

Australian Domestic & Family Violence CLEARINGHOUSE

ISSUES PAPER 4

Working with women: Exploring individual and group work approaches

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Introduction

This issues paper explores individual and group work approaches to intervention with women subjected to violence and abuse in their intimate relationships. There is considerable debate, particularly amongst feminist practitioners, about the use and meaning of terms such as 'counselling' and 'therapy' to describe the types of interventions which comprise much of the focus of this paper. Some practitioners regard the use of such terms as inappropriate for describing the empowering practice they engage in with individual women, while others are more comfortable in defining their work with women within a framework of counselling/therapy. This dilemma about terminology reflects some of the debates and controversies which are canvassed in this paper. Hence the terms 'practice' and 'intervention' are used where possible to talk about working with women affected by domestic violence, because these terms are broader than the terms 'counselling' and 'therapy', and can therefore more fully encompass the dimensions of working with women.

In preparing this paper, it became clear that the literature on working with men who perpetrate violence, and on working with children who live with violence, is rapidly increasing. However, much less is being written about working with women, other than in their role as mothers of children who have lived with violence¹. One reason for this lies in the history of the recognition of domestic violence as a serious social problem. This paper begins, therefore, with a discussion of this historical context and its role in shaping ideas about the role of counselling/therapy in responses to women subjected to violence in their intimate relationships.

The recognition of domestic violence as a serious social problem is an achievement of second wave feminism, a social movement originating in the late 1960s and early 1970s. Feminist activists provided safety and shelter for women and children escaping violence, and located the roots of domestic violence in gender inequality in social relationships. This formulation challenged the existing medical model which located the causes of domestic violence within the pathology of individual men and women. From a feminist perspective, women escaping violence were in need, not of counselling or therapy, but of legal redress for crimes committed against them, and of access to income support, housing and other resources to enable them to establish lives free of violence and abuse. The longer term solutions to violence against women lay in the reform of gender relations and measures that fostered women's social and economic autonomy.

Given this historical context, reservations about the contribution of counselling or therapy to working with women, are understandable. Carlson (1997) identifies four concerns underlying these reservations. Firstly, offering counselling may imply that the woman has pre-existing personality deficits which somehow contributed to her victimisation. Hence there is a danger that counselling responses may perpetuate victim-blaming and obscure the responsibility of perpetrators. Secondly, many women report judgemental and unhelpful contacts with mental health and other therapeutic service providers. Thirdly, the inherent power imbalance in the therapeutic encounter replicates the power imbalance in the abusive relationship, and thus creates a problematic context for facilitating empowerment. Finally it is argued that the focus of efforts to address domestic violence must be on changing the systems – economic, health, legal and welfare – which fail to provide abused women and children with the resources they require to live safely.

An alternative view is that living with abuse and violence under a regime of coercive control can have serious effects on women, and that counselling can



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play a role in assisting women to overcome these effects (Styles, 1991). This view is supported by two Australian research projects which explored the needs of women affected by domestic violence (Bagshaw, Chung, Couch, Lilburn, & Wadham, 2000; Keys Young, 1998). Both found that women expressed a need for emotional support, to assist in overcoming the impact of their experiences of abuse.

People tell stories differently, at different stages of their experience. I can talk to you about this now without shaking. But I couldn't have done this a year ago without shaking. I needed specialist help. I needed to trust people again. (survivor cited in Keys Young, 1998, p. 61)

It is important to note that the sharing of experiences, and the linking of women's experiences with the experiences of other women, was an important part of the work of the women's refuge movement. For the first time women were able to talk about the abuse and violation to which they had been subjected, to be listened to, to be believed, and to find that they were not alone. In this approach lay the foundations of group work, which continues to be by far the most common form of intervention with women affected by domestic violence.

It is now recognised that living with violence, abuse and controlling behaviours can severely impact on women's mental health (Herman, 1992; Laffan, 2001; Roberts, Lawrence, & Williams, 1998). In order to access assistance for women, refuges are increasingly attempting to develop links with mental health services, although the different 'cultures' of each service system can present formidable challenges to developing approaches which meet the needs of abused women (Incoll, 2000; Shelton-Bunn, 2001).

It appears then, that the issue is less about whether or not there is a role for counselling/therapy, than about the type of practice which is engaged in when working with women, whether this contact with women is called 'counselling', 'therapy', 'support', or 'advocacy' (a term widely used in the United States). Practice in working with women needs to avoid the pitfalls identified by Carlson: 'pathologising' the woman, assuming that 'counselling' alone is a sufficient response to domestic violence, or failing to locate responsibility for the violence with the perpetrator. Avoiding pitfall such as these requires awareness of the values and perspectives underlying and informing practices in working with women.

The broader emphasis on practice and the attention to the values and perspectives underlying this practice, make it possible to include in this discussion other important dimensions to working with women affected by domestic violence. For example, many service providers who come into contact with abused women, while not in a formal or structured 'counselling' role, can nevertheless play an invaluable

role in countering the self-blame and isolation imposed by the perpetrator. This is seen in a study of abused women's contact with the health system. Gerbert et al. (1999) identified the importance to the women of interactions characterised by a non-judgemental attitude and caring manner on the part of the health care provider:

The women...described how (with or without direct identification or disclosure) validation from a health care provider had "planted a seed", leading to turning points or epiphanies in their relationships with the abusers. Validation served to slightly shift their mental landscape, which in time helped them to see the relationship and themselves differently. (Gerbert et al., 1999, p. 130)

Such interventions can in fact be very influential in a woman's understanding of issues of responsibility and in her assessment of potential resources in her attempts to deal with the violence she faces.

Central to the debate about practice with women, is the fact that domestic violence is at the same time, both a personal problem and a social issue:

Because violence against women is so deeply embedded in the institutional fabric of society, wife abuse is both a social problem and a personal issue, as it is perpetrated by men against women in their social locations as wives and/or intimate partners. As a social problem, it can be viewed as a point of convergence of broader patterns of economic, social, and political discrimination against women. (Lempert, 1996, p. 269)

This raises dilemmas and debates about at which level – the individual or the social – to best focus our interventions. Does working with individual women re-privatise and hide the issue of domestic violence as a social problem? On the other hand, does change at the social and political level reach down to improve the situation of individual women? The women's refuge movement developed a form of intervention which encompassed both levels of intervention, captured succinctly in the slogan: 'the personal is political'. As Wensing explains: '...we see our work in the community as being as important as our work within services.' (2001)

Dilemmas about the level at which to focus intervention do not just arise with respect to counselling interventions. Similar dilemmas have been identified, for example, with legal interventions such as 'evidence based' or 'no drop' prosecutions² where criminal proceedings against a perpetrator of violence may proceed against the express wishes of the woman. While some support such policies on the grounds that they ensure that the State treats domestic violence as a serious crime (social change), others argue that such policies are disempowering to individual women and increase the danger to women from disadvantaged social groups (Mills, 1999).

Melanie Shepard (1999, p. 120) from the Duluth program provides an example of this tension between different levels of intervention: 'Advocates have argued for policy reforms (e.g., prosecution of cases) only to turn around and ask for exceptions for individual battered women.'

The next section of this issues paper outlines some competing views about women who experience violence in their intimate relationships, since these differing views suggest different approaches to working with women. It then moves on to explore some contemporary approaches to practice which aim to assist women to overcome the effects of living with violence and abuse, while seeking to avoid some of the pitfalls which have been outlined above, and tackling the tension between individual and social levels of intervention.

Competing views of women who experience violence

Underlying some of the controversies about approaches to working with women are a number of competing views about women who have experienced domestic violence. The following section of the issues paper outlines the emergence of these different views.

A social to a psychological lens

The women's movement introduced domestic violence as a social issue, 'the result of patriarchy and sexist attitudes that degraded and oppressed women' (Gondolf & Fisher, 1988, p. 1). However, a number of commentators (e.g. Dobash & Dobash, 1992; Loseke & Cahill, 1984; Peled, Eisikovits, Enosh, & Winstok, 2000) have traced the subsequent process which Gondolf terms 'the psychologizing of wife abuse'. Central to this process was the development of psychological concepts such as 'learned helplessness' and 'battered women's syndrome', to explain the responses of women subjected to domestic violence. This shift from a 'social' to a 'psychological' view of domestic violence is attributed by Gondolf to both the growing involvement by mental health experts with the issue of domestic violence and to the pressure experienced by some refuges to secure funding by developing their services in line with more conventional social welfare agencies. Via processes such as these, it is argued that 'a severe and political problem has been transformed into a psychological one' (Gondolf & Fisher, 1988, p.2)³.

The learned helplessness theory

The psychological construct of 'learned helplessness' was proposed by Lenore Walker in an attempt to provide a 'psychological rationale for why the battered woman becomes a victim, and how the

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process of victimisation further entraps her, resulting in psychological paralysis to leave the relationship' (Walker, 1977-78, p. 525). Drawing on learning theory and animal experiments, this theory suggests that as women's attempts to escape or avoid their partners' violence fail, they come to believe that they have no ability to change the situation and become increasingly passive. Even when help is offered, it is rejected because the woman does not believe that anything can be effective. Although in its original formulation Walker stated explicitly that this concept was offered to counteract the tendency for a woman's victimisation to be sourced to her pre-existing personality characteristics, such as 'masochism', the concept of learned helplessness, with its image of the passive, helpless victim, has nevertheless subsequently been used in ways which suggest that some pre-existing psychopathology in the women is associated with her victimisation. This notion was particularly reinforced by formulations which suggested that women previously abused in childhood were more susceptible to 'learned helplessness' because of these prior experiences of abuse. Practice influenced by such views of women affected by domestic violence would focus on changing psychological characteristics of the woman such as 'passivity', 'low self esteem' or the 'tendency to choose abusive partners'. Walker's formulation of the effects of living with violence and abuse as 'Battered Women's Syndrome' (1984) has been widely taken up, particularly within the legal system. Some of the unintended consequences of this view of abused women are discussed later in this paper.

The Survivor Theory

The 'survivor theory' was proposed as an alternative to the theory of learned helplessness by Gondolf and Fisher (1988). The survivor theory hypothesised that battered women increase, rather than decrease, their help-seeking in the face of increasing violence. The theory was tested in an empirical study of help-seeking involving over 6,000 entrance and exit interviews with women in all refuges in Texas over an 18 month period. It found:

In our research, shelter women do not appear to display the "victim" characteristics commonly ascribed to those who are battered. They appear

instead as “survivors”, acting assertively and logically in response to the abuse. They contact a variety of “help sources”, from friends and relatives to social services and the police, but with little result. The deficiencies seem, therefore, to be in the helping sources to which women appeal and confide. This study turns out to be more about “us”, the helpers, service providers, and policymakers, rather than about “them”, the so-called victims of domestic violence. (Gondolf & Fisher, 1988, p.2)

Although they agree that some women may require emotional support and mental health intervention as a consequence of experiencing severe abuse, the authors argue that there is less need to ‘diagnose’ and ‘treat’ abused women than to ‘treat’ (or reform) the community services which are unco-ordinated and which often fail the women who turn to them for assistance. This and other studies of help-seeking (e.g. Bowker, 1983) have been extended in recent years by a number of qualitative studies which explore how women deal with violence in their intimate relationships. These qualitative studies, discussed later in the paper, comprise a body of research which explores the agency which abused women exercise, even in the face of severe abuse. In discussing women’s agency – acting for oneself (Kanuha, 1996)⁴ – it is important that this is not seen as discounting the terror and abuse with which many women live, or as holding the woman accountable in any way for the abuse she experiences. Hughes (2000) addresses this important point by distinguishing between the use of the terms ‘responsibility’ on the part of the abuser, and ‘agency’ on the part of the woman:

The application of the concept of agency, rather than responsibility, is not just a question of semantics. It recognizes the responses and actions that a woman may have or take, and the limits on her acting. This approach validates her self-determination within the context of her particular situation. (Hughes, 2000, p.10)

Practice influenced by this view of women focuses on understanding, respecting and building on the woman’s help-seeking and survival strategies.

Development of a stereotypical view of women who are subjected to domestic violence

An unanticipated consequence of the political activity which broke the silence about domestic violence and placed it on the agenda as a significant and prevalent social problem, was the creation of a rather stereotypical picture of the ‘typical victim’ of such abuse. Because of the need to raise public awareness about the issue, it was often the most extreme situations which were presented, and which therefore shaped the public perception of a ‘victim of domestic violence’. Often this perception emphasised

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physical abuse⁵, rather than other forms of abuse such as sexual, emotional, verbal and economic abuse, and failed to adequately convey the pervasive and intentional context of coercive control exercised by the perpetrator through tactics such as these.

This ‘stereotypical’ image has become increasingly problematic as more women have been identified as ‘victims’ of domestic violence either through their own help-seeking, through the criminalisation of domestic violence which brought more women into contact with the criminal justice system, or through heightened awareness of domestic violence in systems such as child protection. As a consequence of changes such as these, service providers are now confronted with a much more diverse group of women:

In short, the “real” battered women who came to public attention were more complicated and increasingly diverged from the image that had fuelled public support. (Davies, Lyon, & Monti-Catania, 1998, p. 17)

This presents problems for women who do not ‘fit’ the stereotypical picture of the ‘domestic violence victim’, such as women who fight back. Donna Chung (2001, p. 4) provides an example of how stereotypes can affect women’s access to services, where women who ‘despite the odds may remain in the home and get their male partner to leave cannot access the service to have the locks changed, as they have not behaved like victims and fled.’

The problem of well-intentioned attempts to explain the behaviour of abused women in psychological terms, which subsequently result in the unhelpful stereotypes, is also seen in the legal arena. The use of expert evidence about the psychological construct of the ‘Battered Woman Syndrome’ – BWS – (Walker, 1984) has been proposed as a strategy for introducing information about domestic violence and its effects in situations in which women have killed an abusive spouse. Julie Stubbs (1991, p. 270) argues against the use of BWS evidence as a defence strategy, because it ‘individualises and medicalises defendants’, rather than addressing the gender bias in the law which creates a context in which women’s experiences are not understood. Instead of making the criminal justice system fairer for women, the use of the ‘Battered Woman Syndrome’ (BWS) as a defence raises the possibility that the woman who kills her abuser will fail to meet ‘two conflicting

stereotypes—that of the reasonable man or the (reasonable) battered woman.’

Women who stay (or return to) the relationship as a ‘deviant’ group

In efforts to reduce victim-blaming attitudes, many working in the field of domestic and family violence have attempted to provide answers to the commonly asked question: ‘why does she stay?’ (e.g. Rhodes, Baranoff, & McKenzie, 1998). Loseke and Cahill argue that the focus by ‘experts’ on the question of why battered women stay, has ‘constructed a new category of deviance: battered women who stay with their mates’ (Loseke & Cahill, 1984, p. 297). Simply posing the question, they assert, implies the need for an explanation, and implies that the behaviour is untoward. Yet they contend that a lengthy ‘leaving and returning’ cycle identified in abused women is ‘a typical feature of the uncoupling process’. (p. 304). They assert that, though many women have benefited from the services and policies developed to address the problem of domestic violence, ‘battered women may pay a high price for this assistance’. Those who argue against policies such as ‘mandatory prosecution’, which proceed despite a women’s wishes (e.g. Mills, 1999) would concur that ‘well intentioned’ policies which assume that a woman is unable to act in her own best interests do not achieve the goal of empowerment. This issue has recently been addressed by Peled et al (2000) in their exploration of what ‘empowerment’ might look like in practice with women who choose to remain with their partners.

Contributions of qualitative studies

Particularly useful in countering the view that there is one type of ‘domestic violence victim’ are qualitative studies that seek to understand women’s lived experience. Lempert (1996) explored the contradictory context in which women attempt to deal with violence:

Intimate interpersonal violence is set within contradictory interactional contexts, that is, abused women hold oppositional beliefs in their partners as their sole sources of love and affection and, simultaneously, as the most dangerous person in their lives...it is this simultaneity that must be grasped analytically to understand how abused women strategize and develop agency to halt, change, and/or cope with the violence. (Lempert, 1996, p. 270)

Lempert conducted in-depth interviews with 32 women participants recruited through an outreach group. She found that abused women were: ‘active, although not co-acting equals, in the interactions with their partners; in the development of their own strategies to halt, change, and/or cope with the violence; and in the constructions and reconstructions of their relationships and their senses of self.’

(Lempert, 1996, p. 270) Her findings outline the ways in which women coped with both the violence and its ‘contradictions’. The analysis revealed a process whereby both the women and their partners initially attempted to keep the violence hidden from others by an array of methods which she categorises as ‘face saving strategies’, ‘contradictory beliefs’ and ‘interactive processes’. Though both the women and their partners adopted various strategies to keep the violence hidden from others, their strategies were very different:

Where women focused on their own, active constructions of their families as happy, the men’s strategies focussed on maintaining control of the women and of the information that the women expressed publicly. By controlling the women, the men apparently were attempting to control any potential disclosures of the violence. They appeared to consider their own violence otherwise invisible. (Lempert, 1996, pp. 277-278)

However, as the violence continued and intensified, the women in this study reported that ‘invisibility’ became an untenable option, and an array of other strategies to contain the violence were then implemented including ‘problem solving’ or ‘coping’ strategies, ‘self-preservation’, and a range of other, individual strategies. Ironically, when women attempted to tell others about the abuse, their previous strategies to keep the abuse secret frequently meant that they were met with disbelief. Lempert emphasises the fact that, unless women’s actions are understood within the context of the core contradiction – between love and violence – they may be misunderstood. This is important in thinking about the responses of both informal sources of support, such as friends, co-workers and family, and of service providers. For example, this study identified ‘passivity’ to be an active survival strategy, rather than a personality characteristic of the woman.

In a landmark Australian study, *Against the Odds* (Keys Young, 1998), 122 women were interviewed about how they ‘managed’ or ‘coped’ with violence. Most were no longer in the abusive relationship. This study elicited a wealth of information about the strategies which women employed, categorised as problem-solving, survival, or empowering strategies. These included strategies such as: attempting to control, manage or stop their partner’s violence; activities to maintain their self-esteem in the face of living with coercive control and degrading abuse; physical, verbal or other forms of challenges or resistances to the abuser’s behaviour; various methods to ‘dull’ or ‘blunt’ the effects of the abuse; active pursuit of educational and self-improvement activities; seeking help; and making and implementing leaving plans (p. 14-21). This study also provided important information about women’s help-seeking and patterns of disclosure. For example, the types of services approached reflected ‘the women’s primary motivation for seeking help at that point in time’ (p.

90), whether this resulted in help-seeking to address symptoms of the abuse such as depression, or to address the perceived causes of the abuse, such as marital conflict or drug or alcohol problems. In so doing, it highlighted the need for a broad range of service providers to be aware of the indicators of domestic violence, and to be trained to respond in ways that are supportive and non judgemental, because of the negative impact on future help-seeking of a poor response. The picture which emerges from this study is far removed from one of passive victimhood:

... these women were not passively accepting or colluding in the violence perpetrated against them, but actively taking steps to deal with or solve the problem. (Keys Young, 1998, p. xi)

Similar findings emerged from a more recent Australian research project (Bagshaw et al., 2000). Among the recommendations of both reports is an increase in the range and type of services available to women, including services for women who choose to remain in, or who are not ready to leave, the relationship.

Campbell et al. (1998) explored women's responses to abusive relationships at three points of time over a three and a half to four year period, using both in-depth interviews and standardised instruments. Unlike most other studies, women did not have to identify as 'victims' or 'battered women' to participate⁶. Participants were recruited on the basis that they 'had serious problems in an intimate relationship with a man' (p.745). This strategy provided a sample that included women who were still in a relationship with their abusers, in contrast to many other studies of women's coping, which have in the main investigated the experience of women who are no longer in the abusive relationship. This study addressed other gaps in research in that it was prospective, rather than retrospective, and in that the sample comprised primarily African American women.

The study found that most of the women were engaged in a process which the researchers term 'achieving nonviolence rather than necessarily leaving the intimate relationship' (Campbell et al., 1998, p. 751). Rather than linear, this was found to be a 'back and forth' process, both in terms of observable actions such as leaving and returning, and in the women's internal thoughts and feelings:

The process included a number of elements: (a) responding to turning points by thinking about, labeling, and conceptualizing what was happening to them; (b) negotiating internally with self and externally with the abuser; and (c) trying various strategies and combinations of strategies to improve the relationship and decrease the abuse. (Campbell et al., 1998, p. 751)

The study identified a range of 'turning points' which were influential in shaping the woman's view of the relationship, or of herself, or in her decision to stay or to leave the relationship. For most women, there was more than one such turning point, of which the most significant was an escalation in the abuse. However, 'the severity of the abuse did not always influence women's decision about leaving until it reached an extreme level' (p. 757). Other turning points included becoming violent themselves, labelling oneself as abused or the relationship as abusive, achieving financial independence, or child related concerns.

An additional finding was that, of the six women still in the relationship at the three years point, three had not been either physically or emotionally abused for at least one year. This pertains to the fact that we know very little about women who remain in the relationship and find ways of ending the violence. One of the few studies of what they term this 'almost invisible' group of women (Eisikovits, Buchbinder, & Mor, 1998) found that the 'turning point [w]as an outcome of the collapse of a system of meaning that had kept them in the violent relationship. The change in meaning was total and came after a series of losses that led them to the conclusion that the situations in which they were living could not continue and that there was no way back.' (P. 419)

The women in the study expressed clearly that it was a series of losses such as the loss of love, the loss of positive traits in their partner, the loss of faith in the possibility of change, the loss of self, the loss of security and the loss of meaning in coping that led them to change the way they perceived their situation. Change occurred when the women could no longer incorporate violence as part of a system of meaning that had relevance for them. The turning point came when these explanations lost their value, and the women felt the need to restructure their meaning (p.426). For example, what they had once framed as heroism was lost and appeared meaningless. There was no point in coping with the violence any longer and women were prompted to pursue a life free of violence.

Eisikovits, Buchbinder and Mor caution service providers to be careful in the assumptions which they make about women who stay with their violent partners, for example in misinterpreting and pathologizing women's 'unique strengths and orientations such as relatedness and responsibility for others'.

A strength of qualitative studies such as these is that they take us back to the starting place in this work – i.e. with the experience of women. In so doing they begin to 're-contextualise' the experience of women who are abused in their intimate relationships. They remind us of the complexity of women's lives, in which violence and abuse are a part, but not the entirety, and provide clues in tailoring practice

and services to be more accessible to women with diverse needs and coping strategies. Two Australian research projects which are currently under way will provide further guidance for those who are working with women because they aim to identify a framework for effective responses⁷.

The next section of this paper overviews some of the current approaches to working with women affected by domestic violence.

Approaches to working with women

Group work

Group work holds great potential for intervention with abused women and, as noted previously, has its roots in the feminist activism which brought the issue of domestic violence to public attention. While some Australian group work approaches are reported in the literature (e.g. Condonis, Paroissien, & Aldrich, 1990; Flannery, Irwin, & Lopes, 2000; Phillips & Wright, 1996; Poels & Berger, 1992), much of the creative work which has been undertaken in settings such as community and women's health centres, is undocumented⁸.

Flannery, Irwin and Lopez (2000) identify four benefits of working in groups with women who have lived with domestic violence: counteracting secrecy; challenging isolation; facilitating empowerment; and linking private and public worlds. Group work provides an antidote to the isolation commonly experienced by women as a result of factors such as perpetrator tactics, inappropriate service responses, shame, fear and self-blame. It also counteracts notions that an individual woman is 'sick' or 'mad' because she sees that the problem is not hers alone, but rather is shared by many women. Because group work emphasises the sharing of resources by members, the group is a potentially powerful medium through which women may recognise their strengths.

As evidence of movement towards more inclusive practice over time, nine of the twelve groups described by Flannery, Irwin and Lopez were conducted in English to women from both Anglo-Australian backgrounds and non-English speaking backgrounds, while three were conducted in languages other than English. This represents a very different situation to that ten years earlier when the most widely used group work program in NSW noted regretfully that the program could not be offered to women without good English language skills (Condonis et al., 1990). Similarly, a recent article by Karen Paroissien and Penny Stewart (2000) documents their work in offering the first groups in Australia for lesbian survivors of domestic violence. They found that the experience of domestic

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violence for lesbians abused and controlled by their partners was in many ways similar to the experience of abused heterosexual women. However, they identify differences related to the homophobia which lesbians face and the barriers to their accessing appropriate support services.

Shaw, Bouris and Pye (1999, p. 240-241) identify the following issues which are covered in women's groups conducted as part of Relationship Australia's (NSW) Family Safety Model: provision of information; the opportunity for women to tell their story and to receive the strong message that they are not responsible for the violence; unpacking the emotional bond/attachment, which involves exploring the positive as well as the negative aspects of the relationship with their partner; working through the effects of the abuse in a framework in which the responsibility of the abuser is highlighted and minimisation of the abuse is discouraged; and exploring the possibility of a permanent or temporary separation. Recent developments in the agency's group work program for women involve offering groups called 'women and relationships' as a way of opening space for women who may not identify as a 'victim of domestic violence' to access support.⁹ Similarly, fliers advertising one of the groups offered in Melbourne do not use the words 'domestic violence', but instead talk of 'abusive or hurtful' relationships.¹⁰

For some Indigenous women, less formal approaches to group work have offered opportunities to talk about family violence in a context which offers safety and cultural sensitivity. An example is the use of camps where, over several days, women have the opportunity to receive information on a range of topics related to health and well-being, and to talk about issues in their own time (e.g. Anti-Violence Against Koori Women and Children Group, 1999).

However, the potential for groups to be tools of empowerment may not be achieved if their focus is on the characteristics of women which need to be changed (such as 'passivity' or 'co-dependency'). Such approaches are described by Trish Quinn (2000) as drawing on 'pathologising approaches and psychological discourses'. Writing in the area of sexual violence, Quinn contrasts groups with a social justice agenda with traditional 'therapeutic' or 'clinical' group work:

The new groupwork practice would lead to a nexus of anti-sexual violence activity where women were consulted about their experiences as if they had some vital expertise to contribute on the subject. Women would eventually be able to use the groupwork as a springboard to social change, exposing some of the social injustices that they had been wanting to correct for a long time. (Quinn, 2000, p. 7)

In a similar vein, Brown and Dickey (1992, p. 57) critique approaches which 'examine the difficulties that women experience solely on a personal level without regard to the larger social context in which women live'. Hence they reject a focus on issues such as increasing women's 'assertiveness' or 'self-esteem', which they argue psychologise and individualise what is a social and political problem. They describe the process and content of an educational group work program which draws on the work by the Duluth program. 'The purpose of the groups is to facilitate critical reflection, to define and identify abusive behaviour, and to encourage the women to name their own experiences, thereby taking back the power that has been taken away.' (Brown & Dickey, 1992, p. 60) The process of critical reflection is crucial:

As a result of critical thinking, women no longer accept the responsibility for the abuse. However, their empowerment comes from more than just that knowledge. It also comes from their ability to analyze and process that knowledge. The women can hear over and over again they are not to blame, but without going through their own process of critical thinking, they merely replace the facilitators' word for their abusers' word. (Brown & Dickey, 1992, p. 69)

In contrast to much of the group work literature which is descriptive, a recent study (Parsons, 2001) aimed to identify the specific behaviours of social workers which facilitate empowerment in two types of groups: a domestic violence survivors' group and a systemic advocacy group comprising women receiving welfare benefits. The women's narratives identified two main themes about what facilitated empowerment: the group environment and specific helping strategies. In describing the environment which was empowering, the women identified a 'specific environment in which they felt safe, could interact with others in the same boat, experience commonality and gain strength and validation from being listened to and hearing similar stories from others.' (p. 169) In terms of strategic helping behaviours, the women identified the following:

...having a voice; being heard and respected; having a helper who openly demonstrates a belief in them by asking them to do for themselves, challenging them to take risks, and encouraging them to give to others. (Parsons, 2001, p. 176)

'Even when done in subtle and unintentional ways, the abuse of power based on therapist status and expertise can compound the trauma of abuse resulting from the batterer's violence and control.'

Individual approaches

A number of writers have attempted to develop models for working with women subjected to violence and abuse, without framing the women as suffering from 'learned helplessness' or implying that the women have no agency in their situations. For example, Mary Ann Dutton recognised that many women who are experiencing, or who have experienced, abuse in their intimate relationships become involved with mental health services. Her book, *Empowering and Healing the Battered Women* (1992) grew from a desire to find a way to train psychologists to work with abused women 'without the pathologizing and victim blaming that the profession so readily encourages' (1992, p. xv). Dutton locates her work with that of others which understands the symptoms or psychological characteristics of abused women as the *effects*, rather than the causes, of the abuse and tactics of coercive control to which they have been subjected.

Dutton (1992, p. 4) identifies three goals in intervention: increasing safety; re-empowerment through decision-making; and healing the psychological trauma of the abuse. In common with others such as Judith Herman (1992), she asserts that addressing the trauma of abuse cannot occur until safety has been established. The key to the approach which she outlines is that: 'Psychological intervention with battered women...is necessarily based on an understanding of the battered women's **response** to violence...' (Dutton, 1992, p. 4). She outlines the components of the model by which she proposes to understand these responses. These include a detailed exploration of the nature and pattern of the abuse; its psychological effects; the women's survival strategies; and the factors (such as social support, institutional responses and positive and negative qualities of the relationship with the abuser) which 'mediate both the effects of the abuse and the survival strategies used to respond to it'. (1992, p. 4)

Drawing on the work of others working with traumatised people, Dutton outlines 14 key tenets of intervention. These include non-judgemental acceptance and validation of the woman and her experience; advocating for safety and building options; recognition that the trauma of abuse results in 'noncompensable losses', for which space for

grieving is necessary; and viewing coping strategies as strengths, rather than as pathology:

In order for battered women to cope with the trauma of battering, it is often necessary for them to use such cognitive and emotional coping strategies as denial, disavowal, dissociation, or alteration of personality style. Viewed as attempts to cope with the abuse or its aftereffects, not as indicators of unrelated psychopathological personality patterns, these coping patterns are recognised for their survival value. (Dutton, 1992, p. 91)

She argues that this model must also address the social, political and economic contexts of women's lives. In subsequent work, Dutton (1996, p. 107) extends this concept of the importance of context in arguing that: 'Common stereotypes of battered women are based on omission of the social and individual context.' She points out the pitfalls of seeing women only in terms of their experience of abuse and suggests the use of a 'nested ecological model' for understanding women's experience of abuse, and response to it. This model comprises five levels of context: the individual woman; her personal networks; the links between these networks; the larger community networks; and the social and cultural 'blueprint'. Dutton proposes that it is important to consider the influence of all levels of context and, at each level, to understand their meaning for the woman. She argues that this model provides a tool for understanding and addressing the 'real complexity and diversity' of women's experience across dimensions such as race, class, age and sexual preference. She provides a number of case studies in which women's responses to violence may be misunderstood unless the context of these responses is understood. For example, an immigrant woman who found that the abuse by her partner escalated and effective assistance was not offered when she called the police, may have developed a long term plan for ending the violence against her, which involves waiting until she has obtained permanent residency. Pressure to take legal action against her partner may cut across this plan.

In common with others operating from a feminist perspective, Dutton sees it as essential that the counsellor attend to the power dynamics of the counsellor/women relationship, and not merely to those in the women's relationship with her abuser: 'Even when done in subtle and unintentional ways, the abuse of power based on therapist status and expertise can compound the trauma of abuse resulting from the batterer's violence and control.' (Dutton, 1992, p. 104)

Trauma based approaches

An increasingly common way of understanding the effects of living with violence and abuse is within the

psychiatric diagnostic category of post-traumatic stress disorder (PTSD). In order to receive this diagnosis, a person has to have been exposed to a traumatic stressor which overwhelms the person's coping abilities:

This type of exposure involves an event in which the actual threat or threatened death or serious injury (to self or others) occurs, resulting in a personal response of extreme fear, helplessness, and/or horror. (Lehman, 2000, p. 276)

It has been estimated that between 45 and 60 per cent of domestic violence survivors meet the diagnostic criteria for PTSD (Enns, Campbell, & Courtois, 1997). In a study which addressed the lack of Australian research on the prevalence of PTSD, Mertin and Mohr (2000) found that 45 per cent of their sample of residents in domestic violence shelters in Adelaide met all the diagnostic criteria for PTSD. In addition, all the women in this study demonstrated some of the symptoms of PTSD. The women reported having experienced a wide range of abuse, with verbal abuse, blame, control of money and unwanted sexual demands the most frequently reported types. Mertin and Mohr found that women need not experience physical violence to experience symptoms of trauma and stress. In a similar vein, Roberts (2000, p. 148) points out: 'A woman who experiences relatively low levels of physical violence may develop higher levels of symptomatology if she also experiences emotional abuse.'

Post-traumatic symptoms are of three types: the numbing or constriction of emotions and avoidance of reminders of abuse; patterns of hyperarousal and reliving the trauma (eg flashbacks, nightmares); and alterations in consciousness such as amnesia (Enns et al., 1997). In a chapter titled 'Terror', psychiatrist Judith Herman (1992) offers a compelling and empathic description of the impact of trauma which lifts it beyond the rather dry listing of psychological symptoms. She explores the difficulty which societies have in coming to terms with trauma which is inflicted by other human beings:

To study psychological trauma means bearing witness to horrible events. When the events are natural disasters or "acts of God", those who bear witness sympathize readily with the victim. But when the traumatic events are of human design, those who bear witness are caught in the conflict between victim and perpetrator ... It is very tempting to take the side of the perpetrator. All the perpetrator asks is that the bystander do nothing ... The victim, on the contrary, asks the bystander to share the burden of pain. (Herman, 1992, p. 7)

Herman draws out the similarities in the experiences of victims of trauma in both the public (eg political prisoners, war veterans) and the private spheres (domestic violence and child abuse). In locating the

experience of trauma within the 'private' sphere of intimate relationships alongside the experience of those whom society typically recognises as traumatised, she actively counters the tendency to blame the victim of domestic violence. In a chapter entitled 'Captivity', she provides a powerful description of the psychological impacts of being subjected to coercive control, which is the dynamic at the heart of domestic violence:

The methods of establishing control over another person are based on the systematic, repetitive infliction of psychological trauma. They are the organized techniques of disempowerment and disconnection. Methods of psychological control are designed to instil terror and helplessness and to destroy the victim's sense of self in relation to others. (Herman, 1992, p. 77)

Herman outlines a model of therapy based on the three unfolding stages of 'recovering safety, reconstructing the trauma story, and restoring connection between the survivors and the community' (Herman, 1992, p. 3).

Empowerment of the survivor is seen as the key to her recovery: 'She must be the author and arbiter of her own recovery ... No intervention that takes power away from the survivor can possibly foster her recovery, no matter how much it appears in her immediate best interest' (Herman, 1992, p. 133).

At one level, *Trauma and Recovery* (Herman, 1992) can be read as an advocacy document for women who have experienced violence in their intimate relationships and who become involved in the mental health system, where the connection between their mental health difficulties and the abuse they have experienced is frequently overlooked. For example, Stark and Flitcraft (1996b) point out that mental health services rarely ask about domestic violence, despite the fact that 20 to 50 per cent of mental health clients are victims or perpetrators of domestic violence; that domestic violence is present in one quarter of female suicide attempts and in at least one third of cases of female alcoholism; and that it is a major factor in drug abuse and female depression.

Herman in fact proposes a new diagnostic concept – 'complex post-traumatic stress disorder' – to more accurately capture the experience of those exposed to prolonged, repeated trauma. This reworking of the concept of PTSD has several advantages. Firstly, it more accurately reflects the experiences of groups such as survivors of severe child abuse and domestic violence, since the concept of PTSD was developed to address the impact of a single, circumscribed event, rather than the repeated infliction of trauma. Secondly, and more importantly, it is proposed as a way of addressing the frequent misdiagnosis within mental health services of domestic trauma survivors as having personality disorders. Indeed, according to

Herman, the diagnosis of 'borderline personality disorder' is often used in mental health services as 'little more than a sophisticated insult' (Herman, 1992, p. 123). Without a clear connection between presenting symptoms and the traumatic experiences, survivors of domestic violence with mental health services risk 'secondary victimisation' (Hattendorf & Tollerud, 1997) through inappropriate treatment and blame for their victimisation.

Herman's work avoids many of the pitfalls in therapeutic approaches in its eloquent and compassionate approach which locates domestic violence in its social, political and historical contexts and clearly places responsibility with the perpetrator. A good deal of attention is placed on the relationship between the therapist and the trauma survivor, in which the inherent power imbalance is acknowledged and the danger of re-abuse addressed.

Clearly, understanding the impacts of living with domestic violence within the PTSD model can be extremely useful for those working with survivors of domestic violence. It provides a framework for explaining the impacts of abuse (Mertin & Mohr, 2000), a framework which describes the woman's reactions as normal and understandable given the trauma to which she has been subjected¹¹. The field of trauma treatment also provides the counsellor with a range of techniques for reducing the traumatic symptoms (Enns et al., 1997). Roberts (2000) notes that rape survivors constitute the largest single group of PTSD sufferers. Intervention using techniques to alleviate the symptoms of PTSD therefore seems highly relevant to domestic violence survivors, many of whom have been subjected to sexual violence.

Are there risks, however, in adopting a psychiatric (medical model) approach to working with women who have experienced domestic violence? Dutton (1992) cautions that the fact that current PTSD criteria do not accurately 'fit' the range of responses of battered women may result in their experiences of abuse and violation being disregarded and discounted, and in the very misapplication of diagnostic categories such as 'borderline' against which Herman argues so eloquently. The very problem of women who do not conform to the image of the typical domestic violence victim arises once again. It is salutary to remember that Lenore Walker's development of the concepts of 'learned helplessness' (Walker, 1977-78) and the 'battered woman syndrome' (Walker, 1984) were also based in a feminist analysis of domestic violence and similarly aimed to advocate for greater understanding of domestic violence survivors within the mental health system. Indeed, Walker was very much aware of the debates and risks as demonstrated by her comments in the preface to her book 'The Battered Woman Syndrome':

There are some who have criticized the concept of a battered woman syndrome on the grounds that it

“clinicalizes” women...The effects of labeling have been shown to have the potential of having a generally negative effect within the clinical professions. However, there is also research which demonstrates the need to organise new knowledge refuting older misconceptions in a way that draws cognitive connections to the existing knowledge base. So, I have chosen to organize the data presented here in such a way that is easily familiar to most professionals for whom it is intended. (Walker, 1984)

Stark and Flitcraft (1996a) acknowledge the efforts of both Walker and Herman to bring into the mental health system an understanding of domestic violence which clearly locates responsibility with the perpetrator. However, despite this emphasis on external perpetrator responsibility, they caution that the use of diagnoses such as ‘Battered Woman Syndrome’¹² or PTSD, conveys to both the woman and to others, a notion of pathology. This, they contend, can create further injustice for the woman, for example in child residence and contact matters, and can also reinforce messages by the perpetrator that she is, in fact, ‘crazy’.

However, in their exploration of the response to domestic violence by mental health services, Stark and Flitcraft’s (1996a, p. 157) strongest argument against the adequacy of current formulations of PTSD is its failure to encompass what they refer to as the ‘*dual trauma* consisting of coercive control and inappropriate clinical intervention’. They propose that it is necessary to extend the notion of psychological trauma to include ‘the effects of institutional maltreatment’.

A process of institutional victimization is combined with partner violence to transform a persistent, assertive woman into a “helpless victim” for whom “nothing can be done”. To overcome battering successfully, the victim’s response to the violence and to inappropriate and punitive care must be elicited and supported. (Stark & Flitcraft, 1996a, p. 174)

Stark and Flitcraft propose a revised trauma model which ‘emphasises a woman’s strengths, incorporates the experience of help-seeking, and includes liaison with shelter and criminal justice services and advocacy directed at changing the system of which we are a part. (Stark & Flitcraft, 1996a, p 109) Through broadening the trauma framework in this way, they suggest that ‘the broad political issues posed by battering’ (159) can be addressed.

Mary Harvey (1996) suggests another path to integrating work with individual trauma survivors and social action through an ecological model of psychological trauma and recovery. An ecological view of trauma explores the interaction between the person, the event and environmental factors to understand the individual differences in both response to trauma, and recovery. Harvey extends the notion of psychological trauma by addressing the

An ecological view of trauma explores the interaction between the person, the event and environmental factors to understand the individual differences in both response to trauma, and recovery.

under-emphasis in most trauma based approaches on the influence of environmental factors. From this perspective, clinical intervention is not the only path to recovery (and is no guarantee of it), and ‘...community interventions far removed from the domain of clinical work can foster resiliency’ (Harvey, 1996, p. 4). Thus much work undertaken by social activists contributes to trauma recovery by building community resiliency:

In acknowledging the multidimensional nature of trauma recovery and the possibility of recovery in the absence of clinical intervention, the ecological model highlights the construct of resiliency, the role of the larger environment, the contribution of natural supports, and the relevance of community interventions. (Harvey, 1996, p. 21)

Safety Planning

The approach to working with women outlined in the book *Safety Planning with Battered Women* (Davies et al., 1998) is an example of emerging work which attempts to respond to the diversity among women who experience domestic violence, and the complexity of their lives. The authors trace the impact of responses to domestic violence over the last 30 years, which have resulted in what they term ‘service-defined advocacy’ in which ‘advocates fit women into the services available without understanding their plans’ (p. 17). They outline, in contrast to service-defined advocacy, ‘woman-defined advocacy’:

...advocacy that starts from the woman’s perspective, integrates the advocate’s knowledge and resources into the framework, and ultimately values her thoughts, feelings, opinions, and dreams—that she is the decision maker, the one who knows best, the one with the power. (pp. 3-4)

Safety planning as the term is used in this book refers to a dynamic process which is constantly changing in the light of a complex range of factors. These include new information, such as the response the woman receives in using services, and the response of the abuser to her decisions and choices. The authors differentiate their approach to safety planning from what they assert is commonly meant by the term – a discussion between a woman and helper about the physical violence to which she is subjected and the formulation of a leaving plan.

Central to the approach to safety planning outlined by these authors is the idea that: ‘...battered women’s safety planning begins long before their contact with an advocate. Woman-defined advocacy builds on these safety plans’ (p5). From this description it is clear that this approach is consistent with the earliest feminist work with women, which recognised that women who have been subjected to the tactics of coercive control could not be empowered if their knowledge, choices and strengths were invalidated or over-ridden by those offering assistance. The strength of this book lies in the ways in which the components of woman-defined advocacy are deconstructed. This involves understanding the impact on women’s safety planning of both what the authors term ‘batterer-generated’ and ‘life-generated’ risks.

Batterer-generated risks are those dangers that result from the batterer’s control of his partner: 1) physical injury, 2) psychological harm, 3) risks to and involving the children, 4) financial risks, 5) risk to or about family and friends, 6) loss of relationship, and 7) risk involving arrest or legal status. (Davies et al., 1998, p. 22)

The authors emphasise that women experiencing domestic violence are involved in a process of analysing these risks on an ongoing basis, that their risk analyses take into account more risks than physical violence, and that their lives ‘are not necessarily made safer or better by leaving the relationship’ (p. 49).

A second type of risk that abused women include in their safety planning is what these authors term ‘life-generated risks’. These include financial considerations (e.g. lack of training, child care and transport may limit a woman’s ability to earn an income); physical and mental health (which may be exacerbated by the perpetrator); inadequate service responses; and discrimination based on factors such as race, ethnicity, gender and sexual orientation. Bograd (1999, p. 281) describes the operation of these ‘life-generated risks’ or ‘social’ risks in a powerful way: ‘Efforts to seek safety in the domestic sphere often entail profound social risks beyond retaliation by the batterer.’ Indigenous women, for example, may hesitate to use legal protections because of their own or others’ previous experiences of racist and discriminatory responses from the criminal justice system. They may also hesitate to use domestic violence support services because of concern that the risk of losing community and family support may not be appreciated by non-Indigenous service providers (Blagg, Ray, Murray, & Macarthy, 2000).

In addition, abusers may use life-generated risks such as these to maintain or increase their coercive control. For example, the perpetrator of abuse in a lesbian relationship may threaten to ‘out’ her partner if she ends the relationship; the perpetrator of violence against an immigrant woman may

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threaten her opportunity to achieve permanent residency; and an Indigenous man may use the possibility of his being treated with discrimination within the criminal justice system to dissuade his partner from seeking legal protection. Examples such as these demonstrate that: ‘When battered women are also members of other “marginalized” or stigmatized groups, the path to safety becomes even more treacherous.’ (Davies et al., 1998, p. 67)

In essence, this book outlines an approach to actualising ‘empowerment’ which attempts to address the complexity of women’s lives and experiences. In addition to its approach to working with individual women, the book also addresses the challenges involved in systems advocacy, through a process the authors term ‘woman-defined policy advocacy’.

The Contribution of Post Modern Approaches

One way to deal with the apparent contradiction between the oppression and abuse which women suffer when abused in their intimate relationships, and the acknowledgment that they are nevertheless not without agency in their lives, is through a post modern understanding of power. While a detailed exploration of post modern thought is beyond the scope of this paper, the use of ideas from this framework, for example in narrative approaches to therapy (White & Epston, 1989; Wild, 1998), can illustrate its potential for addressing this apparent contradiction.

Much of this work draws upon the ideas about power expounded by French philosopher, Foucault. The behaviours of perpetrators of domestic violence are clearly exercises of oppressive power through an array of tactics including physical and sexual assaults. Women victimised in this way can also be understood as being subjected to another form of power identified by Foucault¹³: the power of certain dominant discourses, or ‘normalizing truths’ (White & Epston, 1989, p. 26), against which they (and all women) are encouraged to judge themselves and ‘police’ their own compliance. ‘These “truths” are “normalizing” in the sense that they construct the norms around which persons are incited to shape or constitute their lives’. (White & Epston, 1989, p. 26)

An example of these ‘truths’ is the idea that it is women who are primarily responsible for the well-being of families and relationships, and that they are therefore responsible for attempting to address problems which arise within these. Hence women are held more accountable when these relationships ‘fail’, both by the community at large, and by themselves. This is a context which is conducive to the development of self-blame when women attempt to make sense of their experiences of abuse in their intimate relationships.

Certain of these dominant discourses will have particular salience for individual women, or for particular groups of women. For example, older women have reported that they married in an era in which being divorced carried immense stigma. Discourses about the importance of preserving marriage, backed by powerful social institutions such as the church, were found to be highly influential in shaping older women’s responses to violence within their intimate relationships (Morgan Disney & Associates, Leigh Cupitt and Associates, & Council on Ageing, 2000).

Narrative therapy utilises a ‘text’ or ‘story’ analogy, to understand how people organise their stock of lived experience: ‘...persons give meaning to their lives and relationships by storying their experience, and...in interacting with others in the performance of these stories, they are active in shaping their lives and relationships’. (White & Epston, 1989, p.21) Within this approach, counselling can address the broader socio-political context of people’s experience through exploring the contribution of dominant discourses to the stories which they have about their lives and relationships. Hence, a counsellor working from this perspective could explore with a woman, the influence of dominant gender discourses on the meaning she ascribes to her experience of abuse. Although working from a different therapeutic perspective, Goldner describes a similar approach to bringing ‘larger cultural discourses of masculinity and femininity that circulate in the culture’ into the therapy:

This work is especially important for women, who are victimized not only by the abuser but by the culturally available, victim-blaming explanations for why they stay in abusive relationships...discourse analysis offers a critique of gender mandates like a “woman’s devotion should be its own reward”, or “women must never put themselves first”. These axioms constrain women from insisting on equity and induce them to substitute empathy and care for selfhood and agency in their relations with others. (Goldner, 1999, p. 332)

In addition, the idea that stories and meaning are co-created in interaction with others makes possible an exploration of the ways in which the perpetrator of violence and abuse has attempted to shape the

woman’s view of herself and of the relationship. From this perspective, it is no accident that the verbal and emotional abuse to which women are subjected by their abusers frequently involves comparing the women unfavourably against dominant views of how women should be – from the quality of their cooking and housekeeping to their appearance and sexual performance. ‘Slut’, ‘whore’ and other such terms which women report as part of degrading and humiliating verbal abuse, define them as failing against the standard of womanhood.

A key concept in power which is enacted through ‘normalising discourses’, is that it is never total – i.e. that there are always points of resistance (White & Epston, 1989). From this perspective, a narrative therapist would operate on the assumption that, however severe the domination and abuse to which a woman has been subjected, in some ways she has resisted total domination.¹⁴ Where physical resistance is too dangerous, for example, even to have thought on one occasion that ‘this is not right’, is an example of resistance. In a similar vein, Wesely, Allison and Schneider suggest that even dissociation can be ‘an act of self-preservation’ (2000, p. 221), ‘an unwillingness to “lose the total self”’ (Lempert, cited in Wesely et al., 2000, p. 221). These aspects of lived experience that lie outside the dominant story represent the clues to an alternative story about the woman, her capacities and about the possibilities for a different future. Within this framework, the woman’s experience of abuse is in no way minimised. In fact it must be fully understood in her own terms, in order that her resistance to total domination can be made visible. An example of this approach is demonstrated in Flannery, Irwin and Lopes’s (2000) approach to group work:

We find that women have often been temporarily blinded to the ways they have survived domestic violence...The process of identifying how women have been resourceful and have resisted the effects of the abuse is an integral part of the ongoing discussion of the group. (Flannery et al., 2000, p. 19)

The emphasis of narrative therapy on the storying of experience, and its ability to deconstruct dominant cultural discourses, have made it an accessible approach to counselling/healing for some Indigenous communities (Dulwich Centre, 1995). The key notion of a time dimension to stories is central:

In striving to make sense of life, persons face the task of arranging their experiences of events in sequences across time in such a way as to arrive at a coherent account of themselves and of the world around them. Specific experiences of events of the past and present, and those predicted to occur in the future, must be connected in a lineal sequence to develop this account. (White & Epston, 1989, p. 19)

This opens space for Indigenous women to include in

their narratives the contexts of colonisation, discrimination and injustice and the dimensions of grief (Wingard, 1996) and healing:

...this violence is not an Aboriginal tradition. It is a legacy of what has been done to Aboriginal people. Making this distinction is important. Acknowledging the history of this country and how it contributes to violence in Aboriginal families, and recognising the difference between legacies of violence and Aboriginal traditions can show us ways forward.
(Lester, 2001, p. 37)

Other approaches

The type of service approached by abused women reflects their understanding of the difficulties they are experiencing (Keys Young, 1998). For example, they may request marital counselling or request that their partner participate in a perpetrator group. Shaw, Bouris and Pye (1999, p. 242) urge that such requests be understood in terms of their meaning for the woman: 'Any rejection of him can be a rejection of her too; that is, the service may be seen to be unsympathetic and inaccessible, and the woman will return to her private (unsafe) world of home and the relationship.' Yet both forms of intervention are controversial (Bograd & Mederos, 1999; Gondolf, 2001).

Arguments against conjoint therapy centre on concerns that it may jeopardise the woman's safety, because she is made vulnerable to retaliation through disclosures made in the therapy situation; that it implies that problem is mutual and that, as a contributor, the woman is expected to change; and that the focus will be on saving the relationship rather than addressing the violence and coercive control exercised by the perpetrator (Lipchik, Sirles, & Kubicki, 1997). In most states in the US, this form of intervention is regarded as inappropriate and dangerous (Austin & Dankwort, 1999b) and is typically limited until the man has completed a perpetrator program and has been 'violence free' for a prescribed period of time (Trute, 1998). A number of approaches which attempt to address the concerns and risks of conjoint therapy are described in the literature (e.g. Goldner, Penn, Scheinberg, & Walker, 1990; Lipchik et al., 1997; Shamai, 1996; Shaw et al., 1999). Detailed exploration of these, and the debates surrounding conjoint approaches, is beyond the scope of this paper. However, the research on women's help-seeking indicates that generalist relationship counselling services need to develop ways of identifying the presence of domestic violence. Bograd and Mederos (1999) make an important and practical contribution by outlining what they term a 'beginning framework' for universal screening to help clinicians identify the presence of domestic violence and to assist their decisions about whether couple therapy can be safely considered.

They set out three preconditions for the conduct of an assessment possibly leading to couple therapy. These are firstly, voluntary participation by the man, thus excluding, except in exceptional cases, court mandated men or men referred by child protection services; secondly, special agreements regarding confidentiality since the woman's safety must not be compromised by disclosure or pressure to disclose in joint sessions, information discussed in individual sessions; and thirdly what is termed an 'optimal therapeutic stance', involving careful self-monitoring by the therapist of his or her own reactions, 'frank and clear' allocation of responsibility and clear limits. They outline the sequence of the assessment, including structured couple and individual interviews; the components of an assessment of violence and lethality (where the presence of a single risk factor rules out conjoint therapy); and six criteria for assessing the feasibility of couples work. They also outline their approach to two other scenarios: when violence is disclosed prior to the couples session and when disclosure of violence occurs spontaneously in a couples session. They conclude with a range of extremely strong cautions about the use of couples therapy with domestic violence, particularly pointing out that the screening protocol described opens the risk of creating a false sense of security. The strength of their work lies in the movement away from debating the 'pros and cons' of conjoint work, to providing counsellors with a thoughtful and structured way of identifying the existence of domestic violence where couples present for counselling, and techniques for operationalising the priority of women's safety.

With respect to perpetrator programs, Austin and Dankwort (1999a) explored the impact on women of their partners' participation in a perpetrators' program. More than half the women reported feeling validated by the program counsellors, often for the first time. 'They felt enlightened and relieved when they were told they were in no way responsible for their partner's violent behaviour and that being involved with a violent partner did not signify any deficiency on their part (p. 36).' This was contrasted to other counselling which they had been involved in, which either minimised the abuse or invited the woman to consider her responsibility. Given that such programs were established to benefit women and children, this finding suggests a potentially important role for perpetrator programs in assisting women to overcome one of the most devastating effects of abuse, self-blame, regardless of the progress made by the man in the program.

Conclusion

To maximise the effectiveness of interventions with women who have experienced violence, it is important that practice models emphasise women's safety and perpetrator accountability; explore and

validate women's experiences; acknowledge strengths and avoid pathologising women; attend to the diverse cultural and social contexts of women's lives; and locate the range of interventions within the wider socio-political context.

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Endnotes

- 1 This comment is not meant to imply that the development of programs which address the impact of living with abuse on women's parenting and on the mother-child relationship is not an important and welcome one. For a discussion of this issue see Laing (2000), and for examples of these programs see Bunston (1999) and Cavanagh (1999)
- 2 See Holder (2001) for a discussion of these policies, the terminology and their transferability to the Australian context.
- 3 Robyn Holder (personal communication) notes, as do Dobash and Dobash (1992), that this shift has occurred more strongly in the United States than in Australia.
- 4 Kanuha (1996, pp. 38-39) addresses this apparent contradiction: 'Mahoney (1994) theorizes that the dual concepts of agency (acting for oneself) and victimization create contradictions in our analyses of battered women because "in our society, agency and victimization are each known by the absence of the other: you are an agent if you are not a victim, and you are not a victim if you are in any way an agent...Therefore, if we construct the battered women as having agency, we expect her to leave; however, if she is a victim,

it undermines the inherent survival skills and strengths that many battered women typify each day they live with violence.'

- 5 The most commonly used terminology in the United States – “battering” and “battered women” can be critiqued on the grounds that it emphasises the physical tactics of coercion. However, even in Australia where different terminology is used, it is common for women to be influenced by the view that it is physical violence that defies the relationship as abusive. (Personal communication, Kim Robinson, Anglicare, Victoria)
- 6 Some women in this study resisted labelling themselves as abused, either because they had already taken action to change the situation or because it would imply that they were not a strong person.
- 7 These are: the ‘Recovery from Family Violence Project, a Participatory Action Research Project of Chisholm Institute (TAFE) and Women’s Health in the South East (WHISE), Victoria and a study into what enables women to leave and establish a new life (School of Social Work, University of Tasmania). Both projects are using qualitative methodologies to explore women’s lived experience. Both are funded under the Partnerships Against Domestic Violence initiative and are due to be completed later this year.
- 8 An exciting development is occurring in Melbourne where experienced group leaders are

meeting regularly to share practice issues, and plan to document aspects of group work practice. (Personal communication, Libby Eltringham, Family Violence Networker, Northern Metropolitan Region).

- 9 Personal communication Lyn Fletcher, RA/NSW.
- 10 Personal communication, Kim Robinson, Anglicare, Victoria.
- 11 Some women who participated in a recent Australian study reported that being diagnosed as experiencing posttraumatic stress disorder assisted them because it normalised their experience. Other diagnoses were experienced as stigmatising. (Bagshaw et al., 2000)
- 12 BSW has been proposed as a subclassification of PTSD. (Roberts, 2000)
- 13 See Westlund (1999) for a discussion of the ways in which women subjected to violence within their intimate relationships experience both pre-modern and modern forms of power.
- 14 Westlund (1999, p. 1046) also describes the way in which the notion of ‘resistance’ can be applied to social institutions in order to explore the ways in which they may avoid ‘revictimiz[ing] battered women by pathologizing their condition and treating them as mentally unhealthy individuals who are incapable of forming legitimate appraisals of their situations and exercising rational agency over their lives’.

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Example:

Oke, M. (1999). Changing negative self-perceptions and thought patterns: women dealing with violence. *Domestic Violence Incest & Resource Centre Newsletter*, No.2, 12-17.
Journal article/research paper

A psychologist with many years of experience in working with women who have been the victims of domestic violence discusses ways in which cognitive therapy can be adapted by those working with

survivors, to assist the women to think and feel differently about themselves in the process of their recovery.

Good Practice

The aim of the good practice database is to keep service providers in touch with what others across the country are doing. It encompasses both innovation and approaches which have been evaluated. Entries are described by target group, intervention mode, and perspective. Contributions to this database are invited, especially from those practitioners who are developing innovative ways of working with women experiencing domestic violence.

Example:

Kilpatrick, K. Breaking Free: A Program of Intensive Group Therapy for Women and Children Escaping Domestic Violence (NSW)

The program aims to assist women and children recover from the trauma of domestic violence, build self esteem, validate feelings, identify healthy coping strategies, enhance parenting skills, break down isolation and provide opportunities to have fun and reconnect with themselves and each other. An extensive manual has been written which outlines everything a facilitator needs to run the program. This is available from Armidale and District Women's Centre.

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