



*Sharing sadness and finding small pieces of justice:
Acts of resistance and acts of reclaiming in working
with women who've been subjected to abuse*

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Abstract

This paper describes work with women who have been subjected to sexual and physical abuse. Ideas of searching for small pieces of justice through thickening stories of resistance to abuse and of reclaiming life from the ongoing effects of abuse, are explored through women's stories.

Key words: abuse, women, mental health, distress, suicide, self-harm, eating disorders, patriarchy, justice

The women¹ with whom I meet are generally referred to me with a mental health diagnosis, and a list of medications. In Australian culture, these labels invite quite negative connotations within the community. Many of the women are also under scrutiny by child protection services. I work in a generalist position, yet most of the women I meet with have been subjected to physical and/or sexual abuse, along with emotional and verbal abuse, both as children and as adults. The prevalence of this abuse tells me this is bigger than individual experience, and has made me interested in the political context of abuse. In hearing these stories of multiple injustices, I have started searching for ways to find 'small pieces of justice' – recognising the women's acts of resistance and acts of reclaiming, and recognising my role in acknowledging these.

History of a desire for justice – Honouring Simone

My desire for finding justice with the women I meet with has a particular history. Several years ago, I was working with Simone² in relation to the effects of childhood sexual assault and current domestic violence. She rang me to say that she had been raped by a group of men, and to ask me to go with her to the scene, with the police. It was so distressing to me to hear what had happened to her while we walked through the actual street, and that she screamed out for help in a suburban street and no-one came to her aid. The men had not been caught by the police. Looking back, I wish I had realised that the fact that no-one helped her does not diminish her protest. I would have liked to have asked more about this protest and the intentions she had, and what values this spoke to. I later went to her funeral, after a medical error – another system letting her down. It took a whole year to find out what had happened.

During this time, I was concerned that domestic violence may have contributed to her death, and I protested to the coroner on her behalf. Every few weeks, I made sure they knew I had not forgotten her. Considering the terrible things that had happened to her growing up, and then the domestic violence, the sexual assault by strangers, and the death resulting from a medical mistake, it was hard to hold all this in my mind. Whenever I drove past her street, I felt sick and fearful. I feel glad that I have learnt different ways of supporting women. When I support women now, in recognising misogyny, and moving away from the effects of this, I am honouring Simone. When I assist women to acknowledge the protests they have made and are making to abuse, and I am an audience honouring their protests, I am also honouring Simone's protests. Re-membering Simone (Myerhoff, in White, 2007) is quite moving for me, and mirrors the way I hope to work, in assisting people to find historical links to their values, and the ways they are currently acting in line with these values.

In this paper I will describe nine key themes that guide my practice:

- Sharing sorrow, demonstrating I am not afraid of women's stories and creating the possibility for solidarity
- Richly acknowledging the effects of abuse on the lives of women
- Acknowledging the political context of experiences and expressions of distress and deconstructing pathology
- Rebuilding identity – re-membering
- Double-listening
- Noticing responses as acts of resistance at the time of abuse
- Acknowledging resistances in the present
- Highlighting acts of resistance as political action: finding small pieces of justice
- Outsider-witness practices.

I hope that each of these themes, in some small way, honours Simone.

Sharing sorrow demonstrating I am not afraid of women's stories and creating the possibility for solidarity

The women I am meeting with are experiencing many difficulties in their lives which have occurred as a result of abuse. Such difficulties include fear of leaving the house, trouble falling asleep at night, nightmares, fear of crowded places, self-hate, guilt for being alive, self-harm, suicidal thoughts, anorexia, and bulimia. Some have used drugs in the past, either to alleviate the pain of the distress brought by abuse, or due to coercion by the person doing the abuse. The women now live with the continuing impact of this previous drug use on their lives, including removal of their children by child protection services or by concerned family, monitoring and judgement by family and community, disconnection from friends who are still involved with drugs, the daily requirement to pick up methadone from the chemist, and diseases, such as Hepatitis C.

Some women who come to meet with me fear that their stories are 'too bad' and I won't want to hear about the abuse and its effects, or that the issues are 'too complicated' and I will refer them to other services. Some women, when attending counselling at other places, have been stopped part-way through a story, and referred to a specialist service, such as sexual assault counselling. This has sometimes inadvertently confirmed the idea that their story was too hard to hear, or

that they have 'too many problems'. In my work it is therefore important in building trust and connection to demonstrate my willingness to hear such difficult stories.

One woman said to me that she likes that I ask more questions when she says something about cutting, or suicidal thoughts. She said this shows her I'm not scared to ask, I am interested, and that it is okay to speak about these things. She spoke about another worker simply asking, 'Are you safe tonight?', and then moving on to another topic when she assured them she was 'safe'. This had her thinking that people are sometimes not comfortable in hearing about self-harm practices or suicidal thoughts, and added to the silencing she already experienced about the abuse. Demonstrating this willingness to listen has helped establish a relationship of trust, which allowed her to tell me about the abuse she has experienced. It is also a political stance on my behalf to not collude with silencing.

When listening to people who are experiencing self-harm, suicidal thoughts, or food issues, I pay special attention to listen to their experience and to use their own words in my questions. I try not to make assumptions or jump in with my own ideas, just because I know something about these issues, or even because I've discussed them with this person before. I've noticed that self-harm, suicidal thoughts, and anorexia/bulimia can change their tactics often, especially when certain tactics have been 'exposed to the light', and the person is getting clearer on how to get around that tactic. These problems really work hard at attacking people's identities, hopes, and values. Part of my practice of accountability to the people I meet with is to make space available to hearing these thoughts and examining their tactics, so that we both know what the person is being subjected to. This way, we can work on it together, so that there is a sense of solidarity, rather than the person feeling on their own with the distress.

When listening to stories of self-harm practices or suicidal thoughts, I try to focus my listening on really hearing the pain the person is expressing, and not getting distracted by worker anxiety (Stout, 2010). This can be difficult when the person's safety seems at risk. I use a support team available to my mind when anxiety tries to get the better of me, and I feel uncertain on how to proceed (Pederson, 2014). I think of therapists I know well, and whom I trust. I imagine what they might notice in the story, or what they may be curious about. Once I've done this, I suddenly have ideas for questions pop into my mind. I particularly focus on the alternative story of how the person has gotten through the dark thoughts before, and how they have even made the effort to speak with me today. This privileges the person's skills and knowledges, and de-centres me from being an expert. Often, these skills, such as finding safe places to rest, building a support network, utilising distraction or finding comfort through music, have been overlooked or diminished by others. This is similar to the experience of disregard or

diminishment often experienced by people when speaking of their responses to the abuse. In both of these situations, this disregard can result in shaming, despair, and potentially self-hate.

Another way to build trust and maintain safety for the person I'm meeting with is respecting the person's choice as to whether or not they even want to discuss the assault. I assure the person that we can work together on reducing the impact of the effects of the assault without discussing the details (White, 1995). This is to reduce the risk of re-traumatising the person. It is also a way of being de-centred. I also check whether it is me or another person they wish to speak with about the assault. As well as respecting choice, this is also an attempt not to replicate the work of others, or of accidentally getting the person to tell their story repeatedly, especially as some of the people I see also have a mental health worker involved.

Richly acknowledging the effects of abuse on the lives of women

Many of the women I meet with have experienced multiple assaults, from various people, in both childhood and adulthood. Often, attempts to speak out have been met with silencing ways, such as denial of the occurrence of the abuse, dismissal of the seriousness of the effects of the abuse, demands to keep quiet to avoid shame on the family, and blaming the person who experienced abuse. This leads to confusion, shame, and the construction of negative identity conclusions. In telling the women I believe them, and expressing my genuine sorrow about what happened, I am sometimes the first person, or one of a small group, to express care about what the person has experienced.

Mary was referred for counselling due to suicidal thoughts. She said that at times she wanted to escape this world, and the thoughts told her to take her child with her. Mary finally broke the silence about being sexually assaulted by a family member, by speaking to another family member about it. His response was, 'Yeah, well, that's what happens. It happened to me. I got over it. It's no big deal'. While he believed her, she experienced this response as extremely dismissive, uncaring, and silencing of further discussion. When people describe to me such minimisation of the abuse and its effects, I find these questions helpful:

- What effect did this response have on you?
- What meaning did you take from this response?
- Did it make it easier or harder to speak to others about the abuse?

- How have you been able to try again, and speak to me or to others? What did it take?
- What would you call this action? 'Speaking out', 'standing against silencing' or perhaps something else?
- What does this say about what is important to you, that you were willing to 'speak out' despite the steps the person who abused you took to silence you, and then the continuation of this silencing by the person you tried to tell?
- Instead of the response you received initially, what would you have liked him/her to say or do? If he/she had responded in a more acknowledging way, what would that have looked like?

These questions also provide a possible opening to acknowledge the political context of community responses to abuse.

My expression of sadness over what happened to Mary, and the exploration of what sort of response she would prefer, supported her to then tell other women about the abuse at a group facilitated by another service. The women were moved to tears, which Mary experienced as very acknowledging. Some women were then able to speak of their own experiences of abuse. Mary said she was pleased and comforted by this two-way contribution, and she continued connection with one of the women after the group finished.

Richly acknowledging the effects of abuse is not a one-off event. Sometimes, people revisit stories I have already heard. My willingness to return to old stories, as the person considers these between sessions, is another way to contribute to a rich description of the effects of the abuse. It's also an opportunity to further deconstruct dominant ideas, or further investigate the tactics of the problem. Looking for entry points to the alternative story, such as skills they used to survive, values held onto in the face of difficulties, and acts of care for others, ensures that in each re-telling there is opportunity for further double-storied development. This allows for more meaning-making to occur, and a thickening of the preferred identity the person is stepping into.

Acknowledging the political context of experiences and expressions of distress and deconstructing pathology – Tahlia's story

Tahlia is a young parent who inspires me in the determination she has to live life differently, and parent her child differently

from the way she has been shown. Tahlia experienced multiple and ongoing abuses, both as a child and an adult, which had serious consequences on her life, and on her identity. She was referred to me by our state child protection service. They did not hold concerns for Tahlia's care of her daughter, but had a continued presence in her life as Tahlia was a 'ward of the state', and were also involved due to recent domestic violence.

Together with Tahlia, I explored a rich description of the effects of the abuse. Michael White (1995) wrote about the importance of recognising that it is the *meaning* people make from the events of abuse, which can bring negative identity conclusions, which lead to actions against the self. He asserted that the actions against the self are often then viewed by the person as confirming that they are indeed worthless or deserving of abuse. Narrative practices such as re-authoring, deconstructing, searching for the absent but implicit (White, 2000) and noticing acts of resistance, provide us with the opportunity to assist those we meet with to reconsider the *meaning* that's been made of the abuse. For Tahlia, the meaning made of the multiple acts of childhood abuse against her were 'Nobody wants me', leading to the identity conclusion 'I am unlovable'. She was also impacted by ideas of genetics and environment, and by the labelling of borderline personality disorder (BPD) – 'Whether it is nature or nurture, I'm destined to hurt people'.

When Tahlia came to meet with me she had been struggling with what she referred to as 'cutting'. Tahlia experienced self-harm in different ways at different times – as an expression of distress, as an attempt to reconnect to feeling when distress had left her numb, and as an act of protest. This fits with the experience noticed by others (Favazza, 2011). Tahlia did not want 'cutting' for her life. While she honoured these scars as testimony of all she had been through, she did not want her daughter to see fresh scars. She was also concerned that cutting may be interpreted by her child protection worker as 'proof that I'm crazy, or unstable' and that they might take her child away from her. She was worried that if she spoke about the suicidal thoughts she was experiencing, she would be hospitalised, and that this would provide an opportunity for removal of her child.

Acknowledging the context of experiences and expressions of distress is a significant part of my work. Sexual or physical abuse increases the likelihood that people will experience repetitive self-harm (Favazza, 2011) and noticing the link between abuse and actions against the self assists me to see these as expressions of distress, rather than symptoms of mental illness (Lee & Pederson, 2014).

The Externalising Conversations Map (White, 2007) was useful in exploring the context of what was happening for Tahlia leading up to the cutting. Tahlia said there were connections to past abuse and also a current situation of emotional abuse.

The most common lead-up to cutting were critical comments by some members of her foster family about her parenting and her identity. The distress she experienced due to the multiple abuses and injustices had also been interpreted by mental health professionals as borderline personality disorder (BPD), and Tahlia had told me that this was regularly used by her foster family to put down her parenting, and to make negative predictions about her future. She described these hurtful comments as 'like razor blades raining down on me'. In exploring further the impact of this, we were able to acknowledge the link to suicidal thoughts, as these comments attacked her identity as a parent and therefore attacked her hope for the future. In recent months Tahlia's foster mother has been open to noticing Tahlia's acts of care towards her and the family, and this has changed her ideas about Tahlia. She in turn has demonstrated acts of care towards Tahlia, and their relationship has moved towards 'closeness', which is their preferred direction.

Our work together gave Tahlia a safe space to find ways to decrease the cutting, and find ways through the suicidal thoughts without fear of being seen as an 'unfit mother'. Using externalising conversations we were able to separate the problems Tahlia experienced from her sense of self, and notice the intentions cutting and suicidal thoughts had for life. By naming these problems as an outcome of the emotional and physical abuse, and sexual assaults, we moved from an individualised and pathologised description of her experience of self-harm and suicidal thoughts, and towards an acknowledgement of the political context of the abuse.

The effects of trauma on Tahlia's life had led to her being given various mental health diagnoses, which had convinced her that she was 'damaged'. This impacted her hopes for her life, and the life of her child. We deconstructed these labels, but as she consulted a psychiatrist for medication, and was on the waiting list for a service for people with borderline personality disorder, it was difficult to maintain long-term separation from these labels. Feminist writers have illustrated how, throughout Western history, women who had become distressed by the abuse they have experienced have been more likely than men to have this distress diagnosed and treated as a mental illness (Chesler, 1972). Expressions of outrage over abuse, such as distancing one-self from family, heavy alcohol or drug use, or practices of self-harm do not fit with the dominant idea of 'lady-like behaviour'. For Tahlia and other women I meet with, this rush to diagnose and categorise means that many people are having their expressions of distress in relation to injustice labelled as mental illness.

I've been thinking a lot about the unfairness of calling the trauma resulting from abuse 'mental illness', as this shifts the focus and responsibility away from the person who abused, and makes invisible the influence of patriarchal values on the

occurrence of abuse. Many of the women I meet with have been under scrutiny. The focus of services is often on the mother – either on her 'failure' to leave a violent situation, or on the distress viewed as mental illness. 'Mental illness' is seen in Western culture as an individual problem, and is often viewed as pathology caused by genetics. What injustices do these labels make invisible? What impact on worker attitudes do these labels (such as BPD) have, when they are documented in referrals? What impact do these labels have on the way women see themselves? Rather than diagnosing self-harm, suicidal thoughts, and eating disorders as mental illnesses, I choose instead to see them as expressions of distress which make sense in our culture and in the context of abuse and injustice.

Unmasking the operations of such problems as self-harm and suicidal thoughts and deconstructing patriarchy are political aspects of my work.³ In making visible the link between these problems and abuse, we are locating the problem as a social and political responsibility.⁴

The following questions assisted us to make these links (shaped by Tahlia's responses):

- The shame that you experienced in relation to the abuse, who encouraged this shame?
- How did this person trick you into believing what shame had to say?
- This shame that was put on you by this man's abusive words and actions, what did it get you thinking about yourself?
- So the shame invited thoughts of worthlessness and got you hating yourself. Did this sense of worthlessness and self-hate get you doing anything, or stop you from doing things?
- It got you cutting yourself, caused all sorts of trouble with food, and made it hard for you to leave the house? So these things you've been struggling with over the past few years, these started because of the abuse and the shame that was put on you. Have I got that right?
- Have you noticed before now that the cutting, the problems with food and the difficulty leaving the house were pushed onto your life by the abuse, or is this a new consideration?
- What is it like noticing this link?
- What has noticing the beginnings of these struggles got you thinking about the idea you've been carrying that these problems are your own fault, and are proof that you are 'mentally ill'?
- Who has been benefitting by blaming you for these struggles you've been facing?

When discussing the purpose of deconstruction in therapy, Michael White uses the ideas of Bourdieu in saying that ‘... we might become more aware of the extent to which certain “modes of life and thought” shape our existence, and that we might then be in a position to choose to live by other “modes of thought”’ (White, 1992, p. 122). In deconstructing the messages of patriarchy, I am attempting to increase awareness of the influence of the systems we are living within, and the impact of these on the shaping of our identities and actions. I am hoping that women are able to further separate their identities from the problems in their lives, and consider whether the ‘modes of thought’ influenced by patriarchy fit with their own values, hopes, and purposes or not. This way, I hope women are freer to live their lives the way they choose, rather than what is imposed insidiously.

An example of this deconstruction is noticing and examining the link between misogynistic verbal abuse, or the emotional abuse that happens alongside physical or sexual abuse, and the words that are present in the thoughts during practices of self-harm, such as ‘you are worthless and stupid’, or ‘you deserve to be punished’. When the words of abuse are recognised as being similar to the words of the problem, it can be seen as being an outcome of the abuse. This provides more possibility for questioning the intention of what self-harm or anorexia/bulimia (or a more experience-near name) might want for the person’s life, and whether these intentions fit with the person’s intentions (Maisel, Epston, & Borden, 2004).

Example questions that start with exploring the effects and then making the link with abuse are:

- When did the thoughts about self-harm first start?
- Is this when actions of self-harm also started, or was that later?
- What was happening for you at those times at home ... at school?
- Do certain words or thoughts come into your mind just before self-harm happens, or while it is happening?
- Are these words familiar to you? Have you heard them from someone else in your life?

My passion to ask questions that deconstruct patriarchal messages and systems is shaped by my own values and principles, which have been shaped by my relationships, experiences, and meaning-making from those experiences. I need to be careful that my passion does not tip over into being ‘centred’ in this work. I am deliberately *influential*, however, as I feel ethically required to assist people to examine the context of their lives, and notice the influence of this on the problem story. During my conversations, I carefully check out with people if these questions and ideas are of interest to them or not, and how they might let me know if I am taking the conversation

into territory they are not interested in, or feel uncomfortable to discuss. So far, all of the women I’ve met with have been very interested in these ideas, and have been making their own observations of society and relationships, but have not necessarily had the opportunity to put these observations into words before. Tahlia was quite interested in discussing issues of patriarchy, including the use of misogynistic language by her male friends. Her own noticings about society, and her interest in examining these issues, influenced our work together.

Rebuilding identity – re-membering

When I meet with people who experience suicidal thoughts, I am conscious of the ideas of building a support team. However, in Tahlia’s situation, this was complex. Fear made it hard for Tahlia to trust people, or to engage in conversations with other parents in our groups. When involving others in therapy proves difficult, sometimes re-membering conversations about significant others can be influential (White, 2007). Holding re-membering conversations in my work with Tahlia has also been tricky, however, due to abusive aspects to many of her relationships. For instance, we discovered unique outcomes, when adults in her life assisted her after an assault, or tried to protect her from her parents, and we considered what this care might suggest they valued in her, or in their relationship with her. This picture was then complicated, however, by the sense of betrayal Tahlia experienced, as it appeared that these adults did not report the abuse to the child protection service, and this resulted in the death of her baby brother, Kane, and placement for Tahlia into foster care where further abuse occurred. Over time, I realised that re-membering conversations in relation to her brother Kane, might be significant to Tahlia.

Tahlia had been told by others that unless she could cry about the death of her brother, she would never ‘get well’. After deconstructing these dominant ideas of grieving and healing, we discussed ways she remembered and honoured him. She said that every year on his birthday she bought a cake, celebrating his birthday by herself. Tahlia thought of him often, but on the anniversary of Kane’s death, she dedicated the whole day to thinking of him. We wondered together what Kane might say about Tahlia remembering him, and about what he might say about her getting through tough times. His voice was encouraging to her. We also wondered whether this demonstrated her love for him. This was particularly significant because Tahlia at times had been recruited into the idea that her BPD diagnosis meant that she was incapable of love. I was hoping that in evaluating these initiatives, and what they reflected about what was important to her, Tahlia would develop an appreciation of these initiatives, and a renewed sense of personal agency (White, 2004a).

I wondered if it might be possible to consider what Tahlia contributed to Kane's life, and asked the following questions:

- I imagine there were some scary times for you both. What might have been some ways that you comforted Kane? Do you think perhaps you stood by his cot so he knew he was not alone? Or maybe you passed him a toy or a dummy?
- What might it have been like for Kane to know you were there, and that you loved him and wanted him to be comforted?
- There were times when your parents didn't attend to your needs or Kane's needs. What do you think it was like for him to have a sister who noticed him, and loved him?
- If he were able to express it, what do you think it might have suggested to him about his own worth, that you noticed him and loved him?
- If he were here to see the way you attend to your daughter's needs when she is hungry or wet, what might he appreciate about your parenting?
- If he knew of the way you have kept your daughter away from the violent anger of her Dad, what might he say about your efforts to give her a different life to the one you and Kane had?
- If he were here right now, what is your guess about what he'd say it means to him that you remember him, and that you wish things had been different for the two of you?
- What might he think the anger and sadness you feel about his death suggests is important to you?

The re-membering conversation we engaged in brought out very moving stories of Tahlia's love for her baby brother, and her care and comfort of him. I got to hear about his 'mischievous smile' and the way he would lean into her when going to sleep, and her guess about what this 'leaning in' might mean. She smiled as she described him to me. She said that this was the first time she had spoken in detail about him as a person to anyone. Usually, she had just referenced his death, but never spoken of his life. Tahlia said she really appreciated this about our discussion.

Double-listening

The ways Tahlia distracted her baby brother Kane, keeping him quiet to help him avoid physical abuse by their parents, and the way she attended to him during times of extreme neglect, speak of her responses to the trauma they were both subjected to. I am so relieved to know about double-listening (White, 2004b), so that I can not only listen to the accounts of traumatic events

and the distress that abuse brings, but also ask about the skills and knowledges people have used to get through, and the values linked to this. I particularly noticed this in Angel Yuen's discussion of second story development:

The second story also acknowledges that, even though a child may not have been able to stop a traumatic event which may have involved a range of abuses, or had no control over events of suffering such as disease or death, ample possibility still remains to co-discover how they have responded to these events in many ways. (Yuen, 2007, p. 6)

Questions can be asked regarding responses at the time of the abuse, and its immediate aftermath, or responses to the ongoing effects of abuse. Using concepts from the Re-authoring Conversations Map (White, 2007), questions can allow the person's own responses to the abuse to become more richly known and acknowledged, assisting the person to view themselves differently, and have an increased sense of agency (Denborough and Preventing Prisoner Rape Project, 2005; White, 2004b; Yuen, 2007). These questions generally fit under the following categories, and are shaped by the person's responses:

- the landscape of action

- Even though you couldn't stop him from raping you, in what ways were you trying to protect yourself, or lessen the harm?

- the landscape of identity

- In changing from screaming to crying silently, what was your intention in that?
- What did you know or guess about crying silently, that suggested it could help you be a bit safer?
- So it stopped him from killing you? Would you call this a skill of survival then, or something else?

- tracing the history of this skill (landscape of action)

- Is crying silently something you are familiar with? Has this helped you in the past?

Other landscape of identity questions seek to identify the values these actions and skills are linked to.

In my conversations with women, there are always actions for survival, whether these are overt attempts to fight off the person assaulting them (choking him, punching him), or ways to lessen the harm (recognising when fighting is bringing stronger harm, and becoming still or quiet to survive), or ways of trying to get help (screaming for help, writing stories at school about abuse). These have been linked to valuing their own life, or needing to protect their child, whom they love, and whose life they treasure. My experiences of these

conversations support over and over again White's (2004b) assertion that people always respond to the traumatic events of their lives:

People always take steps to try to prevent the trauma, and even if preventing the trauma is clearly impossible, they take steps in efforts to preserve what is precious to them. Even in the face of overwhelming trauma, people take steps to try to protect and preserve what they give value to. (p. 48)

Acknowledging resistances in the present

During my year of meeting with Tahlia, she was subjected to a violent rape, and her life was threatened. The safety we had established in the therapeutic relationship allowed her to speak about this assault. As a result of the distress she felt over the rape, she had cut the words 'Please stop' into her body. Rather than responding from a place of worker anxiety about the cutting, using double-listening in responding to trauma (White, 2004b) allowed me to listen to her pain and distress (Stout, 2010), acknowledge the protest implicit in the words she cut, and assist her to find other ways to express this distress. Narrative positioning allowed me to also express sadness and outrage about the rape, and sadness that she had been so distressed as to cut words into her body.

Prior to the most recent sexual assault, Tahlia was already struggling with fear and suicidal thoughts as a result of previous abuse. When I asked her about the impact of looking at her responses, and thinking about ways she was reclaiming her life, Tahlia said, 'Coming here after the rape was helpful, because I wasn't afraid to talk to you. I can see that I was definitely fighting for my life on that night. I didn't want that to be my last breath. This shows me that I wanted to live. I know that I'm not worthless. I'm struggling, but I'm not worthless. I need to live'.

Highlighting acts of resistance as political action: finding small pieces of justice

Dominant culture has a key role in the construction and continuation of problems (Handsaker, 2012). In discussing his use of the phrase 'subordinate stories', Michael White refers to Foucault's ideas on dominant knowledge and subordinate knowledge, and points out that stories are not subordinated by chance, but as a result of the operations of power (Winslade & Hedtke, 2008). These ideas got me thinking about how women's

stories of resistance to sexual or physical assault are hidden or overlooked, and that highlighting acts of resistance is political action. In turn, this has led me to considerations of justice for women who have been subjected to abuse.

In my conversations with women, the topic of justice often comes up. Most do not believe justice in the traditional sense is available for them. For example, Sarah (another woman I've met with) said, 'You can't rely on the courts for justice. It's not set up for justice for women. It is very hard for children or women to speak up at all'. One woman, who was sexually assaulted as a child, believed she did not get justice because her father was sent to 'rehabilitative counselling' rather than jail, after a two-year court process. When considering taking a recent assault by another person to court, she was told the cross-examination would be difficult, because she would not be considered a 'credible witness' due to her history of sexual assault and the resulting 'mental illness' she was experiencing before the rape. She asked me a very moving question: 'Does this mean that once someone has been sexually abused as a child, society allows them to be raped throughout their adult life, and no-one will be held to account?'

The community attitudes that make it hard to tell friends about sexual abuse or assaults are also prevalent in health services and the police, although some improvements have occurred. I hold Simone's story in my mind when responding to women after a sexual assault. After being gang-raped, she was asked by a sexual assault counsellor, 'Why were you walking at night?' Simone took this question to be implying that she was stupid, and partly responsible. The responsibility was not placed with the men who raped her. Together with the women I'm meeting with, we have had to come up with some alternative types of justice (Hung Suet-Lin & Denborough, 2013). We have been looking at efforts to address the effects of abuse as acts of reclaiming life, and discussing whether these are 'small pieces of justice'.

Just as we can acknowledge acts of resistance at the time of the abuse, so too can we notice acts of resistance that occur *after* the abuse has taken place, and/or acts of reclaiming life from the longer-term effects of the abuse. Any of these acts of reclamation can be recognised and linked to considerations of justice (Hung Suet-Lin & Denborough, 2013). Let me offer some examples.

One woman described that during a sexual assault by her close friend, she choked him to try to make him stop, even though he had drugged her. In the following weeks, he kept trying to contact her. However, she told me she was deliberately *not* changing her phone number. She said, 'He is a very scary guy. No-one ever stands up to him. By not changing my number, I'm standing up to his intimidation. By ignoring his calls and texts, I'm showing him I'm not scared'.

Tahlia has also taken acts to reclaim her life from fear. Fear had been very strong in Tahlia's life, making it hard for her to leave the house. Therefore every time she left the house to do something for herself or her daughter, she was reclaiming her life from the effects of abuse. She said that this was linked to her valuing of her daughter's life, and her hope that her daughter would have a better life than Tahlia had as a child. In striving to finish her education and get a job working with animals, Tahlia hoped to link her love of animals to her desire to show the people who had hurt her that they had not stopped her reaching her dreams. She also wanted to show society that people with BPD labels can be 'productive members of society'. In her efforts to care for her daughter, she said she was trying to show the people who hurt her, and society, that just because someone has been abused, it does not mean that they will go on to abuse others.

Sarah and I spoke about ways she had reclaimed her life from the bulimia, which started after she was sexually assaulted as a teenager. We also spoke about how she has reclaimed her life from the anger, which was getting her to do things that didn't fit with her values. She stated that forgiving others, not going back to the bulimia, and loving and protecting her children, were ways that she was doing what she wanted with her life: 'I'm reclaiming my life by not going back down the path of bulimia. I'm under so much stress right now, and my daughter's father tells me I'm fat ... but I can't go back to bulimia. I have a better life now, and I want to keep this better life for my kids'.

We then discussed the link between the bulimia and the sexual abuse, and I asked, 'Since the bulimia started as an effect of the abuse, does it mean that by standing up to the bulimia, you are standing up to the effects of the abuse?' She agreed and seemed excited by the idea that she was standing up to the abuse and reclaiming her life, and that I was recognising these stands. So I asked, 'Would you call this "a reclaiming" or "a certain type of justice" or something else?' Sarah said, 'Both! I'm reclaiming my life, and this is a type of justice. Not the court type, but still, I'm living my life the way I want.'

These considerations of linking women's acts of reclamation to considerations of justice are new for me. I am very interested in exploring them further. What difference will it make to our conversations if women's resistance to injustice and the effects of abuse are acknowledged as efforts to achieve 'small pieces of justice'?

In exploring these realms, I have regularly noticed in my practice, that women can more easily connect with a sense of justice or care for others than for themselves. This notion of care and justice for others can be significant to build upon and to use as a scaffold in conversations about justice. For instance, I have started to use third-person-positioned questions, such as:

- If this happened to your friend – if your friend was raped when she was drunk – who would you hold responsible for the assault?
- What would you want to say to your friend about the assault that she had been subjected to?

In the future, I will continue to explore ways of linking women's acts of reclamation with acts of justice-seeking. I'll also continue to explore how women's friendships may be a rich source to support considerations of justice for self as well as justice for others. The involvement of friends and other workers as outsider witnesses may also be significant.

Outsider-witnessing practices

A significant effect of the abuse that Tahlia wished to change was that she felt disconnected from her feelings, and sometimes this had her doubting her own existence. Her words reminded me of a quote from Barbara Myerhoff (1982):

'Unless we exist in the eyes of others, we may come to doubt even our own existence. Being is a social, psychological construct, made, not given.' (p. 233)

Myerhoff's words made me consider Tahlia's isolation from caring relationships, and the impact of the 'critical comments' she was being subject to. This got me thinking of the importance of some sort of outsider-witness process (White, 2007). I recruited outsider witnesses recently when sharing Tahlia's story with other professionals (Lee & Pederson, 2014), and gathered responses using White's four categories of enquiry (White, 2007) to share back with her. Tahlia had said to me 'My biggest hope is to share my story, and give people hope'. The responses the witnesses offered back to Tahlia demonstrated that she had indeed given people hope for their work, and also hope in their personal journeys.

The impact on me of this way of working

There are many reasons I like working this way. Recognising patriarchy and misogyny in this work not only reduces shame, but also opens possibilities of finding other ways to express anger and protest rather than self-harm practices. At the same time, not only does double-listening address my concerns about not re-traumatising people, but in supporting them to find a safe place to stand (White, 2004b), I am also finding a safe place myself. I have heard from people I meet with, and seen in their changed body language, that this way of discussing trauma is new for them, and much more positive in its effects than other experiences they have had in discussing their history. I love

assisting people to see themselves in a preferred light. Listening for responses, skills, values, and hopes is much less distressing for me than only ever paying attention to the traumatic events and their effects, helping me stay in this work long-term.

Even though I notice these acts of resistance, at times I still experience significant sadness, due to the sheer number of assaults I hear about from the small number of women with whom I meet. After a day of hearing stories of abuse by men towards women I take particular care to call into my mind stories of men I know personally, or have heard of, who have put thought and effort into deconstructing dominant ways of viewing/treating women. I remember acts of care and gentleness by these men. This helps me keep going in this work, and helps me hold hope for society.

Focusing on reclamation and alternative ideas of justice, and seeing this as political, has brought me a stronger sense of purpose in my work, and increased hopefulness about upcoming sessions. I have a sense of joy when we uncover together some steps towards small pieces of justice. This sometimes involves highlighting the women's stories of reclaiming to the child protection workers involved with these families. Our service has designed a template for writing reports to our state child protection service which includes a section on the skills and knowledges of families, and another section which speaks of the family's hopes for the future. This is written in collaboration with the family, and they can read it before it is sent to the child protection service. This way of working has assisted in altering the child protection workers' views of the families, and has led to a more collaborative approach between our services, and with the families.

By collecting, archiving and sharing acts of reclaiming, it makes me feel that as women we are joined, and we are stronger together. We are stronger when we share in sadness. We are stronger when we share anger and action. I feel inspired by the

women's efforts, and this pushes me on to continue in noticing steps of reclamation. Keeping this in the forefront of my mind assists in my next conversations.

Conclusion

In this paper, I have shared nine themes that shape my work with women who have experienced abuse:

- Sharing sorrow, demonstrating I am not afraid of women's stories and creating the possibility for solidarity
- Richly acknowledging the effects of abuse on the lives of women
- Acknowledging the political context of experiences and expressions of distress and deconstructing pathology
- Rebuilding identity – re-remembering
- Double-listening
- Noticing responses as acts of resistance at the time of abuse
- Acknowledging resistances in the present
- Highlighting acts of resistance as political action: finding small pieces of justice
- Outsider-witness practices

Recognising the impact of abuse on such problems as self-harm practices, suicidal thoughts, and anorexia/bulimia is, for me, a political aspect of my work. Examining the messages and systems of patriarchy, which allow abuse to continue, and which make it hard for those who have been abused to speak about this, moves these problems from an individual to a social arena, reducing the pathologising of women's distress. Noticing acts of reclaiming life as 'small pieces of justice' has been experienced as helpful by the women I'm meeting with, and supports me in continuing with this work.

Notes

¹ In referring to women, I don't intend to minimise men's experiences of abuse, self-harm practices, suicidal thoughts, or eating disorders. I'm drawing on the experiences of the people I'm meeting with, the majority of whom are women. I'm also drawing attention to the gendered experience of violence, regarding the significantly higher number of women who are abused than men. I also acknowledge that there are cultural factors that make it very difficult for men to disclose abuse.

² Pseudonyms have been used for all the women who have generously shared their stories. Some identifying details have been changed.

³ I'm quite concerned that even experience-near names for problems may obscure the politics of a person's experience, if the context is not examined (Findlay, 2014; White, 1995). For example, in renaming self-harm as 'cutting', this still doesn't demonstrate that it is an outcome of abuse, and that the abuse was enabled through the social attitudes and systems that benefit men. If we don't examine the context of the problems women experience, we may inadvertently contribute to the pathologising of women's distress.

⁴ I appreciate McPhie and Chaffey's (2000; pp. 38–43) deconstruction of some dominant ideas about women who have been abused, and questioning who benefits from these ideas.

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