

Advocacy with and for Aboriginal women experiencing domestic and family violence: a practice guide

ABOUT THIS GUIDE

This guide has come from research with three independent women's specialist services and the work they do with and for Aboriginal women experiencing domestic and family violence (DFV). In the course of the research, Aboriginal women contributed as workers, board members, clients and community members.

The guide shares learning from the research. It is not a checklist. The learning comes from two regions in Australia—central Australia and Canberra. The learning focuses on helping Aboriginal women as victims/survivors of DFV but may also be useful for victims/survivors from other backgrounds.

This guide focuses on the practice of advocacy for individuals in crisis situations, and also systems advocacy in non-crisis situations. Other guides discuss safety planning and outreach. In reality, there is a lot of overlap to how these three practices are used within women's specialist services with and for Aboriginal women. The practices should be grounded in services that are committed to continual learning, to building understanding of and involvement with local contexts, and to being culturally informed. Women's specialist services are generally independent and focus primarily on helping women and children. They include shelters, crisis lines, outreach, case management, and advocacy services, amongst others.

Advocacy: for individuals and systems

Advocacy is understood and practiced at different levels and with different, though linked, objectives in mind. Advocacy for individuals is acting on behalf of, or working with, individuals and promoting their rights and interests, to ensure access to resources and opportunities or redressing power imbalances. Systems advocacy connects the problems facing individuals to larger societal forces, and institutional and systemic inadequacies that have an impact upon particular constituencies or groups. It seeks improvements to systems.

Advocacy:

is a doing word, an action word. Literally, it is being a voice for the client, with the client's permission, to delve into systems that she doesn't have knowledge of and therefore doesn't have experience or capacity to do. It doesn't mean that she can't find capacity to do but right now, there and then, she needs someone who can be on her side, who can agitate for her. It is quite a strong word. (Crisis service manager, Canberra)¹

Whether practicing advocacy for an individual client, or an organisation targeting systems, the principles of advocacy are remarkably similar:

1. "Advocacy assumes people have, or ought to have, certain basic rights.
2. Advocacy assumes rights are enforceable by statutory, administrative, or judicial procedures.
3. Advocacy efforts are focused on institutional failures that produce or aggravate individual problems.
4. Advocacy is inherently political.
5. Advocacy is most effective when it is focused on specific issues.
6. Advocacy is different from the provision of direct services." (Knitzer, 1976, pp. 204-206).

¹ All quotations derive from the new research undertaken for this project (Putt, Holder, & O'Leary, 2017).

Advocacy, domestic and family violence, and “crisis”

By its very nature, domestic and family violence (DFV) creates and maintains states of crisis. Crisis can mean different things depending on perspective. Service users and services may have different understandings of crisis and different views as to how the situation came to be, what should be done and how those involved ought to behave.

A crisis can be an event, a situation, or a way of responding to something. It can be time or situation specific. Viewed from the service user’s perspective, a crisis may stimulate a request for outside help, guidance or something more directive. Viewed from the service position, a crisis requires a *response* (at the least) and can (but not always) give *rise to an action* (something more proactive). It will almost certainly trigger a range of professional and organisational concerns related to the nature, duration and possible consequences of the identified risks embedded within the crisis.

Responses to the crisis will depend on the function of the service, its mandate, its resources, its relations with others in a service system, and its disciplinary underpinnings. It will depend on its location and the ancillary services available. Services and workers focused on crisis response may or may not have a pre-existing relationship with the woman.

We learned to let go. You can’t force anyone to do anything they don’t want to do at the time. We learned not to react to what’s happening but to go about just helping. (Shelter worker, Central Australia)

Client-centred advocacy and crisis

Women’s specialist services generally undertake **collaborative practice** with a woman. This rests on a view that she is an individual in charge of her life and life’s decisions; that she is the *expert* of her life. She makes choices. Yet the crisis itself can narrow the scope of possible realisable choices, and can also foreshorten relationship building or negotiated decision-making between the worker and the woman. Services and workers² focused on crisis response may or may not have a pre-existing relationship with the woman. Therefore, critical to the practice of individual advocacy in situations of crisis is assessment of how life-threatening or serious and imminent is the violence at a particular moment in time. At these times, it is likely that **client-directed** practice of working to individual preferences and situation subtly changes emphasis. Thus engagement may be **client-centred** but seeks more influence.

These different emphases are illustrated in an adaption (by the ACT Domestic Violence Crisis Service) of Michael White’s “therapeutic postures” of the therapist. White’s preference is for a therapist to be “decentred and influential”.³ This matrix, adapted for crisis responses, describes quadrants of engagement that advocates may seek or have with clients depending on circumstances.⁴

-
- 3 Michael White’s original description of “therapeutic posture” is set out in Workshop Notes from 2005 at <https://www.dulwichcentre.com.au/michael-white-workshop-notes.pdf>.
 - 4 The adaption has been developed and used by the ACT Domestic Violence Crisis Service as a training tool for its workers. Email communication from Deanne Weaver, Client Services Director, Domestic Violence Crisis Service, Canberra, 21 June 2016. Permission from the Dulwich Centre to use and adapt the matrix is gratefully acknowledged. The Dulwich Centre notes that the adaption is different to the original (Email communication, 28 September 2016).

² The term “worker” is used interchangeably in this guide with the term “advocate”.

The relationship between client and advocate is a dynamic one, as these different engagement postures (Table 1) demonstrate. The different postures (which may be adopted fluidly in one conversation or over a series of interactions) show that staying client-focused does not necessarily create a conflict between the advocate’s role and client choice and agency. Rather, the differing postures reveal active tension in situations where the skill and knowledge of workers are particularly vital.

Advocacy and crisis practices

When a woman who is experiencing DFV appears to want to take an action or make a decision that the specialist worker thinks may be harmful to her, it is critical to hold fast to the objective of ensuring she can always return or call the service again no matter the outcome. This approach reiterates the importance of both the woman’s agency as a decision-maker and the accessibility of the service. Workers will attempt to respond to a woman’s thinking in a non-judgemental manner. To do this, workers say they “**ask** about her intentions, what’s the context?”, “**share** some of the information I am aware of”, “**talk it through**”, “**brainstorm**” other options, “**discuss** if there are other ways”, and “**listen** to the story”⁵ (emphasis added).

The crisis work is driven by “what [the women] want... The reason they ring us is not to yarn. It’s because they want help” (Case advocate, remote central Australia).

Table 1 Engagement postures of workers with women experiencing DFV

De-centred and influential	Centred and influential
Privileging the client’s voice, the client’s expertise is centred, and not presenting yourself as the expert. You are still having lots of influence in promoting change by providing information, support, ideas or strategies that help “scaffold” reflections and ways forward.	Coming from a position of having expertise in your area of knowledge and being able to provide knowledge, information, options and guidance in order to influence your client to make change. The expertise being offered is being influential in promoting change by providing information, support, ideas or strategies
De-centred and non-influential	Centred and non-influential
Privileging the client’s voice, the client’s expertise is centred, and not presenting yourself as the expert. The worker is not being influential; the process is not working for the client; the information, support, ideas, or strategies are not influencing any change.	Coming from a position of having expertise in your area of knowledge and being able to provide knowledge, information, options, and guidance. The expertise being offered is not being influential; the process is not working for the client, and is not influencing any change.

⁵ Aboriginal practices of deep listening are obviously very relevant here (see <http://nextwave.org.au/wp-content/uploads/Dadirri-Inner-Deep-Listening-M-R-Ungunmerr-Bauman-Refl.pdf>). We are grateful to an ANROWS anonymous reviewer for this reflection. Crisis responses that are trusted by Aboriginal women may rest upon the deep listening of the services’ workers before as well as after crisis situations.

Types of worker authority in advocacy practice

Advocacy in crisis situations stimulates specialist workers to adopt different types of authority in their practice: one emphasises “professional authority”, and the other is “experience authority”. Typically, **professional authority** is evidenced in the language of “telling” the woman or “explaining” or “expressing”. Workers may connect this language with reference to the professional context about their duty of care and the limits to the organisation’s confidentiality policy.⁶ Their language also draws on technical information a worker may need to impart in such situations: about system processes, reporting to police or child protection, hospital provision, and even research findings. This can be described as “expert over” language.

In the language of **experience authority**, workers commonly speak to the woman about their “worry” for her about the “possible repercussions”, “the risks”, and “possible outcomes”. This is a different type of expert positioning: more like “expert with” language. This expertise is the acquired knowledge of workers about the importance of maintaining an ongoing connection with the woman (perhaps her only empathetic one), and knowing the dangers that might come to her or to others, such as her children, in situations where an action or decision the woman wants to take is likely to be harmful to her. When confronted with this core tension between agency, choice, and context, advocacy practice is an active balancing of all elements using *both* types of authority.

There are different conversational tactics in this balancing exercise that workers may use. These involve “slow[ing] it down” and re-framing. These tactics may work together as workers might “go through other suggestions of actions” as well as “ask about her intentions in this” and “brainstorm to

see if there is another option that would suit her better in terms of safety while also meeting whatever needs (usually emotional or financial) she has that is putting her back into that harmful relationship”. Re-framing can happen in different ways. It is trying to “remain ethical, congruent, and transparent at all times” as a worker. But it is also using language such as “I can see how [you] came up with that decision from [your] perspective” and opening out language such as asking “if this would be advice she would give her best friend or daughter”.

Finally, workers try to leverage resources into the woman’s decision-making. **Safety planning** is one such resource (see practice guide 2), as is discussion of “any other ways the service can assist”, or identifying other options or alternatives to the risky decision or action.⁷ Another resource may be getting someone she knows well to talk with her. These are all tactics within a conversational dynamic.

Women’s choice and agency in advocacy practice

The emphasis on trying to ensure the woman understands she can contact a service again regardless of her decisions and action indicates that choice is not a final or static thing. These are engagements “often characterised by uncertainty and ambiguity” (Kelly & Meysen, 2016, p. 3). Workers may be able to “check back in a few days” with the woman over the phone, in person, or via text message. As advocates, they practice **assertive outreach** (see practice guide 3). In general, workers’ practice may be oriented to an ideal of empowerment. Yet advocates also work with wide and deep knowledge about how domestic and family violence works in women’s lives, and how vulnerable (or not) women actually are to life-threatening or severe violence. In these circumstances, being an “option-giver” may not be enough (Dunn & Powell-Williams, 2007, p. 992). Specialist workers try to work with a “side-by-side approach as much as possible”. However, “at times due to safety/crisis we may have to be directive; when women want more direction, being willing to offer this”. It is helpful, therefore, to see a woman as both victim and agent when working with her about the DFV.

⁶ Women’s specialist services are likely to have policies about client confidentiality. Most commonly these set out limits to confidentiality in circumstances where the client or a third person is at serious and imminent risk of harm either from another person or from self-harm. Services work under different legislative regimes that may oblige them to disclose aspects of a client’s personal information, in what circumstances, and to whom.

⁷ Of course, the notion of a “risky decision or action” needs also to be held up for critical examination. Does the woman identify her decision(s) as “risky”? How are these choices influenced and by whom? How might she be resisting “power over” in these choices?

Systems advocacy

It is through advocating for women in systems and advocating that systems change to support them that women's specialist DFV services amplify women's voices as individuals and as a group. Specialist DFV workers generally prefer to speak with other organisations if the woman has given permission for them to do so, and alternatively to encourage her to speak for herself. However, the circumstances of the violence can limit this:

I would like to encourage women to speak and call for themselves more but the women are often in crisis and are wanting/needing us to do things for them. They are tired and traumatised and desperate and feel unheard.⁸
(Service survey respondent)

The amplification of women's voice is particularly critical in systems advocacy with law enforcement, and legal systems including child protection. Violence creates crises that often require authoritative intervention, and legal systems hold potential for supporting women as rights-holders. At the same time, these systems are not known for being "victim-friendly". Specialist workers have the task of making sure individual women understand "the limitations" of legal system responses while their specialist organisation works, at another level, to improve those systems for all women. The work requires them to be "insiders" in knowing enough about others' systems and "outsiders" enough to maintain a constructively critical stance.

Key areas of tension in this inside/outside stance are found in the culture of interagency meetings and information sharing. In interagency meetings, where there is pressure to build mutually supportive responses and consensus, a culture can emerge that is unintentionally disrespectful of women or which underplay their adult capacities. Specialist services have a particular responsibility here to seek better protection for a woman and to protect her privacy, her interests, and her rights. The information to be shared needs to be risk relevant, situation specific, and time-limited.

If you're going to talk without women in the room, you've got to talk like they are in the room (Shelter manager, Central Australia).

The particular responsibilities of specialist services extend to helping the interagency collaboration to carefully consider

tensions that emerge around policy positions; for example, for favouring arrest in DFV situations, and concerns expressed at different times from victims/survivors for helping interventions for men.

Women lead whole lives with multiple intersecting relationships. Most of the time, their preferences and concerns are not either-or choices that are fixed. Women's specialist services work closely with a wide range of women in a wide range of circumstances. Helping craft public policies and system responses that work for women is a core challenge of advocacy for social justice.

On the issue of information sharing, specialist DFV workers are constantly in contact with government systems to get information for women—"we advocate for our clients everywhere" (Crisis worker, Canberra)—but they are also called upon to give information.⁹ The public policy pressure to share is significant (Jones, 2016). However, it requires specialist services to "hit pause" and ask some questions.

... information sharing is one of [the service] strengths – and it's in the context of ensuring women are safe. So they're not sharing information for the sake of gossiping, they're quite mindful of what information they're sharing and in what context, and I think that's a big thing for the women, Aboriginal women in this town in particular. Everybody seems to think they're open slather and everyone is entitled to know every skerrick of information about that person, and we're not (Shelter Board member, Central Australia).

The key point about specialist services being part of a coordinated response and sharing information is that it is not in itself protective or helpful; "it is what is done with information that can make a difference" (Kelly & Meyeson, 2016, p. 6).

⁸ Indeed, Aboriginal women are agents in knowing how and from whom to source these skills and which will have the motivation to undertake a particular task for her in particular ways.

Advocacy with and for Aboriginal women

Services working with and for Aboriginal women experiencing DFV say that they have learned from women that in circumstances of individual advocacy:

- Confidentiality is a big concern. It is very important to communicate upfront the policies that services have and how these interact with other organisations, whether government or Aboriginal community services. Discussions with women are likely to be detailed about what could or should be said, to whom, with what intent and possible consequence, and how ongoing advocacy with her may contribute to protecting her rights and interests as well as her safety. As far as possible, disclosures of personal information should be negotiated with and with consent from women.
- When women seek assistance in crisis situations and the assessment is that an external authority, such as the police, is required to intervene, it is important for advocates to understand immediacy, the specifics of the woman's context at that moment in time, and the resources and responsibilities the woman has around her.
- With police and other legal interventions, an understanding of a woman's specific context and the nuances she articulates are critical. Advocates will be key to taking those nuances forward into the systems and procedures, to help the woman achieve outcomes that are workable for her (Schuster & Proppen, 2011). Advocates need to make sure these nuances are reflected in the conditions in protection orders, bail, and in probation and parole orders. They will need to help her articulate the things she might want from a sentence following conviction. This also means maintaining follow-up communication over changes to her situation, so that conditions might be changed. These practices demonstrate that women have a right to be protected from violence and are also able to maintain the personal and family connections she hopes for.
- Advocates need to take extra care when talking with the woman about the safety and wellbeing of her children. Concerns about the intervention of child protection and experiences with out-of-home care touch deeply on histories of child removal. In general, advocacy practices seek to translate the nuances and realities of a woman's personal and family situation into large and unwieldy systems. Such advocacy practice should apply with child protection situations as in police and other legal interventions.

- Aboriginal women are often involved with a number of different large and intrusive systems and advocates play a crucial role in helping her navigate and negotiate their way through toward outcomes that help maximise the safety of her and her children, and which are workable. Helping in this manner requires advocates to be “on the front foot” as much as possible with high and complex caseloads in providing information and conveying their preferences and situations. Practical assistance that is client-centred and helpful are critical.

We sit with her every step of the way. If she tells us she wants to drop it, the next time we'll do the same thing all over again. Our support doesn't change. We haven't got any other way of helping women to be safe. (Crisis advocate, remote Central Australia)

Services working with and for Aboriginal women experiencing DFV say they have learned from women that what is important about systems advocacy is:

- The pervasiveness of victim-blaming undermines women's sense of self and hope for better futures for themselves, their children and their families. Sometimes it is the services standing up to give the consistent public message that “everyone has a right to live free from violence and abuse” that can help breakdown the feeling women get that she has to “put up with” the situation.
- It is important for women's specialist services to cultivate and maintain respectful liaison and collaboration where possible with other services working with and for Aboriginal social justice aims. These relations can sustain open learning and mutual support.
- Women's specialist services take the lead in advocating for large systems to become more responsive to Aboriginal and non-Aboriginal women seeking help for DFV. The tasks of individual advocates in their day-to-day interactions with these systems need to be backed by robust interagency procedures that are protective of women's safety but also of her privacy, her right to make choices about the way she lives her life, and her dignity as a rights-holding individual.
- Women's specialist services need to take the lead in asking questions about why, how, and when the sharing of women's personal information takes place. They also need to take the lead in prioritising informed consent procedures and practices are put in place and how these might work in crisis situations (Putt, Holder, & O'Leary, 2017).

⁹ Some jurisdictions have a legislative basis for how, when and what information can be shared in the context of DFV. The requirements of privacy legislation remain a touchstone.

Women's specialist services working with and for Aboriginal women facing DFV have learned that trust is hard won and needs work to be sustained. Public policy imperatives for interagency collaboration need to respect this priority.

Advocacy: working with agency, choice, and constraint

Individual and systems advocacy by women's specialist services does not oblige Aboriginal women coming to them for help to do any particular thing. Rather, the obligation is on services to establish trusting relationships that allow women to come back and forth for help when and how they need it. Underpinning this stance is a working assumption of women as both victim and agent. This stance recognises women's constrained circumstances and resources as well as women's personal and collective strengths.

Advocacy is not detached clinical practice (Parkinson, 2010). While specialist workers align themselves alongside survivors, (Davies & Lyon, 2014, p. 13) they also set boundaries, especially in crisis situations. These are not fixed but work in ways flexible to women's circumstances and the nature of the particular issue she has raised. At a day-to-day, person-by-person level, advocacy *in action* is working with women's agency in context.

The approach enables open and continuing discussion with the many ways in which choice in situations of DFV is constructed as well as constrained. The individual woman is not the only one in the picture whom advocates work with. Being a DFV advocate means letting go of solutions, of an end, and instead focusing on processes, journeys, and ways and means.

Advocates live with the contradictions and complexities of women's lives. The aspiration of advocacy is not to change the woman but to increase the availability, salience, accessibility, relevance, and meaningfulness of the community's resources to her.

Resources and sources

Davies, J., & Lyon, E. (2014). *Domestic Violence Advocacy: Complex Lives/Difficult Choices* (2nd edition). Thousand Oaks, CA: Sage.

Dunn, J., & Powell-Williams, M. (2007). "Everybody makes choices": victim advocates and the social construction of battered women's victimization and agency. *Violence Against Women*, 13(10), 977-1001.

Jones, C. (2016). *Sense and sensitivity: family law, family violence, and confidentiality*. Women's Legal Service NSW, Sydney.

Kelly, L., & Meysen, T. (2016). *Transnational foundations for ethical practice in interventions against violence against women and child abuse*. London: Cultural Encounters in Interventions against Violence Project.

Kelly, L., Sharp, N., & Klein, R. (2014). *Finding the costs of freedom: how women and children rebuild their lives after domestic violence*. London: Solace Women's Aid.

Knitzer, J. (1976). Child advocacy: a perspective. *American Journal of Orthopsychiatry*, 46(2), April 1976, 200-216.

Parkinson, D. (2010). Supporting victims through the legal process: the role of sexual assault services. *ACSSA Wrap No.8*. Melbourne: Australian Centre for the Study of Sexual Assault.

Putt, J., Holder, R., & O'Leary, C. (2016). *Women's Specialist Domestic and Family Violence Services: Their Responses and Practices with and for Aboriginal Women: Final report* (ANROWS Horizons 01/2017). Sydney: ANROWS.

Schuster, M., & Proppen, A. (2011). *Victim Advocacy in the Courtroom: Persuasive Practices in Domestic Violence and Child Protection Cases*. Boston, MA: Northeastern University Press.

White, M. (2005). Workshop Notes. Dulwich Centre, Adelaide. Available at <https://www.dulwichcentre.com.au/michael-white-workshop-notes.pdf>

Prepared by

Dr Robyn Holder, Griffith Criminology Institute, Griffith University

Dr Judy Putt, School of Behavioural, Cognitive, and Social Sciences, University of New England

Ms Cath O'Leary, School of Behavioural, Cognitive, and Social Sciences, University of New England

Prepared as part of the Australia's National Research Organisation for Women's Safety-funded research project "Advocacy for safety and empowerment: good practice and innovative approaches with Indigenous women experiencing domestic and family violence in remote and regional Australia".

This material was produced with funding from the Australian Government and the Australian state and territory governments. Australia's National Research Organisation for Women's Safety (ANROWS) gratefully acknowledges the financial and other support it has received from these governments, without which this work would not have been possible. The findings and views reported in this paper are those of the authors and cannot be attributed to the Australian Government, or any Australian state or territory government.

Acknowledgement of Country

ANROWS acknowledges the traditional owners of the land across Australia on which we work and live. We pay our respects to Aboriginal and Torres Strait Islander elders past, present and future; and we value Aboriginal and Torres Strait Islander history, culture and knowledge.

©ANROWS 2017

Authors' acknowledgement

The partners in the research and the development of these guides were the Alice Springs Women's Shelter (NT), the Domestic Violence Crisis Service (ACT) and the Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) Women's Council (NT/SA/WA). We gratefully acknowledge these partners additional feedback on the guide, and the generous comments and suggestions from ANROWS anonymous reviewers