concentrates on experiential knowledge of the case and close attention to the influence of its social, political, and other contexts" (p. 444). This chapter provides more than one window. It

offers an opportunity rarely seen in the world of academia that presents documentation of the establishment and journey of a community-based approach that values the community holding knowledge.

A similar illustration of a community holding knowledge is documented throughout the history of Parihaka. Their values of wananga, traditional sources of wisdom, metaphor, story, belonging to the community were shared and as well held by the prophets and tohunga. Hohaia, O'Brien and Strongman (2001) note, "the process of innovation used in Parihaka is encompassed within the term 'wānanga', and that wānanga is an appropriate symbol for tangible societal change" (p. 77). Furthermore Hohaia et al (2001, p. 84) consider "Evidence shows that strategies were planned within forums where discussion and debate was welcomed and not discouraged, and the experience from action built awareness and provided insight for the whole community". This then, forms a connection from the beginnings of this thesis, and indeed, my beginnings, to the methodologies used.

This current research delivers valuable information concerning the successful relationships that were formed between a Community Church, and a Counselling Service. While qualitative case studies do not set out to generalise findings, a study such as this may. It also offers a possible blueprint to other organisations including faith-based organisations who may be considering developing similar initiatives in their community.

Significant evidence is also documented from the shared experiences and stories of the six Māori women who are at the centre of this study. Their stories provide considerable data and are a key source of information gathered within this study. Additional evidence is also presented through the shared narratives of participants who made up the volunteer's focus group and the referrers focus group. The sharing of my own narrative and personal insight of violence is also identified as another source of evidence presented in this study.

While the context and multi-layered context of this study is one of its strengths, there are also many challenges inherent in a case study of this nature, as Yin (2003) points out:

The inclusion of the context as a major part of a study, however, creates distinctive technical challenges. First, the richness of the context means that the ensuing study will likely have more variables than data points. Second, the richness means that the study cannot rely on a single data collection method but will likely need to use multiple sources of evidence (p. 4).

The structure of the case study provides a way of managing a mass of significant data, without forcing it into tight boundaries that may or may not fit. The history of Westside Counselling Service is woven together with the narratives of the Māori women who utilized the service and brought their personal narratives and experiences to its institutional history. Within the institutional history and collective biography of Westside's story, there are also the experiences and narratives of the volunteers and referrer groups, all of whom have added multiple sources of evidence to the rich mix of data that when interwoven make up a unique and compelling case study.

The importance of narrative inquiry in the case study

The individual and group narratives shared in this study provide in-depth information that includes but goes beyond the telling of a story. The shared narratives of the six Māori women in particular transport the reader to what could be identified as the root of violence in their lives.

Participant J states, "I know that for me, it was horrible for us. I was brought up in violence, abuse, sexual and physical, and I was always on high alert all the time". Participant J, 14 November 2009, Personal communication.

A narrative such as this is more than the telling of a story. It makes available an awareness that would not otherwise be known, and gives understanding of the underlying issues that women in violence are faced with. Likewise Bell (2002, p. 208) states, "In its fullest sense, narrative inquiry requires going beyond the use of narrative as rhetorical structure, that is, simply telling stories, to an analytic examination of the underlying insights and assumptions that the story illustrates".

Research methods

The research began with the recruitment process. All participants were contacted by phone and asked if they would participate in the interview process. The research proceeded with focus groups and ended with individual interviews. This process helped to avoid the past clients' group possibly feeling overwhelmed and anxious, which could have happened if both methods were to run simultaneously. This also allowed them time to re-experience being back together as a group, to re-experience a group process, to engage with the past and collectively

appreciate how far they had come, before moving on to their individual stories. Participant D states:

Being able to come in today to be privileged to be part of this group, it's like wow. I got the phone call I'm like, yeah; I'm in. Participant D, 14 November 2009, personal communication,

The power of focus groups became evident as people began to share in-depth information of their experience and/or story. This process identified how people think and the way they react and inter-relate with each other. The sharing of personal stories enabled each participant to connect and identify common themes, which were further explored in the individual interviews.

This research involves two qualitative methods: three focus groups and six individual interviews. Whilst referrers, past clients (Māori women) and volunteers formed three separate focus groups, the same open ended questions were used for all three groups. While referrers and volunteers were part of focus groups, the six past clients were also involved in individual interviews. Both methods provided emergent themes; however the individual interviews uniquely drew out the individuals' experiences and the meaning they gave to their story. Together the structure of the groups and the individual interviews provided a good mix of data.

The questions used in the qualitative groups used narrative inquiry to help shape the stories that were told. The women's stories were at the centre of the research, and responses from referrers and volunteers confirmed and validated what the women were saying. As Mertens (1999) notes the transformative-emancipatory viewpoint is to describe reality within its multiple contexts such as cultural, political, economical, and historical.

Selecting research participants

All of the participants in this research were known previously by the researcher. The interviewer that was contracted to interview the past client participants made the initial contact with them and arranged to meet with them to explain the interviewing process. The sampling technique used to select participants for this research is referred to as Purposive sampling (Trochim, 2000). Teddlie and Yu (2007) state, "Purposive sampling techniques are primarily used in qualitative (QUAL) studies and may be defined as selecting units (e.g., individuals, groups of individuals, institutions) based on specific purposes associated with

answering a research study's questions" (p. 77). Along with the past clients, six volunteers and six participants from referring agencies were also recruited. Maxwell (1997) further defined purposive sampling as a type of sampling in which, "particular settings, persons, or events are deliberately selected for the important information they can provide that cannot be gotten as well from other choices" (p. 87)

While there were three specific focus groups, the participants were drawn from different sources. The first group consisted of six Māori women who were past clients of Westside Counselling Service. Their ages ranged from the mid 30's to early 40's.

The second group were volunteers from the community who provided support for the different initiatives within the service. In total the focus group involved six volunteers, whose ethnicities included Dutch, Iranian, South African, a Maori/European, and two Pākehā. All except one of the volunteers was women.

The third focus group was made up of community and statutory agencies that refer clients to Westside for various programmes. Their ethnicities ranged from three Maori, one Canadian, and two Pākehā. All participants in the referrer's focus group were women.

Each faction provided important data for this case study formulated from their own personal knowledge and experience of Westside Counselling Service and its 'community of care' approach. An example of this is seen below.

Participant from referrer's focus group:

For me probably my one most true experience of the success was when I got a client that had been referred through lots and lots of concerns over a long period of time many years throughout this person's children's life; probably eight years on and off. We had concerns about this family and also they had engaged with a number of services in the community, but still the violence was there, still the abuse and still the concerns. So to have them come to this service, this counselling, and actually make the changes for those children and change their lives in a positive way and for the adults, that for me after all those years of our involvement has been the biggest milestone for me. As far as my referrals go of that family that's been experiencing that for that long could make those changes in that short amount of time, I think that it's a success for me and many have followed since then because I believe that once you find a good service you don't let it go. Participant, November 14, 2009 Personal communication.

First Phase

The same questions were asked of all three focus groups. This was done as a means to raise discussions that would draw a mix of data from the thinking, assumptions, perceptions and feelings of each participant.

Phase one: Quota Sampling		
Focus Group One Past clients	Focus Group Two Volunteers	Focus Group Three Referring Agencies
Six participants	Six participants	Six participants

Table 1. Showing a breakdown of focus groups

Focus groups met once only for a period of approximately two and a half hours. The groups were tape recorded and the information gathered was transcribed. A note taker was also present in all the three groups if need for this arose. This person was familiar with counselling disciplines and was well-briefed for her task. She was accepted by the respondents because they already knew her from her involvement with Celebrate Recovery. This allowed freedom of expression as the respondents felt safe with her. Both the note taker and the interviewer were made aware of cross-cultural differences in the meaning of body language and how body language is interpreted.

Second Phase

The second part of the research involved six individual interviews with past Māori clients whose lives had been impacted by domestic violence. The interviews were Semi-structured using a narrative approach that would encourage the women to share their experiences through story telling. The primary role of the interviewer was to ensure the interviewee stayed within the framework needed to tell her story and to direct conversation when needed through the use of questions. The interview process began with welcoming the interviewee and karakia, as consistent with kaupapa Māori research processes.

Phase two: Quota Sampling
6 Past Clients individual interviews

Table 2. Showing breakdown of individual interviews

Individual interviews involved one meeting time only for each of the six past client participants. The interviews went for a period of no longer than two hours. The sessions were tape recorded and the information gathered was transcribed.

The process of thematic analysis

For the purpose of this research thematic analysis has been chosen to process and interpret the data taken from the three focus groups and the six individual interviews. Boyatis (1998) defines thematic analysis as “a process for encoding qualitative information. The encoding requires an explicit “code”. This may be a list of themes; a complex model with themes, indicators, and qualifications that are casually related; or something in between these two forms” (p.4). Analysis involves a threefold process: a process of observation, sorting into categories and interpretation.

He further notes that this method of analysis gives the researcher freedom to use information from a variety of sources. It is expected that the qualitative information that emerges from the focus groups and individual interviews will draw key themes that will contribute to the development of further knowledge concerning the research question *How has Westside Counselling Service and its alternative community of care approach been effective in enabling Māori women to deal with the impact of domestic violence?*.

Involvement of past clients in the study

As previously noted the past clients that made up the client focus group and the six individual interviews in this research were the same participants, all identified as my ex-counselling and/or group clients. From the outset recognition of the potential vulnerability of my former clients in this research situation was identified. Ethical issues were raised because of my past professional involvement with these women being my clients. This had implications and concerns for approaching the women to be participants in the interviewing process. To overcome this difficulty a research assistant was contracted to approach six past clients to ask if they would be willing to contribute to the research project. Hence it was decided that the

Director of the *Celebrate Recovery* programme be contracted to run the past client focus group and their individual interviews.

My aim throughout this research process has been to be transparent and mindful. Right from the onset my intentions were to approach this research with integrity and honesty, given my past involvement with these women. Smith (1999) states “Insider research has to be as ethical and respectful, as reflexive and critical, as outsider research” (p. 139). It is important to note that an insider interviewer was much more likely to be accepted by this ex-client group than an outsider. While the interviewer had no professional or clinical relationship with these participants she was known to them through their peer involvement with *Celebrate Recovery*. While she knew the women and had limited insider knowledge, she didn’t have access to their shared experience as I did. At the time of the interviews I knew, but didn’t fully appreciate, the potency of an insider’s knowing about growing up in a culture of violence, and how this could nuance questions and the way in which they were answered. In my experience insiders who come from a background of violence themselves think differently, hear differently and speak differently to outsiders.

There is a difference in the way language is understood and used from women who come from lifelong patterns of abuse. I am unsure how I can express this, but my own experience of the way I talked and the way that I made sense of my world was tied with a sense of disconnection, things seemed jumbled, unreal, I lost my voice, I experienced whakamaa and I didn’t know how to connect to anyone. Emerging from this was like coming back into the world again without realising previously that I had exited. However, while there is an exiting from the world, there is also a sense of re-connection during the healing process. I was aware of this particularly as I journeyed my own personal healing of violence. The way I talked and understood then is definitely different to how I talk and understand what is being asked of me today, but I am still able to strongly identify with and understand women who are at different places on what seems like a voyage over rough and unpredictable seas.

Ethical issues

While I was mindful of the potential for conflict of interest concerning my involvement in Westside Counselling Service mentioned earlier in this section, the research method has in part supported my involvement as both researcher and Westside Counselling Service Director - insider/outsider. In my role as Westside Counselling Director I had gained considerable knowledge concerning these women, and selected them from this position. Having identified

and selected the women for the research interview processes, I was then placed as an outsider. I contracted a third party to make contact with the women and do the interviews. This person was selected as she had already some connection with these women, which I thought was important for them given their vulnerability. I also contracted with a Māori woman who worked in the West Auckland community as a Māori healer to be available, should the women want to talk to her during the interview processes. As well as this, another woman who was not Māori, but known to the past client participants through Westside Counselling Service; was also approached to make herself available to the past client participants should they wish to talk to someone other than Māori. This was done in order for all the past client participants taking part in the interview process to have a choice should they need to access support through the interviews.

I remain concerned around the limitations of ethical constraints, which are there for valid reasons, but do not always translate well in cross cultural settings. In the case of my research, I held information about my past client's vulnerabilities of being around other Māori and their difficulties when communicating with others. In order for my research proposal to be accepted I was advised to contract two third parties; one being the interviewer and the other being a woman of Māori heritage to be available on site in case my past clients were triggered in any way through their interview process.

In hindsight I would have made my knowledge about these women and their hesitancy of being with other Māori clear to the ethics committee and taken a stronger stand to interview these women myself, given it had been some years since the majority of these women were in counselling, either with me or other counsellors. My knowledge at the time was limited by the fact that I was a new researcher and I believed the people instructing me knew more than I did concerning the safety of working with Māori clients. I don't believe that today; I believe that we can teach each other, hence why I bring it up here. An example of working ethically in a multicultural context is provided by Wiggins Frame and Braun Williams (2005), as a possible pathway to consider in the future when researching across cultures, and in multiple relationships.

An aspect of the interviewing process that needs further consideration when interviewing ex-client participants who come from backgrounds that have been immersed in domestic violence is that of languaging, as informal and formal. It was not until after the interviews when I started to read the data that I realised the women needed more help with unpacking what the questions were and what information was being sought. This would emerge naturally and

informally in conversation, but somehow was lost in the formality of the questions and process.

There is a language that women from violent backgrounds have that is different to that of others, which involves words, body language, and facial expressions. We talk differently, and our understanding of topics and questions are not always fully understood by others. I am addressing this as 'we' rather than 'they' because I too am familiar with this language. I am familiar with the confusion and lack of understanding that happens for those of us who have come from violent backgrounds. When communicating outside of this context, it can at times seem that we are somewhat withdrawn, confused or have missed the point of what was asked of us. Carswell (2011) notes:

This unresponsive behavior can and does work against Māori and Pacific people...It is hard to respond when you are feeling frozen inside, perhaps it's easier to say "I'm ok", "yes, I understand", or "I don't know", than try to unpack and articulate what is happening, in front of someone perceived to hold power and authority over you. This is especially the case if cultural norms are associated with a hierarchy of age or power which is not to be challenged or 'bothered' (p. 10).

There needs to be a knowing for those women who come from violent backgrounds that informs them that they can trust the 'other' person enough to say "what do you mean" or "I don't understand". It is a huge risk for these women to feel confident enough to bare themselves to the other person, in fear that they may be judged or labelled as dumb or stupid. The way in which they communicate back can at times be like a heavy downpour of words as opposed to a light shower. There is no quick concise response, but a roundabout process that pours out seemingly unrelated words. The questions they think are being asked of them are in most instances not necessarily what they heard or understood, and in most cases the unpacking of such questions need time in order to work through, to understand what it is the 'other' person is asking. This requires patience and the ability to clarify with sensitivity on behalf of the listener as outsider.

However as an insider, there is an unspoken knowing and permission given to each other, there is not therefore the same need for sensitivity. This can be likened to an AA meeting where people connect and meet to talk about their alcohol related issues. There is an unspoken permission in those meetings where it is ok for people to tell each other not to 'bullshit'; this is also true in the way they may look at one another. There is a language in that look that indicates to the other person, "whatever bro". In the same way there is an unspoken permission we have for each other that allow us to check out if what you just said was right

without feeling whakamaa or shame, because in most cases the same women have an underlying belief that informs them they can't "speak right". However in the group these women felt comfortable as they were able to participate and have meaningful conversations. An example of this is from a participant P explains:

It was more about I really wanted to have an understanding and the talk was, at times it needed to be professional, then the majority of times it was my talk you know. It was life-skilled talk, my kind of talk but talk in a sense it wasn't the yucky sort of street talk that I had it was more of a language that I could understand Participant P, Personal communication, 14 November 2009

Conclusion

While these women have made huge inroads into their lives, healing for them is ongoing, so too is the development of their communication skills and abilities to fine tune and process their thoughts, feelings and emotions. While some of the women in this study have made significant changes into this area there were others who haven't, and while their contributions towards the research data were still valid, I wonder if this study could have been enhanced if I had greater understanding at the time of the above dynamics. Although I hadn't made a connection regarding this at the time of the interview process, I believe it is significant enough to mention here, proffering an awareness regarding future research in the area of domestic violence. As Smith (1999) notes:

What is more important than what alternatives indigenous peoples offer the world is what alternatives indigenous peoples offer each other. The strategies that work for one community may well work for another. The gains made in one context may well be applied usefully in another. The sharing of resources and information may assist groups and communities to collaborate with each other and to protect each other (p. 105).

Smith's assertion is consistent with my own findings. It is indeed important for indigenous peoples to have their own strategies and ways of working. For Māori, Durie's model of Te Whare Tapa Wha is an exemplary example.

CHAPTER SIX: ANALYSIS OF THEMES



Figure 8: Pingao and flax kete (Source: Woven by C. Bensinger 2011).

Introduction

As outlined in Chapter Four, thematic analysis was used to analyze data from phases one and two of data collection. This method identifies themes within the data and has the ability to detect hidden meaning. Further, Boyatis (1998) suggests that thematic analysis also interprets various aspects of a given research topic. Following the Ara, these themes or strands build on each other, and there is a sense of progression. While violence was a common underlying factor, I have not included it here under themes because it was not part of the community of care approach. Whilst it is possible to identify individual themes, many of these interweave together. Although it is not always easy to tease out individual strands, the following are the overall trends or patterns noted. As an example, one line of weaving could be respect, but this could be woven under and over with strands of hope, empathy and trust, as illustrated in the photo above that depicts the intricacy of the finely woven kete made from blades of pingao grass.

A Synopsis of each woman's Story

Prior to the analysis of themes a synopsis of each women's story is provided in order to give a context to their backgrounds.

Note: To protect the women's identity and that of their families, geographical details have been removed, denoted by ***.

Participant (A): I was born in *** but spent eight years growing up on whenua up north. We basically cultivated the land up there and then my family separated and I moved to Auckland. I've got three teenage children and I've been separated over five years.

I think for me as a child, you know those old agitated washing machines, how powerful they looked, well when I was a kid I use to just watch it. I use to be quite intrigued with this whoosh, whoosh thing going on in those old agitators. The way you use the wringer and putting clothes through it. I think you know even back then I use to identify with the roughness of the agitation of the water and I think as a child inside, that's what I felt like. I felt like a really messed up whirlpool just going in all directions and I didn't know how to stop it, and just watching the clothes going through the ringer, I used to feel that pressed with depression. That's how I felt you know, just really pressed out and wrung out. So when I turned up here in 2004, before I even came here when I arrived back from Australia I made a decision, and inside I just wanted that to stop. I wanted that old washing machine inside of me to come to a still because I had had enough.

I think the saddest thing I learnt through all the violence that was inflicted on me, sexual, mental, and physical, was that I learnt how to do it to myself. Just needing to feel the pain like even if my husband didn't hit me I'd do something to hurt myself. I've jumped out of the car while it was going, and stuff like that; just crazy stuff to feel what I was feeling inside, physically feel what I was feeling inside. That's what I became use to. So for me, compared to that washing machine, if I was to go down to a nice calm river it was scary for me, it was really quite scary to not hear anything, to not feel anything, to not taste you know.

I didn't have my kids at that time, I didn't have my husband. I just left my family in ***; because I could see that it was still the same and nothing was going to change for me if I stayed there. So I moved to Auckland and I stayed with my sister who told me about Massey Community Church, which is where Westside Counselling Service actually works out of. It was through attending the church that I heard about Faye and I just enquired, I said "hey look I'm a mess I need some help". Two years later I got in contact with my kids and now my two boys are at home with me. You know there's been none of that agitation since I came here over five years ago. Participant A, 7 November 2009, personal communication

Participant (B): I was born in *** and moved up to Auckland in 2003 when my son was two weeks old. I was in pretty bad shape when I came to Auckland; I had to stay with my sister because I couldn't be left alone. My son and I stayed with her for eight months.

You know I can't really remember much back then. I know I was a mess; I was mentally unwell before I had my son. I was diagnosed with bipolar a year before he was born. I think he was a few months old when I tried to take my life; he's six now. I was so terrified back then. I thought having a child was precious, holy and oh my goodness are you mad giving me a child, some days I use to think "oh no a child, what do I do with that?" I use to get so worried about not doing it right. I've definitely come a long way from then and today I look after my son and my father who has dementia as well as my husband and I keep house.

My sister was the only one I really knew growing up out of my family. She has been there right from when I was little. Growing up when I was sick she would make me better; when I was hungry she would make me a kai. When I was little she'd always be there for me.

My partner wasn't very good to me back then. His family was always running me down and it just wasn't nice. It was good to have a place to go and let it all out. To come to some common ground and think better. I think a lot better, I think I'm quite wise in my thoughts now, thinking I'm quite positive and I stand up for myself. I'm better than I was before, I'm not gullible, and I'm not someone you can walk over anymore. I'm stronger now. Participant B, 7 November 2009, personal communication

Participant (D): I was born in *** but raised in ***. Both my parents and grandparents on both sides were born in ***. I have five children, my three youngest live with me. I was with their dad for 14 years but we're no longer together, being parted for 3 years now. I'm 41 and life is good, life's been hard but it's good now. I was pretty much knocking on death's door when I came here to Westside.

You know I really didn't understand back then about power and control, I thought my life was just wonderful because I was stable you know. I wasn't getting kicked out every ten minutes of the day. I always had home even though it wasn't safe because I didn't understand that either.

I wasn't allowed to go to the shop you know, I was very controlled, and he'd go away for days on end. It didn't bother me I had no feelings to it, my goodness. I had a really good friend, she was definitely strong in my life during that time, during those few years cause that was about kind of like seven years of that and he was determined to get her out of my life and she never argued with him, she would just always stay around. She would come over and you know it would be a beautiful day and the curtains would be shut, the kids wouldn't have been fed, I hadn't done anything for days on end because I was like a five year old. She would always come over, I wouldn't even have to say anything, and she wouldn't expect anything of me either. She'd just come in, open up the curtains; start doing lunch for the kids you know. She'd start folding the washing just move around like that, and she did that for a long time.

Now and then though when we would catch up she would argue with me that I needed to get out of that, you know just get away from him; he was so controlling and I still couldn't take to that. She still stayed hard with me

though you know, she stuck beside me, she didn't judge me you know she just stayed very close to me through a really difficult situation and she wasn't intimidated by my partner at all. So I was quite lucky to have someone like her. Participant D, 7 November 2009, personal communication.

Participant (J): I was born in *** and raised in ***. I'm the second oldest of five siblings. I have connections to***, ***and***. Moved to Auckland 2004 and I've been living out west for nearly two years on the 21st of December.

I know that for me it was horrible for us. I was brought up in violent abuse, sexual and physical and I was always on high alert all the time. That's changed for me now, I'm not hyperventilating so much now and I'm not usually often around that much violence anymore. I know to place myself highly because my situations have changed, and I have a different environment that I'm in now opposed to what I came out of.

I mean I look out there I think ultimately when you're in a cycle of violence, for me I think the hardest decision is making the decision to remove yourself. You know everyone's situation is different as to how long it takes before you actually let that thought from you wanting to get out. I think like today with all the media hype that they have around violence that people are a lot more aware of it now.

Back in the day you never spoke about it, never talked about it and growing up as a child and going through those things it was the norm. I kind of understand why I wasn't allowed to talk about it, it was the norm. There were a lot of things that were normal that we talked about but we never discussed about the violence or the abuse. I think for me when I made the decision to remove myself the violence, to attempt to remove myself from my situation; I had no idea where to go. I was not only making that decision, but stepping out of an environment which was the only environment I ever knew, and stepping out felt like the unknown.

I was like, where do I go to from here, and eventually I found places that I did go to but I wasn't around long enough to build relationships to trust people. I was just too full-on back in those early days. I think now where I'm at using the resources to up-train, Westside Counselling and all the programs that they offer, I have more knowledge and understanding of things now. I gave knowledge to my own therapist who guided me to where I am today in many ways.

Something else that you mention too, to know the places that you can go to; you go and find whatever's going to work for you until you find something and then you hook into it, and I take a lot of time out to think of things that I had come through and to where I am today. I couldn't deal with this alone and alerted to my own devices I just stayed at home and cry it away and get up, but it's still there, haven't dealt with it. Participant J, 7 November 2009, personal communication

Participant (P): I've got four children. I'm from the ***. I've just finished uni. I loved violence, no I did aye, and that's how dysfunctional I was. When my dad got hurt, my sister and me the one above me, we always got given out; that's where we learnt the violence. That's where I learnt all my skills towards getting out there. We learnt how to rob houses, cars, shops and whatnot and we learnt everything.

The one thing that still sticks in my head is our grandmother that we didn't know was our grandmother; she was always beating up on my sister. My dad, before he had his accident he was a violent man and he always told us, he brought us up if anyone of us was to get into a fight you beat that person so bad until you know they're near the end. You look at their eyes because that's what I loved to see, the fear. It's like this power thing and you see it in their eyes, you beat them so bad that they won't come back and muck around with you.

I used to cut to get the pains. If I didn't feel the pain my general rush would be take on someone twice my size, generally a male, and be able to beat that person you know what I mean? And my cutting was to feel like pain so I could give out the meanest bash, but I would not stop until I felt like I got the power of that person and that's how dysfunctional I was.

When I had my kids I felt like 'ooh' I don't want my babies to do that. But see I didn't change my ways for a long time. I had two boys and they seen a lot in that time.

Coming here to recovery was like I was accepted for who I was because that's the only way I knew, that's the only way I knew how to deal with it, and so to learn something new has been really hard. When I look back I think that took years but those are positive good years, I don't think I would be where I am today in a positive way, you know what I mean. Participant P, 7 November 2009, personal communication

Participant (R): I grew up here in ***, I have six kids. Four of them grew up in the north..., and I re-married again and had two more children and the youngest one is nine. It's been a hard life but yeah all good. I left my first husband because he was just coming in and cracking the shit out of me while I was breastfeeding you know. So I just had to get away from there and just said "it's the kids you reckon you want, well here you go mate". It sent me around the wall but yeah, that's what I did. And I knew those kids would come later cause the oldest one was 13 and I talked to them beforehand and they were fine with it. He was coming in the middle of the night out of no bloody where you know, smash, bang, crash, and it wasn't safe, not for the kids or me and so sometimes you just gotta do what you gotta do.

I think it was 2002 I came down from up north. I said earlier I grew up here in ***. I had shut down and came to a decision I made while my second husband was out fishing, that I'm not going to stay here and wait for him to come home after drinking from fishing and get a hiding while my babies look at me. So I rung up a friend and she came and picked me up and took me to the women's refuge. It was the same road where I was before; I hadn't been back there for 13 years.

Coming on that Living Free From Violence group and hearing other women's stories as well as my own; and then from that we went into the sexual assault group from when we were kids. I was able to go into that one as well because a lot of my stuff that actually happened to me was because of that. Just being pushed down all that time and feeling like I was nothing. From that programme things just went really, really well, just got stronger and stronger to who I am now. At that point of my life I just knew I wasn't ever, ever going back to what I had come from. Participant R, 7 November 2009, personal communication.

This synopsis of participant's stories was presented here to familiarise the reader with participants to whom I will relate in the text according to the letter that got assigned to each to protect their confidentiality.

Key themes which emerged

From the data four key themes have emerged which charted the process of change for the women, these being Dis-connection; Connection; Change and Transformation, and Re-connection and Redeeming Culture.

The emerging themes identified by the women which enabled this process were an holistic and comprehensive approach; consistency of care/safety/ hope/ whānau/ trust/ loving and being loved/ respect/ and support.

Given the nature of the research it is not surprising those themes present themselves. For many of the women accessing Westside Counselling Service, their coping mechanisms were in part destructive. Their lives were entrenched in strategies that no longer allowed them the privilege to feel, or be aware, thus resulting in the loss of self and their inability to self care. For many of them their coping strategies included addictions, isolation, self harming, and disconnection. Davis (1990) notes:

We all have strategies for getting by, compensating for the hurts we've suffered, dealing with discomfort and pain. We usually don't think about these coping mechanisms consciously, but we come back to them again and again: We drink to numb our feelings, minimize the bad things, [and] maintain control over everything in our lives (p. 144).

Thematic analysis is described by Boyatis (1998), "as a way of seeing", (p.1) involving, as previously noted, observation, or seeing something that appears to be significant, then categorising and finally seeking understanding. While it has not been possible to make available all of the information collected from the three focus groups and individual interviews,

the following data has been selected and presented to give the reader the opportunity to examine some of the conversations that were held within the focus group discussions and the individual interviews with past clients.

Part A. The process of change:

Disconnection

Many of the women who accessed Westside Counselling Service for issues involving domestic violence, including those involved in this investigation, presented with dissociative symptoms (please refer to chapter three, literature review cognition and dissociation p. 40). They were also noticeably disconnected, presenting on various occasions with such behaviours as blank stares, and inability to comprehend pamphlets that informed them about violence and safety. Due to their concentration difficulties and their inability to focus on reading material, Westside Counselling Service purchased visual resources such as videos to support them in their learning. This will be discussed in more detail further into this chapter.

In the case of this study, the research participants all grew up in families where violence was widespread. There appeared to be two outcomes, either a sense of trust and safety that was later eroded, or of never experiencing this in the first place, and so building their own intuitive safety guidelines in an attempt to feel secure. This can play out later in lack of control or hyper-control. An example of this is documented in Pouesi (2009) notes, "As a young child I recall always being afraid. I learnt at a very young age how to find safety by creating a place within my mind that I could go to. I was very young when I learnt how to scrutinize my environment in order to know if it was safe or unsafe" (p. 4).

As children these women attempted, at different ages and developmental stages, to establish safe environments for themselves, however these could not replace safe and secure attachments.

Herman (1997) notes that trauma in early life can have a lasting impact on the ability to form secure attachments and connections that carry forward into adult relationships. Furthermore Herman (1997, p. 52) states:

A secure sense of connection with caring people is the foundation of personality development. When this connection is shattered, the traumatized person loses her basic sense of self. Developmental conflicts of childhood and adolescence, long since resolved, are suddenly reopened. Trauma forces the survivor to relive all her earlier struggles over autonomy, initiative, competence, identity, and intimacy.

However in most cases and particularly in the case of the women referred to in this research; there was never any resolution to their childhood traumas. These women learnt at an early age to disconnect from the anguish and fear that comes with living in a violent environment. Without the input of love and affirmation throughout childhood and adolescence their day to day struggles with negative and distorted self beliefs became overwhelming and unresolved. Not many of the women in this research had been to counselling prior to coming to Westside Counselling Service and for those who did their experience of counselling was not always positive. An extract from the data collected from an ex-client

I've done this counselling before when I was like in my early 20's but I never really got anything out of it because I just did that 'one on one' stuff. There was nothing else involved there was no other resource, there was no other group sessions, there was nothing else that was brought into place to bring me up to the next level so for me it didn't work. Participant B, 7 November 2009, personal communication

By the time most of them reached their young adult years they were fraught with addictions and in most cases living in unhealthy and violent relationships. This is evidenced through data collected from ex-client participants.

Client (J): "I got real heavy into drugs so I had to deal with that".

Participant J, 7 November 2009, personal communication.

Client (P): "I never believed in myself, I used to feel it was my fault".

Participant P, 7 November 2009, personal communication.

Client (D): "I was already addicted to marijuana; I was already using a lot of methamphetamine". Participant D, 7 November 2009, personal communication.

Client (R): "When I was younger it was a hard full on life, as a teenager I just got into everything and did everything". Participant R, 7 November 2009, personal communication.

Client (A): "I kind of went into myself. I kind of went back in like a snail and just poked my head back in the shell". Participant A, 7 November 2009, personal communication

Client (B): "I just thought I was the worst sort of person that could ever live". Participant J, 7 November 2009, personal communication.

Their lack of self worth coupled with the addictions and unhealthy relationships were all factors adding to the internal conflict that had developed through their childhood and

adolescence, thus severing connections with their whānau, community, and wider community support services.

As part of their disconnection many of these women had no appreciation that their children were unsafe, their own lack of safety for themselves and their inability to even comprehend what violence meant were all aspects that when initially assessed contributed to their failure to protect their children.

Client (A): I lost my kids to CYFS. There was no space there to think about formalities of bringing up children and how constructive you have to be and how to be orderly in your life. I didn't have any room for that it was already packed up with a lot of brokenness. Participant A, 7 November 2009, personal communication

Client (D): Like in amongst all that violence they [her children] couldn't feel stuff. They had to hide it you know, he had to be this responsible little boy taking care of these two other little kiddies. Participant D, 7 November 2009, personal communication

In addition to these extracts from past clients Pouesi (2009) notes:

My reality then was to ensure that they [my children] were not being physically harmed and to continue to provide the necessities they needed to survive. There was never a time back then when I thought let alone knew that for them to witness such horrific acts of violence on their mother would be harming to them. It would be years later before I came into this realisation (p.6).

As previously noted a theme that has been consistent with many women living in violence was their inability to retain knowledge and their lack of concentration when reading pamphlets or other written material that informed them about violence and safety. Their inability to stay focused due to the disconnection mentioned above limited their awareness that their children were being impacted by the violence that they were witnessing. This is in fact true of my own past experience, and that of the many women who have accessed Westside Counselling Service over the years. The disconnection that occurs and the self reliance on personal safety schemas developed at an early age are in fact the tools that one uses at the time the violence is occurring.

Further intimations of disconnection are presented below:

Client (R): I had shut down. When you've come out of a violent relationship you need to learn to connect with others because you've shut down within yourself. Participant R, 7 November 2009, personal communication.

Client (B): I was in my own little world. Participant B, 7 November 2009, personal communication.

Client (A): If I was to go down to a nice calm river it was scary for me; it was really quite scary to not hear anything, to not feel anything, to not taste you know yeah. Participant A, 7 November 2009, personal communication.

Client (D): I actually totally dissociated myself from my past just cut myself off. Participant D, 7 November 2009, personal communication.

Client (P): Because I got it in my head if I was in my own four walls I'm safe, if I keep the kids indoors they're safe. I was depressed, and trusted no one, I didn't want to look at anyone, just wanted to be locked up. Participant P, 7 November 2009, personal communication.

These quotes reveal a sense of disconnection and isolation, and keeping on doing life that kept them in a meaningless cycle. This gradually began to shift as the women became aware and made sense of what was going on, along with having a language to express their feelings, in the context and safety of the group process. The change is expressed in the following two quotes.

Client (A): "I used to even pull my hair, just to feel something you know or punch or just physically hurt myself to feel something". Participant A, 7 November 2009, personal communication.

Client (R): "I think that the main thing was finding me again, finding me in amongst all of that. So yeah just having peace and finding me. I think that has been the major thing". Participant R, 7 November 2009, personal communication.

In summary, as these quotes and stories from the women demonstrate, disconnection is a key theme that takes hostage the lives of these women, and can be identified within the synopsis of each of the women's stories mentioned above.

Care not to re-traumatise the women was always a priority at Westside Counselling Service. As Herman (1992) states:

Traumatized people feel utterly abandoned, utterly alone, cast out of the human and divine systems of care and protection that sustain life. Thereafter, a sense of alienation, of disconnection, pervades every relationship, from the most intimate familial bonds to the most abstract affiliations of community and religion (p. 52).

In exploring different ways of helping the women to stay present, safe and connected the decision was made to purchase visual resources such as videos and or DVDs to support them in their learning. This was incorporated into the living free from violence group. One such visual resource that proved to be a key tool for these women was the 'Children are watching'. It provided them with a meeting and heart connection to in-depth knowledge, insight and understanding for their own children and the impact that domestic violence has on children's lives. It seemed to penetrate the hearts of the women in the group in a way that reading information or discussion hadn't impacted. As many of them watched it tears would flow and there was a knowing that they were making connections concerning their own children.

Introducing visual resources into the group setting engaged the women in the group process, thus causing them to stay more focused and not disconnect as they were doing previously. The more the women gained knowledge concerning the impact of violence and the trauma it causes, the more they learned about themselves. The group discussions concerning the cycle of violence also became a place where the women learnt to language the feelings they experienced but were never able to name for lack of words. Over time facilitators began to observe in the women a journeying back process that involved in them becoming more focused and asking more questions which eventually led them into the sharing of their own stories. As Olthuis (2006) notes,

No longer preoccupied with protecting self or the need to please or control, a space opens in which I can receive others and also let them be themselves. Before, I was largely absent, unavailable to myself or others, whether lost in nostalgia, clenched in rebellion, trapped in pain, or preoccupied with protecting self. Now, present to myself, I am available for connection with others (p. 225).

Connections

A key to working with any individual is the significance that is placed on the first point of contact. In the case of the women who accessed Westside Counselling Service for issues concerning severe violence, most of them presented as particularly vulnerable and for many of them their sense of self was shattered. What would appear to be slightly nerve wracking for others accessing their initial assessment or session is not necessarily the case for women suffering from lifelong violence. Their fear of being seen, or uncovered, or judged is for them overwhelming, and in most cases it would have taken them more than one attempt to attend their initial session. Additionally Mearns and Cooper (2005) note:

Ultimately, an encounter at relational depth is not one that can be neatly portioned into the experiences of the therapist and the experiences of the client. There is interpenetration, a complex gestalt of interweaving experiences and perceptions that makes it impossible entirely to disentangle who feels what towards whom. The therapist knows the client; the client knows that she is known; the therapist knows that the client knows that she is known. (p. 46)

Jordan (1997) suggests that as this happens energy that has been spilt off is available to flow back into connection.

There was a knowing in Westside that the core task of the preliminary meeting was to engage the prospective client. Some of the clients would try to intimidate or manipulate the counsellor, others would really seek them out to see if they could be trusted, and then there would be ones who bullied their counsellors which is another way of testing out trust, but in a different way:

Client (P): When I first met *** I just gave it to her, and the reaction that she gave back to me was why I went back the second time. Participant P, 7 November 2009, personal communication.

Client (D): She was different to other counsellor's I had met through the years, and she was certainly someone I couldn't manipulate because I was prone to doing that with other counsellors. Participant D, 7 November 2009, personal communication.

Client (J): I was having counselling outside of Westside, my therapist encouraged me to meet with ***. It took just over a year after she mentioned it, and then I came up here to a group, celebrate group recovery and that was my first time. Participant J, 7 November 2009, personal communication.

Furthermore Pouesi (2009) notes:

Initially for many of these women accessing Westside they presented either hard and staunch or timid and scared. After a while of talking an unseen presence or knowing filled the room or the space between the client and me and in that moment staunch and fear fall away and the client fully enters. This I believe is the essence of spirituality, the connection that engages the client (p. 11).

Usually within the first 30 minutes these women seem to know whether they will return or not, and they know if you are safe for them to begin to trust to tell their stories to. Mearns and Cooper (2005) note "There is a co-transparency, a co-acceptance, a co-understanding, a co-receiving of each other – a flowing backwards and forwards between therapist and client through the channel that connects them" (p. 46).

In addition Olthuis (2006) notes:

When the cords of connection – those lifelines of compassion that make up the fabric of life – are frayed, broken, or cut, we are robbed of believing that we can truly be ourselves. By contrast, when new cords of connection are woven, our souls begin to stir, our hearts begin to sing, and we begin to hope that we can be in good connections with others and, consequently, become more truly ourselves (p. 103).

Ultimately connection for these women became an important aspect of their healing. The establishment of new relationships helped them to form supportive networks, and in many ways developed in them self esteem, thus building confidence and aroha. The threads of connection that weave together comments from past clients, referrers and volunteers are captured below:

Client (P): And I thought by challenging her she'll give up on me like the rest of them did but she didn't and it's like o.k and pretty soon the relationship started yeah. Participant P, 7 November 2009, personal communication

Client (A): I think just the healing and everything that I have done, making new connections and how those connections have helped me to become more. Participant A, 7 November 2009, personal communication

Client (D): Coming into Westside counselling if the structure here wasn't the way it is and the foundation wasn't an open foundation, if it wasn't a place where people could be received and mentored then it wouldn't of worked for me. So for me I've been able to grow in a place like this and been able to meet and connect with other people. Participant D, 7 November 2009, personal communication

Volunteer: I can remember one of the ladies coming to Celebrate Recovery from a person who did not talk and did not do anything, was quite reserved, isolated sitting in the corner not doing anything much. She got involved afterwards through coming and helping in the kitchen and doing different activities and she became one of the people who are now helping others. There are people who are there to support them, and encourage them, and laugh with them, and cry with them, no matter how far they want to go. It's touching to see that you know. Participant, 14 November 2009, personal communication

Volunteer: It's a connection of all different levels isn't it? Participant, 14 November 2009, personal communication

Referrer: There's something like a kindred spirit, somebody who really knows; you know there's a look in the eye of someone who really knows. Now you get together with a group of people who really do know, and that's what it is, that's a big part of what's provided here. You could walk in

the door here and think yeah this is the place that understands much harder. Participant, 14 November 2009, personal communication

Client (D): I can feel things today; I mean I know that today I can feel my children; I can feel myself you know. Participant D, 7 November 2009, personal communication.

One of the key aspects of the 'community of care' was the connection established between the women and volunteers. The unconditional positive regard offered was instrumental in the women's healing.

Change/transformation

When beginning their healing process, most women whose lives have been impacted by severe domestic violence are overwhelmed with incredible vulnerability and are fraught with fear, including fear of being exposed. Benner (2003) writes, "Genuine transformation requires vulnerability...Paradoxically, no one can change until they first accept themselves as they are. Self-deceptions and an absence of real vulnerability block any meaningful transformation" (p1.5. 76). Today whilst the women involved in this study can relate to their immense fear and at times the crippling effects of being incredibly vulnerable, they are walking and breathing evidence of transformational change:

Client (D): I just know that there's just been massive change in my life, huge change in my life and that's given me clarity and trust. Participant D, 12 November 2009, personal communication.

Client (B): I'm finding self-worth in myself, meaning in life. Participant B, 12 November 2009, personal communication.

Client (R): I find it hard to verbalise how I feel because I've never had a voice before, so for me this is a big thing to be able to express myself in some way. Participant R, 12 November 2009, personal communication.

Volunteer: Even I could see that transformation at Westside Counselling with quite a number of people. Participant, 2009, personal communication.

Volunteer: I can see that transformation in my life and I see transformation in other people's lives. Participant, 14 November 2009, personal communication.

Referrer: I think of a situation where I was seeing the mother of a young mum who was coming here, and the difference was when the older women that I was seeing told me that things were changing between her and her daughter. There was a difference with her relationship with her daughter.

They weren't fighting all the time...it's pretty safe for those kids now and they don't agree, they fight, but there's a relationship there that wasn't there before. So those are the things I've noticed that are specific. Participant, 14 November 2009, personal communication.

Referrer: Nobody knows it the way those who have walked in their shoes know it and so for me it is that. That is the extra thing because this family have been all around the community and in all sorts of services and they've probably never been challenged with harder stories than their own maybe. So it's about them going to a place where they're actually meeting people for the first time, talking about stuff that's even harder than theirs and that they can gain inspiration from, those people who have been through tougher times than them. And it's about people talking about survival and wanting things to be more than survival; they want to actually have a quality of life and offer their families a quality of life. That's the evidence for me, that's what I see here. It's like they're looking through a different pair of glasses to the ones they used to wear which were the dark glasses covering the bruises or eyes that were stoned all the time, to now being drug-free, and alcohol-free, and to be able to look at people in the eyes, things that they hadn't done before. Participant, 14 November 2009, personal communication.

Today, these women have a clarity and sureness about their lives both currently and for the future. They hold a wealth of knowledge and understanding of where they have been, and they are clear about where they and their families are going.

Re connections - Redeeming culture

All of the six Māori women in this study identified growing up in families/whānau where violence was rampant. Kruger et al (2004) defines whānau as being, "about birthright. There are rights and responsibilities and obligations that come with whānau" (p. 9). It is noted within the data that five of the six Māori women disclosed long term childhood sexual abuse by close family/whānau members. At the time these women accessed Westside, most of them had all but disconnected themselves from their wider whānau systems. In addition, all of the women lived with or married extremely violent partners. At least half of these women left their children with immediate family members as a means to seek safety, and or begin their healing process.

Initially most of the Māori women who accessed Westside were hesitant to work with a Māori counsellor. Furthermore Kruger et al (2004) write that, "Māori practitioners who subscribe to a Māori practice model will base relationships on the connection through whakapapa of the individual with the wider kin network and the context in which violence has occurred" (p. 9). In

the case of these women, and their histories of abuse they had experienced, it was left to them as to the level at which they chose to include or talk about whakapapa and their relationship with their whānau and wider whānau members. Initially for them it was about trying to make sense of their lives and the abuse they had experienced. It was about gaining awareness and understanding of violence and all the various abuses they had known. It was acknowledging and recognising that violence hid behind many masks. Eventually as they began to heal and gain deeper understanding of their lived experiences, some of them found forgiveness for the whānau members that hurt them, while others are not quite ready. Nevertheless this research has definitely identified that healing at the whānau level is happening:

Client (J): My first time meeting *** and one thing that my therapist did kind of mention to me before I left was that she was Māori. My history of abuse involved Māori and I was hesitant to come up here and meet her. Anyway I did and through my connection with *** it has helped me to slowly understand how I am as a Māori woman, and I'm able to tell myself that there are some good Māori women out there and some good Māori men out there; they're not all rat-bags. Participant J, 14 November 2009, personal communication.

Client (D): I was raised on the pa as a little wee kiddie right up until I was seven, and my marae experience that I had there was just absolutely beautiful. I didn't have any shit there, no stuff happened to me there. [But] I couldn't separate the sexual abuse stuff cause my father was Māori, my uncles were Māori, my aunties are Māori, my cuzzies are Māori; all the ones that abused me. I couldn't separate that from my marae life. I actually totally dissociated myself from my past just cut myself off. When I came to Westside Counselling I met this part-Māori woman she allowed me to come back into this place culturally and to see you know, because I did face-to-face counselling with her she enabled me to see the difference. That didn't happen to you here that happened to you there, you know like with my father and my uncle I was like, anyway she allowed me to separate it because somewhere in my twenties I got it mixed up. I got it totally mixed up and so for me I was met culturally, psychologically, mentally, spiritually and physically. Participant D, 14 November 2009, personal communication.

Client (A): Well for me I think I feel a lot safer now, because Māori used to intimidate me to the max, my own. It was sad, but it was really hard for me to be around Māori because as a child growing up you know I'd hear sarcasm, then the abuse and it wasn't just your father it was his brothers. It was, you know, it was the grand uncles, and so you get a picture in your head when you're a child that Māori are just no good you know, they're out to hurt you and that's it. But through this journey those walls that I had put up to protect myself have actually come down a lot. I'm able to accept them, and keep myself safe, keep who I am safe. That's been done through this community, because of my counselling I've been able to talk how

certain Māori people make me feel really yuck and just being able to say “I’m not feeling safe” and its o.k. to walk away, its o.k. to tell somebody “when you touch me I don’t feel good” and that’s o.k. to do that. So it has helped me as a Māori woman, I’m not afraid of being Māori myself now and its helped me as a Māori woman being included with Māori groups as well you know, and not feel like I can’t go in there like I used too. I can actually go in there; yeah for me it’s a big thing. Participant A, 14 November 2009, personal communication.

Client (P): I’ve been let down a few times now with Māori services, then again I’ve been helped too but for me that wasn’t what I was looking for. It’s open here, you know what I mean, and you can just come in here and be who you are, be accepted. You’re accepted for you, for the individual that you are. Participant P, 14 November 2009, personal communication.

Client (D): As a Māori woman I believe that my needs are met, and I do get met here. Participant D, 14 November 2009, personal communication.

Client (R): Another really good thing for me personally was to be able to connect myself and my children with our Māoritanga. Participant R, 14 November 2009, personal communication.

(J): Yeah what’s helped me with that, like I still have issues with my Māori side, and what’s helped me coming to Westside here is that like I’ve gone to *** and she’s Māori and there’s another Māori counsellor here that comes up here, and I’m starting to get to know her as well. So it challenges my Māori side you know, with those two women and other Māori women that I’m around now. Participant J, 14 November 2009, personal communication.

As an insider researcher I observed that initially some of these women did not want to work with Maori professionals, or acknowledge themselves as Maori. Over time as they have healed and gained insight and knowledge they have re-connected with their identity as Maori, as well as with whanau and wider whanau.

Part B. The community of care approach.

While the following themes have been separated out for the purpose of analysis, it must be stressed that they do not stand alone, but are interwoven.

Holistic and comprehensive approach

Westside Counselling Service would not have existed had it not been for the partnership offered by the Massey Community Church. The guidance and care the church provided Westside throughout its development is what helped to form Westside Counselling Service foundations. Olthuis (2006) suggests:

Authenticity is evoking, establishing, and nourishing deep connections with people whose very struggle is their difficulty or inability to make and keep healthy connections. Authenticity is revealing the “*who*” before dealing with the *how* or *why*”. (p. 113)

What I (the researcher) understand and know today that I didn’t know or realise initially in 2000, was that Massey Community Church were in part my own ‘Community of Care’. I hadn’t realised that at the time, but back then when I initially introduced the concept of developing a community counselling service I was still incredibly broken. The trust and love that Massey Community Church extended to me and their faith in me allowed a depth of healing that was at that time still hidden, to occur. It has also provided in me an inner knowing as the insider, as to the depth of healing that is needed when recovering from brutal acts of violence:

Volunteer: From my understanding from what I’ve heard as well, it’s not just about the counselling and it’s not just about connecting with other things and other people, but it’s a real holistic approach, it builds all areas of life. Participant, 14 November 2009, personal communication.

Volunteer: I think what stands out to me is the integrity of all the organisation of Westside Counselling. It is because you have set a standard of excellence, real professionalism, but there’s also a heart. I can’t think of another word for it, but there’s a heart in the organisation. It’s probably too because of the holistic approach and the belief that you’ve got to work with all aspects of a person you know, emotionally, physically, spiritually. Participant, 14 November 2009, personal communication.

Client (D): Westside Counselling has resources that bring not just one person into wholeness but a whole family. The effect is evident just the way I can walk today, the way I can talk today, and the way I can approach people today. You know how I can be in community, or in my whare with my kids, with the school system with whatever is happening for us in our

lives; yeah it's quite huge, really awesome. Participant D, 12 November 2009, personal communication.

Client (R): It wasn't just kids in a room counselling. I think this provides a lot more of a holistic family approach; it's a lot more open and that's how it should be". Participant R, 12 November 2009, personal communication.

Referrer: What comes up for me is it is more of a wrap-around service as opposed to my referring you a client for a specific reason although there might be; I am aware that there are other things here and that it is more wrap-around. Participant, 14 November 2009, personal communication.

Referrer: It's become a one-stop-shop. It trickles down right through the family and the programs you have here isn't just for one, it's for all. Participant, 14 November 2009, personal communication.

It has been highly beneficial for the women involved in this research to have access to an holistic package of care involving initiatives such as team sports, community events, self care, and therapeutic interventions such as group work and individual counselling. These initiatives have the potential to develop in people such things as leadership roles, and becoming team players, adding a greater sense of wellbeing and possibilities for their future.

Consistency of care

For the women who accessed Westside Counselling Service for issues relating to severe domestic violence, the development of a wrap-around grouping of care, accessible all year round, was central to their healing process. It was identified in many of their cases that loneliness and isolation had the potential to stop the process of their therapeutic intervention, causing them to go back to what they had known. Mearns and Cooper (2005) consider that:

Loneliness may also be much more painful than many people assume. Studies of people's hour-by-hour thoughts and feelings, for instance, suggest that 'most people feel a nearly intolerable sense of emptiness when they are alone, especially with nothing specific to do'. (p. 19)

As Olthuis (2006) notes, along with the development and quality of empathic care, consistency and sustainability of this is a critical factor for clients to stay engaged and make changes.

As the women accessed various programmes available through Westside and Massey Community Trust, the forming of new relationships offering further support assisted them and became essential aspects in their healing process. As Olthuis (2006) writes:

The profound importance of loving connection in human life does more than shed light on the purposes of psychotherapy. It says loudly and clearly that psychotherapy is not what one person does to another, but what two people (or a group of people) experience together, about the healing that takes place when people connect. It suggests that life-giving connection is the very medium of healing (p. 103).

The fine weaving together of systems, programmes, and community initiatives ensured the provision of care occurred as seamlessly as possible.

Client (D): I always keep that stability in my life and I know that it's got so much to do with the people that are connected to the church, to Westside Counselling Service, and Celebrate Recovery program. My children and I, we're better for it, there's so much that has happened for us that has helped us grow. Ultimately for me it's come down to relationships and being able to connect to someone. Participant D, 14 November 2009, personal communication.

Referrer: There's something about it providing something more than I can provide. It's a place, it's this company, there's support, there's regular all the time non-judgmental acceptance. Participant, 12 November 2009, personal communication.

Referrer: It's that embracing of everything that people bring that continues to make it happen, that's what I see. So for me it might be a client but for you it might be a leader of a group or something for the future. That's what I see why it works because they have that belonging without great expectation, accountability, challenges, which is great because that's what community is. It's about getting along with different people, there's lots of opportunity to practice skills and get along with people, that's what community is. Participant, 12 November 2009, personal communication.

Volunteer: To me it covers every area and not just being able to make their life better, but they are encouraged to give out as well which I think it's great. Because when you give you have, it gives you value as well. Participant, 12 November 2009, personal communication.

Volunteer: "Some of these ladies just how they work with their children, to me is a real example which shows that something must be changing... That something is right and that whole thing of that involvement is not just the one person, but it's like the whole community working together. This is that community of care approach". Participant, 12 November 2009, personal communication.

The primary emphasis of the 'community of care' approach is the wellbeing of people. A community that has the potential to reach out to others, providing unconditional regard, offering hope and support, and genuine respect of all people has the potential to bring forth positive change.

Safety

A key aspect of healing, particularly for women who have experienced severe domestic violence, is safety; feeling safe and being in a safe environment are essential to the healing process. Mearns and Thorne (2000) state that when the core relational conditions of empathy and unconditional positive regard are present they bring a special quality of connection for clients - "They [these qualities] offer a relationship of incredible safety and vitality in which even the most feared dimensions of existence can be faced" (p. 87). This was another key theme that became apparent throughout the data:

Client (A): I just feel so safe, I feel really safe and embraced and I'm not so scared of getting into a tight fix. I don't feel afraid of it and just knowing that I've got a lot of connections and holding the knowledge that I've been given through my counselling and different programs here. The fear I use to have is not big anymore. Participant A, 14 November 2009, personal communication.

Volunteer: It is the integrity of the organisation, and the trust that is put into the organisation by people who feel safe and accepted and not judged or criticized. Participant, 12 November 2009, personal communication.

Referrer: Confidentiality being huge too, like we may not of known of everything that you guys do on your program and that's down to the respect and the trust that everybody has in each other in those groups, because you don't hear anything that you shouldn't hear out there. For Māori women they're hard pressed to get that confidentiality, to be able to trust they're not going to be attacked at the end of it. I've gone to so many services with clients and then they to go to whānau hui or other places and hear all about themselves, and it's not so good, so that isn't experienced here. I reckon that's the key - what goes on tour stays on tour. It's a huge thing for them because they need to be able to lay it out there and experience that togetherness as groups and experience each other's journeys. They obviously have made a decision to keep confidentiality for each other as well, because you don't get this stuff going around the community. I think I would have heard by now. Participant, 12 November 2009, personal communication.

The women's stories demonstrate that providing a safe and confidential environment was a crucial factor in beginning their healing journey.

Hope

While not all the following commentaries use the term 'hope', stories reflecting the future and possibilities demonstrate this. Olthuis (2006) suggests "Mourning is the gate to hope because in grieving, a space opens through the defences of the adaptive self to the place of the heart"

(p. 189). For the women at Westside, as they began to share their stories and connect with their pain, and gain understanding about their lives they were able to come into a place of hope; hope for themselves and their families and their future together:

Referrer: The other powerful thing I think your service does is build the self-esteem of the clients that we refer. To see the growth, the personal growth of our clients - it is magical. It shows them that nothing is always as dark as they think and gives them hope. Participant, 12 November 2009, personal communication.

Client (D): As a family, the kids are getting older, and I'm growing, they're growing, and we've made such a connection here that it's balanced us. It's given us solidarity, just a real strength here. I'm just really encouraged about our future and I'm challenged. Participant D, 14 November 2009, personal communication.

Client (B): Well I know I'm better, I'm so grateful for that. I'm laughing now, I wasn't laughing before. Participant B, 14 November 2009, personal communication.

Client (B): Yeah definitely got a lot more values and hope; like hope for just day by day. Participant B, 12 November 2009, personal communication.

Hope for these women brought a fresh start, not only in day to day changes for themselves and their children but also in setting a positive path for their futures.

An emergent sense of belonging through acceptance

Many women who live their lives immersed in abuse and violence live with a huge sense of emptiness from within, longing for acceptance and belonging. As Mearns and Thorne (2000) write, "Acceptance is the willingness to value and respect the other as a person of worth, without conditions and without being deflected by the person's behaviour" (p. 201). The following narratives are more about a sense of belonging, a place to belong where the women experience acceptance, so there are two strands, and one leading to the other:

Client (D): I was able to come away from death's door and start strategies around my life that were going to enhance me and not take me out. Just through being in such a place, this program I was introduced to, it just helped me come back to wanting to live again and wanting to acknowledge who I was as a person. I was quite broken then. I was able to be nurtured, to learn about my abilities, and I was able to trust other people again. I stayed with Celebrate Recovery almost three years. I found that just being able to work through changes in my life, through my addictions and my bad

behaviours, that I was able to be more open to change and just really grow my life. Participant D, 14 November 2009, personal communication.

Client (J): Yeah I always know I can come back here; I've had lots to talk about and always feeling accepted. I didn't understand that for ages, what acceptance was, but hanging around here long enough you get to know, so I know what acceptance is genuine acceptance you know. Participant J, 14 November 2009, personal communication.

Referrer: I think there's something that I've seen in the pipelines while being involved here; there's a sense of being accepted non-judgmentally. Somehow the essence of that is that they feel more real, they feel saner whether it's a short term thing with the embrace or the group work; they seem taken away. My experience of their sense of being real is that they have more meaning, that somehow there's something shifted in them. I find it hard to name it. Participant, 12 November 2009, personal communication.

Volunteer: When I was involved in that office I would actually see people coming in week after week, and going from hardly being able to look me in the eye to responding in probably a superficial way to begin with, to being able to talk about anything. There was obviously something beneficial going on within them. Participant, 12 November 2009, personal communication.

An outcome of the interaction over time between clients and volunteers was that the sense of acceptance was not just one way but volunteers also felt accepted by the clients, allowing further reciprocally accepting relationships to develop.

Whānau

It is not unusual for the women participating in this research to refer to the leaders and other participants of *Celebrate Recovery* as their whānau. Whānau is a term that is used widely throughout New Zealand. Durie (2003) considers:

“Whānau is a word which has undergone change in parallel to the changes in Māori society; it lends itself to a variety of interpretations. Common to all meanings, whānau refers to groups of people brought together for a special purpose. Generally the members of a whānau are Māori, though not always and generally their association together is mutually beneficial.” (p. 13)

In many instances Westside Counselling Service and Massey Community Church became whānau for a lot of the participants and their children. Furthermore Durie (2003) states, “In modern times, whānau is also used to describe a group who share not a common heritage but a common mission – a kindergarten whānau, a whānau support group” (p. 13). This is also evidenced from the responses below:

Client (D): If you fall over you're not just left to pick yourself up, it's not been like that. It's been more than that it's been real whānau orientated.

Client (P): The course that *** does helps us with our children, gives us the knowledge and help that we need to do better for our children. Participant D, 14 November 2009, personal communication.

Volunteer: The fact that maybe one member of the family would come into Westside Counselling and then you would find another member of the family would come, and then there would be teenagers coming or children tapping into the other aspects of the service, and so it was having an effect on whole whānau and that was very evident to me. And that's very pleasing to think that lives have been changed and turned around and patterns from many generations are being brought about and changed. Participant, 12 November 2009, personal communication.

Referrer: And as you say that; I think it is whānau because that's what a good family does, a good family celebrates, when things are going well, says "come one lets go out and run around the sports field or whatever, let's have a celebration dinner together, let's whatever". A lot of people who come from backgrounds of violence just haven't experienced that, so this is giving a whole new experience of venture of life is new, and which is really important to people's well-being. And so out of that people have an experience which leads to a vision of being able to go out and keep doing that and encourage other people and they'll do it for their own kids. Participant, 12 November 2009, personal communication.

A feature of the community of care is that it does not focus only on women and children but seeks to involve and resource families where this is possible. This approach works toward bringing families together out of blame and shame rather than reinforcing further distance and isolation.

Trust

Trust is closely associated with the need to feel safe. The lack of trust is common to those women who have lived their lives within violent volatile environments. Mearns and Thorne (2000) note, "Those who seek the help of therapists have often been badly damaged by their experience of life. They may be acutely anxious or depressed and, almost certainly, their trust in other people will have been shaken and perhaps profoundly undermined" (p. 90). However as Pouesi (2009) states, "As they begin to build relationships and talk amongst themselves, providing awahi for each other and encouraging one another to stay with the process of recovery, trust begins to form and the sharing of personal stories unfolds" (p. 18). The following dialogue reveals three aspects of trust - trusting others, trusting self, and being trustworthy:

Client (R): When you've come out of a violent relationship you need to learn to connect with others because you've shut down within yourself. It's a really big part of learning the social skills again, learning to share you with others, trust yeah. Participant R, 14 November 2009, personal communication.

Client (D): The biggest issue for me was trust because in my past I trusted everything. Mine was the opposite. I trusted everything and everybody and then when I came into this it was 'hold on a minute'. I needed to trust myself, to learn what trust was with myself. Participant D, 14 November 2009, personal communication.

Client (B): I can trust me, I can trust what I'm thinking now. I'm learning that yeah, my thoughts are alright. Participant B, 14 November 2009, personal communication.

Volunteer: Well my wife and I had to go overseas to visit our daughter and we had a lady looking after our home for that time; she's been coming here to the community of care. I remember seeing her here in the beginning as well and we felt totally comfortable asking her to look after our property and our two dogs. When we came back we were stunned, she said "thank you for trusting me to do it", and that was never in our minds because you know that made us realize how she had grown as well. You could really see the growth and the results of it. Participant, 12 November 2009, personal communication.

Referrer: I would also say to my clients prepare to be challenged, openness to challenge and prepare to be open and explore things. That for me is also part of where they're going, and because there is that expectation there's also that side by side, there's the trust and the safe place around that. Participant, 12 November 2009, personal communication.

As an environment of trust and stability was established these women, in spite of feeling incredibly vulnerable, had the courage and strength to step forward rather than retreating back into themselves. This allowed the process of healing to begin.

Loving and being loved

In describing the nature of love, Tom Wright (2007) believes the best shorthand for whole person engagement and involvement with others is love. He describes this as "a soft and mysterious symbiosis of knower and known, of lover and beloved...love that while wholly engaging with reality other than itself, affirms and celebrates that other-than self reality" (p. 85). However as the comments below demonstrate the lack of love experienced by these women made it extremely difficult to awhi themselves and as well to give and receive love.

Client (A): What I know today that I didn't know back then was that I always loved my babies; but I was so broken back then that I was unable to impart that love. Seven years into my journey and today I have freedom to love. Participant A, 14 November 2009, personal communication.

Client (D): So this whole journey coming through Westside Counselling, I met a woman that broke it down, gave it back to me you know. She gave it back to me in a way that I could handle it and then I would get loved through it. She didn't shut that door you know, in fact she opened more doors and kept me encouraged, so that's a pretty powerful thing. Participant D, 14 November 2009, personal communication.

Client (B): It gave me a sense of stability, acceptance, and love. Participant B, 14 November 2009, personal communication.

Referrer: They're learning to give and receive love. They are able to experience what they feel now. Participant, 12 November 2009, personal communication.

Volunteer: They're proud and confident and love themselves. Participant, 12 November 2009, personal communication.

One of the things that overwhelmed these women is the depth at which they can now experience and give love, and impart this to their children. The flow down effect from this ability to love has also opened a window to a genuine care and love expressed to their wider Whanau as well.

Respect

Dillon (2010) notes the interconnection between respecting self and being able to respect others, leading in turn to others respecting us. This is played out in the 'vicious circle' dynamic, lack of respect is projected, others see this and respond according, thus confirming that to the person they are not worthy of respect. In addition Pouesi (2009) writes:

I believe the heart of healing for me came from people within a community of care who extended their hands to awhi me. Their unconditional regard for me eventually began to break through the walls of my self hatred and penetrate my heart. Over time I came to see that my heart was being restored and a new belief system of self care and integrity was replacing the one that would cause such torment (p. 13):

Furthermore *Lundqvist (2007)* grounds human dignity in such self respect. This includes having a voice, so that people are able to stand up to others who would deprive them of their dignity and that of others.

Client (D): I found that in my Living Free from Violence group, I was starting to understand wāhine, how a woman thought, what her feelings were, because I didn't have any of that sort of input in the past. I was offensive to other women in the past; I may have done things right in front of them with their husbands or partners. So I was actually learning a lot about wāhine, who we were, what respect was all about, this kind of stuff. Participant D, 14 November 2009, personal communication.

Volunteer: And I think also another thing that I've noticed is the value that is put in here. There is not a high ranking of "I've got the answers for you". It's "I might have something to offer you but you also got something to offer us", and so it brings people on to a level of trust and respect that they can deal with things. Participant, 12 November 2009, personal communication.

Referrer: Even for myself with volunteering staff, it wasn't about they can be used or taken advantage of, there was never a sense of that for me. There is always a double check "are you sure you're o.k, are you o.k with this or that"; that to me showed there was real care for the person and not for what they did. It wasn't about a job or getting the job done, it was about the people. Participant, 12 November 2009, personal communication.

As they have learned to respect themselves and each other and to find their voice these women are clear that any future relationships will be different and require respect not only from prospective partners but from Whanau and relationships beyond this in the community.

Support:

Many women of the women who accessed Westside Counselling Service were extremely isolated and as well lacked support systems. As Benner (2003) notes:

When I live with "me" as the basic reference point for life, I experience a fundamental existential alienation. Not only am I alienated from others, but paradoxically I am also alienated from my deepest self. For my deepest self and truest self is not an isolated self but finds its meaning and fulfilment only in the "we" of community (p. 93).

The women referred to in this research learnt to keep everything under wraps, and in most cases lived in denial of their violent situations. An example of this is Participant (D):

It actually highlighted for me the reality of my own relationship which was quite violent, and I was in a lot of denial about that because I was living a life of what I thought was normal. Participant D, 14 November 2009, personal communication.

Furthermore Pouesi (2009) suggests, “Sometimes for women coming out of such horrific backgrounds the need for them initially is to be amongst people who care and to find safety in order for them to begin to relate outside of what they have known” (p. 13). In the same way Davis (1990) writes, “A support system is a network of people who help you to make it through the scary and bewildering changes involved in healing” (p. 35):

Client (R): When you’ve come out of a violent relationship you need to learn to connect with others because you’ve shut down within yourself. It’s a really big part of learning the social skills again, learning to share you with others, trust yeah. So for me to have put in place other things, it made me interact with other people, the retreats and things like that is ‘hey its o.k. they’re o.k. people, we have a good time and share and its safe and that’s o.k”. Participant R, 14 November 2009, personal communication.

Referrer: It’s just allowing them to feel the warmth and the support which then allows them to start the journey of healing. I’ve noticed it in a couple of my clients. That they’re so tense about even discussing it and owning it and after coming here a few times they’re able to discuss it little bits at a time. Participant, 12 November 2009, personal communication.

Volunteer: There are people who are there to support them and encourage them and laugh with them and cry with them no matter how far they want to go. It’s touching to see that you know. Participant, 12 November 2009, personal communication.

Client (J): Today I have a support network of people which is important which I didn’t have before and I have relationships with people and this support is important to know. Participant J, 14 November 2009, personal communication.

Client (D): Westside Counselling Service just opened up doors for me and my kids and also you know took me down a road of quite a huge journey of caring and openness”. Participant D, 14 November 2009, personal communication.

An outcome of these women receiving support is that they in turn have learned to give it. This has taken them beyond a dependency on professional or welfare help to realising they can be there to support each other, for example, combining resources for a shared Christmas meal.

This chapter has outlined both the process of change and the community of care approach which enabled change. Through providing a holistic and comprehensive therapeutic environment, including the enabling of security, trust and safety, women were able to move from disconnection to connection, through change and transformation to re-connection.

Undergirding the process of change and weaving this together is the centrality of relationships, with others and with self, in the sense of meeting with and coming home to the self.

CHAPTER SEVEN: CONCLUSION



Figure 9: Pingao kete woven by C. Bensinger. (Source: Private collection of F. Pouesi, 2011)

Weavings

The key strands presented in this research have been especially structured and woven together to document the development of the ‘community of care’ approach, and demonstrate the effectiveness of this approach for working with Maori women who have been exposed to and impacted by domestic violence. It may also provide an ara or guide for other organisations including faith based organisations to consider should they be thinking of ways in which they can support their communities.

The establishment, development and processes involved in establishing a ‘community of care’ approach has been essential for working with women whose lives have been immersed in the callous brutality of violence. The vision and heart, the faith to step out and a ‘knowing’ that this was the path to follow were elements that were woven together within a faith based organisation. This was a community of people whose hearts were to serve, producing a ‘community of care’ approach that has been operating and serving its community for over ten years in the Massey district.

A concern with carrying out this qualitative research has been the reality of multiple relationships and keeping within ethical guidelines as the insider - outsider. While confident of keeping integrity throughout this process, it has required vigilance particularly for the past year as some past client participants of the research have stepped into the Celebrate Recovery programme as facilitators, offering their service to new people coming through. While this is

part of what happens with the 'community of care' approach, it has meant the researcher has had to be transparent and aware of present relationships and roles as opposed to the women as "subjects" in the research.

While the purpose of data collection was not to gather information about violence as such, the depth of the women's conversations offers a window to view firsthand accounts of how intergenerational violence impacts the lives of not only the women involved but also their children, and families/whānau and wider whānau. It also reflects their journeying back from the legacy of such brutality, and the positive impact of this beyond them to their children and whānau.

Another significant feature resulting from this research is the correlation of spirituality as relationship and the understanding and awareness it offers in relation to the themes, including disconnections and connections. For the Māori women in this research an exchange happened. It started with what they received: awhi, respect, unconditional positive regard and acceptance; experiences that were initially at odds with how they perceived themselves. In time this became a shared experience, a mutual opening to each other, an interconnection which could be named as spirituality as relationship. It was also the vehicle that penetrated their hearts, and journeyed them back from disconnection, pulling down their walls of self hatred, and belief systems that held no worth for self, and souls drained of trust, hope and significance. For women whose lives were impacted by such severe violence, the underpinning of spirituality as relationship as defined above has been the keystone for them in forming strong, healthy relationships.

In returning to the metaphor of the kete, the weaving together of this 'community of care' has provided an environment that has held these women, safely containing them, but more than this, holding them until they were able to become integrated into a new and healthy community themselves. This holding was necessary as they moved from one environment to another, and developed a new supportive network. This involved the process of developing new self images, seeing themselves as having strengths and abilities, developing social skills, and such practical things as how to cook, to budget, to make decisions and to have a voice, rather than having to hide. They learnt to stand up for justice. Most of all, they learned how to protect their children, to live differently so children could safely be returned from care, a difference noticed and commented on by social service agencies. . They developed a sense of belonging, as they appreciated they were not on their own, but they were part of a loving accepting community, in which they played their part.

Potential & possibilities for the future

It is expected that this research will carry forward into a more extensive investigation into the 'community of care' approach but with a shift of focus to the family as a whole unit. This focus is topical as there is a growing awareness of the importance of comprehensive programmes that bring together families/whanau and related services, such as the Whanau Ora approach. Currently the 'community of care' is providing an extensive number of programmes including groups for men, women and young people. A further direction could be to research the impact on families/Whanau and wider Whanau. The research could prove to be a valuable platform in assessing the 'community of care' approach for its effectiveness in supporting families/whānau and wider whānau.

Another possibility is for this research to be used as a resource back into the wider community. While acknowledging the organic growth of this in the Massey area, there are principles that can be transferred to other communities, including faith based organisations that have the potential to serve their communities using their resources as did Massey Community Church. The kaupapa of most faith based organisations is to serve and extend support, this is an essential component of the 'community of care' approach and certainly churches are potentially resourced to do this if they were to consider working more effectively within their communities.

There are however some cautions around this. Consideration however would need to be given to the approach any organisation was to take. Without a commitment to a holistic, encompassing approach, in a non-judgmental atmosphere, this could be just another programme, and lose the heart of what happened at MCC. It is also important to remember how long this took to develop, so organisations need to be in for the long haul. Without this ongoing commitment people will not feel safe or supported and it would be unethical to offer such comprehensive support then to not be able to follow through.

Final reflections

Traditional Māori weaving has its tikanga (protocols) that are observed throughout the weaving stages, from planting through to harvesting and even the preparation of the fibre. The tikanga is continued through the artistic design of each work and to the completion of the weaving.

This is also true in the case of the weaving together of Massey Community Church, Massey Community Trust, and Westside Counselling Service. A significant feature in the development of the 'community of care' approach has been the place of visions. Because of past experience the researcher knew this was a significant way of knowing, that could be trusted, even if it took time for this to be unveiled. There is a lovely symmetry between the vision of the old lady carefully sowing her seeds and tending her plants, and fruition in the name Te puawaitanga o te ngakau which, twelve years later, was gifted to her and the community of care. While acknowledging the ongoing development for the community of care there is also sense of completion about this stage of the journey.

This research has emerged from practice to theory. There was never a blueprint that provided a path to follow or a plan of action. Instead there was just this overwhelming feeling and knowing that developed the researcher's passion to work with women from violent backgrounds.

The 'community of care' facilitates healing over a period of time. Currently (2011) ACC offer 16 free sessions of counselling for women who have experienced intimate partner violence and sexualized violence. While these sessions are helpful as a first step in the healing process they are invariably only a first step. The 'community of care' approach goes beyond these initial steps of one to one counselling and involves whanau, community and wider community.

The intention of this thesis has been to disseminate knowledge gained through participatory development of a 'community of care' approach with a group of stake holders affected by family violence. This approach works as has been evidenced by the voices of the women who have participated in this process. It is hoped this thesis will promote and endorse this method for other communities.

Grass.

Those who are bent by the wind shall rise again when the wind softens. Te Whiti.

What could the grass say of what it has seen?

Flattened, parched, trodden, burned

Surviving all, licking the rain with its tongue,

bending to the wind and rising again.

(Elisabeth Smither, 2000, p. 210)

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GLOSSARY OF MĀORI TERMS AND ENGLISH TRANSLATIONS

Te Reo Māori	English
Ara	A line of weaving – a row
Aroha	love
Awhi	embrace
harakeke	flax
iwi	tribe
Māoritanga	Māoridom
Nga pouherenga ngakau	The moorings of the heart
rangatira	chief, elder, statesman
raranga	weaving
roopu	group
Te reo Māori	Māori language
Te Whare O Whakamārietia	house of comfort
tikanga	protocols
Tohunga	Healer
Tupuna	Ancestor
wairua	spirit
Wairuatanga	spirituality
whakamaa	shame
whakapapa	genealogy
whānau	family

CONSENT FORM**TO****FROM:****DATE:**

An alternative therapeutic community approach to working with Maori Women who have experienced domestic violence or intimate partner violence: A Study of Westside Counselling Services in West Auckland.

I have been given and have understood an explanation of this research project for the Master of Social Practice. I have had an opportunity to ask questions and have had them answered. I understand that neither my name nor the name of my whanau or organisation will be used in any public reports, and that I may withdraw myself or any information I have provided for this project without penalty of any sort up to two weeks after receiving a transcript that includes information I have provided.

I also understand that my interview will be taped and transcribed and should the need for a transcriber other than the researcher be required the researcher will ensure that a confidentiality agreement is signed. I also understand that, due to the past counselling relationship with myself and the researcher, an interviewer with no professional or clinical relationship to me will be conducting the focus group for ex-clients in which I will be participating. This same interviewer will conduct my individual interview. I am aware that the researcher will ensure that the interviewer signs a confidentiality agreement.

I agree to take part in this project.

Signed:

Name:

Date:

UREC REGISTRATION NUMBER: 2009-1020

This study has been approved by the UNITEC Research Ethics Committee from 7th October 2009 to 7th July 2010. If you have any complaints or reservations about the ethical conduct of this research, you may contact the Committee through the UREC Secretary (ph: 09 815-4321). Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.

APPENDIX II



PARTICIPANT INFORMATION FORM

Focus Group

My name is Faye Pouesi. I am currently enrolled in the Master of Social Practice degree in the Department of Social Practice at Unitec New Zealand and invite you to participate in meeting the requirements of research for a Thesis course which forms a substantial part of this degree. The aim of my project is to investigate an alternative to stand-alone weekly counselling sessions with a client, through a 'community of care' approach. This alternative approach offers an environment in which all stories are valid; and there is an understanding of the importance of whakapapa (genealogy), karakia (prayer), waiata (song), metaphor, multi-levelled relationships, awhi (embrace) and whanau (family). The 'community of care' approach offers therapeutic groups and counselling, recovery programmes and activities such as sports and recreation, pampers and retreats. Drawing on focus group data from a range of WCS participants, as well as interviews with past clients, this study will examine Westside Counselling Services mahi with women exposed to violence.

I invite you to participate in a focus group with approximately six other people. The focus group participants will be asked questions concerning their experience and understanding of Westside Counselling Service and its 'community of care' approach. It is expected that the questions that will be asked of the participants will make available interesting group dialogue, which will in turn provide a rich source of data for the research.

The focus groups will be taped and transcribed and should the researcher need to contract the help of a transcriber she will ensure that a confidentiality agreement is signed. Information taken from this process will be collated with other focus groups and used toward the Thesis. Due to her past counselling relationship with the ex-client focus group, the researcher will contract an interviewer who has no professional or clinical relationship to the participants of this group to conduct the interviewing. I am aware that the researcher will ensure that the interviewer signs a confidentiality agreement.

Neither you nor your organisation will be identified in the Thesis. You are free to ask me not to use any information you have given, and you can, if you wish, ask to see the Thesis before it is submitted for examination.

Participants may withdraw from the research up to two weeks after receiving the transcript.

I hope that you will find participation in and discussion of the project of interest. If you have any queries about the research, you may contact my principle supervisor at Unitec New Zealand. My supervisor is Dr Helen Gremillion, phone 815 4321 ext 5137 or email hgremillion@unitec.ac.nz

UREC REGISTRATION NUMBER: 2009-1020

This study has been approved by the UNITEC Research Ethics Committee from 7th October 2009 to 7th July 2010. If you have any complaints or reservations about the ethical conduct of this research, you may contact the Committee through the UREC Secretary (ph: 09 815-4321). Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.

APPENDIX III



PARTICIPANT INFORMATION FORM

Individual Interviews

My name is Faye Pouesi. I am currently enrolled in the Master of Social Practice degree in the Department of Social Practice at Unitec New Zealand and invite you to participate in meeting the requirements of research for a Thesis course which forms a substantial part of this degree. The aim of my project is to investigate an alternative to weekly counselling sessions with a client, through a 'community of care' approach. This alternative approach offers an environment in which all stories are valid; and there is an understanding of the importance of whakapapa (genealogy), karakia (prayer), waiata (song), metaphor, multi-levelled relationships, awhi (embrace) and whanau (family). The 'community of care' approach offers therapeutic groups and counselling, recovery programmes and activities such as sports and recreation, pampers and retreats. Drawing on focus group data from a range of WCS participants, as well as interviews with past clients, this study will examine Westside Counselling Services mahi with women exposed to violence.

I would like to invite you to take part in an interview that will involve the sharing of your story. The interview process will begin with karakia and, if desired, waiata. The interviewer will ask you a few questions that will draw out your narrative. The interview will be conducted in a way that will be respectful and mindful of you and your whanau and your journey thus far.

The interviews will be taped and transcribed and should I, the researcher, need to contract the help of a transcriber I will ensure that a confidentiality agreement is signed. Information taken from your story will be collated with other interviewees' stories and used toward the Thesis. I, the interviewee also understand that, due to the past counselling relationship between myself and the researcher, an interviewer with no professional or clinical relationship to me will conduct the interview. It is understood that the researcher will ensure that the interviewer signs a confidentiality agreement.

Neither you nor your whanau will be identified in the Thesis. You are free to ask me not to use any information you have given, and you can, if you wish, ask to see the Thesis before it is submitted for examination. Participants may withdraw from the research up to two weeks after receiving the transcript.

I hope that you will find participation in and discussion of the project of interest. If you have any queries about the research, you may contact my principal supervisor at Unitec New Zealand.

My supervisor is Dr Helen Gremillion, phone 815 4321 ext 5137 or email hgremillion@unitec.ac.nz

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APPENDIX IV



Focus Groups

The power of focus groups becomes evident as people begin to share in-depth information of their experience and/or story. They clarify how people think and the way they react and inter-relate with each other. These personal stories enable participants to connect and identify common themes, which will be further explored in the individual interviews.

Focus Group Questions

- Q. What information can you make available to me that would best describe Westside Counselling Service and their 'community of care' approach?
- Q. Given your experience of the 'community of care' approach, do you think it has been effective for women who have experienced violence? How do you know?
- Q. If you think back to the experiences you've had with WCS what stands out that has made a difference for you or someone you know?
- Q. In reflecting on the service what changes could be made to improve or enhance it.

UREC REGISTRATION NUMBER: 2009-1020

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APPENDIX V



Interviews

The individual interviews will be facilitated by way of narrative inquiry. The researcher's aim is to access the essence of the participants' life experiences as they relate to their personal stories of recovering from violence. The questions below are a sample only.

Interview Questions

- Q. Thinking about your journey out of violence, what has been significant in your healing?
- Q. Thinking about where you have come from what do you know about yourself today that you didn't know back then?
- Q. In your experience of Westside Counselling Service, how effective has its 'Community of Care' approach been for you (compared to one on one counselling alone)?
- Q. Given your experience of Westside Counselling Service, Do you think it has been effective for you as a Maori woman who has experienced violence? How do you know?

UREC REGISTRATION NUMBER: 2009-1020

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APPENDIX VI



RESEARCH CONFIDENTIALITY AGREEMENT

This Agreement is made and entered into as of this _____ day of _____ 2009, by and between Fay Elizabeth Pouesi (Principal Researcher) of Unitec New Zealand, and _____ (Research Assistant).

The parties hereby agree as follows;

1. Research assistant shall treat the information in the strictest confidence and, will take the upmost precautions to respect confidential information and to prevent disclosure, directly or indirectly, to any other party
2. The research assistant will not make use of the confidential information except for the purpose evaluation as contemplated by this agreement
3. The research assistant may not assign or transfer any of the rights or obligations under this agreement without the prior written consent of the principal researcher
4. This agreement together with all attachments and exhibits represents the entire understanding of the parties with respect to the subject matter hereof. In the event of any inconsistency between the terms of this Agreement and the parties' understanding, the terms of this Agreement shall govern. This agreement may be executed in any number of counterparts, each of which shall be an original and all of which together shall be one document binding on all the parties even though each of the parties may have signed different counterparts
5. This agreement may only be amended by the mutual consent of the principal researcher and her principal supervisor, Dr. Helen Gremillion, Unitec New Zealand

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the date indicated above.

By: Fay Elizabeth Pouesi, MSocP - Unitec New Zealand

Witness:

By: Social Practitioner

UREC REGISTRATION NUMBER: 2009-1020

This study has been approved by the UNITEC Research Ethics Committee from 7th October 2009 to 7th July 2010. If you have any complaints or reservations about the ethical conduct of this research, you may contact the Committee through the UREC Secretary (ph:09 815-4321). Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.

APPENDIX VII



RESEARCH CONFIDENTIALITY AGREEMENT

This Agreement is made and entered into as of this _____ day of _____ 2009, by and between Fay Elizabeth Pouesi (Principal Researcher) of Unitec New Zealand, and _____ (Interviewer).

The parties hereby agree as follows;

1. The interviewer shall treat the information in the strictest confidence and, will take the upmost precautions to respect confidential information and to prevent disclosure, directly or indirectly, to any other party
2. The interviewer will not make use of the confidential information except for the purpose evaluation as contemplated by this agreement
3. The research assistant may not assign or transfer any of the rights or obligations under this agreement without the prior written consent of the principal researcher
4. This agreement together with all attachments and exhibits represents the entire understanding of the parties with respect to the subject matter hereof. In the event of any inconsistency between the terms of this Agreement and the parties' understanding, the terms of this Agreement shall govern. This agreement may be executed in any number of counterparts, each of which shall be an original and all of which together shall be one document binding on all the parties even though each of the parties may have signed different counterparts
5. This agreement may only be amended by the mutual consent of the principal researcher and her principal supervisor, Dr. Helen Gremillion, Unitec New Zealand

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the date indicated above.

By: Fay Elizabeth Pouesi, MSocP - Unitec New Zealand

Witness:

By: Social Practitioner

UREC REGISTRATION NUMBER:

This study has been approved by the UNITEC Research Ethics Committee from 7th October 2009 to 7th July 2010. If you have any complaints or reservations about the ethical conduct of this research, you may contact the Committee through the UREC Secretary (ph: 09 815-4321). Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.

APPENDIX VIII



Contact Details of Independent Counsellors & Counselling Agencies

Waitakere Abuse & Counselling Services

Waitakere Abuse & Trauma
247 Edmonton Road
Te Atatu South
Auckland

837 2491

Clayburn House Counselling & Psychotherapy

Clayburn House
10 A Clayburn Road
Glen Eden
Waitakere

8187324

Anne O’Kane 8187324

Caroline Bensinger 8187324 or 021 237 3358

Sue McGibbon 8187324

Phoenix House Counselling and Psychotherapy
306 Great North Road
Henderson
Auckland
(09) 837 1797

Jackie Young
1 Montel Avenue
Henderson
Phone: 09 83 74346