Training Social Workers
in a Feminist Approach
to Conjugal Violence:

Summary of the action-research

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Foreword

This research summary is intended for the use of persons working with women who experience conjugal violence. It summarizes the data connected with the subjective experiences of fifteen social workers in training to learn a new feminist intervention model for battered women. Concurrent with their training, they had to apply the model in their own workplace.

The training experience, as well as the action-research which was conducted at the same time, are based on a feminist intervention model for working with battered women developed by social worker Ginette Larouche (1981, 1985, 1986, 1987). The *Guide to Intervention with Battered Women* (Larouche, 1985) was widely distributed throughout the social affairs network by the Corporation of Quebec Social Workers, and an English translation was made available in 1986.

At the conception of the research project summarized in this report, social workers' needs with regard to their work with battered women had not yet been the subject of an evaluation and the proposed model had not yet been systematized.

The action-research was intended to develop and improve the model. The complete report is available at the School of Social Work of the Université de Montréal and is entitled :

Apprendre à intervenir auprès des femmes violentées : une perspective féministe.
Rapport de recherche sur une expérience de formation.

Ann Pâquet-Deehy, Maryse Rinfret-Raynor, Ginette Larouche (1989).

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Contents

Introduction: A Few Facts and Statistics Relating to Conjugal Violence

Conjugal violence is certainly not a recent phenomenon, nor is it exclusive to our society or to a particular class or age group, yet is only very recently that is has been treated as a social ill, rather than simply a personal problem. (Gendron, 1987; Pâquet-Deehy, Rinfret-Raynor, 1988; Lavigne, 1990).

Although for centuries women have been subjected to violence by their spouses, whether of a physical, psychological, verbal or sexual nature, it was not until the late nineteenth century, at least in Western societies, that laws were made prohibiting this type of violence. In Canada, it was only in 1890 that an article of the law stipulated that husbands should no longer beat their wives. (Gendron, 1987). It was not until the emergence of the feminist movement in the nineteen seventies that the fundamental question of women's place in western societies revealed the oppression of women and the power relationships between the sexes.

The phenomenon has reached alarming proportions in Canada, where it has been found that in the last ten years at least one woman out of ten is the victim of physical violence by her partner (McLeod and Cadieux, 1980; McLeod 1987). The Quebec government estimates at close to 300,000 the number of Quebec women who have experienced conjugal violence (Quebec, 1985). Moreover, experts consulted by the Inquiry Commission on Health and Social Services (1987) estimate that one out of seven women is physically abused. The Report of the standing committee on Health and Welfare, Social Affairs, Seniors and the Status of Women (1991) shows that in 1989, 119 women were killed in Canada by their husbands or partners, or by an ex-husband or ex-partner. Of all the women killed in Canada, 62 % died at the hands of a spouse.

Even though this paper deals specifically with conjugal violence, it adheres to a feminist perspective which views the phenomenon not merely as isolated incidents experienced by these women, but as the reflection of a violent situation which all women in our society endure on a broader continuum of social control.

It is a perspective consistent with recent testimony by the Minister responsible for the Committee on the Status of Women which states that violence by men to women is a form of social discrimination which manifests in sexist jokes, pornography, sexual harassment, prostitution, conjugal aggression (emotional, psychological or physical) violence around or against children, incest, murder, serial killings and mass killings (Report of the standing committee on Health and Welfare, Social Affairs, Seniors and the Status of Women, 1991). Awareness of the existence and extent of the phenomenon of conjugal violence and the advances made by women have served to raise women's level of awareness of this violence and lower their level of tolerance towards it.

In keeping with this feminist perspective, in the early eighties a group of social workers and researchers interested in helping battered women and better equipping counsellors to deal with their needs became involved in developing a psychosocial intervention model specific to this clientele. In 1982 the Corporation of Quebec Social Workers, on the recommendation of its committee on the status of women, accepted Ginette Larouche's protocol of intervention with battered women (1981) on the condition that it be researched. It was then distributed by the Corporation of Quebec Social Workers (CQSW) throughout the Social Affairs network in Quebec (Larouche, 1981). In 1985 Ginette Larouche published her *Guide d'intervention auprès des femmes violentées,*[1] which became the subject of the qualitative research summarized herein.

Although it is a feminist model for working with battered women, some of the data collected by social workers can be applied to other psychosocial approaches or to other social problems in which the dominator-dominated dynamic comes into play (for example: incest, child abuse).

Its adaptability is a result of the nature of the research which treated the subjective experiences of the social worker as highly significant data throughout the teaching and application of this intervention model based on non-traditional ideology.

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1. The English version: Guide to Intervention with Battered Women, 1986.

1. Context and Objective of the Research

The originality of the action-research method can be attributed to the fact that for the first time an intervention model specific to the issue of women who are victims of conjugal violence was the subject of a systematic study. At the same time, a second need was addressed, i.e.: the collection of data required to train and supervise practitioners working in this field.

Initially, the action-research program was intended to systematize and improve the articulation of the approach and to determine its applicability during an experiment supervised by some fifteen social workers who had been trained in the approach.

The training provided data on learning the approach, its application by a greater and more diverse number of social workers and its application in different regions of Quebec, both rural and urban. A further benefit of the action-research was an improvement in the monitoring of experimental conditions in the second phase of the research. The action-research is the first phase of an overall study of the model. The second phase is an evaluative research designed to explore the model's effectiveness, outlined in a two-volume report: *Intervenir auprès des femmes violentées : évaluation de l'efficacité d'un modèle féministe, Rapports 1 et 2* (Rinfret-Raynor, Pâquet-Deehy, Larouche, Cantin, 1989).

Before presenting the results of the research, a brief description of the feminist intervention model as well as several extracts from the theoretical analysis are called for in order to clarify this summary. Emphasis will be placed on the results of the analysis of the training context, and will be preceded by a brief methodological description.

2. A Brief Description of Larouche's Feminist Intervention Model (1985)

The model proposed to practitioners adheres to feminist ideology and is based on a political and social analysis of violence against women in our society. Through this analysis, the issue of conjugal violence is seen from a perspective in which women experience a specific oppression whereas their problems are related to social, political and economic factors which keep them in their role as victim (Larouche, 1987; Fook, 1986; Corbeil, Pâquet-Deehy, Lazure and Legault, 1983). Their problems are not perceived as simply intrapsychic or innate.

The model was developed to help battered women break away from their violent experiences. To this end, the intervention centres on the woman so that she can focus on her needs and become aware of her abilities, decrease victim behaviour and develop an awareness of the socio-political context of the violence.

The strategies are based on the specific emotional and material needs of women as individuals. Support must be concrete and ensure the client's safety, in addition to informing her about available resources and legal recourse.

As with other feminist therapies or feminist intervention models, the main objectives of intervention are:

a) to make the women aware of their specific condition and the factors which perpetuate their oppression;

b) to help them regain power over their lives, their environment and their bodies by becoming more autonomous and affirmative;

c) to help them develop a sense of personal identity;

d) to increase and restore self-esteem;

e) eventually to promote social change (Poirier, Pâquet-Deehy and Legault, 1985).

This approach differs from the traditional approach in that it favours a more egalitarian relationship between therapists and clients (Fook, 1986) in which the client becomes the expert in the situation. The decision whether to leave her spouse or not is hers, while the goal of intervention is to put an end to violent behaviour.

Above all, **the problem of conjugal violence is not seen as an isolated phenomenon but as a social phenomenon** in which men are encouraged to take a dominant and abusive role which authorizes them to assault women or control their behaviour. In this approach, violence is perceived as learned behaviour and the violent person is held responsible for his violent acts. (Larouche, 1985).

As for the woman who has endured the violence, she is seen as possessing personal strengths and resources of which she is unaware. She can reclaim the abilities and strategies which she has developed in order to survive in a climate of fear and violence. This moves her out of the victim state and leads her to act on her own environment. She is therefore not perceived as a person lacking in resources.

Violence is defined here in its broadest sense, encompassing psychological, verbal, physical and sexual forms, all with destructive repercussions and all aimed at lowering the victim's self-esteem.

Larouche believes that it is essential to get across to the women that they are not in the grip of a pathology but rather of a social problem arising from the oppression of which they are victims, and an interiorization of the inferior position they occupy in society.

The role of the practitioner is to take a stand against violence throughout the intervention. She must denounce the aggression, placing responsibility for the violence on the aggressors. This is essential in enabling the woman to see the practitioner as an ally, and to feel a supportive presence.

Larouche espouses certain techniques to help alleviate the guilt experienced by women who feel solely responsible for the violence. She encourages personal involvement on the part of the practitioner, sharing either her personal experience or her awarenesses. She suggests generalizing the situation to help the client understand that certain emotions which are painful or difficult to cope with or admit to are in fact common to anyone in similar circumstances.

Furthermore, **practitioners are encouraged to break the silence and bring pressure to bear on** agencies. In fact the approach was developed within an institutional context which was the authors' main target of action in effectively helping women who experience conjugal violence.

In the crisis period, the intervention strategies are divided into three stages. The first two, the initial interview and the short-term therapy, deal with the crisis following a violent episode. The final stage involves a post-crisis intervention.

The main objectives of the **initial interview** are to reduce emotional tensions and support the woman's decision to return to or break with her spouse, allowing her to make her decision based on fair and relevant information. Next, **short-term therapy** following the crisis centres on the woman. Over the course of six to eight sessions, she works on her self-esteem and autonomy within her environment. She must learn to stop behaving like a victim before being able to re-negotiate a contract with her partner (Larouche, 1985). Finally, in the **medium to long-term intervention,** victim behaviour is reduced through assertiveness training, expression of anger, reclaiming emotions and by means of relevant information on violence and social conditioning (Larouche, 1985). At this stage, a group intervention model is recommended in order to break through her isolation.

3. Theoretical Reflection on the Proposed Model

The originality of the Larouche model lies in the fact that it is based on understanding the specific problem of women who experience conjugal violence and systematically integrating recent knowledge on the subject. Consequently, it targets a specific clientele and proposes intervention that focuses on the social inequality of which women are victims, as well as the survival techniques they have developed.

In other respects, the model borrows theoretically from various intervention models related to structural, psychosocial, and socio-behaviourial paradigms. In the **structural perspective,** the individual is understood as a social being who needs to establish relationships with other individuals, groups, institutions and organizations in order to ensure survival and development. The notions of individual and political power are at the centre of the analysis (Moreau, Panet-Raymond, 1984).

Concrete support must be found in resources available within the natural network (family, relatives, friends and acquaintances), the functional network (health, school, social services, work, support groups and associations), and a complementary network within which women who have experienced violence are able to come to grips with the disastrous consequences of their isolation. The practitioner must be able to provide a safe environment for conducting interviews, relevant information about the client's rights and social, legal and medical resources, as well as a willingness to accompany clients within the various institutions when needed. Other elements of the structural paradigm include solidarity with the client, establishing an egalitarian social worker/client relationship and a focus on group intervention.

The humanist dimension of the psychosocial **paradigm** is also integrated into the model. The fundamental element of this intervention is a belief in personal potential and abilities, which is consistent with the model's feminist perspective, i.e. an essential belief in women's potential.

Consequently, the practitioner's work is grounded in the awareness that the woman who experiences violence knows what her needs are and will eventually discover the best route for actualizing them. This in turn guides her to reclaim her right *to exist,* to validate her right to live without being aggressed, and to affirm her fundamental needs (pleasure and safety) and abilities.

The client is encouraged to take action as this is the best means of counteracting the feeling of powerlessness which is based on her *learned helplessness.* To this end several **socio-behaviourial** techniques are implemented.

Teaching self-affirmation through operative conditioning (Jakubowski, 1977; Beaudry, 1984) is a concrete method of teaching the woman who experiences violence to make clear demands, to say "no" without feeling guilty, to respond appropriately to criticism or to express anger. In addition to a cognitive restructuring which challenges

such sexist stereotypes as putting others before herself, being locked into a role of servitude and avoiding decision-making, she is taught how to respond without resorting to aggression or passivity using techniques of mirroring, visualisation, role playing and modeling.

Although it has borrowed from these various approaches, the intervention proposed by the model further postulates the need for a denunciation of sexist socialization and violence, for work on the feelings, ideas and personal experiences of the client and for the development of new behaviourial skills. It is a process which endeavour to be concrete, descriptive and practical, and consequently is very effective in structuring new patterns of thought and action in daily life. It puts the individual, the woman, first, rather than preserving the nuclear family at any cost (Larouche, 1985).

4.   Methodology

The action-research summarizes the subjective perceptions of fifteen practitioners involved in applying a feminist intervention model for working specifically with women who experience conjugal violence. Included in the model are personal analyses of their client's particular situations, the action taken, the social worker's perceptions of the client's reactions, their own experiences, and finally, the successes and difficulties encountered in applying the approach.

Action-research was chosen over other research methods for this project, because it is congruent with feminist ideology. It proposes a new relationship with knowledge and the subject matter studied, in this case, the social workers. It follows from this that the social workers' contribution is perceived by formal researchers as extremely important and relevant, and that a new dynamic is established between researchers and practitioners.

The actual training, which is based on *A Guide for Intervention with Battered Women* (Larouche, 1986) included thirty days of practical and theoretical training as well as direct supervision of each practitioner. Over a period of eighteen months, there were twelve intensive two-day sessions and ten half-days of supervision during which the social workers used the approach with their clients. The content of the training was organized in blocks and closely followed the intervention guide, drawing on its theoretical foundation, methods for dealing with the shock following an aggression, detection, short-term intervention, follow-up (individual and group therapies) and long-term therapy.

As mentioned earlier, the objectives of the action-research included verifying how social workers were able to apply the new model in the agency and providing a place for sharing their experiences during training to help them better understand their learning process in this non-traditional method.

Several sources of data were analyzed. First, in order to nurture the interactive process between researchers and social workers as the action-research got underway, written and oral reports of the data collected and analyzed for each training session enabled social workers to reclaim the process. In turn these "mirror data" produced new data based on participants comments. In this way, researchers were able to treat the participants as active subjects of the action-research and share their results.

Next, eight supervision sessions in which participants discussed the difficulties they encountered in applying the new model were taken into consideration. For these sessions, the training group was subdivided into four groups. The themes discussed throughout these sessions paralleled those encountered in the training session.

Seven action-research sessions were organized and analyzed. These sessions dealt more specifically with practitioners' reactions. Finally, two group interviews were analyzed. The interviews were set up six months after the completion of the training program and explored the ways participants had applied the newly acquired intervention model.

The material gathered in the last three sources was analyzed through an *open method* of qualitative analysis. After reading the material, researchers decided to classify the content according to categories determined as they came up in the material at hand.

This method of analyzing data proved beneficial in that it corresponded to the inductive process of the action-research. Another advantage of this method was that it enabled researchers to consider all the available material rather than only that which corresponded to predetermined categories. However, the disadvantage of this method is that it requires more time to go through all the material.

The analysis revealed seven categories and thirty-nine sub-categories, or main units of analysis. The seven categories are as follows: training, identifying and locating a clientele, institutional input, definition of client issues, role of the practitioner, intervention and strategies employed and finally the impact of the training experience on the professional and private lives of practitioners.

5.   Results of Research

5.1   Results of the Training Program

Although complex and very demanding, the training process was evaluated very positively by all the social workers involved. Supervision was perceived as an essential teaching dimension, without which a solid integration of the model's values and techniques would not have been possible.

Before giving their critiques of the model, thereby adding to its development, the social workers had to stand back from it in order to feel comfortable and eventually integrate it. Taking a distance was not always an easy task. For example, one participant said she was still dazzled by the brilliance of the model several months after completion of the training. Documents provided by the observer participant summarizing feedback of the experience (mirror data) further equipped participants to confront the myths and stereotypes surrounding the problem of violence and to take a stand.

The training provided good tools for working with the targeted clientele or with other potential clienteles (incest, prostitution, delinquency) by objectifying the violent situation and enabling social workers to become more competent and aware of their intervention. However, since the content of the training was new in its feminist and collective aspects as well the techniques it borrowed from various approaches, they had to integrate the model at their own speed.

Supervision in groups was an important forum for exchange and the group's positive attitude made social workers feel supported and *entitled to make mistakes*. Here too they were able to reflect on the meaning of their intervention and its expression.

5.2   Identifying and locating a Clientele or *Where are the Battered Women?*

Before applying the model, participants had to find a clientele of women who were victims of conjugal violence within a limited time frame of a few weeks. Most practitioners had difficulty tracking down a clientele. In this respect, some of them found themselves being labelled "obstinate", since certain professional milieux denied or paid very little attention to this issue. This attitude is obviously at odds with official statistics on the incidences of conjugal violence and the subsequent probability of requests for help.

An analysis of the situation brought three elements to light which explain partially, if not totally, the difficulties encountered finding a clientele.

Women who contact an institution for professional help do not necessarily talk about their experiences of violence. They often discuss other problems such as difficulties with their children. They are not in a position to perceive their problem from a socio-political perspective and stick to a personal analysis. They feel guilty and ashamed and would prefer to keep quiet about it.

In addition, the clientele was scattered throughout several different types of agencies (CSS, CLSC, CPO, shelters, etc.) and came from different regions of Quebec. Depending on the function of the specific institution, **the formal network does not systematically identify women who are victims of conjugal violence.** For example, the Child Protection Office does not make referrals. It does not appear interested in this type of problem, because it is not one of its priorities and its mandate is primarily the protection of children.

A final factor arose from **a phenomenon relating to fluctuations in the occurrence of violent episodes throughout the year.** Lining up a clientele corresponded with a period of reduced violent episodes.

5.3 Institutional Input or *What to do when faced with institutional ambiguity?*

Several participants felt that even though they had made agreements with their employers which allowed them to participate in the training program, there was no real follow-through and the agencies provided little support for their work with this specific clientele. Consequently, from the outset some participants were afraid of being overwhelmed by their clients' problems since no one else in their institutional setting had the skills for dealing with this social issue. Moreover, it proved difficult for social workers to evaluate the possibility of making a commitment to their clientele and to determine the time required (in addition to time commitments for the training program and the regular work load).

One social worker said she felt illegal doing this work. Some social workers who came from outlying areas were more liable to respond to requests for help without going through official agency channels. Consequently, some of the social workers found themselves in ambiguous situations with employers who had not clearly given them permission to take on this clientele as part of their official functions.

Even in the case of institutions open to the problem of battered women, social workers had to be extremely vigilant to ensure that an open attitude was maintained. The authorization to use the model and to attend training sessions was granted as a "favour", even though later the institutions took credit for the results. One social worker summed it up in this way: "It's like Daddy gave me a present". The participants in the training program also realized that the ideology underlying the proposed intervention model posed certain problems to the social services agencies concerned. Since the feminist ideology has a direct impact on the strategies used by social workers, some institutions found it difficult to reconcile their own methods and strategies with the new ones being put forth.

Often other non-specific approaches to violent situations are used (analytic approach, family counselling, traditional views of the mother's role, etc.), and even if the agency claims to be open to the problem of family violence, the attitude is limited to a nominal support for the feminist dimension proposed. The idea of focusing on the woman who is the victim of violence, rather than on the family as a whole, met with great resistance.

The extreme visibility of the group therapy, the complexity of institutional input, as well as the emotional resistance to feminist intervention and/or group therapy are all factors in the institutions' reluctance to support the use of a group therapy strategy with battered women. As a result, a greater investment of social workers' time and energy was required. At first, the social workers blamed themselves for the resistance. The action-research provided a unique setting for developing a socio-political analysis of institutional resistance and a place to share experiences. This meant the social workers could regain some power in the situation. In order to encourage the use of group therapy for women who experience violence, several groups had to be conducted outside regular work hours or outside the workplace, at times with, at times without the agency's support.

In order to meet the objectives of this feminist intervention, social workers also had to negotiate with agencies such as shelters, the Youth Protection Office, the police, etc. They did not easily meet with cooperation, for several reasons. For example, there were power struggles within the formal network (CSS, CLSC, etc.) and the informal network (shelters), where clients were occasionally overprotected by those who ran the shelters. Nevertheless, social workers discovered certain strategies that facilitated cooperation. They found that it was preferable to gain the agency's cooperation before undertaking the work, to negotiate in groups rather than individually, to establish a working relationship with the immediate superior dealing with the problem rather than with the institution, to personalize the approach, to publicize the problem of battered women and to remember that all real change takes time.

5.4   Defining the problem or *What does a battered woman experience?*

In order to fully comprehend the problem of the clients they were helping, social workers had to draw on concepts that were at times new for them, such as assertiveness training, the various forms of aggression, the process of victimization, psychological violence, etc. For some, the stereotype of a battered woman with a black eye hindered them from identifying their clientele, since the stereotype excluded other psychological forms of violence included in the model.

In the early phases of training, social workers also had difficulty understanding the client's dynamics and the perception of her potential for change. As the training progressed and as they assimilated the new theories, however, they found it easier to identify the client's process and to grasp what she was feeling. In reality, within the

context of the new model, the social worker had to learn to work with the ambivalence that characterizes battered women, to respect the client's choices and to let go of prejudices in order to react positively to the breaking away that is inherent to the process of acquiring autonomy.

Throughout the training, social workers became better able to identify the nature of individual difficulties, the evolutive cycles of this particular clientele and each client's dynamics based on the newly acquired theories.

5.5 The Social Worker's Role or *Are we good enough?*

The social workers obviously had expectations concerning their role and the success of their performance (or their perceptions of their intervention, both in the individual and group models). Their expectations were based on high expectations of themselves and their role. They were afraid to make mistakes in a new situation. At first, they had difficulty asserting themselves in an interview. Feeling unsure of themselves and their intervention, they placed greater demands on themselves and their role than they did on anyone else. They also tended to base their self-esteem on the opinions of others.

They attributed this attitude to two factors, their cultural conditioning as women made them unsure of themselves (in the same situation, men would give themselves more room for error) and the stereotypes attached to the social work (not supported when asserting themselves in their work). Throughout the training the focus on affirmation was maintained; their confidence increased as they experimented with individual interventions. As for making mistakes, they realized their fears were completely out of proportion, leading to a complete questioning of their validity. This tendency was considered to be typically feminine, culturally learned since childhood. A good strategy for counteracting the social worker's feeling of not being good enough was to avoid basing their self-esteem exclusively on their profession.

Two dimensions of the social workers' role came to light during this experience: their own performance expectations in the new approach and their conflicting feelings about a new feminist intervention as compared to the traditional aspect of their previous training, as well as the institutional context in which they had to apply their new methods. Some social workers even felt they were learning a counter-model. In terms of their personal expectations, the main challenge consisted in gradually allowing themselves more room for error and acquiring self-confidence.

They were better able to deal with the contradictions in themselves than with those arising from the agencies. Establishing a feminist approach was very demanding, especially when it came to group interventions. There is a need for more decisive and formal institutional changes in terms of structure and support.

5.6   Intervention Strategies or *Working together*

Essentially, this point summarizes the direct application of the model with the client, i.e. the intervention and its integration. This includes two dimensions of the model, both the technical and the more abstract and conceptual (theory). Several observations were made concerning the implementation of the new working model.

In terms of the theory behind the model, its feminist analysis of the problem of violence was well received by social workers, but its application proved difficult to integrate. They had to select and interpret the content presented by the client and tie it in with the feminist perspective. The main difficulty was in creating a link between the model and the actual experience of the client, i.e. referring to the model (theory and practice) without losing touch with the client.

Developing a rapport with the clientele was difficult at first since the social workers tended to discuss the problem when taking a stand against violence. When referring to the model, they had to avoid rationalizations as a means of coming up with "the right answer", rather than trusting their instincts as social workers. They were afraid of not respecting their clients or of attacking their ideas. Nevertheless, the social workers learned that by clearly expressing what they believed and taking an honest and respectful position, they were able to give more space to the client. Asserting themselves as feminist social workers became easier as the training progressed and was mastered.

In terms of personal involvement, social workers initially stressed the difficulty of dealing with the emotional content of this work. A problem of distancing was perceived, as they had to learn not to take on full responsibility for their clients' lives and decisions. They either felt too discouraged by their clients' difficulties or else wanted too much for them too quickly.

One group of social workers linked this difficulty to the traditional role of the therapist who is perceived as having all the answers. Faced with a clientele of battered women, their expectations were not very high in terms of the clients' abilities and potential. At the same time, the expectations they placed on themselves were too high and hindered confidence in their role as helper. And while a *caring* approach is suitable to this type of clientele, it was also identified as a response to a need to be valued, to be important in the client's life.

In order to get around these difficulties, the social workers found themselves adopting the same process they proposed to their clients. They had to centre themselves as individuals, not as therapists or mother and find self-esteem in outlets other than their work. They had to define themselves in relationship to others.

As for the affirmative and directive attitude, a distinction had to be made between being directive and making decisions for the client. It is easier to offer solutions, especially when it is a question of whether or not the client should leave her partner or return to him.

Another technique proposed by the model was confrontation. Here a distinction had to be made between confrontation, affirmation and aggression. At times confrontation was perceived as aggression giving the impression that the client was no longer being respected or was being harassed. Social workers preferred confrontation coupled with a supportive attitude, whenever a client denied or rationalized certain elements of her emotional experience.

In terms of intervention techniques and strategies, the proposed model led the social workers to **work directly on the clients' emotional experience** (fear, grief, anger, etc.). In so doing, the difficulties encountered were related to concepts that encourage neutrality and objectivity towards the client and her situation, whereas the present model advocates exploring emotional content.

The most difficult emotion to work on was anger, both its identification and its expression. The participants were not used to working with this affect, as compared to sadness and depression and were not familiar with the appropriate techniques. At times they were afraid the client might lose control.

They attributed their clients' and their own inability to express anger to stereotypes since "women aren't supposed to get angry". Anger is a misunderstood emotion with little social acceptance. The training program allowed them to "own" this emotion and subsequently explore its appropriate expression with clients.

Finally, one benefit of the training was **the change in the social workers' perception of the clientele.** In group therapy especially, **a new awareness of battered women potential became manifest** as they themselves were able to find solutions to their situation and take responsibility for their actions. A more pessimistic view of the clientele at the beginning of the training gradually transformed into greater confidence in their abilities to find a way out. This evaluation by social workers paralleled a greater confidence in their own capacity to help. **In fact, with time the social workers mastered all the techniques proposed in the model and applied them in their practice.**

5.7   Impact of the process on the professional and private lives of practitioners or *Being a woman, being a social worker*

As was stated earlier, learning the new model required an integration of its content, not only when applying intervention but also in the lives of social workers.

The type of problem they were dealing with led social workers to identify with their clients on the basis of shared experiences as women in our society, notably in

terms of fear of sexual aggression. Although the identification did not affect social workers to the extent that they were unable to master their own fears, they affirmed that some fears, particularly the fear of rape, were difficult to overcome.

Several social workers found themselves regaining power over their own lives. For example, the values of the model enabled one social worker to negotiate a contract with her partner. Another gave herself the right to take more space and overcame her fear of confrontation. Still another went from an aggressive and ineffective relationship with her boss to a positive relationship which led to greater mutual respect.

In terms of assertiveness, even though some of the social workers already adhered to the values of the proposed model, they were still not used to asserting themselves in their personal and professional lives.

As for anger and expression of anger, they learned in training to distinguish between assertiveness, aggression and anger and were able to reclaim a larger repertoire of emotional reactions.

Social workers found they tended to judge themselves too severely in their lives in general. This they attributed to two factors: feminine conditioning and anxiety about professional performance. They eventually became easier on themselves, both in their professional and their private lives.

Another important impact of the training was the integration of the feminist political dimension of the model. The social workers learned that focusing on the woman went against the grain whereas the prevailing attitude is a reflection of patriarchal values and favours maintaining the family at all cost.

On the professional level, the process enabled participants to acquire a specialization that had positive effects on their professional credibility as individuals but which also engendered some frustration because of the limits of recognition in the more formal institutional context.

5.8   Highlights

The research illustrated what a **social worker might feel when dealing with her clientele** in terms of the emotions which arise when confronted by the nature and extend of violent acts and their dramatic repercussions on the client. The closer the material presented by the clients was to their own vulnerabilities as women, as well as their own fears (the fear of rape for example), the more the anxiety arose that they would be invaded by their emotions and would be unable to conduct the interview or be able to help.

In light of this, social workers learned to believe in the potential of their clients and their abilities to find a way out. This allowed them to stand back from their own emotions, while nonetheless remaining supportive.

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In terms of integrating the model and the values it set forth, participants had difficulty learning a new role which questioned not only their previous training but also their own socialization process as women. For example, the stereotype which presupposes that a social worker will adopt the maternal attitude expected by society created a situation in which some participants perceived their clients' demands as a demand to take charge of their lives. Consequently, they were left with the impression that they never did enough or were not professional enough.

In the emotional work, anger and the expression of anger were perceived as not very feminine and more the realm of men. Techniques such as assertiveness training contradicted the so-called objectivity and benevolant neutrality of the social worker. In this respect, some participants went so far as to refer to the approach as a counter-model since the values conveyed by the model were not always consistent with those of their previous training. However, the proposed training favoured the acquisition of new clinical tools and at the same time increased the feeling of professional competence and personal self-esteem. In order to apply some aspects of the model, especially the "expression of emotions" and "self-affirmation", **social workers had to do the same work on themselves as the battered women.** This enriched their lives both personally and professionally.

The social workers had to justify the new intervention practice in the institutional network. Most of the social workers encountered obstacles when recruiting clients for their practice and setting up groups in their workplace.

A socio-political analytical grid helped them overcome these difficulties, especially that of setting up groups. This was explained as institutional resistance to recognizing this specific social problem. Straus (1974), drawing on one of Dexter's concepts (1958), explains the phenomenon of non-recognition as a form of selective inattention to certain problems, in this case, an institutional blind eye to the issue of violence against women by their husbands. The group model proposed gives greater visibility to women who experience violence and subsequently represents a greater threat to the established order. However, through their interventions, social workers were able to sensitize the agency network to some degree and at times succeeded in finding formal or informal support within the network. This in turn sensitized social workers to the socio-political issues involved in their new professional undertaking.

Learning to apply the approach to other social problems began during training for some social workers. Later, the approach or elements of the approach were transposed to their work with elderly women, children,women in dependent situations, incest victims, etc.

Conclusion

The action-research experience made it possible to identify the factors that would facilitate application of this non-traditional intervention model by drawing on the experiences of the social workers both during and after the training program.

Some of the factors can be generalized and adapted to any one living in a violent situation, whether family, conjugal or individual (sexual aggression, for example), no matter what type of psychosocial intervention is preferred by the social worker or her professional milieu.

The first factor is the need for an institutional structure in which the targeted clientele can be located, one that will display a real desire to come to the aid of battered women.

This factor became obvious during training, particularly when the groups were being set up and institutional resistance was especially felt.

Even after the actual training was completed, the social workers doing the research pointed out that institutional interest or the political will of an organization to recognize or not recognize the problem of violence remained the most important institutional factor that could help or hinder the quality of the intervention.

Institutional non-recognition resulted not only in a heavier workload but also in professional isolation, and a lack of adequate resources in supporting the social worker's own efforts.

Other elements which contribute to effective intervention include institutional recognition and support from the immediate superior, formal and informal support of colleagues, professional autonomy, associations with other networks, and recognition of the use of group therapy.

The second factor is the creation of adequate institutional support in responding to the specific needs of social workers in terms of supervision and support.

The social workers believed that the supervision space created during training helped them to identify what they were feeling while dealing with the powerful emotions arising from their clients' experiences. These supervision sessions encouraged them to reclaim their emotions, while sharing them broke their isolation. For the social worker, it is reassuring not to feel left alone to cope with the burden of emotional experience which invariably leads to the periods of equilibrium, disequilibrium and re-equilibrium as described by Lewin (1964). The supervision sessions represent the element that favours a return of equilibrium. With the additional support, the social workers became more creative in their work and able to expand on the model. This in

turn made them feel better equipped to deal with the effects of the violent experiences. The supervision also gave them the emotional distancing required in their professional responsibilities to clients.

This is a determining factor in ensuring the social worker is not overwhelmed by the emotional burden of her work and does not suffer professional burn-out.

A third factor deals with the necessity of establishing cooperative networks within agencies and institutions in order to respond adequately to client needs. Cooperation within the social agencies, the shelters and social services centres and within the legal and medical organizations is difficult but essential and requires the development of specific strategies to this end.

These three factors, institutional recognition of the problem, adequate institutional support of social workers, and establishing cooperative networks represent three essential recommendations for optimal effectiveness in intervention with a clientele of battered women.

A fourth factor which could also be applied to other feminist intervention models is **acknowledging women's emotional experience and illustrates the necessity for the social worker to go through the same process she is proposing to battered women.** This means helping women come to awareness of their oppression in all its forms, and the costs of living in a climate of violence, helping women recognize their right to exist, to have strength and emotions once she has taken the steps to self-assertion.

Social workers were able to perceive themselves as belonging to a social group characterized by an oppressive experience common to all women.

A fifth and final factor involves the socio-political aspect of the model. Social workers concluded that militancy was required in order to apply the model fully.

All but three social workers met with institutional resistance when using group therapy. This experience brought out the militant aspect of this type of intervention which led social workers away from traditional practices. This meant they had to make a personal choice and pay the price which often involved a heavier workload. Applying this type of model in an institution which does not support feminist ideology necessitates more personal involvement. At times, militant actions must be taken to ensure institutional change.

Finally, we would like to point out that this teaching method which integrates theory and practice is an effective one and encourages the integration of knowledge and experimentation in a teaching context.

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