

PROTECTING OUR BORDERS?

This article was written by myself and long-time friend and Social Work colleague Melissa Brown in mid 2002 while we were working together in a team located in a government child protection service in Western Sydney, NSW, Australia providing therapeutic responses to families where children and young people had been subjected to a range of abuse and neglect experiences.

It was written in response to what we were observing and experiencing in our personal and professional lives in the context of local and global responses to the aftermath of the attacks on the Twin Towers in NYC on September 11th, 2001.

We are reflecting on this article 17 years later in 2019 and conclude that the ripples of the shift in violence discourse are still being experienced today. We are working on this Critical Reflection piece for future academic publication.

This article was first published in *Narrative Network News*, 21, October 2002, pp. 33-40. I invite you to reflect on how such changes to Global Violence discourse may have had an impact on your work in your own context and consider how you have responded. I warmly welcome any feedback or reflections on these ideas.

'PROTECTING OUR BORDERS? An exploration of the discursive territory of global and local understandings of violence and their impacts on practices.'

As we consider "what matters" to those of us engaged in working with people around experiences of violence, it is no longer possible to focus narrowly on a particular localised category of violence understanding.

In our view, this is primarily because the territory of violence discourse appears to have changed in recent years. We have noticed a shift towards understandings of violence that are "integrated" (Kelly 2000, Tomison 2000), with consequent changes to service delivery and practice. More recently we have noticed global experiences and understanding of violence have been more present in our lives and in those with whom we work. For example, there seem to be more war metaphors used in our conversation; talk about "good" versus "evil", and preoccupation with borders, safety and protection.

It is important to speak about this for a number of reasons. Individuals and teams attempting to work together on these issues are subject to the impacts of these discourses in ways that have the potential to impoverish, disconnect and disable. Ask any worker in this field about their workplace experiences, and you will hear stories about the violent practices that people do to each other in the workplace. You will also hear about workplace systems and structures that support these violent practices or render them invisible. This is despite the good intentions and purposes that people have to promote "anti-violence" with the people and communities that they are working with. Many teams working in the area of violence have imploded or disbanded. Workers have been left self-pathologising and being pathologised by others, having their experience described as "burn out."

We believe that an understanding of the complexities of violence discourse, including the actions and practices emanating from violence discourse in particular contexts, can enable resistance to the effects that are described above. From here, alternative knowledge that promotes hope and a respect for others and ourselves can be located to inform

practice and be built upon. In this article, we will describe some of our team's journey within the discursive territory of violence.

TEAM STRUGGLES

Before speaking in detail about our team's struggles with violence discourse, it is necessary to make some comment about the discursive field of child protection in general and what we consider to be some of the impacts on understanding connection.

The field of child protection is, like the macro-level constructs of violence, a complex site of competing theories and practices. What makes the sector unique in some ways is that many workers hold legislative responsibilities to "get it right". A child or young person's well being or even their very lives are seen to be at stake. Our team has talked to each other about the pressure to "get it right" and the pull towards "expert knowledge" in the face of this. Certainly there is a requirement to take a stance on issues concerning children and young people's safety and an expectation to do so in ways that are understandable to other professionals in the field. What our team has found challenging is to meet these requirements whilst maintaining a relational stance with the families with whom we work.

A major contributor to the discursive field of child protection has been the disciplines of psychiatry and psychology. Of current saliency are attachment/bonding and trauma theories in addition to other psychopathology theories. These discourses share in common a concern with individual perspectives of both the person engaging in abusive practices and the person being subjected to these practices. One of the characteristics is the wealth of research and descriptive categories describing those who are subjected to violence, for example, "battered women" and "rape victims" and the comparative lack of information and categories describing those that engage in abusive practices.

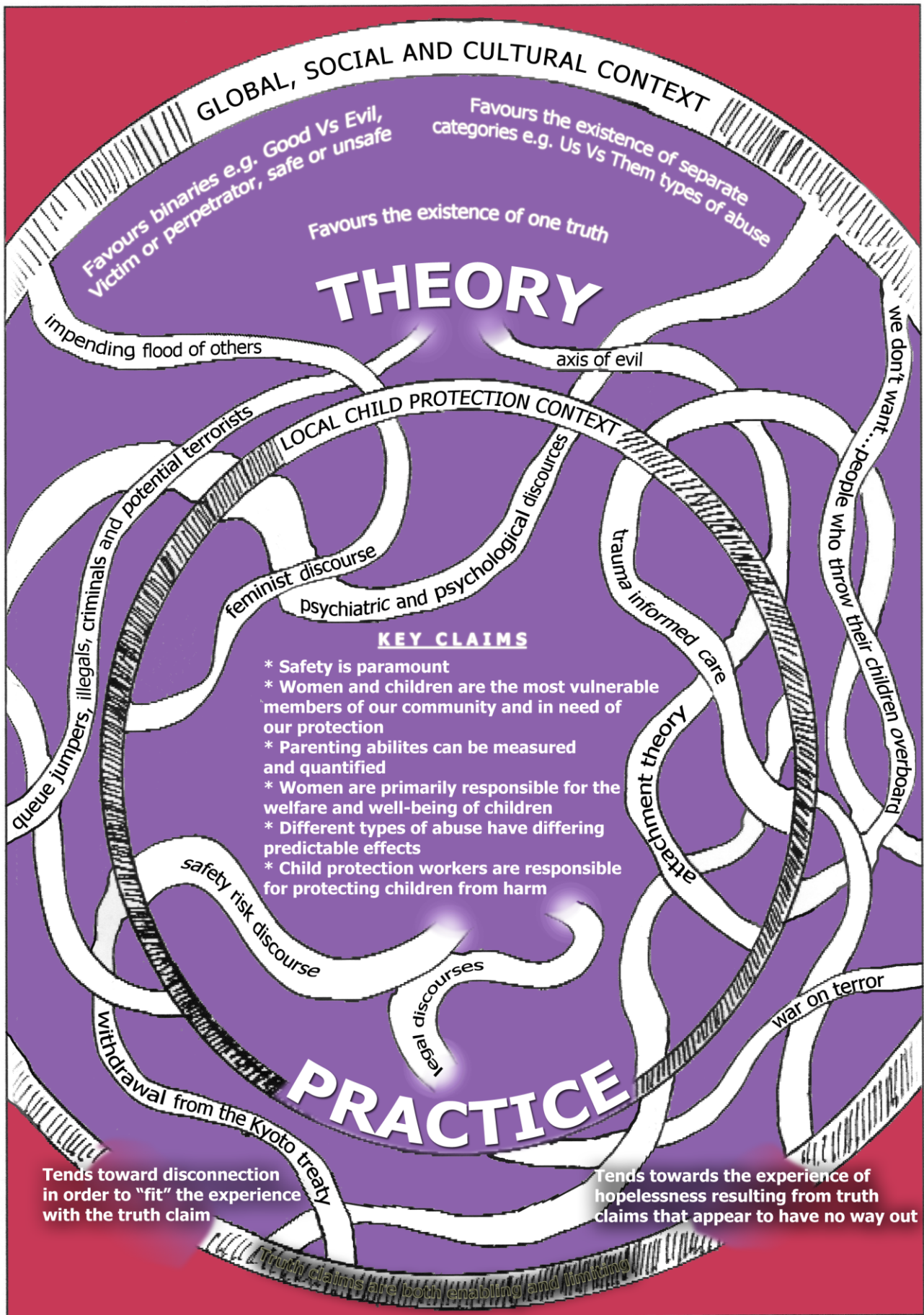
A consequence of these approaches is prescriptions for intervening in the lives of people that speak of fixing deficits and damage through "treatment". This typically appears to be the orientation of the statutory agency that

refers families to our service for help and is reflected in the range of practices found in other services similar to ours around our state. The practices can be described as traditional casework that comprises an assessment, developing treatment plans and implementing a set of interventions based around that plan. The services are most commonly delivered to individuals, although some counsellors offer family, couple and group sessions.

We have experienced challenges in attempting to work collaboratively with our statutory agency , in finding enough common ground in discourse and language. We are trying to find a balance between using language such that we can have a "legitimate" voice to advocate for the people we work with, whilst avoiding subscribing to the tempting common ground of language that is totalising, normative, and in our view, often disrespectful of persons. It is easy for understanding to be lost in this mine field, particularly when the statutory agency has, of necessity, a crisis orientation to its work; while as therapists we are determined to take a longer term view with a commitment to thoughtfulness and privileging the therapeutic relationship.

MAPPING THE DISCURSIVE TERRITORY

What our team has found particularly helpful in negotiating these challenges is a mapping process. This mapping process identifies discourses and other knowledge in our field of work and examines the implications of discourse on us as workers and on our practices. As the territory is so vast and complex we cannot claim a comprehensive mapping, rather, we selected out discourses that we experience as having the greatest impact. This has made it easier to articulate our preferred practices and the commitments and purposes that underpin them. What we eventually produced was a mind map:



We began by identifying some of the invitations we receive to subscribe to normative truth claims. Some of these we identified as implicit to the discourse itself. For example the primary discourse relevant to child protection is legal discourse with our State legislation being the Children and Young Persons (Care and Protection) Act 1998. This legislation intersects with others at state level, such as the Crimes Act and at a Federal level with the Family Law Act at the centre. The laws of our land can be described as the ultimate in norm setting. Historically, they have been co-opted with professional discourses such as psychology and other discourse such as cultural or popular discourse that construct and reflect community values. However, as we later discuss, while some knowledge emanating from different discourses are compatible, other knowledge is inconsistent or incommensurable.

What also creates complexity is that dominant knowledge changes over time and is different in different contexts. A strong invitation to subscribe to normative truth claims arises from dichotomies constructed by and within the discourse, reflected in the language and jargon of child protection. These dichotomies include functional/dysfunctional, substantiated/non-substantiated, guilty/not guilty, victim/perpetrator. While locating these examples we also considered the dichotomies of global violence discourse as also relevant, for example, good/evil, terrorist/hostage or victim, "with us"/"against us," war/peace.

In the mapping process we talked about the categorisation of experiences of violence and how they have developed. Some categories we talked about included Domestic Violence and Family Violence, Physical Abuse and Neglect of Children, Sexual Assault, Rape and Sexual Harassment, Violence against Women, School Violence and Bullying, Workplace Horizontal Violence and the list goes on. We also talked about the political implications of these categories. We reflected also how global violence discourse tends towards categories - War, Terrorism, Resistance, Defence, and Racial Genocide. The context and where one is positioned will determine how it is defined and understood, for example, "one man's terrorist is another man's freedom fighter." We also thought about whether

categories made issues relating to gender, race, class and age etc more or less visible and what might be the implications of moving towards more integrated, less categorised understandings?

We were left with more questions than answers, however, we were able to name some of the effects of discourse on workers. While some of these effects were limiting, others we considered to be enabling.

LIMITING EFFECTS OF DOMINANT DISCOURSE

- **When subscribing to a particular normative truth claim in a professional context, the professional becomes the knower/holder of the truth. Thus ensues pressure to "get it right" and a sense of failure and self doubt and blame if you don't.**
- **Subjects workers and colleagues to judgement and scrutiny as viewed through a lens of deficit.**
- **Blinding to possibilities or understandings that fall outside truth claims.**
- **Hopelessness, pessimism, cynicism, "black humour" and despair which can lead to disrespect and disrespectful practice.**
- **Outrage and the development of an "inner tyrant," which also can lead to disrespect.**
- **Quantifying lived experience through subscribing to "evidence based practice"; reducing lived experience to numbers, which can be collected and meaning made by professionals. Consequently work is only viewed as valid if it can be quantifiable; therefore relationship, context and unique meaning is rendered invisible and considered unimportant.**
- **Silencing, as it is not safe to question one's own experience of the truth claims, nor the ethical positioning they imply.**
- **Workers cannot be human; or have vulnerabilities and/or weaknesses.**

ENABLING EFFECTS OF DOMINANT DISCOURSE

- **Can provide certainty for action**
- **Can provide more agency / power for action**
- **Can more easily communicate with others who hold similar truth claims**

We were now able to name those practices we have already developed as individual workers and as a team that we thought resisted or at least questioned the influence of normative truth claims. We identified practices that related to our relationships with our "clients" and those that are related to our relationships with each other. We have been somewhat influenced by the writing and teaching of Johnella Bird in articulating these practices, although each team member was able to identify these practices having existed prior to

exposure to her work. Of most interest to us was the practice of relational externalising, a practice of using language, which "acts to shift the focus, from that of the individual self to a self always in relationship," (Bird, 2000:7) and sharing an interest in qualities of understanding in the therapeutic relationship. We also identified deconstructive questioning practice that reflects a curiosity around the ambiguity and "grey areas" of people's lives, rather than filling in the gaps with our "expert knowledge" and unpacking the beliefs and attitudes held by people and between people. In terms of team relations, we have noticed that we also engage with curiosity regarding each other's ideas and try to be open to exploring difference. We regard our relationships with each other as very important in sustaining each other in this very challenging work with violence. We have a commitment to asking each other thoughtful, deconstructive questions and being tentative and respectful in making comments about our work with people. Part of this is also locating or "grounding" such statements in our own lived experience. Although at the time of writing this paper we are all white women on the team, we consider this to be of vital importance had we to deal with gender or race difference.

In resisting categorisations of people's experience, we engage in practices that invite people to link their lived experience with others in their cultural context, taking care to locate ourselves as well. This may include conversations that seek connectedness in the struggle of local and global violence. We are also committed to taking great care in the use of language with people. For example, we prefer to speak of "abusive or violent practices" that describes the action, rather than speak of the person's identity by subscribing to the language of "perpetratorhood" OR "victimhood."

Within the team, we regard the broad context of violence as a valid site of research and discussion, rather than limiting ourselves to thinking within the categories of our imposed limited frame of interest, physical abuse and neglect of children. We personally participate in acts of protest against local and global violence; disseminating information via email to colleagues. We have also forged working partnerships within our service with other teams that specialise in working with different forms of violence. For example, over the past two

and a half years we have developed joint work practices and protocols with our local sexual assault service. Initially it took a long time to overcome the effects of categorisation and perceived difference, which kept the teams working in isolation.

SAFETY AS A SITE IN THE DISCURSIVE TERRITORY OF VIOLENCE

Discussions on global violence discourses within our team generated many questions we often joked about our team possessing certainty about uncertainty. We considered: if establishing a "prior public domain of communication" around what constitutes violence globally can enable resistance to violent practices, what might enable resistance at our more local level? As mentioned above, our team had joined with the local sexual assault service with a view to work with people in a way that does not privilege categories of violence (for example, The categories child abuse Vs sexual assault).

This has materialised into doing some "joint work." We now consider that if conversations on how we defined violence had enabled such changes and thoughtful practices to occur, what would be the significance for our team in deconstructing how we positioned ourselves in relation to the experience of freedom from violence or safety.

Safety is a construct widely discussed and promoted within child protection services. There are many slogans relating to children's right to safety and child protection legislation requires the assessment and measurement of "risk of harm" as a standard for determining the binary of whether a child is safe or unsafe. Mapping out the construct of safety we noticed:

* A relationship between constructs of safety and global constructs of protection and defence. We noticed how actions taken in the name of these constructs might become sites of contest for the justification of further violence or coercion.

* A binary is often implicated; you either safe or unsafe without an "in between."

* Therapeutic discourses speak of safety as an emotional internal state that can be created in therapy and transferred to other contexts. There is a notional point of measurement of safety determined and controlled by the therapist, sometimes referred to as a "boundary." We were reminded about the Australian government's alleged ability to create "safety" - constructing and reconstructing "borders" through exclusion of undesirable people.

* On the other hand, measurement of safety relates to assessment of a person's external environment that is, what they are subjected to. Rarely is a person consulted about their relationship to "safety."

* Some feminist acknowledges speak of a need for separation and disconnection from men (who are "unsafe") to promote safety of women and children (who are "safe").

* There is a relationship between the construct of safety and discourses on individual damage and pathology. Therefore, there is a need to uncover individual and family deficits to assess safety.

* Safety discourses imply freedom from a source of harm, which is also culturally determined.

As we attempted to map out the discursive territory of safety we noticed how challenging and unfamiliar this process was. The dominant discourse that most of us have been taught is that safety is a distinct, knowable and even measurable entity. However, the very enabling aspect of safety as a normative entity is that it has the ability to provide a reference point from which to take a stand for children and young people at a systemic level. It is a powerful construct that enables the articulation of respect and value of human life. What language and practices might we use in place of these constructs to convey these intentions and to continue to advocate for children and young people?

SOME FINAL THOUGHTS :

We have asked ourselves what has supported the conversations and practices shared above and also, what would have been the consequences of not having them (or being allowed to have them)? We consider ourselves fortunate to be part of an organisation that promotes an inclusive and integrated approach to violence and its effects and supports deconstructive practice and research. This has allowed us the "space" for thinking and talking in these ways (tentative, rather than definitive understandings) and the capacity to develop thoughtful and respectful relationships. Our conversations have allowed us to remain hopeful that we will continue our commitments to this area of work and to each other in the team.

REFERENCES :

Agger, B. (1998) Critical social theory: an introduction. Colorado: Westview Press.

Bird, J (2000) The Heart's Narrative: Therapy and Navigating Life's Contradictions, Auckland, Edge Press.

Delanty, G (2001) 'Cosmopolitanism and Violence: The limits of Global Civil Society'. European Journal of Social Theory, 4 (1): 41-52.

Evans, S. (2002) 'Ways of knowing about Domestic Violence; a critical review and discussion of the literature', unpublished.

Flax, J. (1992) "The end of innocence" in Feminists theorise the political, edited by J. Butler & J.W Scott, New York: Routledge.

Kelly, L. (2000) "Joined up responses to complicated lives: making connections across recently constructed boundaries," Child and Woman Abuse Studies Unit, University of North London, UK.

Tomison, A. (2000) "Exploring Family Violence: links between child maltreatment and domestic violence" Issues in Child Abuse Prevention, No. 13, Winter 2000.
