

Counselling for Change

Evolutionary Trends in Counselling Services for Women Who are Abused and for Their Children in Canada

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December 1990

Findings and opinions expressed are those of the investigators and not necessarily those of Health and Welfare Canada.

Cat. H72-21/77-1992E
ISBN 0-662-19909-X



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Introduction

Too Few Services, Too Little Support

In 1990, *The Globe and Mail* reported that "battered women in Canada rarely seek treatment, but cry out for emotional support."¹ The author, quoting from two federal government surveys, the General Social Survey of 1987 and the Canadian Urban Victimization Survey of 1982,² revealed that while 80 percent of the victims of wife assault said that emotional or psychological counselling should be available to them, only 20 percent received such support.

The dearth of counselling services for women who have been abused by their current or former husbands or intimate partners, and the failure of many of the services to meet the needs of the women who seek help, have been well documented over the past decade.³

Mainstream Counselling Criticized

Mainstream treatment approaches used in social service or health agencies and by private medical, psychological and social work practitioners have been attacked for blaming the woman. Looking for weaknesses or pathologies within the woman to explain the violence, minimizing or ignoring the responsibility of the violent partner for his actions, and overlooking the social values and institutions that condone violence against women and children have been primary criticisms. Such approaches have also been criticized for the failure to understand the seriousness of the violence and the continued danger many abused women experience, even after separation or divorce from the violent partner. In addition, they have been denounced for placing the unity of the family before the safety and well-being of the woman and her children, and for the failure to recognize that the traditional family structure,

with its emphasis on the man as head of the family, supports a power imbalance between men and women, which reinforces abuse.

Transition Houses

Dissatisfaction with mainstream counselling and treatment approaches has contributed to a groundswell of grassroots counselling alternatives, provided primarily through transition houses for battered women and their children. These services have grown from efforts to respond to women's experiences and realities, and are rooted in the need for social change.

Despite the rapid growth of transition houses since the early 1980s, shelter workers remain frustrated by the reality that there are still too few services for too many women. Transition house workers are vocal about the lack of recognition and funding for their counselling services, and lobby for more outreach and follow-up counselling services. They and other women's advocates argue that, despite efforts to provide much-needed emotional and practical support, shelter-based counsellors cannot provide the level and scope of response required, given the tentative level of current societal support.

Many mainstream counsellors have been sceptical of the ability of transition house workers to provide meaningful counselling for women who are battered and have argued that shelter workers are not therapists. The generally low level of financial support for shelter-based and other grassroots counselling partially reflects this view.

Clinicians have criticized transition house workers for their lack of training and professionalism, and have queried the effectiveness of counselling in a crisis setting determined generally by the length of time a woman stays in the shelter. They have suggested that the feminist approach of many shelters does not respond to the needs and wishes of many women, and have argued that the well-being of women is often treated as secondary to the goal of lobbying for political change.

Counselling for the Children

The debates and questions that have surrounded traditional and shelter-based counselling for battered women have intensified as knowledge has increased about the effects on children living in a home where the mother is abused. Work coming initially out of London, Ontario, through the efforts of women leaving the shelter there, and developed by Jaffe, Wolfe and

¹ *The Globe and Mail*, National Edition (May 14, 1990): A10.

² Reports on the General Social Survey are available through Statistics Canada; bulletins summarizing the findings of the Canadian Urban Victimization Survey are available through the Ministry of the Solicitor General of Canada.

³ For a brief summary of these criticisms, see Health and Welfare Canada, *Family Violence: A Review of Theoretical and Clinical Literature* (Ottawa, March 1989): 18,49.

Wilson,⁴ and Deborah Sinclair,⁵ has reminded concerned people that helping the mother and reducing the violence will also help her children. In addition, this work has raised the level of concern regarding the costs of *not* providing effective, responsive counselling and has stimulated interest in counselling services for children who live with violence in their homes.

Counselling for Prevention and Change

The growing interest in counselling for children, combined with frustration among mainstream and grassroots counsellors at the inability of their approaches to meet the broad range of needs, has stimulated widespread questioning about the most effective approach to counselling abused women and children. This has led to exploration of the different types of counselling available and a growing willingness among counsellors from different work settings, professions, occupations and sectors to confer with and learn from one another.

The result has been an increased convergence of approaches to counselling. Mainstream and grassroots counsellors are sharing knowledge and showing growing respect for the principles and wisdom that each has developed.

For example, feminist counselling principles are espoused by a growing number of mainstream counsellors. Many psychologists and social workers, transition house workers and other grassroots counsellors are demonstrating a strong commitment to responding to the needs of battered women and their children. Increasingly, counselling is seen as a vital part of any attempt to prevent violence against women and children in our society. The goal to pursue counselling for individual, community and societal change has influenced a wide variety of counselling programs across Canada.

Similarly, grassroots counsellors are showing more receptivity to approaches that ensure the needs of the children, the abusive partner and the abused woman are addressed in separate but related counselling programs.

Purpose and Approach of the Monograph

This monograph attempts to trace the convergence in counselling approaches across disciplines, world views and places of work, and to help communicate the insights emerging through the current search for more effective counselling approaches. It examines some current trends in counselling for battered women and their children, describes some programs that reflect this convergence and highlights some issues challenging counsellors concerned with meeting the needs of these women and children.

This paper reflects the questioning mood regarding counselling that exists across the country. Many counsellors and counselling programs in Canada are in a state of creative exploration and change. The ideas and directions presented are pronounced trends, but they are not representative of all counselling. Many of the ideals and principles identified are increasingly embraced by counsellors from disparate backgrounds in theory, but may not always be translated effectively into practice.

Method

The information for this monograph was obtained primarily through interviews with counsellors working in 60 different programs, services or settings and with battered women and their children. The counselling programs were chosen through an informal "snowball" sampling technique, in which a small number of counsellors were contacted who, in turn, suggested other contacts. The initial contacts were identified by the author and staff of the National Clearinghouse on Family Violence, in predetermined locations which the author was visiting over a two-month period as part of a speaking tour. An effort was made to identify programs in a variety of mainstream and grassroots settings. People working in social service and health agencies, women providing counselling in transition houses, men and women working in other grassroots services, and a few counsellors providing therapy and support through private practice were interviewed.

⁴ For example, refer to Peter G. Jaffe, David A. Wolfe, and Susan Kaye Wilson, *Children of Battered Women*, (Newbury Park, Calif.: Sage Publications, 1990).

⁵ Deborah Sinclair, *Understanding Wife Assault: A Training Manual for Counsellors and Advocates* (Toronto: Ontario Ministry of Community and Social Services, 1985).

Scope

This study is not intended to be an exhaustive survey of all counselling programs across the country, nor is it intended to be a comprehensive critical analysis of counselling programs. The report scans the different counselling programs currently available, and summarizes the trends in counselling as reported by the 60 people interviewed who work as counsellors. An attempt was made, within time and geographic constraints, to be as complete as possible in the *types* of programs identified through the interviews. The reader should be aware that the programs highlighted are intended to be *examples only* of a few of the approaches identified. The services described were chosen to communicate the wide variety of programs in existence, to demonstrate the range of programs across the country, and above all to document the growing convergence in principles and approaches between mainstream and grassroots services.

Within these parameters, we excluded counselling services targeted at immigrant or Aboriginal women. This decision was made jointly by the author and the National Clearinghouse on Family Violence, since the Clearinghouse has recently prepared a paper on services for immigrant and refugee women and another for Native women. These monographs go beyond the scope of this paper, to discuss not only the existence of services aimed at these groups of women, but also to elaborate on the range of problems concerning the appropriateness and sensitivity of mainstream counselling and other services for visible and cultural minority women.

Contacts listed in Appendix I may be used to learn more about the full range of programs identified and surveyed for this report.

Readers should also be aware that, given the current uncertainty of funding for many counselling programs across Canada, some of the programs described may not be in existence when this report is published. The author, in conjunction with staff at the National Clearinghouse on Family Violence, decided to include innovative programs even when they were at risk of being discontinued. This decision reflects the importance of sharing knowledge about these approaches in the hope that the excellent ideas given life in these programs will be recreated in other locations.

Terminology

Throughout this paper, the terms "mainstream" and "grassroots" will be used to distinguish between counselling approaches that grew primarily out of psychology, psychiatry and social work, and those that arose mainly from community-based grassroots organizations like transition houses. Certainly, these terms mask the infinite variations within each major category, especially with the increased convergence in principles and approaches across disciplines and world views, and at a time when more social workers and psychologists are working in grassroots agencies. They are used only to help explain the points raised in this report.

Follow-Up

If you are involved in a counselling program for women who are battered or for their children and you were not interviewed for this report, the Clearinghouse would like to learn more about your program. You can help continue information sharing on this important topic by alerting the Clearinghouse about additional counselling trends and issues that have not been identified here.⁷

⁶ For further information on these monographs on services for immigrant and refugee women and for Native women, contact: National Clearinghouse on Family Violence, Health and Welfare Canada, Ottawa, Ont., K1A 1B5 or call 1-800-267-1291.

⁷ Contact: National Clearinghouse on Family Violence, Health and Welfare Canada, Ottawa, Ont. K1A 1B5, or call: 1-800-267-1291.

Trends in Counselling

The ideas summarized below are not new. Several pioneers in the area of counselling⁸ have for a decade or more worked with women and sometimes with their children in ways which build on the constellation of principles and ideas described in this paper. What *is* new, however, is the extent to which these principles are now shared by a large number of counsellors from disparate backgrounds and disciplines. What *is* also new and exciting is the growing respect for different perspectives that this sharing of ideas indicates. Above all, what *is* important is the increased validation of the perspectives, needs and realities of women who are abused.

Needs of Women

The most significant trend in counselling for battered women is probably an increased concern with the needs and realities of the women as understood and expressed by women who are or have been battered. In part, this trend reflects the growing respect that transition house workers, as well as other feminist counsellors and their women-centred perspectives, have commanded in recent years. It also may reflect the considerable increase in society's awareness of the prevalence of wife battering, and the resulting increase in disclosure of abuse by women and identification of abuse by counsellors.

No attempt was made to collect firm statistics on the number of women who are seen by all counselling services interviewed for this project. However, the counsellors interviewed who work in mainstream services not devoted *exclusively* to battered women estimated that at least 30 percent and in some programs up to 90 percent of the women they see have been battered. Many noted that once they became sensitive to the existence of violence and began to probe for histories of violence with their clients, the number of women who spoke of violence in their lives was far beyond their suppositions.

Women who are battered need emotional, social and practical support. Studies have identified a wide range of needs, including: physical protection; validation of a woman's perceptions and realities; honest, realistic, consistent and complete information to help her make informed decisions; empowerment to get on with her life; the need to be treated justly; and sufficient financial independence to allow access to a variety of justice, counselling and support options.⁹

Several people interviewed stressed that responding to a woman's needs is not an easy task. Even sensitive counsellors must face the difficulty of first identifying the woman's primary needs before proceeding with counselling. Unless this identification is successful, the effectiveness of the entire counselling process is in jeopardy. For example, if a woman's immediate needs include resolving practical problems with money and housing, and these needs are not met, her ability to deal with deeper emotional and social needs may be blocked.

Practical Problem Solving

Historically, recognition of such practical realities has not been a focus for many counsellors in mainstream services. Today, this appears to be changing. Counsellors interviewed stressed the importance of "working on the woman's life conditions". One hospital social worker defined counselling as "anything that can help strengthen and empower women". Several people spoke of their increased focus on giving women referrals and ideas to help them deal with safety, legal, financial, housing and health concerns. Mainstream as well as grassroots counsellors also spoke of their use of problem-solving approaches to support women in their attempts to deal with the practical dimensions of their lives. This approach mirrors that taken by most transition house workers. Problem solving at a basic, living level has always been an integral part of the approach taken by shelter workers. By making women a part of the day-to-day meal preparation and routine of the shelter, transition house workers try to help women gain self-confidence and skills.

⁸ See, for examples, note 5 above.

⁹ This list of needs was taken from: Linda MacLeod and Cheryl Picard, *Toward a More Effective Criminal Justice Response to Wife Assault: Exploring the Limits and Potential of Effective Intervention* (Ottawa: Department of Justice, 1990).

Sharing Experiences

The widespread decision among counsellors to focus more on the broad spectrum of women's needs, including practical ones, has been accompanied by an increased acknowledgement among counsellors of the importance of dealing with a wide range of emotions and needs. For example, mainstream counsellors are more open to the use of disclosure by counsellors to women concerning violence in their own lives to reassure women that they are not alone. At the same time, many grassroots counsellors are more willing to talk about the full range of women's feelings toward their partners, including feelings of love in relationships that also include violence. Among all types of counsellors, there is a move away from speaking about *the abusive situation*, or even *the violence* as an entity in itself, since there is now a more general acknowledgement that *the violence* is intertwined with other aspects of the woman's experiences and concerns.

Respecting Strengths

By focusing much more on women's realities, needs and practical problems, mainstream counsellors are moving away from counselling models in which they represent an authority figure. Respondents to this study commented that such approaches can foster the dependency of the woman on the counsellor, or can stimulate resistance to counselling in some women. Counsellors are increasingly concerned that communication within the counselling setting is non-competitive, non-controlling and non-interrupting. One counsellor in a mental health service suggested that counsellors need to look at issues of power in battering situations, but also in the counselling relationship and in society generally. As she expressed it: "Power over' is an issue that is endemic to problems in our society. It can easily become a dynamic in the counselling relationship." One social worker described her role as helping women to recognize their own strengths, to trust their own feelings and to take some responsibility for self-protection. Many counsellors spoke of working with the women on self-esteem and autonomy to help augment women's strengths. Others stressed that they work to increase women's strengths to try to help improve their self-esteem.

Individual Healing

Increased efforts to validate women's experiences through counselling is also reflected in a stronger interest among both mainstream and grassroots counsellors in encouraging individual healing processes. Counsellors spoke of attempts within their agencies to ensure that a model of treatment, or a model of *wellness*, was not simply imposed on the women. One transition house worker elaborated: "We ask women to learn to

live a violence-free life, but within this goal, we try not to impose expectations of how such a life should be lived." Another counsellor said:

We really build respect for a person's survival skills into our program. We do not stress that they should leave home. We don't press women or children to talk about the violence until they are ready to talk about it. We feel that the way they have learned to talk about their experiences and the way they deal with the violence is part of their survival skill package. We respect that learning, and help women and children extend it to reduce the violence in their lives.

In this vein, counsellors are also building more individualized approaches to counselling, by broadening the focus of their services to embrace methods that deal with the physical, emotional, social, intellectual and spiritual dimensions of life experiences. Several people interviewed spoke of the fragmenting effect of violence, and the emphasis in their programs on helping the woman reclaim the parts of her life that have been lost or made invisible. More generally, counsellors seem to be moving toward less structured, more eclectic approaches that encourage openness and responsiveness to the unique situation of each person.

Some people interviewed stressed that this approach raises many complex issues that must be questioned. They suggested, for example, that by taking a non-directive approach, and by assuming that women will ultimately heal themselves if their strengths are supported and encouraged, counsellors are placing women who are already at risk in greater danger, and may once again be putting responsibility for both the victimization and the search for solutions to stop the violence squarely on the shoulders of women who are abused.

Shared Responsibility

With the increased recognition of women's strengths and the respect for women's practical needs and realities has come an increased expectation among counsellors that women take responsibility for their choices and actions.

As part of this trend, more counsellors are exploring ways to look at how women can be helped to deal with the guilt, remorse and confusion they may feel around controlling or destructive behaviour they have used in their own lives, particularly in the relationship in which they were battered, *without negating or minimizing the important message that the violent partner is responsible for his violence*. Counsellors are concerned that this focus must in no way give women the message that "they

deserved to be hit". Instead, this focus is intended as a way to free women to deal with the full range of their emotions and experiences; to give women a broader way of relating to their actions and feelings, instead of trapping them in expectations that they should act like the perfect victim, or they will not be worthy of help; and to give women a positive and active goal to work toward some self-change, rather than accepting the passive role of waiting for the man to change.

A growing number of counsellors are concerned that women have taken the major responsibility in our society for stopping the violence, by creating transition houses and by doing the bulk of public education on the issue. Some people interviewed suggested that the issue of shared responsibility must extend to the search for solutions, not only in individual lives, but at the broader community and societal level. Several women and men felt that as a society, we must look for ways to involve men more centrally in our planning and implementation efforts, to prevent violence and to increase respect for women and children.

Reaching Out

In recent years, counselling that dealt with all family members was often criticized, particularly by shelter and other grassroots workers, for negating the rights, safety and experiences of individual women and children *in order to preserve the family*, no matter how violent and destructive. Today, many counsellors who are not family therapists try to involve all family members in the counselling process. However, there is also a strong appreciation of the unique needs, safety concerns, expectations and history of each person involved. Although some family therapists continue to deal with families as a whole, even when there is violence, more counsellors are choosing to deal with the family members separately, and only then to look at the changing family structure and dynamics. An increasingly familiar approach of choice is one in which the counsellor attempts to ensure that each family member receives counselling, often by different counsellors in different organizations during the same time span. Men, for example, are often sent to groups run specifically for men who batter. Only after each individual has progressed in the healing process, and only if each member is willing to take part in counselling with the other family members, are they brought together to explore the changed dynamics and viability of the family. Within this more current version of family-oriented therapy, the decision of some family members not to live together can be respected, and the individuals involved can be helped to adjust to a reconstituted family structure and dynamic.

The trend among counsellors to consider all members of the family in the healing process has strengthened the focus on children who live in homes where the woman is battered, whether or not the children are themselves physically or sexually abused. It has led to a recognition of the continued importance of the parents to their children, even when one or both parents are violent. In child protection programs, service providers are increasingly attempting to involve the parents, so that the parents will be encouraged to take responsibility both for their violence and for the prevention of future violence.

This trend has also increased the emphasis among counsellors for men to take responsibility for their violence, as well as on longer term work to help some men who are abusive deal with their own victimization through sexual, physical or emotional abuse in their childhoods.

Three notes of caution were sounded regarding the trend toward focusing on all family members individually: (1) although this approach does address the prevention of future violence, it is costly and therefore could be replaced by a more traditional family counselling approach; (2) because the value placed on intact *traditional* families is still strong, this value may erode the growing commitment to an approach that focuses more on the individuals in the family than on the family itself; and (3) some respondents cautioned that while concern with the victimization experienced by many abusive men may be crucial if future violence is to be prevented, this focus can implicate counsellors in unwittingly colluding with the abusive man, by seeing him as the real victim.

Overlapping Violence

As counsellors increasingly consider or deal with all family members through their programs, there has been a profound growth in recognition of the coexistence of different forms of violence. Many counsellors said they have begun to see adult survivors of child sexual abuse as well as child victims and battered women, because they have found that when one form of violence exists, at least one other type of violence is often part of the individual's life experience. Counsellors who deal with more than one form of violence frequently stressed the importance of looking at the whole range of violence in order to understand the violence as the woman or children understand it. However, many counsellors stressed that the immediate risk to the woman and children, and their safety must be the first priority of any intervenor.

A new respect for a variety of family structures has led counsellors to focus more on the loneliness of the women and children they see. Services available for women who have been battered are increasingly trying to help them reconstruct a social network, because abused women are often isolated, and with a personal change in life situation also comes a change of friends and relationships. There is a growing interest, within this concern with the social and community dynamics in a person's life, in long-term follow-up to integrate counselling and practical problem-solving skills into a more meaningful life process.

Encouraging Self-Help

The emphasis on shared responsibility, the strength of the women and reintegrating women into the community all point logically to the strengthening emphasis on facilitated self-help groups. Most people interviewed thought that groups with no facilitation were rarely successful, primarily because those involved may be experiencing crises that make the organizational tasks involved in forming and running a group difficult or impossible. Where counsellors had set up self-help groups with trained facilitators, they stressed that the facilitators were present as participants and organizational assistants, not as leaders.

Self-help groups were rarely seen as the ideal form of initial counselling. Instead, self-help groups were seen as an important component of a counselling process that would probably include individual or group support involving a trained counsellor. The self-help component, respondents generally agreed, could provide ongoing support for the woman and her children to make personal growth a continuous component of her life experience, as long as these groups had some facilitation.

The apparent movement toward self-help groups is accompanied by an increased acceptance among service providers interested in reducing violence that an education orientation in which women communicate their knowledge of violence from direct experience is essential for effectiveness.

While some argue that facilitator-run self-help groups are really support groups with a new name, others stress that the emphasis on self-help contributes to the empowerment of women, whether or not the groups are very different in form.

Overview of Trends

The trends summarized previously reveal an interesting marriage between mainstream forms of counselling and the grassroots feminist approach most common in transition house counselling. Counselling approaches generally seem to be adopting feminist principles of autonomy, empowerment and the need to provide protection and practical support. At the same time, the stress of many mainstream counsellors on the importance of seeing the individual in the context of the family, and in discovering deeper links between childhood and current experiences of violence and violation, is influencing counselling within the voluntary sector.

A few of the counselling approaches that reflect this growing convergence are highlighted in the next section of this report.

Integrated Approaches to Counselling

Transition Houses

Transition houses probably provide the largest number of counselling services explicitly for battered women. Although variations exist in the approaches that different shelters take to counselling, the examples below are typical of the shelter approach to counselling. Although this approach is not innovative in the sense that most shelters have adopted and developed a peer counselling model since they first appeared in Canada, it has always represented a significant alternative to mainstream counselling for abused women. As a result, no description of innovative counselling would be complete without examples of shelter-based counselling programs.

Sheriff King Home

Counselling at the Sheriff King Home in Calgary is based on an eclectic model. A variety of counselling options, some more formal than others, are available to each woman who stays at the shelter. The counselling approach is rooted in a feminist, egalitarian philosophy of women helping women. Although the counsellors are all professionals, they attempt to make the women feel as comfortable as possible with themselves and within the shelter. A structured client-therapist model is avoided.

Each woman sees a crisis counsellor when she first comes to the shelter. The counsellor tries to determine the woman's major issues, reassure her and make her feel as safe and comfortable as she can.

The counselling staff is divided into two teams with a senior counsellor on each team. There are two counsellors on every day shift; one on the overnight shift. Initially, the counsellor on shift will see a woman when she comes in. As time goes on, the woman may choose a counsellor she feels more comfortable with and arrange individual counselling with her. However, all counsellors are kept aware of each woman's situation and are available to all of the women.

The crisis counsellors have either BSW degrees or diplomas in social work, as well as extensive experience in the field of family violence.

Two support groups are run during the day and two in the evening. The evening groups use outside facilitators, and have a specific focus. For example, one group is for adult children of alcoholics or dysfunctional families. The residents are encouraged to attend a group, but it is not mandatory.

In addition to these groups, all counsellors are available for individual counselling. If a woman wants to talk with a counsellor, she simply has to come to the worker's office or approach a counsellor who will spend some time with her.

As well as formal individual counselling, much informal group work takes place around the dining room table. Shelter staff may share information with the residents about their own lives and families, and residents share stories about their own children, relationships and hopes.

Counselling at the shelter is an opportunity to support and empower women. As one worker said: "We want the women to know that we are really here for them. We want them to know we are human. But we never promise to work miracles. We never say we will fix their lives." Counsellors attempt to supply the residents with the information and tools needed to make changes in their lives.

Contact: Naida Maher, Program Manager
YW-Sheriff King Home
Calgary, Alberta
T2G 0E5
(403) 226-0707 (crisis line)

Anderson House

Much of the counselling at Anderson House in Charlottetown is similar to that described above, with two major differences which make it unique among shelter-based counselling services.

First, Anderson House is a transition house which is linked to a second-stage shelter, where women can stay up to a year after they have left the transition house. The same counsellor runs a group in the crisis shelter and in the second-stage shelter. Therefore, although the groups are not continuous for women who move from the transition house to the second-stage shelter, a certain amount of consistency and continuity helps strengthen the degree of trust and openness in the group.

Second, the counsellor makes art a major part of the counselling experience. She explains that "I use art to help women express their feelings. Not all the women in the group can read and write. Many of them are not comfortable being verbal. Art helps them express what is in their souls."

The transition house group is an open group, both temporally and in terms of its membership. It is open to any woman in the community, but it tends to be primarily for women who have stayed at the transition house and who have been on their own for some time. The second-stage group is a closed group that runs for 10 weeks at a time. The purpose of closing the group is to encourage the building of trust.

This group, like most shelter-based groups, is rooted in the belief that women can heal themselves and that women have enormous inner strength that simply needs to be tapped and encouraged. As Shirley Limbert, the group facilitator for Anderson House, said: "I'm amazed by the women I've worked with...they can do it for themselves...it's not so much counselling that they need. They just need a little direction to bring out the wisdom they have within themselves."

Contact: Shirley Limbert
Anderson House, Box 964
Charlottetown, Prince Edward Island
C1A 7M4
(902) 368-8658 (business) or
(902) 892-0960 (crisis line,
toll-free within P.E.I.)

Non-Residential Support

Battered Women's Support Services

Battered Women's Support Services in Vancouver was founded in 1979 to promote a range of services to battered women and to provide educational resources on the issue. The service provides information, referral and support to battered women and to those who work with and for them; helps them understand the justice system; sponsors support groups; and provides educational programs and materials on battering for community groups, schools, professionals and the general public across British Columbia.

This approach to support does not separate counselling from advocacy, social change, education and practical assistance or referral in its goals. All are seen as intertwined in the attempt to reduce and prevent violence. Counsellors will meet with women on a limited one-to-one basis. In addition, the service sponsors support groups for women who are or have been battered. The groups include ongoing drop-in groups and more structured 10-week groups at various locations in the

greater Vancouver area. They are open to all women whether or not they are still living in their relationships. Six to eight women participate in the groups, which have two facilitators from the Battered Women's Support Services. The purpose of the groups is to provide emotional support to the women involved and to offer practical assistance to help them cope with their situations.

Contact: Battered Women's Support Services
P.O. Box 1098, Station A
757 West Hastings
Vancouver, British Columbia
V6C 2T1
(604) 687-1868 (business line)
(604) 687-1867 (counselling line)

London Battered Women's Advocacy Clinic Inc.

The London Battered Women's Advocacy Clinic is another multifaceted community-based support service with goals and mandates much broader than counselling. The objectives of the London program are: to reduce the number of times women are assaulted before they use community agencies and professionals or the criminal justice system; to intervene in the cycle of violence within the family to reduce the number, frequency and severity of assaults; and to provide specialized services to victims of abuse as part of the integrated community response to family violence, through active participation in the community referral network. Other aims include increasing public and professional awareness and understanding of the complex problem of family violence, with a view to prevention as well as effective intervention, and monitoring the characteristics and requirements of the specific population being served, so as to enhance service delivery and preventive measures.

Within this larger goal, the clinic hopes to support individual women by reducing their anxiety and depression by adopting a proactive response to the violence, reducing their dependency through improved decision-making and problem-solving skills, and increasing self-esteem by encouraging women to recognize and build upon their own strengths and successes. It also provides support by encouraging the expression and appropriate release of anger and hostility, and relieving the isolation that characterizes the battering situation.

When a woman first comes to the clinic, she is helped to articulate her expectations, needs and wishes, and contracts with the service for counselling, advocacy and legal information. The clinic provides interim supportive counselling using a feminist perspective. Women are helped to understand the social context that tends to

foster the oppression of women, and to build up self-help skills to deal with the anxiety, depression, dependency, low self-esteem, anger, hostility and isolation that hamper self-determination and personal empowerment. The counsellor works with the woman to devise a personal plan of action, which may include working within the criminal justice system, seeking assistance from relevant community agencies and accepting referrals to appropriate professionals. The counsellor does not make these contacts for her, but helps her to take responsibility and make decisions about her various options based on the information provided.

In addition, women who could benefit from support groups are encouraged to join group counselling sessions. Groups are begun at regular intervals, with one counsellor for every five women for 10 two-hour sessions. In the group, women explore the issues of battering together to understand better the patterns of violence and to help one another deal effectively with feelings and practical problems.

Contact: The London Battered Women's
Advocacy Centre
P.O. Box 43029
11 Baseline Road East
London, Ontario
N6C 6A2
(519) 432-2204

Feminist-based Counselling

A growing number of social workers and psychologists are adopting feminist-based ways of responding to battered women and integrating feminist approaches with other mainstream counselling methods. The intervention approach described here was chosen because it is a generic intervention model for social workers, based on 10 years of research in which Ginette Larouche explored the dynamics of abuse from the women's point of view, tested the model with social workers and taught the model to 400 intervenors in the social services system, as well as to students (with at least 10 years of counselling experience) attending the University of Montreal in social work.

Generic Intervention Model

This mode of intervention takes its inspiration from feminist therapy, but uses a variety of techniques based on behaviourist methods. "By combining these approaches, the intervention process provides help that takes into account both the individual needs and the environment-centred needs of the client. The battered woman is seen as a victim who has the power and the capacity to act. She can, accordingly, learn to have control over her life. The problem of abused women is not

approached as an intrapsychic difficulty but as a situation consequent to social learning deficits associated with the passive behaviour linked to feminine stereotypes. The battering problem is, therefore, an environment-centred problem to the extent that formal and informal social sanctions tend to reinforce the abuse of women."¹⁰

The intervention model is built on three background principles.

1. *Concrete Action:* The intervention must be based on concrete action to be taken and also offer practical helping resources.
2. *Consultation:* The intervention must respect the consultation process with the client, and respect and centre on the experiences, feelings and needs she communicates.
3. *Equality:* The intervention must respect individual rights and women's equality.

In addition, the intervenor must be personally sensitized to the situation and must recognize that she or he may also have learned the same behaviours and patterns as the woman who is battered.

The intervention is made up of three major components.

The Violence Impact Interview: During this interview, the counsellor responds to the woman's initial reaction of shock or "disequilibrium" after a battering incident, through "distress work" which attends to her affective state and her concrete needs for personal safety, and through "decision work" which focuses on whether or not she will leave her abusive partner for a separation period.

Short-term Therapy: "Short-term intervention begins with the first interview after the acute battering incident crisis interview and usually takes six to eight sessions. The sessions should be close together and should be based on the victim's expressed needs. Short-term intervention meets crisis needs and promotes the first changes."¹¹ However, because the woman has not yet completely absorbed the emotional experience of the violence, and given that the amount of time involved is very short, in most cases a longer-term maintenance process is required.

¹⁰ Ginette LaRouche, *A Guide to Intervention with Battered Women* (Montreal: Corp. professionnelle des travailleurs sociaux, 1986): 26.

¹¹ LaRouche: 64.

Post-crisis Intervention: "Post-crisis intervention continues to build on the work done in short-term therapy. The battered women continues to work toward independence by acquiring assertive behaviour. She makes personal progress by letting herself feel anger and expressing it positively. She regains control of her life by regaining control of her body and gaining knowledge of her violent experience. The process helps to continue to build her self-esteem and overcome the difficulties inherent in her experience of violence."¹²

Therapy in this stage is organized around a renewable contract. It begins with 10 sessions, after which the practitioner and the woman decide whether to sign another contract, to end therapy or to let the woman continue on her own for a specified period. If she began with an individual contract, she can replace it with a contract for group therapy.

In this model of intervention, the man and the woman are counselled separately. In fact, no communication is possible between the partners when one of them is frightened. The overall goal of the approach is to reduce violence and to enable the woman to choose for herself.

Contact: Ginette LaRouche
Centre de services sociaux du
Montréal-métropolitain
1001 est, rue Maisonneuve
Montréal, Québec
H2L 4R5
(514) 527-7261

Self-Help Network

Women Plus

Women Plus is a four-year-old non-profit society which helps organize a number of self-help programs in Calgary. It facilitates women's participation in growth circles; it helps organize peer telephone support; and it encourages one-to-one sponsorship by matching women with other women who have been out of abusive relationships for some time and can actively support others. In addition to this self-help facilitation function, it arranges back-up crisis counselling and referrals by professional counsellors, and provides telephone and outreach services to women leaving short-term crisis shelters and to others who are in crisis and need immediate support.

Growth circles begin when enough women are interested in becoming involved who can be matched as a cohesive group. It is believed that women should ideally participate in a growth circle in their community with those who are at the same life-stage and at the same level of growth. A group of six to eight women is considered ideal.

Growth circles are co-led by a volunteer professional facilitator and a woman who has been through a battering experience. Groups continue for 10 weeks; the members then assess whether they want to continue.

Women Plus tends to serve a slightly older clientele than the transition houses. The women who are attracted to this service are mainly between 30 and 50 years of age. The goal of Women Plus is to help women make choices, take back their power and realize they can make mistakes.

Women Plus has taken an important step in building the viability of self-help groups. Typically, self-help groups start well, but dissolve in a few weeks because none of the members has the time or organizational skills to ensure its survival. Women Plus demonstrates that with some facilitation, self-help groups can become a vital part of the counselling continuum and offer support to a group of women not well served through transition house counselling or through mainstream services.

Contact: Magda Mallory or Pat Lawrence
25, 380 Bermuda Drive N.W.
Calgary, Alberta
T3K 2B2
(403) 295-8524

Facilitator-Led Groups

ALTERNATIVES

This program is a guided self-help group for partners of men who are registered in ALTERNATIVES: An Accountable/Advocacy Training Program for Men Who are Violent to Their Partners. The ALTERNATIVES Program is funded by Saskatchewan Health through the Saskatoon Mental Health Clinic.

Each man registered with ALTERNATIVES must provide his partner's name and address. A letter is sent to the woman informing her of the intent and limitations of the re-education classes for men, and advising her of community resources available to women who are in abusive relationships. The men's partners are also invited to attend a weekly support and education group guided by the co-facilitators of the men's classes (one man, one woman). The group is organized on a drop-in basis.

¹² Ibid: 86.

The facilitators believe that the key to a woman's empowerment is to provide her with the ability to keep herself safe, both physically and emotionally. The focus of each intervention, whether educative or supportive, is always directed toward enhancing the woman's ability to keep herself both emotionally and physically safe, in or out of a relationship. The educational component focuses on raising awareness of women's roles that keep them subject to men's violence. The supportive component underscores each woman's right to make her own decisions, to find her voice and to initiate the expression of her voice in a safe setting.

Contact: Sharyn Swann, Wally Roth
Co-facilitators, ALTERNATIVES
Saskatoon Mental Health Clinic
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165-3rd Avenue South
Saskatoon, Saskatchewan
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(306) 933-5197/7693

Bioenergetic Therapy

Bethany Doyle is one of a growing number of therapists who use bioenergetic analysis to help a wide range of people, including women who have been abused. Ms. Doyle finds this approach particularly helpful when dealing with traumas experienced by women who have been sexually abused. She explains: "Many women who have been sexually abused have learned not to feel their bodies. They just feel numb. Bioenergetic analysis works with the body and helps people undo the harm that has been done. It helps women who have been abused feel safe in their bodies."

Bioenergetic analysis is characterized by an integrated view of a person's reality, including the ego and psychic processes, the world and interpersonal relations, and the body and physical processes.

If any aspect is missing, reality collapses. According to bioenergetic analysis, all distortions and denials of reality are compensated by special body attitudes. Therefore, every physical expression of the body has a meaning: the quality of a handshake, the posture, the look in the eyes, the tone of voice, the way of moving. If these expressions are fixed and habitual, they tell a story of past experience.

Ms. Doyle finds that many women who are abused do not have a "no"; that is, they are not able to protest. She believes that if we don't have our "no", we don't have a "me". The woman who has been abused has lost both her "no" and her "me". She has often lost her ability to breathe deeply...she has chronically held her breath. Ms. Doyle teaches women to breathe deeply, to reclaim their bodies, to find their voices.

Bioenergetic therapy is geared to the individual. Therefore, the number of sessions and the exact approach varies with each person who seeks this form of counselling.

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(Congregation of St. Martha)
Certified Bioenergetic Therapist
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Charlottetown, Prince Edward Island
C1A 7N5
(902) 566-3040
(business: (506) 855-3408 in Moncton)

Integrated Counselling

Family Violence Project

The purpose of the Family Violence Project in Chatham, Ontario, is to provide a unified, interagency approach to responding and treating people experiencing violence in their lives. The project includes an educational and crisis response component, individual assessment referral services for women, children and men, individual and group counselling for women and children, and family therapy. Five groups are provided for children: for those 3-1/2 to 6 years of age, 6 to 8, 8 to 10, 10 to 13 and 13 to 16. Family counselling includes family therapy, parenting counselling and child psychotherapy. Individual and group counselling for men and marital counselling are provided through existing services in the community.

The project is committed to developing a treatment philosophy that seeks to integrate feminist therapy principles with family systems theory. The treatment program requires at least one year before the counsellors consider that any meaningful change can occur.

Future directions for the project could include an attempt to expand to include victims and survivors of elder abuse, sexual assault and incest.

Contact: Joy Pymaki, Executive Director
Family Violence Service Project
Chatham-Kent Women's Centre
Box 641
Chatham, Ontario
N7M 5K8
(519) 354-6360

Child Assessment Program

Magdalena Amestica, over the last six years, has worked with three transition houses in Calgary to provide a unique assessment and treatment program for the children who stay at these shelters.

As Ms. Amestica explains:

The existence of a significant overlap between wife abuse and child abuse and the identification of the needs of these children have been issues long known by the few practitioners and researchers attracted to this field. Assessment of these children is considered to be an essential and critical component of the shelters' programs. The need for diagnostic and creative tools of a non-threatening and non-intruding nature led to the implementation of a more expressive, holistic and healing assessment through direct observation. Observation of play dynamics and process during the administration of art work was considered the most appropriate approach. An Art Battery has been especially designed to work with this special population of children.

Ms. Amestica analyzes the data she collects and creates a report that is discussed with the mother of the child and with the shelter staff. The report may recommend a variety of intervention strategies, including advocacy, further discussion about the effects of family violence on children, referral for further medical or psychological assistance or reporting to Child Protection.

Ms. Amestica talks to the shelter staff about her assessments so they can work effectively as a team. She believes strongly in showing her report to the mothers as well. She feels that the mothers can be encouraged to be part of the solution by becoming active participants of the therapeutic process.

As part of the treatment phase, Ms. Amestica works with the mothers to help them build self-esteem, communication skills and assertiveness while the children are in their therapy groups with music and movement therapists. She divides the children into three groups by age: one for 4- and 5-year-olds, another for children aged 6 to 9 and a third for those 10 or older. On average, five children compose each group.

Contact: Magdalena D. Amestica
Executive Director
Child Focus Services Ltd.
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Calgary, Alberta
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Groups for Children

Peter Jaffe, David Wolfe and Susan Kaye Wilson have been involved in developing groups in five communities in southwestern Ontario. They explain:

We have encouraged a close collaboration between shelters and other community resources by working with male and female co-therapists (group leaders) from different agencies. Many of the children are former residents of shelters or referrals from children's mental health facilities or child protection agencies.

The children are divided into programs for 8- to 10-year-olds and 11- to 13-year-olds. The framework consists of 10 weekly sessions of approximately an hour and a half each. We have worked with a structured format, although the special issues for individual children and ongoing crises demand great flexibility.¹³

In the course of the sessions, children are helped to label their feelings, deal with anger, develop safety skills, identify and use a support system, identify areas of strength and competence, accept that the violence is not their fault and that their mother's protection is not their responsibility. They are also encouraged to resolve their concept of ideal families, and to discuss their fear and anger about their father's behaviour as well as their underlying love for him.

The group leaders maintain close contact with the parents to prepare them for issues covered, which the child might raise at home.

Contact: Peter Jaffe, David Wolfe, Susan Kaye Wilson
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University of Western Ontario
London, Ontario
N6A 5C2
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¹³ Jaffe, Wolfe and Wilson: 87.

Emerging Issues

The rapid changes in counselling for battered women and their children across Canada have raised many questions that may continue to influence the direction of change in counselling. These questions reflect the importance of the values of empowerment, respect and coordination, and of situating counselling in a social/cultural reality, all of which are so much a part of the current focus of counselling. They centre around issues of honesty, credibility, accessibility, responsiveness, balancing power, continuity of services and the dynamics of change.

Some of the most common questions and dilemmas identified by those interviewed for this report are summarized below under these major issue headings.

Honesty

Probably the most far-reaching question under this issue is: are we really just broadening the net of social control around battered women and their children through this growth in counselling? Those worried about this question point to the vast increase in services called "counselling services" through the growth of transition houses and mainstream services specializing in abuse cases. However, they speculate as well on the temptation for mainstream counsellors to take advantage of new funding sources attached to wife battering by focusing their services on women who are abused or on children living in homes where the mother is abused. They point to the increased demand for follow-up and outreach services, and ask: Are these services just other ways to help control the lives of women who have been abused? Will they help perpetuate the dependency of women on counselling services or will they truly support women in the creation of social networks and support systems? Some even question whether counsellors for battered women or their children are working out their own experiences of violence through these women and children.

Credibility

Closely related to the issue of honesty is credibility. The credibility of counsellors and other service providers is constantly put on the line, respondents explained, through compromises demanded by an inconsistent service delivery system. The most obvious dilemmas are created by child protection legislation which demands that counsellors, who are supposedly in a relationship of trust and confidentiality with women, men and children who come to them, report known or suspected cases of child abuse to child protection authorities. As one man interviewed asked: "How can a counsellor maintain trust with kids, when the kids know that if they disclose any abuse, they'll probably be placed in a foster home? How can a counsellor have a sharing relationship with a woman who has been battered when the woman sees the counsellor as the person who may have her kids taken away?"

Accessibility

Another major concern of counsellors is the inaccessibility of counselling services to many women and children. Although there is acknowledgement that the growth of transition house counselling has made counselling services much more accessible to lower income women than before, few women have access to a *range* of counselling services. Counsellors report that many women tell them that the services available do not meet their needs, and some women complain of discrimination in their dealings with grassroots services as well as with mainstream services.

For example, counsellors commented that many immigrant women experience cultural and religious barriers which limit their access to effective counselling that is sensitive to their needs. For these women, individualized counselling is often alienating, isolating and shameful. They want support from their families and communities, and solutions that involve their families and communities. Therefore, even immigrant women, who are not blocked from counselling options by language barriers, often reject counselling services because they are not rooted sufficiently in the community and family context.

Some of those interviewed also mentioned that women for whom spirituality is important frequently find that existing counselling services ignore or minimize their concerns. One counsellor reported that she finds many women with strong religious backgrounds struggle with issues of forgiveness, the dissolution of their marriage vows, guilt and their belief that they have failed in their role as wife and mother, in the eyes of God. Another woman who works out of a church offering referrals to women who are abused expressed her belief that "until

we touch the spiritual dimension where women have formed all their values, we can't really influence women."

An attempt to identify the range of counselling services available across Canada indicated very few counselling services outside Quebec for francophone women who are abused. Shelters for francophone women are so rare outside Quebec that a francophone woman must often be sent to another province to stay in a transition house where her language is spoken.

Another group identified as having few or no services available are wealthy women. The assumption is made by many service providers and the public that these women have access to a variety of services because they have the money to choose the service with which they feel most comfortable. This assumption is often wrong. Women who are wealthy by marriage, in particular, often have no access to money because it is considered to be the husband's money. They may have charge cards for designated stores and designated types of purchases, but they may have no money to go to a counsellor or to seek another form of help without receiving the husband's permission. For these women and low-income women who choose not to go to a transition house, counselling is virtually inaccessible. They often receive counselling only when the violence has become so severe that they are admitted to hospital for physical injuries.

Those interviewed pointed out that services also tend to be most accessible for women in their twenties and thirties since these women make up the majority of women who seek help from services.¹⁴ As a result, adolescent women, mothers of adolescents and seniors who are battered are effectively excluded from existing services. This is partly because there is still inadequate acceptance that young women and seniors are battered, partly because adolescents will more rarely accompany their mothers to transition houses, partly because some transition houses will not accept adolescent males, and partly because many existing support groups tend to be geared to the interests and hopes of women who have small children and are still at peak employment ages.

Finally, through this study, it became evident that virtually no services are available for abused women who also have mental health problems, physical disabilities, drug or alcohol dependencies or AIDS (acquired immunodeficiency syndrome). One

¹⁴ One woman interviewed commented that in the early days of the shelter movement in her province, most women who came to the shelters were in their forties and fifties. Now, this is rare. She speculated that women may be less willing now to put up with the abuse for so many years, since they have discovered they are not alone and that services are available.

respondent said that in shelters that do have residents with AIDS, these women and children may become further victimized by other residents. Similarly, most services geared for women who have mental health problems, physical disabilities, drug or alcohol dependencies or AIDS do not generally have staff with sufficient knowledge of woman abuse. As a result, many of the women who are most in need of support and counselling find themselves with nowhere to turn.

It is important to acknowledge, however, that there is growing interest in exploring and responding to women's needs around battering and their needs related to one or more of the other life problems. For example, a program in Kingston, Ontario, called AWARE (Action on Women's Addictions) is currently seeking funding to develop a drug and alcohol program for victims and perpetrators of domestic assault and to develop an evaluation framework for the program.

Responsiveness

Accessibility to services that are truly helpful is also reduced by the lack of availability and responsiveness of some existing services. Many of the women and men interviewed, particularly those who work directly with children, spoke of their frustration at the unwillingness or inability (in the face of burdensome case loads) of child protection workers to respond to any but the most extreme of child abuse cases. As a result, many children who witness violence against their mothers, but who are not themselves seriously physically or sexually abused, are given no support or treatment, despite the psychological abuse they suffer living in a home where wife battering exists. People who work with these children complained that the goal of prevention was thoroughly thwarted by such criteria.

Others said that mainstream counsellors are never available to talk to a woman when she is in crisis, or to her children. Professional social workers and psychologists who volunteer their time to make themselves more accessible and responsive to battered women and their children complained that they are frequently scorned by their colleagues.

Concern was also expressed that counsellors are not always sensitive to the woman's state of readiness to respond to counselling or even to be counselled. For example, if a woman is not yet prepared to deal with the violence or to consider making changes in her life, participation in a counselling program that delves beyond her immediate practical needs can leave her with a sense of failure and frustrate the counsellor as well. There was widespread agreement that counselling should respond to the woman's needs and to her readiness to deal with change.

Balancing Power

People interviewed for this paper frequently mentioned that one of the most difficult but essential concerns for any counsellor is the question of ensuring that they help balance the power dynamics in the lives of abused women. Counsellors felt they must be sensitive not only to the power imbalances the woman has experienced and is experiencing with her abusive partner, but also to the unequal power she may hold with other family members (sometimes including children), and to power imbalances she may have with service providers, including the counsellor.

Respondents commented that counsellors, like other service providers, must build safeguards into their counselling approaches so that they do not control the woman, to ensure that she makes choices that the counsellor would define as "successful".

Continuity of Services

Women and men interviewed also expressed frustration at the lack of continuity among different services. They cited lack of consistency in the values and goals presented in counselling services with the values and goals dominant in society. These are issues, many noted, that can compromise the effectiveness of counselling services, no matter how responsive, innovative and sensitive the counsellor.

There is considerable variability across Canada in terms of the choice and number of counselling services available to abused women. In addition, despite trends to coordinate services for men with services for women, and to coordinate services for women with services for children, there is little consistency in attempts to balance sensitivity toward men who batter with the safety of the women they batter. Similarly, when women receive counselling, but their children do not, the mother may find that if she attempts to apply some of what she has learned through counselling to her children, they will be unresponsive because they have not had the advantage of a similar healing process. Programs to help women deal more effectively with their children in such situations are rarely available.

Some people interviewed talked of the division among services over debates about what is "real counselling" or "true therapy". The value of work done by peer counsellors in a community-based service is often called into question in this debate and resulting power imbalances among services erode attempts to coordinate service delivery.

Counsellors mentioned that it is extremely difficult to validate an experience of a woman or child when this experience is not validated in the larger community. This inconsistency can result in loss of faith in the counsellor and a loss of faith by the woman or child in their own experiences. For example, Christina Melnechuk found that: "Many mothers questioned the validity of the abuse when the police and crown decided there was not enough evidence. In this situation, mothers may interpret this to mean that child sexual abuse did not occur, and they begin to question the reality of their experience."¹⁵

Some people who work with children also expressed fear for children who are encouraged to disclose and to express their feelings. As one man said: "We live in a violent society where people don't believe children. What will happen to these kids in the long term?" Others wondered: "How can we really empower children and women in a society which doesn't respect them, and which gives them very few real choices?"

¹⁵ Christina Melnechuk, *The Integrated Treatment Model (ITM) for Sexually Abused Children and Their Mothers* (March 1988): 46. Project funded by National Welfare Grants, Health and Welfare Canada, Project 4559-1-63.

Conclusion: Dynamics of Change

In the search for more effective counselling directions for battered women and for their children, many questions still surround the direction this change should take and how further change will emerge in a time of limited resources.

One transition house worker expressed frustration at the continuing gap between grassroots peer counsellors and so-called "professional" mainstream counsellors. She felt that some of the split between them was rooted in the low funding received by shelters. "If you have no or low funding, it is difficult to be seen as credible by professionals."

Considerable concern was also expressed about the low level of in-service training for counsellors to keep them aware of developments in this area, and there was hopelessness expressed about the lack of education concerning wife battering in professional schools at the university level.

However, in addition to the frustration and concern about factors that inhibit progress, there is considerable enthusiasm for the changes that are taking place in counselling for battered women and their children. There is also a real curiosity about and commitment to deal with the difficult issues that can jeopardize the effectiveness of counselling programs.

Four major questions define the current struggle for change.

1. Should counsellors stress prevention of violence as well as practical information and peer support, or is there a more urgent need for long-term, in-depth treatment models with an individual focus?
2. Can real healing occur without social change? If social change is needed, how can counselling services become more political and still give adequate support and sensitivity to the individual?
3. Can counselling be made more sensitive and relevant to a wide variety of women from many ethnic, racial, religious, age and income groups?
4. Can counsellors go even further in merging a feminist approach with more traditional counselling approaches?

These questions demand a continued effort to explore the relationship between voluntary sector and mainstream services. They encourage an ongoing exchange of ideas among different approaches. These questions challenge counsellors to continue to embrace change in their approaches and goals as they support women and children in their quest for freedom from violence.

Appendix I: Resource People Interviewed

Counselling Programs for Women Who Are Abused and/or for Their Children

Newfoundland

Anne Bottenheim
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(709) 722-8272

Janet Fitzpatrick
Former Director of Social Work
186 Duckworth Street,
Lawton Drug Building
St. John's, Newfoundland A1C 1G5
(709) 579-3206

Cheryl Hebert and Phyllis Semour
Choices for Youth Programme
P.O. Box 325, Station C
St. John's, Newfoundland A1C 5J9
(709) 754-3048

Alan Kenworthy
Dr. Thomas Anderson Centre
Janeway Apartments, Building A
St. John's, Newfoundland A1A 1T1
(709) 778-4761

Jim Olford
Adolescent Health Counselling Centre
204 LeMarchant Road
St. John's, Newfoundland A1C 2H6
(709) 754-0220

Paula Rogers
Janeway Child Health Centre
Janeway Place
St. John's, Newfoundland A1C 1R8
(709) 778-4614

Susan Shiner
Iris Kirby House
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Prince Edward Island

Gwen Davies
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Bethany Doyle
St. Mary's Residence
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Charlottetown, Prince Edward Island C1A 7N5
(902) 566-3040

Shirley Limbert
Anderson House
P.O. Box 964
Charlottetown, Prince Edward Island C1A 7M4
(902) 368-8658 (business) or
(902) 892-0960 (crisis line, toll-free in province)

Jackie MacLeod
Catholic Family Services
P.O. Box 698
Charlottetown, Prince Edward Island C1A 7L3
(902) 894-8591

Patti Seres
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P.O. Box 964
Charlottetown, Prince Edward Island C1A 7M4
(902) 368-8658

Nova Scotia

Wanda Bernard
President, Association of Black Social Workers
42 Havelock Crescent
Dartmouth, Nova Scotia B2W 4T8
(902) 420-1980

Jane Bradley
Clinical Psychologist, Department of Psychology
Isaak Walton Killam Hospital for Children
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Halifax, Nova Scotia B3J 3G9
(902) 428-8409

Gail Golding
Women's Interchurch Council
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Halifax, Nova Scotia B3L 3T3
(902) 454-6943

Peggy Mahon
Extension Department, Saint Francis Xavier University
P.O. Box 386
New Glasgow, Nova Scotia B2H 5E5
(902) 922-2556

Joan O'Connor
Society on Abuse Against Children
Unit 4, 9 Penticost Drive
Sydney, Nova Scotia B1R 1M8
(902) 564-8885

Judy Whitman and Judy Hughes
Coordinators for Association of Transition Houses
RR Number 2
Westville, Nova Scotia B0K 2A0
(902) 755-4878

New Brunswick

Ray Shred
The Children's Program
618 Queen Street
Fredericton, New Brunswick E3B 1C2
(506) 454-9607

Jim Morton
Directeur Services à la famille
386 rue St-Georges
Moncton, New Brunswick E1C 1X2
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Soeur Cécile Renaud
Accueil Ste-Famille
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Québec

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Box 276
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Appendix II: Interview Guide

Counselling Programs for Women Who Are Battered and/or for Their Children

Note: This is intended as a GUIDE only, not as an interview schedule.

Name of Key Contact:

Organization Represented (if appropriate):

Address:

Telephone Number:

Position/Title (if appropriate):

-
1. Can you begin by telling me a little about the type of counselling program you offer?

 2. Over the past year about how many women and children have you served?

 3. (If they saw women) Have any of these women, to your knowledge, been women who have been abused by their husband?
 - 3A. Do you ask every woman who comes to see you, specific questions about violence in their homes, or specific questions to encourage her to disclose such violence to you?

 - 3B. (If yes to Question 3A) About what proportion of the women you have seen over the past year would have been abused?

3C. Did these women come to you explicitly because they were being abused?

3D. (If no) Can you remember what sorts of problems they presented to you, or what sorts of problems were noted by the referral agency?

3E. (Also if no) How did you determine that they were being abused?

3F. For these women who were being abused, what was the main source or sources of referral to you?

3G. What do you think these women hoped you would do to help them?

3H. Just to help me be clear about all these answers, can you tell me how your agency or you would define abuse?

4. (If they saw children) To the best of your knowledge, did any of the children you saw come from homes where the mother was abuses?

(If yes) About what proportion?

4A. Were any of the children, to the best of your knowledge, abused themselves?

4B. Were these children referred to you explicitly because of their abuse, or because of the violence in their homes?

4C. (If no) Why were they sent to you?

4D. (If yes) About what proportion?

4E. What was the main source or sources of referral in these cases?

4F. On the first visit with children who come to see you do you ask specific questions about violence, or specific questions to find out if the children come from a home where there is violence?

4G. Just so I can be sure I am clear about your answers to the above questions, can you tell me how your agency defines abuse or violence against children?

If the respondent does not see women and/or children who are abused, end the interview at this point and thank them very much. However, if they do see women who are abused and/or their children, continue.

5. In your dealings with women who have been abused, can you describe your goals...what do you hope to accomplish through your counselling program?

6. In your dealings with children who live in violent homes, can you describe your goals...what do you hope to accomplish for these kids through your counselling program?

7. What type of counselling would you say you use with women who have been battered?

7A. With children who live in violent homes?

8. Can you elaborate a bit on your philosophy in dealing with:

- women who have been battered?

- children of women who have been abused?

9. Do you have any dealings with the woman's husband or partner?

9A. (If yes) Can you describe what sort of contact you would have with him?

9B. Do you have any contact with the extended family or with friends of the woman, the children and/or the man?

10. Do you have a two- or three-page description of your program that you could send me?
Could you possibly send two copies?

11. Would you mind telling me your main source of funding for this program?

12. Have you ever done a formal evaluation of the program?

12A. (If yes) Can you send me a copy or summarize it briefly for me?

13. Do you feel satisfied that your program is helping the women who are battered who come to you?

14. Do you feel that your program is helping the children from violent homes that you see?

15. Do workers in your agency receive specific training on domestic violence? (If yes) Does everyone receive this training?

16. What do you see as the three major problems you face in helping these women? (e.g., lack of training, biases, lack of time, lack of recognition of expertise).

1.

2.

3.

17. What do you feel you would need to reduce these problems?

18. Are there any other issues or problems that you feel are important in determining how effective your program will be for women who are battered and/or for their children?

19. Do you know of any other innovative or interesting counselling program to help women who are battered and/or their children?

20. Is there anything else you would like to add?

THANK YOU VERY MUCH FOR YOUR TIME AND YOUR INSIGHTS

