PUTTING THE PIECES BACK TOGETHER AGAIN: NARRATIVE THERAPY AND IDEAS OF RESTORATION IN WORKING TOGETHER WITH VICTIMS OF CRIMES OF VIOLENCE

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Introduction

We would like to share with you some of our experiences of working with people who have been subjected to crimes of violence. We’d like to make it clear that when we speak about crimes of violence we are inclusive to the crimes of domestic assault and sexual abuse and that much of our work has a focus on women and children. Other aspects of our work focus on working with victims of robberies, muggings, assault and road rage. As narrative therapists our work has been influenced by constructionist and post modernist frameworks and by the work of two narrative therapists, David Epston in New Zealand and Michael White in Adelaide. The idea for presenting for this conference came from one of the women with whom Helen works, who told how her life had been "torn apart" as a result of the violence she and her children experienced from her former partner. She stated it had taken seven years to "put the pieces back together".

We believe that a narrative approach stands out as a useful and helpful way of working with victims of crime.

The Therapeutic Relationship

A narrative approach lends itself to working with those who have experienced being victims of crimes because of its particular attention to power in the therapeutic relationship. Being a "victim" of crime means that one has the experience of losing power, of being powerless and the impact of, and meaning attributed to this experience can undermine a person's sense of identity and integrity.

Practices and principles in a narrative approach, which minimizes the therapist's power and increases the clients include:

- Seeing the client as expert in his/her own life (rather than the therapist taking an expert position.
- An emphasis on "personal agency"
- Collaboration
- Avoid the use of diagnosis and labelling, (but still being able to explore what a diagnosis may mean for the client)
- Transparency in the use of questioning
- Situating questions in a context
- "Taking it back" practices

These practices and principles result in a minimising of power in the relationship between therapist and client. They are a first step in clients taking a step towards power and control in their own lives, a step which stands in opposition to the position of being assaulted, robbed or victimised.
Effects of the Criminal Act

When people consult us with problems related to being a victim of a crime of violence or abuse, we find it useful to regard the problems as effects of that experience or (in the case of family violence and abuse) series of experiences.

People may view themselves as inadequate and incompetent or in some way deficient, firstly because of having been a victim and secondly for not having "gotten over it" by themselves. In addition those who have had experiences with 'helping' agencies such as the health system, police and judicial system, may have experienced a further sense of victimization.

Such victimization may result in a further sense of powerlessness, which can lead to ideas of self-blame, unworthiness or personal incompetence. A person may think-

- "I'm such an idiot for forgetting to tell that part of the story"
- "Why did I go to pieces in the witness box - I am so weak"
- "I should have screamed or fought back"
- "Why can't I just put it all aside"

We are aware that there are several important aspects of working with people who have been subjected to crimes of violence. These include –

1. Checking on their safety and 'at risk' status. When we talk of safety we are not just including physical but also mental health and emotional safety.
2. Giving information. We give information about resources and the tactics that may be used by the perpetrators
3. Advocacy
4. Therapy.

Our paper will focus on the therapeutic component of this work. In therapy we start from the position that the client is the expert in his or her own life. By this we mean that we accept what s/he tells us is the problem and work with that. We do not presume there is an underlying issue that is 'causing' the difficulties, however if the client raises such a link we would also explore this. A narrative approach does not attempt to reframe or interpret or persuade the client that he or she knows less about her/himself than we do. We do not presume that the client will experience certain effects from the experience nor how much and in which ways the crime may have affected her/him. This is something we explore with the client. Similarly we do cast judgements about what the experience was like but are more interested on hearing their story and interpretation. We assume that the client has a fair idea about what is needed to regain some sense of autonomy and power and what needs to happen in the therapeutic process. For example some clients may find it important to tell every detail of their experience whilst others are more interested in the effects and do not wish to dwell on re telling the story or experiencing catharsis.

We may ask questions like-
"What might be the most important thing that will help you here today in dealing with this trauma?"
"Is it important for you to talk about what happened in detail or is there another place we could start?"
Personal agency

We put a great deal of emphasis on the personal agency of the client. We frame our questions so as to underline the decisions and actions the client has taken in order to deal with her or his concerns. (Of course we would not do this if the client's experience were the opposite, that is when he or she was being dominated by the perpetrator of the crime) Language plays an important part in evoking a sense of personal agency and hopefulness for the future. So instead of asking, "What would you like to do if you get better?" we would ask "What will you think about doing when you are feeling more confident again?" or "How did you make the decision to come here?" "How did you actually get yourself here?"

A narrative approach is not interested in diagnosis. Diagnosis is not seen as helpful in working with the client to overcome the effects of trauma. Nor are labels such as 'resistant to change' or 'manipulative'. We acknowledge that people who have experienced crime may recover in different amounts of time and in different ways. If clients have a diagnosis, for example Post Traumatic Stress Disorder, we may explore what this may mean to them, have they found it helpful, what difference has it made to understanding their experience or recovering from the trauma.

Similarly we would not reframe an experience to encourage the client to see it or themselves in another way. For example if the client said she thought she was weak or didn't try hard enough to escape we would not reframe but would 'sit' with this experience.

Transparency and Situating Questions

When we talk of transparency we are talking about ways of being open with the client so that there is no hidden agenda but more openness between client and therapist. We do this by situating the questions we ask in a context.

This means that we would inform a client about why we are asking a particular question and ask their permission to ask about certain issues. For example we might say, "I am interested in what you said about a part of you feeling it was your fault and a part of you recognizing it wasn't your responsibility…. I'm asking you this question because often women do report that they feel responsible for the violence"

"Taking it back" Practices

This work is based on the assumption that therapy or counseling is a two way process and that the contact that we have with clients will also impact on us as therapists. Such practices give the therapist an opportunity to reflect on parts of his/her life that may connect with the client's experience. For example the therapist may make a connection between a discovery the client has made about what was supportive in her mother's behavior to her. She may tell her client "I appreciate what you said about your mother. It triggered some memories of my mother in the past and gives me a new way of looking at our relationship."

She may inform her client that the information given to her by her client or the knowledge her client has shared about her/his experience may help the therapist in her/his work with clients who have had similar experiences.
These approaches make for a more collaborative practice between therapist and client. Such collaboration joins, rather than distances the therapist and client therefore emphasizing connection rather than difference or marginalisation. This experience is, of course, a direct contradiction to the experience of crime.

**Externalizing the problem**

A key aspect of Narrative Therapy is that we externalize problems. We see problems as being located outside the person and acting on the person. We believe that people in our society are often encouraged to take personal responsibility for being a victim of a crime - there is a tendency to blame the victim rather than the perpetrator and this is reinforced by those systems supposedly designed to protect the victim. There are some forms of therapy that, inadvertently or not, replicate this practice. Externalizing the problem means that a 'space' is allowed between the person and the problem and the person can work towards distancing themselves further from the problem. The problem is discussed in ways which personalize it and make it easier to vilify. Language and the use of linguistic strategies play an important part in this.

So after exploring the effects of the problem on the person and on their life, we might ask such questions as –

- How is the Fear affecting your life?
- What parts of your life are you keeping for yourself and what parts are you keeping free from the Fear?
- What is the Fear trying to tell you about your ability to recover from this trauma? How have you exposed the lies it has tried to tell you about yourself?

Such language presumes that problems have never totally gained control over a person's life and that the person will recover. For example-

- When the voice of the fear is not so strong what will you be doing that you are not able to do now?
- How is the Fear attempting to prevent you from enjoying the confidence and ability in yourself you were so easily able to acknowledge before the crime?
- What plans does Fear have for your life?

**Dominant discourses**

We come from the position that people make sense of their lived experience according to the stories that they have about themselves and that they live by. Such stories or discourses are replicated from the wider society by family or community members who have also internalised such discourses. Although discourses are in fact meanings and interpretations about life events, they become not just beliefs, but 'truths' about our experience.

There are numerous dominant discourses that are faced by survivors of criminal acts and these in turn are reinforced by other discourses about gender, sexuality, age, culture, ability and so on. It is an important part of our work not just to explore the discourses about being subjected to a criminal act but to take this further and deconstruct these secondary discourses.
So discourses about being victim to a criminal act include-

- I shouldn't have been in that place, on my own, left the door open etc
- I could have fought harder
- I got off far less than the others did so why am I handling it so badly?
- Only weak people are targeted
- It wasn't that bad
- It happens everyday so why is it such a big deal to me?
- A good employee protects his boss' workplace
- A woman who is raped is "damaged goods"

The second layer of discourse would explore those related to gender etc such as

- If I was a real man this wouldn't have happened
- I'm not a real man because I ran instead of fought back
- It's because I'm gay that I was targeted …I shouldn't have been in a heterosexual club
- Women shouldn't argue back
- Women shouldn't dress this way
- Kooris are expected to put up a good fight
- I was much younger than him yet I copped a bashing
- Violence is a relationship issue, it takes two to tango

If one's experience of an event or series of events is not in accord with the dominant discourse, or if one has not reached the ideal reflected in the dominant discourse, the effect can be an opinion of oneself as having fallen short or having failed.

We are interested in those dominant discourses which are influencing survivors' views of themselves and may be getting in the way of them getting on with their lives.

The sort of questions which we might ask to explore the influences of discourses are called deconstructing questions -

- Where do you think that idea might have come from?
- How helpful do you find these ideas?
- Do these ideas sit best with worthlessness or do they sit with recovery?
- Do these ideas fit with your experience of what happened with you?
- What would you prefer, to rely on your own judgement of events or on ideas of how it should be?
- How does that idea, that a real man wouldn't have let this happen support inadequacy?
- Are these ideas that fit with justice and strength or brutality and weakness?
Identifying acts of resistance

We call the story that the person brings to counseling the dominant story. This is the story about their experience of abuse and the discourses that enable the effects of abuse to continue to have a hold on the person’s life. When we are asking questions we also seek to help the client identify the alternate story, that is the times they are not under the influence of the problem or are able to take a stand however small against the problem.

This often entails the client reclaiming the aspects of themselves that form their identity prior to the criminal act. There is something of a battle metaphor here, doing battle against the problem and so we are interested in exploring the person's acts of resistance to the oppression of the problem. Acts of resistance are not just physical acts but can include thoughts that may contradict the way the problem would be wanting them to think.

Conclusion

Working with people who have experienced criminal acts is not a lineal sequence of questioning but rather the weaving of threads to form an alternate story which is more interested in the strengths, capabilities and resilience of a person. We hope that this brief synopsis of a narrative framework is interesting and encourages discussion.