

**A CASE STUDY OF THE DUBLIN AND GALWAY RAPE CRISIS
CENTRES : THE THERAPIST'S PERSPECTIVE**

Elizabeth Ryan-Larragy B.A. (Communications)

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University : Dublin City University

Supervisor : Dr. Margaret Gibbon
School of Applied Language and Intercultural Studies

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I hereby certify that this material which I now submit for assessment on the programme of study leading to the award of a Masters Degree in Communication and Human Studies is entirely my own work and has not been taken from the work of others save and to the extent that such work has been cited and acknowledged within the text of my work.

Signed: E. Ryan-Larragy
ELIZABETH RYAN-LARRAGY

I.D. Number : 94970874

Date : August 1997

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Abstract : A Case Study of the Dublin and Galway Rape Crisis Centres :
The Therapist's Perspective

This thesis examines the historical development and current therapeutic practices of two of Ireland's feminist-inspired rape crisis centres (Dublin and Galway).

The focus is on the perspective of workers in these centres, whether as volunteers or paid employees. A number of spokes persons and workers in each centre were interviewed over a 15 month period. These interviews form the bulk of the primary data and are used throughout. Interviewees were questioned on a range of policies operating at the centres: recruitment, selection, training and legal issues.

Although at the outset the case study was not designed to allow comparisons to be drawn between the two centres concerned, major differences in policy and approach between the Dublin and Galway Rape Crisis Centres lead to inevitable comparison. Indeed, these differences inspired many of the conclusions of the study.

Where as one centre continues to operate according to the feminist analysis which first inspired rape crisis centres in the West, the other has adopted a hierarchical management structure with severely curtailed opportunities for volunteer input. While superficially using a similar therapeutic model, the two centres in fact operate from radically opposed premises. This thesis argues that the loss of a feminist perspective on rape reduces the long-term effectiveness of rape crisis centres since

without such a perspective, the conditions giving rise to rape are not addressed.

Instead the symptoms of rape are “managed” by “professional experts”.

1.INTRODUCTION

The purpose of this research is to make visible the perspective of the therapist/supporter in relation to sexual violence in order to understand the effect of such a perspective in her work with women who have been sexually violated.

It seemed to me that sexual violence is often viewed from the perspective of the victim/survivor or from the perspective of the perpetrator. My interest in this work stems from my own background as a feminist, and also counsellor and therapist for almost twenty years. My work in counselling and therapy has been within the voluntary sector, in private practice and in the public social service setting.

Counselling and therapy does not take place in a vacuum. It is important that the political as well as therapeutic stances held by those who seek to intervene therapeutically in the lives of those women who have been sexually violated are understood. Such understanding, I believe, is essential to the service of this work.

I chose two Rape Crisis Centres in which to carry out my research work. My reason for this was simple. It gave me access to a number of women who worked in this area. Both of these centres also had women who worked, at least in part, on a voluntary basis.

Much of the original and pioneering work in the anti-Rape Movement was undertaken by volunteers and Rape Crisis Centres continue to make use of volunteer counsellors.

Whilst volunteers are regarded as an invaluable part of the work of Rape Crisis Centres they also often have to prove the capabilities in the face of considerable scepticism.

For clarification this work is divided into five further chapters. Chapter Two reviews the relevant literature across a fairly broad spectrum. Chapter Three outlines the methodological approach taken. Chapter Four deals with the organisational structures of each of the centres as these were found to be fundamental to the work of the therapist and thus to the research study. Chapter Five deals with the further findings of the research and Chapter Six offers a conclusion.

Terms: The term **therapist/supporter** is used together to refer to women working in both centres.

The term **worker/supporter** is used in relation to the women in the Galway Rape Crisis Centre.

The term therapist is used when referring to the women who work in the Dublin Rape Crisis Centre. These terms reflect the differing views of both centres in relation to their work. The Galway Rape Crisis Centre uses the term ‘supporter’/worker emphasising their belief that *any* woman could be a member of their collective and their belief in women’s ability to support each other. The Dublin Rape Crisis Centre recruit only women with professional qualifications to the staff. The women described themselves as **therapists** and I refer to them as such.

RCC is used simply to denote Rape Crisis Centre.

2. LITERATURE REVIEW.

The discussion of the literature reviewed here is wide ranging in its scope. It deals with explanations and theories offered for the existence of sexual violence, in particular feminist theories ; legal practices around such violence; the nature and the structures of those organisations that intervene in an attempt to offer support/therapy to the survivors of such violence, and finally it reviews the therapeutic practices offered to survivors of sexual abuse and violence.

Feminist discussion of power have focussed mainly on male power over women.

Patriarchy is defined as a 'political system in which the balance of power and authority between men and women favours men. (Russell cited in Radtke and Stam) Among the experiences which have mobilised women in the gender struggle are rape and battering, which illustrate men's bodily power to harm and co-erce women. Power, as the capacity of men to oppress, dominate, exploit and subordinate women is well explored in feminist accounts. Patriarchal force, or male violence against women and girls has been a focal concern and at times the key issue for Western feminism since 1960 (Caputi cited in Rafter and Heidensohn, 1995).

Feminist analysis has argued that rape, sexual harassment, sexual abuse, prostitution and pornography are acts of dominance expressed through sexuality. These forms of sexual violence against women are not rare, abberant or deviant behaviours. The hypothesis is

that a willingness to engage in rape and sexual assault is not confined to a small number of 'abnormal' men has been confirmed by surveys which indicate that rape and sexual assault are relatively widespread (Sampson, 1994). Only 7.8 per cent of U.S. women are *not* sexually assaulted or harassed in their lifetimes. (Russell cited in Radtke and Stam, 1994 p. 198). About one third of men say that they would rape women if assured that they would not be punished and each year in the U.S. 30 % of all women murdered are killed by their husbands or male lovers; and at least 1.8 million are beaten by their husbands or male lovers annually (ibid.,)

Whilst it is acknowledged that there is an increase in the disclosure and reporting of rape and sexual abuse as a crime it still remains seriously under-reported. In the Report on the Conference for Safety for Women the Dublin Rape Crisis Centre argued that approximately 20 per cent of those attending the Centre reported the crime to the Gardai and only half of those cases reported proceeded to trial. This figure, argues Paul O'Mahony, of an 80 per cent of sexual assaults hidden from official notice can be considered an "underestimate" since there are likely to be many more victims who would not go so far as to approach a Rape Crisis Centre" (O'Mahony, 1993). In 1987 research in this country suggested that fully 6 % of the population at large had been victims of child sexual abuse. (Market Research Bureau of Ireland, 1987 cited in O'Mahony, 1993)

In 1996 in her paper addressing the annual conference of Marriage Guidance Counsellors

(Limerick, 1996) on the subject of Child Sexual Abuse, Deirdre Walsh suggested that taking the reported incidence of child sexual abuse and using these figures to estimate those going unreported, the incidence of sexual abuse of children had now reached the level of 10 per cent in this country. This Walsh points out now means that in *statistical terms*, such behaviour is high enough to be considered 'normal'. Walsh argues that "whilst we may live with the reality of the incest taboo, call it a myth, call it whatever and yet the statistics belie that fact"(Unpublished paper, Annual Conference of Accord[Assoc. of Marriage Guidance Counsellors] 1996).

Research shows that whilst crime statistics show a substantial increase in the number of reported incidents of rape and sexual violence since the early 1970's the results from victim surveys conducted over the same period suggests that the actual number of offences has remained stable. The amount of sexual violence had not changed significantly but the willingness of victims to report it had. (Beirne and Messerschmidt cited in McCullagh, 1996)

Theories to explain sexual violence have broadly speaking fallen into three categories: sociologically theories, biological theories and psychologically theories.. Sociological theories explains the occurrence of sexual crime by the operation of power and gender relationships in society. Feminist explanations and analyses of sexual violence fall into the first category and are discussed below. Biological theories are explained by

Darwinian theories of evolution or by the influence of hormones on behaviour and the psychological theories by the functioning of individual offenders. These latter two are usefully summarised by Sampson (1994).

Biological theories according to Sampson see rape and sexual abuse primarily as products of societal functioning. Its proponents argue that all men have the built-in potential to rape a woman. This potential they argue springs not from power relationships between the genders but from the biological imperative of evolution. These theories argue that human sexual behaviour is driven by the need for humans to attempt to maximise their potential for successful reproduction. The interests of the female lies in the attraction of a mate who will be able to support her and her offspring after mating. For the males the successful males the successful strategy is one which maximises the potential for reproduction: the successful male is the one who impregnates a large number of fertile females. Rape is therefore to be seen as a mating strategy entered into by relatively unsuccessful males. Unable to attract females because they do not possess the characteristics which indicate that they can provide and care for mother and offspring, they are forced to engage in rape to have any chance of reproduction. Sampson argues that despite the claims of the proponents of this theory to scientific rigour, the scientific basis of the theory remains unproven. Attempts to derive general evolutionary theories from the observation of the behaviour of insects and animals, and to apply them to human reproductive strategies remain controversial within the scientific community.

Sampson points to the questionable nature of the reproductive theory as evidenced by the fact that girls below puberty and women beyond child-bearing age are often the victims of rape. Nor he argues does it explain the sexual abuse of women that stops short of rape and the sexual abuse of other men and male children.

The hormonal version of the biological school suggests the possibility that hormonal imbalances may influence offenders and it is this area that has been the subject of research in recent years. This research has concentrated on the links between sex and aggression, which appear to be mediated by the neural substances and activated by the same endocrines, the sex steroids (Moyer, cited in Sampson, 1994). Whilst studies have indicated some evidence that a higher than normal proportion of particularly aggressive or sadistic rapists have high sex steroid levels there is little to indicate that this is true of a substantial number of abusers.

Psychological theories look to the individual to explain the phenomenon of sexual violence and are, according to Sampson, attractive because they often bring with them the promise of enabling the reform of the individual offender. These theories have been slow to develop. This it has been suggested is partly because psychoanalytic theorists made little attempt to address this issue largely because of Freud's belief that accounts of childhood sexual abuse were fantasy, and because of the confusion in his writing between rape and seduction. Brownmiller is more explicit in her criticism arguing that

the legacy of Freudian psychology was the fostering of a totally inaccurate popular conception of rape. (Brownmiller,1975)

Sampson suggests that the prevailing explanation within psychological theory characterises abusers as inadequate, immature or mentally disordered, abusing through drunkenness or because some action in the offended had aroused uncontrollable urges in the offender. There are some indications that sexual abusers have poor impulse control and that there is a link between alcohol use and sexual offending. There is also support for the explanation that some offenders are inadequate and emotionally immature or lack social skills. However, Sampson argues that this evidence is strictly limited. Scully (1990) points to the fact less than 5 % of rapists have been diagnosed as clinically psychotic at the time they commit the offence and further that the vast majority of those who commit crimes of sexual violence are not psychologically or emotionally disturbed in the normal sense of these terms (Scully cited in McCullagh, 1996). The consumption of alcohol before these offences are committed only indicates that alcohol may be frequently used by offenders as a deliberate disinhibitor. (Coid cited in Sampson, 1994). Bart O' Brien comments that these kind of psychological explanations tend to remove from the offenders responsibility for their actions and are put in a legal language that can be used in court to defend the assailant so that he may be found not guilty.(O'Brien.1985).

There is in recent times an emergence of cognitive/behavioural explanations of sexual violence. These suggest that sexually abusive behaviour is behaviour that is or can be learned (Bandura cited in Sampson, 1994) Sexual offenders come to associate certain stimuli - these may be scenes of violence against women or images of children - with sexual satisfaction, perhaps as a result of a childhood sexual experience. This sexual orientation is reinforced by masturbation to fantasies of rape of child abuse. This theory has taken particular force from indications that many abusers claim they were themselves victims of abuse. However, the fact that many sexual offenders report experiences of sexual abuse does not necessarily show a causal link with their later offending. Grubin and Gunn reported that there was a strong association with their rapists' reports of sexual abuse and their reports of other physical abuse and that it was impossible to conclude whether sexual abuse was a significant factor in their offending. (Grubin and Gunn cited in Sampson, 1994) Sampson further points to the fact that most of the victims of sexual abuse are female, and yet there are far fewer female abusers. It is difficult he suggests to explain this in terms of a causal link between being abused and becoming an abuser. Some victims of abuse may take on the identity and behaviour of a sexual abuser. but the process of learning to become a sexual abuser requires more than just exposure to abuse. (Sampson, 1994) Lupton points to a increasing dominance of approaches that individualise the problem of sexual violence and ignore its gender determinations whilst criticising feminist analysis largely on the assertion that it fails to acknowledge the specificity of each individual occurrence of abuse (Lupton in Lupton

and Gillespie, 1994).

The feminist work in relation to rape during the 1970's argued (mainly) that rape was an act of violence and was not about sex (Brownmiller, 1975, Griffin 1982). Griffin argued that rape was an act of aggression in which the victim is denied her self-determination that rape was fundamentally motivated by hostility rather than sexual need; Russell also argued as a result of her work with survivors that rape was motivated not by sexual urge but by the need to assert power over a woman (cited in Bell, 1993, p.163). Feminists argued that the fact that most rapes seemed to be planned undermined the notion that rape was a consequence of man's overwhelming sexual need (Wilson, 1983, p.65). This view sees rape as a "pseudosexual act", its motivation dominance, even anger. (Groth and Burgess cited in Sampson, 1994) The characterisation of rape as a pseudosexual act finds parallels in writings about male rape. McMullan (1990) argues that whilst relatively little has been written on this subject the few published studies tend to indicate that it is usually carried out by men who regard themselves as heterosexual and who claim that they would never engage in consensual homosexual acts. The primary motivation is to humiliate.

As the feminist work of this period began to place rape as a political act the narrative Plummer argues began to assume a fundamentally different form, becoming one of power and gender rather than sex and desire, a story of women's lives under male power

and regulation rather than a story of male sexual release and woman's provocation (Plummer, 1995,p.67) Prior to the 1970's it was probably difficult for women to find texts that would enable them to locate what might have been sensed as their own experiences.

Susan Brownmiller's work on rape has done much to bring the female fear of rape into public consciousness. Synthesising the stories of rape of Huguenot women in sixteenth century France, the rape of the Sabine women in early Rome, the rape of black women on the plantations in Southern United States, the gang-bang of the modern Hell's Angels and the mass rape-murders of a psychopathic Boston strangler she constructs an historical narrative to explain rape as a universal essence of male power. Brownmiller's work illustrates how rape becomes part of an ideology which serves important social functions in keeping women in their place. Rape, she argued " (I)s nothing more or less than a conscious process of intimidation by which *all men* keep *all women* in a state of fear" (Brownmiller,1975)

Since then Plummer points out there has been a constant stream of pamphlets, manuals, theoretical analyses and empirical researches written from within a contrasting range of feminist perspectives. This discourse has been marked by the way in which the women within it merged the private with the public, the personal with the political. This statement became fundamental to feminist analysis and came to assume a whole

complex of meanings.(Plummer, 1995)

It did matter that women were treated as sex objects to be consumed by the more powerful men. It did matter that wives had to pander to their husbands because they could not earn enough to live on their own. It did matter that organisations whose rhetoric leapt from one grand proclamation of freedom to another still refused to consider the inequalities of women. Men have power over women and where there was oppression there politics came in. Politics and power, came to mean almost the same thing. (Phillips, 1991)

In *Sexual Politics*, Kate Millet, defined power as the essence of politics and patriarchal government as 'the institution whereby half of the populace which is female controlled by the half which is male' (Millet, 1970, p. 25). In its most radical form the statement that the personal is political dissolved all distinction between the private and the public, the personal and the political, regarding all aspects of social existence as if they were an undifferentiated expression of male power. Less radically it claimed a relationship between the private and the public arguing "that the key point is that they cannot be dealt with as if there were two separate worlds, as if one exists in a rhythm independent from the other" (Phillips. 1991) Relationships within families are moulded by public policies in relation to housing, education, social welfare and relations in the workplace are shaped by the inequalities of sexual power. From this perspective Phillips argues it is impossible to think of the personal as being outside politics or to believe that politics

can be immune to sexuality and 'private' concerns. In this argument the denial of social responsibility for what occurs in private is not just "nonsense but directly oppressive"(ibid.,)

Carole Pateman makes a similar argument this time in relation to prostitution. For her "subordination is a political problem not a matter of morality, although moral questions are involved" (Pateman, 1988.p.205) Vikki Bell points out that to desire someone younger than oneself, with less access to power is certainly not an abnormal desire, but is the predominant construction of masculine desire in the contemporary form of heterosexuality (Bell, 1993, p.158)

This 'desexualisation' of rape Vikki Bell suggests is problematic insofar as sex has been set up as the key to our inner selves and the very truth of the individual and thus the desexualisation of rape undermines the meaning of rape as such a grand transgression. She raises again the argument familiar in feminist circles. Is rape about sex or power? Or is rape about sex and violence?(Bell,1993). The earlier feminist work of the 1970's tended to argue that rape was about violence and not about sex (Russell 1975; Brownmiller,1975; Griffin, 1982) The reason behind this was to reveal the power relations that are involved in rape and that had been ignored by legal and media discourse. By showing how rape was motivated not by sexual desire but by power also highlighted its privileged position in connection with the operations and maintenance of

power. However, Bell points to the fact that there was always ambivalence in the feminist 'not sex power' or 'violence not sex' argument and how later feminist texts have argued that rape is about sex. Plaza(1980) argues that rape is about sex and cannot be treated as if it were the same as a punch in the face. Her argument 'though is not about the parts of the body involved but about the 'actors' themselves. According to Plaza it is social sexing which makes rape sexual, meaning that it opposes men and women, members of two sexes. Thus: "rape is an oppressive practice employed by a (social)man against a (social) woman". Her use of the term 'social' is to convey her belief that although a man can be raped, in the process he is placed in the position of a woman. When a man is raped she argues "he is constituted feminine by that act" It is social sex, not biological sex, she argues that rape is about.(Plaza cited in Bell,1993, p.166).

Through a different argument Catherine MacKinnon (1982;1987; 1989) also (re)introduces 'sex' into the feminist debates of rape. She argues that the umbrella terms 'violence against women' does not address the way in which women have been oppressed through sex.

Adrienne Rich's groundbreaking article 'Compulsory heterosexuality and lesbian existence (1980) explores the violence done to women through the enforcement of heterosexuality as the 'normal sexual preference' of most women. Radical feminist

theories argue that the heterosexual couple is the basic unit of the political structure of male supremacy. Andrea Dworkin argues that in so far as women submit to heterosexual sex they do so because they are forced [financially, psychologically or with fist and gun] into submission. Dworkin argues that women are forced into heterosexuality because they are oppressed; that as women our collusion in intimate relationships with our oppressors is a measure of our powerlessness.(Dworkin, 1981) The same argument has been used by feminists to explain why women remain in violent relationships with men who abuse them - because they have nowhere to go, because they have no income of their own, because they have to take care of children . Women are forced by men into intolerable positions and compelled to remain there through mens' use of their greater power.

Kitzinger (1987, 1991) argues that power does not simply deny and repress women's sexuality but also actively constructs it. Heteropatriarchal power promotes, cultivates and nurtures heterosexual pleasure. Recently radical feminism has begun to explore the meaning of women's desire for and enjoyment in heterosexual sex (Dworkin,1987; MacKinnon,1987; Jeffreys,1990) and argues that it is the eroticisation of the power relationship between the sexes and that this normally takes the form of eroticising the subordination of women. "In heterosexual desire our subordination becomes sexy for us and for men" (Jeffreys cited in Radtke and Stam , 1994, p.201) The problem Kitzinger argues is not just the abuse of male power through sexual violence... the problem is the

construction of sexuality. Heterosexual sex involves male power and female subordination, sometimes apparently reversed, but only as a 'game'. She goes on to argue that nor is this confined to heterosexual sex pointing out for homosexual and lesbian sex frequently eroticises differences like age, race, class and explicit sadism and masochism. She suggests that there is a deliberate introduction of power difference in order to sustain sexual desire. This radical feminist deconstruction of 'sex' and 'power', Kitzinger argues, makes explicit the productive nature of power and "its ability to generate and construct even the most 'personal', private area of our individual lives, our sexualities" and further that sexual desire can only be reshaped through reconstructing the social and political conditions within which sexuality is defined (Kitzinger cited in Radtke & Stam,,1994,p.207)

Creating social and political change requires a clear understanding of the conditions of social and political realities. I want to return to another aspect of Susan Brownmiller work as it illuminates womens' social and political reality.

In tracing the punishments for rape from the Babylonian code to English common law shows how typically punishment was usually brought by one male against another for damage to his property. Women become the property of men - fathers, husbands, brothers, who own their virginity and sexuality. "Rape is simply the theft of sexual property under the ownership of someone other than the rapist" It is men who need compensation, retribution and revenge, not the woman herself. Not all 'sexual

properties ' are of equal value; virgins are worth more than whores and those higher up the socio-economic ladder are worth more than the poor. Gradations of the seriousness of rape are locked into this view of rape as property violation.

It was this kind of understanding that brought a critique of 'rape in marriage' (Russell cited in Plummer, 1995). Most legislation has denied the possibility of rape in marriage thus reinforcing the view that a woman had no right to consent to sex in marriage, but must submit to her husbands sexual demands and in a very real sense is his 'chattel'. If rape was simply about coercive sexuality or even violence then there would be no legitimate rationale for excluding marital relations from rape laws. (Plummer, 1995)

However, it was not until the late 1970's when the women's movement launched a bitter attack on rape laws along with research documenting the extent of rape within marriage that the possibility of rape within marriage was conceded. By the early 1980's ten states in the USA had deleted the spousal immunity clause; and in 1980 in England, the Criminal Law Revision Committee in its Working Paper on Sexual Offences recommended the abolition of the immunity clause (ibid.,) In Ireland the Criminal Law (Rape) Amendment Act of 1990, extended the definition of rape, and provided for marital rape (Shanahan, 1992).

However, whilst progress was made at one level within the legal system feminist discourse throughout the 1980's has been critical of the androcentrism of the law and legal practices around rape (Hall cited in Rafter and Heidensohn, 1995) Feminists have

repeatedly criticised what is now regarded as the secondary revictimisation of rape complainants in criminal trials. (Waller, 1977; Madigan and Gamble, 1991). Whilst the Criminal Law (Rape) Amendment Act 1990 in this country allows for judges to hear cases in camera it does not as McCullagh points out solve the problem of male dominance among court officials. (McCullough, 1996). An interesting argument offered by Paul O'Mahoney is that the legal principle that a person is innocent until proven guilty beyond reasonable doubt ensures the right of the accused to challenge and counterattack and in so doing amounts to a strategic advantage to the accused in rape or sexual abuse cases. In such cases there is frequently no independent witness and no unambiguous factual corroboration. In these circumstances the victim risks severe attacks on her character and motivation (O'Mahony.1993).

Whilst the previous character of the victim may only be discussed at the discretion of the judge, Shanahan argues that this request is usually acceded to. (Shanahan, 1992) Similar legislation in other countries has not constrained the nature of the cross-examination of the rape victim nor has it changed the outcome of rape trials (Matoesin, cited in McCullough, 1996) .

Rape reform issues are attracting increased research attention. However, in the field of academic criminology dominant feminist constructions of rape (referred to above) have been and continue to be contested by andocentric discourses. Hansson points to the fact that since the late 1980's most androcentric, often victim blaming, analyses of sexual

violence have been developed from victimology. (Hansson cited in Rafter & Heidensohn, 1995) The concept of 'victim-precipitated rape' was explained by Menachim Amir (Amir, 1971 cited in McCullagh, 1996). This referred to a situation where victims indicate their agreement either verbally or through gesture or body language and then at a crucial stage in the process they change their mind. Hitch-hikers who have been raped fall into this category because getting into a strange car could be construed as 'inviting a sexual relationship. This argument has been extended to the idea that being in certain parts of cities at certain times is an indication of availability for sexual relations. This concept has been criticised on the grounds that it re-inforces and indeed represents a belief that is a critical curtailment of women's freedom to dress, behave and use public space in the manner in which they choose (McCullough, 1996; Hutchinson, 1984). Feminists also argue that this argument shifts the focus of blame and of responsibility from the offender to the victim in that women are held responsible for provoking male violence and men's violence is typically excused and/or normalised (Foley cited in Lupton and Gillespie, 1994).

Sheila Rowbotham (1989) describes how women moved from a puzzled indictment of men's emotional incapacity and women's emotional dependence to a realisation of coercion and control. Heterosexual love began to look like a trap. The family stripped of its romantic gloss began to emerge as a site of male power, "a power that in its more benign form got women working excessively long hours for minimal rewards and in its

worst could expose them to physical and sexual abuse” (Phillips, 1991,p.102).

Bell(1993) argues that feminism draws attention to “that sexuality which other discourses have not, that is the problems of ‘normal’ male sexuality and of ‘normal’ family relations, and that feminist discourse in raising incest and sexual violence challenges the notion of a harmonious and power-free familial space and is critical of those discourses that which seek to conserve an ideal of the family. (Bell, 1993, p.106).

Phillips(1991) argues that the womens movement as it re-emerged in the 1960’s, clearly identified the heterogeneity of power and the fact that domination was no respecter of place and further that, in seeing the personal as political, it allowed women to move outside of their personal preoccupations and experiences and treat these experiences as the political centre of their lives. What women had thought of as an experience peculiar to themselves could be seen as part of a pattern of sexual relations that is then available to political change.

This allowed women claim the kind of changes they could make as being politically important. In essence contemporary feminism challenged the way men thought of politics and argued that politics has no integrity until it is grounded in everyday life. The ‘personal is political’ also claimed a continuum between those things considered trivial and minor and those to which the terms political could be confidently attached. The relationship between the means and end became part of what was being stressed. The ways in which women related to one another became a crucial part of what the

movement was about.(ibid.,)

Jill Vickers suggests that conceptualising social arrangements for social organisation and control as technologies is a useful first step in developing a general theory to explain oppression, exploitation, domination and subordination of all forms. Her choice of the term technology is chosen to signal that they are highly variable artefacts of human intervention (Vickers in Radkte and Stam, 1994.p.187). She points to the insights offered by Mary Douglas into the nature of the technologies of human organisations we create as a species; that institutions are composed both of structures and of legitimising myths; that the legitimising process always involved naturalising the structure, in the sense that the structure had been naturalised when people view it as natural. These institutions and technologies of which they are a part, however, can take on lives of their own in that they can be borrowed, imitated or imposed, recombined and refurbished. The ability to understand the mechanisms of social organisation and control Vickers argues increases the possibility to integrate this conception into our theories of oppression , exploitation and subordination.

The contemporary women's movement has recognised a particularly powerful connection between hierarchies and authoritarianism and has been constant in its determined critique of unnecessary hierarchies. (Phillips, 1991) This critique has stressed importance of social arrangements and again observed how they can be borrowed to reproduce oppression, discriminatory practices. (Vickers in Radtke and

Stam. 1994). Feminism meant thinking about the way you organised as something that was as revealing and as important as your goals. The form as well as the content must be radicalised. (Phillips, 1991) Resource mobilisation theorists suggest that analysing a movement according to structure is more important than by ideological distinctions and have further emphasised the political relationship between structure and ideology, treating activists as intentional agents of social change (Dalton, Kuechler and Burklin cited in Mathews 1994, p.2). Sustaining non-hierarchical structures within the women's movement has Phillips points out been problematic.) Ferree and Hess describe the collectivist and bureaucratic structures thus: The bureaucratic organisation ... is characterised by a formal division of labour, written rules, universal standards of performance, hierarchical offices, impersonal relationships, technical expertise, and individualistic achievement norms..... [T]he collectivist organisation is a community of like-minded persons, with minimal division of labour rules, or differential rewards. Interaction among staff is holistic, personalised, informal and designed to achieve consensus (Ferree & Hesse, 1985, p.49). Collectivist feminists regarded the means to achieving a goal as important as the end itself, linking this with a wider cycle of protest. (Mathews, 1994) Many feminists 'though did not make an issue of organisational structure arguing that conventional organisation was a matter of convenience and effectiveness'. Jo Freeman further argued that a group's structure is decisive in its survival and that bureaucratic feminist organisations were more likely to succeed at mobilising sufficient resources to continue doing the work, even while undergoing transformation, including radicalisation. (Freeman, 1975, p.145) Ferguson on the other

hand argues that bureaucracy as a discourse is distinctly anti-feminist; hierarchy, impersonal rules and differential rewards being expressions of power and oppression and thus the antithesis of feminist principle. (Ferguson, 1984)

Mathews in her work suggests that the evolution of the anti-rape movement in the U.S. and North America, from being a radical branch of the women's liberation movement to being an accepted part of service provision occurred as it adopted more moderate goals that could be translated into state-supported programmes.

There is also a clear trend towards a social service agency orientation in the work.

Mawby and Gill argues that this reflects a much closer alignment with statutory agencies (Lupton & Gillespie, 1994; Mathews, 1994; Kaye Scott, 1993). Within feminism there has been a tension and an ambivalence about the relationship between violence against women and the state. The liberal view of the state as the appropriate institution to control violence is in tension with a radical analysis of the state as using violence repressively to uphold power relations, including oppressive gender relations. (Mathews, 1994)

Adopting a more formalised structure was a feature of the change in trend (Mathews, 1994) and paralleling this structural change has been the professionalisation of rape crisis work. This has occurred in two related senses. One is the increase in the paid professional work and the other is the adoption of the work of the anti-rape movement by established professionals. (Mathews, 1994) Foley argues that the movement has been divided into two camps: those that have adopted a social service approach and employed

professional administrators, psychologists and therapists; and those groups who have resisted such attempts to professionalise, emphasising the ability of any woman to do rape crisis work, and that have kept their original vision of providing a support service alongside attempts to challenge social institutions that encourage and condone male sexual violence.(Foley cited in Lupton & Gillespie, 1994)

Feminists have also challenged the way in which the understanding of male violence has shaped service provision for women who have experienced sexual violence redefining it in terms of women's illness rather than men's sexual violence. Foley argues that women's reactions to male violence has been pathologised by medical labels like 'the battered women's syndrome' and the Rape Trauma Syndrome thus turning women's reactions into medical diseases. Armstrong suggests that in relation to survivors of child sexual abuse that the fact of survivors speaking out has not, as hoped, challenged male power, but instead opened up new ground for therapeutic intervention. The result here has been a move away from defining child abuse as a criminal act in favour of labelling child abuse as a sickness (Armstrong cited in Lupton & Gillespie 1994). The focus now is on individual pathology, the 'illness' of the batterer and the psychological profile of the victim replacing "the understanding and emphasis on the impact of gender domination" (Morgan, cited Lupton & Gillespie,p.59) Correspondingly there is an emphasis on medical/therapeutic intervention for women who experience male violence. Mathews argues that while rape crisis work originated as an expression of the new

feminist politics it is now also a manifestation of a therapeutic society. It has been argued that the framework of therapy has become the model for dealing with numerous social problems in the late 20th century with the vocabularies of the therapeutic increasingly deployed in every practice addressed to human problems. Individuals personal traumas are recorded and attended to whilst the social causes are left unaddressed.(Rose, 1989)

The individuals, however, as Rose argues are destined to return to these. Rose points out that contemporaneous with the nineteenth century transformations in the organisation of asylums, prisons, hospitals and schools, new systems were devised for documenting and recording information concerning inmates - files, records, case histories. The individual entered the field of knowledge not through any abstract leap of the philosophical imagination, but through the mundane operation of bureaucratic documentation. These routine techniques of recording were transformed into systematic devices for the inscription of human identity into material form - pictures, charts, diagrams. These techniques of the visualisation and inscription of human identity were used not only to render the individual visible but also became devices that turn the 'phenomena' into an appropriate form for analysis. The psychological sciences differing from other sciences only in their low epistemological threshold. That is to say, that frequently the norms that enabled their objects to become visualised and inscribed become part of the scientific programme of perception as a consequence of having first being part of a social or

institutional reality.(Rose, 1989). Feminists argued for the need to make visible not only those societal or institutional rules but the epistemologies that underpinned the therapeutic society .

Epistemology is formally defined as the study of how knowledge is possible and how knowing is done (Bateson cited in Kaschak,1992). Prefeminist epistemologies Kaschak argues were based on the world views and experiences of men against which women were are often still are measured. These were made to appear “objective, evaluatively neutral and universally applicable.....[T]he epistemology of a dominant group can be made to appear neutral and its value base invisible, since it coincides perfectly with what society appears to be in some, generic universal form” Feminists began to expose, critique and challenge masculinist epistemology in its use as the foundation of traditional psychological thought. (Kaschak,1992,p.10) The underlying theories of therapeutic systems were attacked for accepting and perpetuating sex-role stereotyped behaviour rather than encouraging women not to adapt to limiting social and cultural roles but rather to move toward equality.(Dutton-Douglas and Walker,1988 cited in Cantor, 1992)

Feminists, including those working within psychotherapy, have critiqued and reframed approaches that disempower women or rely too heavily on the exercise of therapist power for effectiveness (Lerner,1988;Leupnitz,1988;Miller 1976) placing new emphasis on the importance of restoring personal power instead of the individuals’ ability to adjust well to the status quo (Greenspan, 1993 cited in Cantor,1992). Applying political gender

analysis to mainstream therapies theories feminists tried to eliminate the more sexist parts whilst trying to keep those aspects that made theoretical sense. Jean Baker Miller examined the notion of womans' development of a relational self rather than the theories of autonomy that have dominated psychoanalytical theories. (Miller,1984 cited in Cantor 1992). Indeed, it is the psychoanalytical theories that were initially the main target of feminists. Freud and his erroneous views of "little girls' fantasies of sex with the fathers" placed an undue emphasis on adaptation to sex role socialisation as the way for women to achieve happiness. In spite of this general feminist critique of Freud, varieties of psychoanalytical feminism have evolved, and attempt to develop Freudian theory in a feminist direction. There has been a return to the study of psychoanalysis and the psychodynamic therapies in the light of feminist ideas. (Mitchell,1975; Perry;1993;Tong,1989.)

McLeod and Saraga in their discussion of a feminist theory and practice in relation to child sexual abuse have, within their critique of psychoanalysis, pointed also to its potential contribution . They argue that as a discipline its practitioners are enabled "to hear the unspeakable and thus allow it to be said. In having a place for childhood sexuality, for fantasy, and a morality for parents and adults (which is often crushing in its demands) it has a way of theorising the internalisation of guilt which abused children and adults feel. It is a common experience for those abused to feel love as well as hatred or fear for their abuser. Psychoanalysis in this way enables the understanding that both feelings can exist simultaneously. Whilst remaining highly critical of psychoanalysis they acknowledge the contribution this makes to theory and practice on sexual abuse and

the support it gives to sufferers. (McLeod & Saraga,1988, Feminist Review)

Others, however have argued that salvaging theories such as the psychoanalytical is an impossible process and have concentrated on developing a new theory. (Brown,1988; Lerman, 1986; Rosewater, 1988 cited in Cantor, 1992), although many of the modified theories and techniques are integrated within the new feminist theory too.

Feminist therapy it is argued does not exist within one unified, organised school. It lies within the attitude and way of relating of the individual therapist. It is a perspective. It is about values and a way of thinking (Perry1993;Chaplin 1988) Ell

However Rowan points to the fact that what is most significant in feminist therapy is that in its practice, more than any other therapeutic approach, the political and the social context, within which therapy takes place is centrally placed.(Rowan,1993). Kaschak states her belief that “[T]he feminist analysis of women’s status in society and its concomitant intrapsychic and interpersonal effects to be the hallmark technique of feminist therapy”(Kaschak,1981 cited in Prozan 1992,p.183)

I indicated at the outset that this review was wide ranging in its scope. There are two reasons for this. Firstly, there was a need to evaluate the literature that seemed relevant at the outset of the research. Secondly, during the research process I found it necessary to extend my review into areas I had not anticipated as a way of understanding participants responses - These were in particular organisational structures and legal

practices around rape and sexual violence. In essence the research as it progressed required as part of the methodological approach a continuing review of literature. Whilst literature review and methodological approach are dealt with here separately in reality each is an integral part of the other.

3. METHODOLOGY

This chapter will address three issues. Firstly it will outline the views that inform and lie behind the specific methodological choices for this research. It will then address and explain those choices in the context of the research and finally it will offer and discuss the experiences of the research process itself.

3.1 METHODOLOGICAL APPROACH

The methodological approach and perspective of this researcher is feminist. This enquiry is marked by that distinctiveness. It is centrally concerned with gender in the belief that human social relations are structured by the differences in the social positions of men and women and importantly, by the difference between them in power. The fact that this is also an inquiry into rape and sexual abuse accentuates this:- both centres (Dublin and Galway Rape Crisis Centres) subscribe to the view that rape is a product of the relations of power, - a part of deep and long standing inequities between men and women.

It is guided by the belief that it is important and appropriate that it is women who reveal what women's experiences are. Women's invisibility from history has much to do with the focus of the male gaze. Shulamith Reinharz has argued that male academics rarely undertook studies of women's organisations and communities. This has had important consequences: - neither women nor their accomplishments have been visible in historical accounts; a distorted sociological understanding of women was reinforced because women's groups were not understood; the social forces responsible for women's status was overlooked; sociology invited additional errors because generalisations were grounded in a single sex (male) perspective. (Reinharz, 1992 p.166)

A distinctive feature of feminist research is that "It generates its problematics from the perspective of women's experiences" (Harding, 1987). This study, therefore, deliberately problematises gender perspective. It set out to look at how the perspectives and experiences of women who work with the victims/survivors of sexual abuse informed that work. My intention was that those problematics would more be more than voiced; but also that they would be seriously engaged with in a manner that enlarges our perspectives and in time our experiences through our actions.

I want to say something further about the perspective of 'woman'. Underneath or beyond the differences among women there is a shared experience and that is the experience of being oppressed as women. Women of different races, classes and cultures share the experience of sexual oppression, of male domination. Those differences give rise to

differences in the experience of oppression. Angela Davis in examining rape and racism points to the absence of black women from the anti-rape movement and suggests that this may in part be due to “that movement’s indifferent posture towards the ‘frame-up’ rape charge as an incitement to racist aggression”(Davis cited in Jaggar & Rothenberg, 1993,p.468). There are differences between how we as women understand and experience ourselves. These differences are, as they must, be articulated, consciously or unconsciously in the nature of our engagement with our world and our oppression within it.

There are differences in the perspectives, experiences and, in consequence, the actions of the women who participated in this research. Indeed, those actions may serve to underpin and re-affirm a class value system, whether this is by conscious intent or not. The purpose in giving a voice to such differences is not to arraign women for their diverse responses to oppression but to understand and to focus on those differences and their structural determinants; to understand what are the implications in the differences in their responses for themselves, for the women with whom they work and for the work itself. Social class is an issue in the therapeutic/counselling process. It can only be addressed if its existence is acknowledged. Feminist research must be guided by *concern* not exploitation.

The articulation and hearing of difference ‘though is not enough. Differences once spoken and heard need to be taken account of. The difficulty is in the manner of that account. It is not enough to tolerate other voices, although it does indeed represent a

starting point . Tolerance itself can be an expression of privilege, as Elizabeth Spellman argues that tolerance. She notes that those who tolerate usually hold more power and authority than those they tolerate. Their toleration does nothing to change that fact. If feminism's attempt to deal with difference means including the lives and concerns of some women without challenging the class privileges of other(women) then Spellman argues, to speak of "difference is simply disingenuous." (Spellman, 1988.p.183) Listening to different voices, allowing them to be heard may not alter anything. Seeking out voices and seriously engaging with how they critique one's own voice is at the heart of real acceptance and change. Politics is almost by definition a matter of engaging with other people and other concerns .

Within a feminist methodology or perspective differences must thus be noted and taken account of if we are not to be left with an understanding of the 'condition of woman' that is as "exclusionary as masculinist accounts of the situation of man" (Spellman, 1988.p. 183) .

"Consciousness raising is feminist method" (McKinnon cited in Harding 1987 P.135). Consciousness raising has a place within feminist practice . Points of similarities and difference need to be negotiated and challenged in order to understand the purposes of those who create and maintain them. There are many similarities and significant differences voiced by the women who participated in this research. These

I believe reflect social and political differences between those women and, a difference in the political stance adopted by them in relation to the work they engage in. These differences also serve both to enable and to constrain that work.

Of fundamental importance to me was that the nature of this research should and would be exploratory. I did not have a hypothesis to prove or to test. But I did have a purpose.

I wanted to 'know'. Specifically, I wanted to know:

- about the women who worked with other women who had been raped and women who had been sexually abused.
- what the women who participated in this research felt and thought about rape and sexual abuse.
- what they thought and felt about the perpetrators of these acts.
- what they thought and felt was the nature of their work.
- what they felt and thought about why they were selected for this work.
- to know how they felt about the training they had or received for the work.
- how they felt about being paid or not being paid for their work and how all this might shape that work.

A major task of feminist research is to explore the experiences of women and to treat it as valid in its own terms. "To see what is there, not what we've been taught is there, nor even what we might wish to find, but what is". (Du Bois 1983 cited in Hammersley, 1995.

p,46). As a feminist, I am committed to the valuation of women's experiences and the use of *this* experience as the ground for critique.

As a therapist I have learned that 'knowing' lies in the openness to the unknown, in a willingness to find out, in recognising that the only way I can come to know is by accepting that I do not know. " When a therapist learns to follow cues and listens to the resulting dialogue between the two viewpoints of 'binocular vision'(Bion 1975), of knowing and not-knowing he will frequently find himself led towards the understanding which is needed." (Bion cited in Casement,1985,27) .

The more truly exploratory research is, then the less likely it is to become tilted in any pre-determined direction. In this research I began with a strong focus on the perspective of the individual therapist/counsellor. The centres (Dublin and Galway RCC's) simply seemed to offer a place of access to the individual therapist/counsellor. Listening to what emerged led me towards the realisation of the crucial importance of the structure of the centre in which the work was carried out and that this research needed to focus on and understand those structures and the philosophy that lay behind those structures. This research consequently addresses itself to the policies and practices of each centre.

The stance of knowing that one does 'not know' in order to know is not to suggest that I regard myself (or indeed any researcher) as being without a particular orientation

anymore than I subscribe to the notion of the therapist/counsellor being in Freudian terms a “blank canvas”(Clarkson, P. 1994). It seems to me that authentic therapeutic work and authentic research both require “trying to work out the tension between objectivity and subjectivity” (Reinharz,1992,p 263)..... Although I dislike the terms subject and object it seems useful to hold them in trying to work this out. Researcher and participant occupy the same research space during a particular research moment. Therapist and client also share the therapeutic space. This space in therapeutic terms is regarded as “belonging essentially to the client”(Clarkson ,1994. P.180) The therapists proactivity is usually, though not always, regarded as detracting from the primary task of enhancing the client’s autonomous proactivity. Therapists are expected to notice their own transference projections and expectations in the ways they react to their clients, and use that information in ways that serve their clients. “This objectivity requires considerable knowledge of self as subject “ (ibid.,) Similarly , the research space belongs primarily to the participants who inhabit its ground. Evans refers to “the importance of the researcher having experiences related to her research, while also being reflexive about the nature of the relation between experience and research (cited in Reinharz 1992. P.163)

What level of objectivity that is possible is in direct proportion to the degree to which we acknowledge our own subjectivity and our own perspective. It is also necessary to acknowledge that our knowing of ourselves is limited to that which is ‘consciously’ available to us and also that this conscious knowledge is only part of what is reflected

back into our work. What we are unaware of and unconscious to in ourselves is also and often more powerfully contained in our work. In therapeutic terms it is that which is unconscious on the part of the therapist that has the greatest potential to corrupt the work of the client. The therapeutic stance consequently moves the therapist to self-awareness. It is the responsibility of the researcher for the same reasons to move constantly towards self-awareness.

I am aware that it is my belief and interest in this that in part motivates this research. My wish 'to know' the perspective of the therapist reflects my belief that this perspective, conscious or unconsciously known, is reflected by the therapist (and researcher) back into and shapes the work, again whether this is by conscious intent or not. It reflects my own dialogue not just with theoretical concepts of the therapeutic process but also with the politics and actual practice of this process. . Personal histories have become the site on which explanation of pain, of conflict , of confusion, of the meaning of everyday is sought. Understanding one's own herstory can only offer partial explanation. Histories are constructed in social, political and economic realities.

Politics and therapy may not be the same but yet they are not different. Feminist counselling is a recognition of the interconnectedness of our 'internal' psychological worlds with the 'external' material and social worlds. It concerns itself with the effect and influence of other social hierarchies such as race and class and sexual orientation. Feminist counselling and therapy are profoundly social and political as well as personal

and individual (Chaplin,J. 1988 P.4). What is surprising is that this is often heard as being radical. It's radical element lies in acknowledgement. Counselling and therapy has always been deeply embedded in social and economic contexts. They have also been built upon masculinist epistemologies.

“Sometimes I think that women and men live in different cultures”(McKinnon,. cited in Harding ,1987. p. 143) They don't. But they do reside in a dominant masculinist culture which renders woman invisible. Feminist therapy involves “returning her own vision to each woman, and in this way contributes to the feminist cultural vision” (Kaschak,1992. p.225). Feminist therapy and feminist research have in common a goal to make women's experiences visible.

3.3. RESEARCH METHOD.

CASE STUDY

The research method chosen for the purposes of this inquiry was a case study which includes literature review/analysis, interviews and participant observation. The research is qualitative. It emphasises detailed description and understanding of what emerges from interviews with participants.

The choice of case study as a method allowed the possibility of **focusing specifically on the experiences of the women** working within two Rape Crisis Centres, (Dublin and Galway) with women who had been raped and sexually abused. It was not the intention

at the outset that the study would be comparative. The centres were in fact chosen for the similarities - both being located in cities. My thoughts behind this choice also included the possibility that because cities tend to have diverse populations the women who worked in those centres had the potential to represent different social groups in those populations.

This case study is comparative . This was not my original intention but result of following the cues of the research material as it emerged. Both centres in fact operate within very different organisational structures. The Galway Rape Crisis Centre is a collective structure whilst the Dublin Rape Crisis Centre is now a hierarchical structure (originally the Dublin centre was formed also in the collectivist structure). For the women who worked in the Galway RCC a key philosophy of their work was that their structure of work should reflect the value base of that work.

Working and organising in a non-hierarchical way was for them a vital part of their therapy. During the course of the research it became clearer through the voices of the women involved in the research that the structure of the centre was crucial to the women's experiences of themselves and of their work and in consequence impacted on the work with the women who came through the doors of each centre.

For this reason a chapter is devoted to the discussion of the structures of these centres.

The study does not offer completeness in itself. In truth it provokes more questions than it does answers. It does endeavour to make vivid the experiences of the women within these two centres in the belief that these experiences when examined individually or viewed in relationship with, or compared to others, move towards a more complete understanding of the work of these and other Rape Crisis Centres.

This method was chosen because it gives **a unitary character to the data being studied by interrelating the variety of facts to a single case. Case studies do not necessarily establish generalisations but have value in making it possible to generate and test** theory “which at best remain hypothetical and at worst unreal and barren. Theory is impoverished without case studies. (Reinharz,1992)

Case studies allow analysis of change over time. Within the period of this research it was possible to observe the changes in the therapeutic response of workers in the Galway Rape Crisis centre. It was also possible within the case study method to see the changes in the structure and political perspective of the Dublin Rape Crisis Centre. (these issues are discussed within the findings of the research)

Case studies help address the need for the provision of adequate historical records of organisations in which women have been and are involved. This study contributes to that record.

Case studies provide material for comparative research and for cross-cultural studies. Drawing on case studies of Rape Crisis Centres in Canada and the U.S. made it possible to see the development of a process within RCC's over a period of time. This in turn made it possible to see the similarity in the pattern emerging in the Dublin RCC with those centres mentioned above. It also highlighted that the process of development in the Galway RCC does not fit that pattern and may offer a model and possibility for survival within a different political stance. (discussed again within findings of research).

Individual case studies, including this one, make it possible to combine individual cases to examine the relation between cases and particular social structures and processes.

This is vital if the work of Rape Crisis Centres is to be effective in not only in dealing with the aftermath of rape for its survivors but also in confronting and ultimately preventing rape.

INTERVIEWS

The choice of semi-structured interviewing using open-ended questions was made for a number of reasons, most informed by feminist consciousness of the relationship between researcher and the participants in the study. It allowed the participants in the research active involvement in the process and the gathering of information about themselves.

The interviews although semi-structured were guided by a list of questions

in order to facilitate consistency. (a list of the questions asked is included in Appendix 1) This includes all questions that were common to the interviews - but does not include those questions that arose following a particular response. Care was taken that this list did not drive the research in a way that would de-value the “open ended nature of the questions which allows for the richness of difference between participants” (Reinharz,1992)

I use extensive quotes in reporting the participants responses. There are two reasons for this. Firstly, it is respectful of the participants views in that it allows those views be heard in their own words rather than those of the researcher. Secondly, it allows the reader, through the excerpts, “to make their own interpretation as well as considering the researchers “(Ibid). It also addresses a characteristic of feminist researcher which is to draw the reader in and “to forge a connection through her between the reader and the people studied”(Reinharz, 1992. P. 267). It was my specific intention that the voices in this research would be engaged with explicitly by the reader. An important aspect of the interviewing process is that it allows the participant ‘through’. I mean this in the sense that it allowed participants to answer not just what was being asked by the intention of the researcher in the question but often to answer a very different question which she heard and which illustrates much more graphically the nature of the work as seen by the participant.

Given that the intention was to illuminate the perspective of the therapist /supporter the interviewing process (described above) which allowed and facilitated this was particularly appropriate to this research. I am conscious here of McKinnons' view that "personal statements say more than we know"(cited in Reinhartz, 1992. p.170)

At the same time , as a therapist I am aware of my own ability to facilitate disclosure and aware that the participants in this research had a similar background. This dynamic certainly had the potential to facilitate deep and personal disclosures. I believe that there is a need to hold an awareness always that participants share their thoughts, feelings and experiences as women and not as "data providers" and to make that awareness 'visible'(Oakley cited in Roberts,1981)

In each interview I chose to 'remind' participants of my research intention. (This was implicit rather than explicit. - In *each* interview I drew attention to the fact that I was recording responses, often this was simply done by asking a participant to slow down, or repeat a comment to ensure that I was correctly noting it.) Again feminist research must be guided by concern and not exploitation.

Interviews were conducted on a one-to-one basis and usually lasted for an hour and a half. In some cases a second interview was arranged if there was further material to be covered. The exception to this was an interview with two members of the volunteer

group with the Dublin Rape Crisis Centre who were jointly interviewed (arranged by the centre). This interview last for approximately two hours.

One group interview was arranged with the therapists from the Dublin RCC. This was intended as a preliminary meeting prior to individual interviews with each of therapists. These planned subsequent interviews did not in fact take place as the Centre withdrew its permission for me to do this. The group interview is included in the research. This interview was very brief - lasting approximately twenty-five to thirty minutes. An account of the protracted correspondance between me and the centre is given in fieldwork Appendix 2.

Transcripts of interviews with participants were sent to participants through their centres, not with a view to encouraging changes, but out of courtesy.

PARTICIPANT OBSERVATION.

The main effort of the study was devoted to interviews. However, I have included my observations of myself and the women who participated in the research in their work setting which constituted the research space that we shared. This includes observations of that work space. This is limited by the fact that I did not spend long periods of time in either centre. This comment is not intended to diminish those observations which I believe offer considerable insight into the ethos behind the work of each centre.

Although a vast literature exists on the gendering of space and the effects of space on social relationships in general, the approach taken in these observations is intuitive and involves a semiotic reading of the work spaces. (Ardener. 1988).

My experience as a therapist and counsellor disposes me towards and is consistent with a feminist ethnographic emphasis in methodology. Just as the 'clients' body language or choice of chair to sit in, can and is seen, as part of her story (Egan, 199; Perls, Hefferline & Goodman 1972) so too is the choice of building, notices, paintings etc. part of the story of the structure and ideology of the work setting. Environments have the potential to alienate or to include. Different women of different classes come for therapy/support. The physical surrounding of the therapeutic space can offer either comfort or intimidation. (Chaplin 1988. Perry, 1993). How we arrange ourselves and our settings is part of the language of our story and appropriate reading material for the researcher. My observations of these are thus included.

RESEARCHER EXPERIENCE OF RESEARCH PROCESS.

I began this research process with a quiet sense of purpose. There were issues in which I was interested and I felt had a value in exploring. I was not prepared for the depth in the change of the intensity of that purpose. This has become much more than a research project reflecting interests of my own inquiry. I find it difficult to succinctly capture that change. It lies in the difference between the respectful intellectual knowing of the importance of a piece of research into a specific group of women's lives and work and

the intensity of emotional engagement with the need to understand and to come to terms with what was being uncovered and to come to terms with my own responses to that. Most difficult for me was the realisation that despite my belief in the value of the work of *all* of the women in the rape crisis centres I found it increasingly difficult to empathise with those women whose approach to the work was substantially scewed in a therapeutic direction with the feminist political aspect considerably diminished. This was all the more so because as a therapist I subscribe to the belief in and the commitment to the importance of professional therapeutic standards.

I realised during the research process that I had not anticipated finding myself critical; that my assumption was that I would somehow be at one with the way the work was carried out. So the intellectual premise of acknowledging and facing differences between women has taken on a dimension that is much more real; that is much more uncomfortable and challenging because it involves *my knowing of my differences* with some of the women whose work I both value and am committed to.

There has also been a real struggle to find a way to say what emerged from the research in a way that facilitates listening and change in, rather than damage to, the structures that have been, with considerable cost and effort to many women, been put in place and which afford comfort to many more women who have availed of them and who continue to avail of them. I am acutely aware that Rape Crisis Centres's often operate in hostile

environments. “[The] centre also found itself subject to public attack - seen as mad dykes shouting about rapes that never happened” - (Therapist. Dublin RCC).

However, if my intention was one of quiet purpose at the outset it has, in the process of this research, become crucially important to highlight and amplify the findings of this research because of its potential value to inform the future of the work .

It is my view both of the therapeutic process and the research process that it's centrepiece should be the encouraging images of a better future. It is the responsibility of research to discover and to articulate patterns in order to judge their strength and scope. Recognising patterns is not meant to bring inquiry to closure but to open “fields of meaning and to generate new interpretative possibilities” (Frye, cited in Jaggar & Rothenberg , 1993. p.107) It is in this spirit that my comments and experiences of the research process itself are offered.

Collective structures are often regarded as being less efficient. Reasons given for this cite time required to reach decisions, the need for consultation with other members in order to reach consensus. This was not my experience. When I approached the Galway Rape Crisis Centre with a request that they facilitate my research I was informed that the collective would consider this request. I was also told that the decision would be made at their next collective meeting.(All collective members attend collective meetings). As meetings are held weekly there was very little delay and within a week they responded

positively to my request. The centre I subsequently learned had facilitated a research project (through University College, Galway) and had found the experience a helpful and positive one. My impression was that this coloured their response to my request. All further requests that I made were dealt with and responded to quickly. If something needed to be checked with the collective I was told how long it would take and the response was always within that time frame - usually about four days and never more than seven days.

When I stated that I wished to specifically cover an aspect of the work such as training or selection procedures I found that the collective structure facilitated this easily in that all its members are involved in all aspects of the centres work. Policies/practices in relation to issues were therefore understood by all members because all members were involved in deciding on what those practices/policies should be. This was clear to me because when I asked who might be the best person to discuss training or selection their response was that any of the workers could explain or discuss this with me. This democratisation of knowledge is held to be one of the crucial characteristics of collectivist organisations. (Gralton,1992) From the point of view of carrying out research this was extremely facilitative. The fact that all the members were a part of the decision to participate in the research may have made it easier for each of them to respond to my on-going requests for participation in interviews or requests for other pieces of information.

My experience of the Dublin RCC with its hierarchical structure was somewhat different. Whilst the initial request was agreed to without conditions, the Centres management subsequently decided that it was not possible for me to interview therapists individually. By the time that decision was made I had interviewed Department Heads with responsibility for Counselling, Training, Education and the Volunteer Group. This was almost one year into the research work. Hierarchical structures are regarded as more efficient with specific individuals taking responsibility for specified areas of work allowing for more effective work practices. This was not my experience. My 'phone calls were rarely returned and it was only in the latter stages of the research that my correspondence was replied to.

I found the experience difficult and frustrating. The bureaucratic structures far from enabling decisions seemed to constrain them. I was often met with "if would be better if you spoke to 'X' about that decision " or only 'X' can deal with that" The autonomy of workers within hierarchical structures is discussed in the next chapter which specifically addresses Organisational Structures.

There seemed to be a real difficulty also in sharing information between the women in the centre. On three separate occasions I was asked to submit my research proposal. The request seemed genuine in that each time the request was made the individual concerned

explained that she did not have a copy of it. (Appendix 2 schedules the events and the delays and difficulties of the research in the Dublin RCC)

Certainly when I met with the therapist group they were not aware of my research even though I had been in the centre for several months at that stage. It seems unlikely therefore that they had been consulted regarding the original request.

From a therapeutic perspective, clients are more likely to work harder at achieving goals(decisions) that they have actively chosen and feel therefore that they have ownership of. (Egan.1994.) Similarly, workers who share the decision making process in relation to the work it would seem are more likely to participate in the implementation of those decisions.

In both centres participants in interview settings were generous with their time, open and reflective in their responses, and willing to share their views and feelings. I therefore have to believe that the structure within which the participants worked was a strong feature in explaining my research experience. In summary then my research experience within the Galway collective structure I would describe as

- open
- flexible
- responsive
- efficient

whilst my research experience in the Dublin centre with its hierarchical structure was that it was:

- less flexible
- less responsive
- less efficient
- closed

It seems also that my experiences are reflected in some of the comments made by the women themselves regarding the structures they work in

“the atmosphere... the informal feel of the place. You can just call in.. we keep a structure but it’s still welcoming, it’s not off-putting” (worker Galway Rape Crisis Centre)

“we also talk about facing the reality rather than idealising the centre; there are delays in getting appointments... there is a lot of difficulty in the front line of people getting help..it’s not a case of people are in and all is well” (Therapist, Dublin RCC)

“There was a sense of belonging not just to the group but to the centre. You could walk by the door now and not have anyone to drop in and say ‘hello’ to” - (Volunteer Dublin RCC)

4.ORGANISATIONAL STRUCTURES - A FEMINIST CRITIQUE

4.1 ORGANISATIONAL STRUCTURES.

Organisational structures are discussed as a separate chapter within this study.. This is so done in order to discuss the structure of each centre in the belief that behind the structure of each centre lies the philosophy which guides and shapes the work of that centre and speaks most clearly the direction, intention and aim of the work. Examining the structure itself then is a fundamental part of this inquiry.

Feminism concerns itself with structures that are democratic and enabling, and stresses the relationship between the means and the ends. It also addresses itself to the importance of understanding the ways in which a structure constructs relationships in order to understand if, in its daily practice, that structure may in fact subvert its own stated ideals.

Both Galway and Dublin centres say that their role is one of empowering women who come for therapy/support

*“therapy can compound victim consciousness unless a sense of their own power and responsibility is re-established “ (Head of Training, RCC Dublin).
“.....this is about empowering women in their lives” (Therapist RCC Galway)*

The Galway collective structure extends this ideology explicitly to the way in which they work together as women, believing that it should reflect the value base of their work.

Decisions in the collective structure in Galway are made within the collective's regular meetings. Every member of the collective is allowed an equal input. The aim is that of consensus -

" to arrive at a decision with which each member is comfortable, it involves much discussion, negotiation and compromise between members in order to reach this final decision ... once the decision has been taken, it is felt to be a lasting one because extensive discussion has generated firm group support" (Gralton, 1992, p.63)

"... It might be easier.. if different people had different roles and took responsibility but I don't think it would be better. I can't imagine the women here handing over responsibility to a management committee. There's a real wish and a real desire to work as a collective here... to have equal power, shared responsibility. It's a political ideal and it's hard to put into practice..... it's a hassle sometimes but it is empowering" (worker Galway RCC).

"I think I have more of a stake in this{collective}, more responsibility for what happens here.....(I) feel very responsible for all of what we do. Not just part of it" (Worker Galway RCC).

In 1984 the Dublin RCC moved from its collective structure to its present traditional hierarchical management structure.

"The centre is now run by a Board of Directors..... They have to be concerned with public image - it has to be good and palatable"(Therapist, Dublin, RCC).

"This centre is run on a business-like basis..... I think though a business-like image is very important... we've just run a corporate quiz. It was very slick. We had people like Pat Kenny ... it cost IEP400 a throw. When you're targeting people like this then a business-like image is important... but more important, you have to have credibility, and these people were impressed at it being run like a business" (Volunteer and Centres' representative on Rape Crisis Centres Network - Dublin RCC) .

"In 1992 a Board was formed to strengthen our position..... it helped establish our credibility (A) Board certainly helped our relationship with the Health Board" (Therapist, Dublin RCC).

"It's(the work)more skilled..... Also it gives us credibility. It improves the quality of the work with clients and it also provides a more solid basis to provide training" (Head of Training, Dublin RCC).

What is reflected in this language is the move from the non-hierarchical structure of collective self-help towards a hierarchical and commercial relationship between client and therapist. Whilst reflecting some of the thinking behind the move from a collective to hierarchical management structure the reasoning is also very similar to the reasons given by employers to introduce organisational or technological changes - specifically, increased efficiency and /or market viability (Watson ,1980. p.222). This is consistent with the move suggested above.

There are, of course, implications for those who work within the altered structure.

" for historical and other reasons the management structure doesn't only involve those with awareness of or even interest in therapy. This generates difficulties..... Funding decisions tend to be administrative decisions.. decisions are made on the same basis as for psychiatric hospitals... this approach is more acceptable to the decisions makers.. it's cost effective" (Head of Training , Dublin RCC)

"In the Dublin RCC when a person comes in there's a programme, a time to finish, although the client may not be finished..... also the therapists are

very busy. They have an agenda. The waiting list causes pressure. There's a policy decision that therapy should end after 18 months" (Therapist -ex RCC, Dublin).

The experience of the women working within this traditional management structure indicates less comfort with the reality of working with it than their counterparts in the collective structure of the Galway RCC. Their comments above highlight particularly a reduction of their autonomy within the structure both in terms of the overall decision making process and also in relation to their individual work with clients.(deciding when therapy should end.) . The autonomy of the work within hierarchical and collectivist structures of these centres itself will be discussed later in this section.

The women working in the Galway RCC cite autonomy in the workplace as extremely important.

"There has to be a structure that will support the work and the worker... supervision helps... so too does having control over your work setting. If you didn't there'd be even more stress, but because this is a collective you feel and you know you have a certain amount of control" (Worker, GRCC)

There is too an increased potential for conflict as the women working in the hierarchical structure of the Dublin centre adjust and defend their interests and themselves in their work , in the face of this reduction in autonomy and increased pressure from the managerial initiative, which is now more powerful than they are.

"..... [A]ll here should work within broadly similar framework. (We) ensure this by building in on-going training component. There are management difficulties with this. The major concern of the management is that we see as many clients as possible. Time spent in training is time spent away from clients. The Centre is run by an appointed Board - Heads of Departments form the management team with the Director. The Director is not a therapist. Therapists see a good service to clients requiring on-going training. The Director feels that therapists are hired as trained counsellors, so why do they need extra training. That's putting it in simplistic terms" (Therapist, DRCC).

Unfortunately, as permission was not given to interview individual therapists about their work, I was not able to ascertain how conflict was dealt with in the Dublin centre. I did , however, discuss this with workers in the Galway centre.

"they're (difficulties) confronted openly. It's not easy. It can leave a rawness. It takes effort and trouble. But I think it's a good way"(Worker, Galway RCC)

"You can bring up conflicts, work them through. I don't think it's as easy to do this in a hierarchy when you know whoever is the boss, is still the boss at the end of the day"(Worker, Galway RCC)

The following comment made by the women also give an impression of a sense of increased pressure. This may be in part caused by the reduction in autonomy but also because the increased effort to see more clients. Watson argues that demands for increased effort often result in less opportunity for the worker to use their craft skills which has a tendency in turn to reduce rewards such as job satisfaction. (Ibid., P.222)

"we worked hard for this time for ourselves as therapists.. if we let go of it, it might be difficult to get it back" (Therapist , DRCC -referring

to time allocated to therapists on a weekly basis to meet together)

My impression is that within the hierarchical structure there may not be either a vehicle and certainly there does not seem to be the time to work through differences or difficulties whilst within the collectivist structure there is space and willingness to confront and work through difficulties that cause conflict. This capacity to deal with conflict is important. Jo Freeman argues that whilst the ideal in collectivist groups is that all are equal, in reality those who knew one another best had a hidden advantage. They spoke to one another outside of meetings and (perhaps unconsciously) formed a caucus that then shaped general discussions. The members of the Galway Centre by bringing conflict into the open avoid creating this hidden structure of power by bringing conflict 'into account' (Freeman, cited in Phillips, 1991)

Pressure created by demands of a structure does not only impact on therapists, but also on the work. The following comment was made in relation to the therapist's own response to dealing with rape victims.

"Also victims often 'rally' in a crisis. That together with the pressure of work in the centre can feed into: there's no pathology here. You can get over it quickly.. maybe wanting to believe this because rape can happen to you too."
(Head of Counselling RCC Dublin)

In the same way, support offered by the choice of organisational structure also affects the work and the women who come for support.

"It's (the collective) not just about this building or about those of us working here. The women who come have a strong feeling about the place too. They feel comfortable here. They say that it's a good place for them to be... that they're treated with respect, allowed to be themselves. "(Worker Galway RCC)

The following comments made by a members of the volunteer group of workers attached to the Dublin Rape Crisis centre highlights another aspect of its hierarchical structure/decision making process, that is its exclusionary potential.

This group of volunteers are responsible for staffing the twenty-four hour crisis -line service (outside usual working hours) offered by the Dublin Centre. As volunteers they are neither staff nor Board members. These are comments from volunteers on the issue of mandatory reporting, an issue on which they were to some degree in the front line as the following comments indicate.

"I was in the office the day mandatory reporting was in the news and most of the calls I got were against it". (Vol. RCC Dublin)

"people are worried that it will be like the Orkneys... families being split up" (Vol RCC Dublin).

The group were informed *after* the decision was made and apparently without reference to them. As a group they were simply not part of the decision making process.

“ ‘X’ told us that the decision was taken after dialogue between staff and the Board” (Volunteer worker DRCC referring to a decision made by RCC Dublin regarding mandatory reporting)

The comment, made by one of the volunteers, on how the decision was made without reference to the volunteer group, contained no criticism. It was an observation rather, on the fact that it had not been an easy decision and had been taken only after dialogue between the Board and the staff. It is, however, an example of how organisations are in fact a reflection of a wider social structure. People are not slotted into pre-given organisational structures but rather those structures reflect the outcome of interactive patterns of human relationships, particularly relationships of power. Watson argues that people do not simply follow organisational rules or procedures because the organisation requires it but comply, more or less, with rules because they recognise a set of expectations that they should obey them. (Watson, 1980. p.205)

The work of the volunteer group was described in this way

*“their listening is an invaluable part of our therapy”
(Supervisor, Vol. Group, Dublin RCC)*

At the same time though they are regarded as

“[being] different. It’s outside the centre.. not really drawn in.. they wouldn’t really be aware of lobbying it’s not involved” (Supervisor, Vol. Group D. RCC).

The members of the volunteer group did not have expectations of being equally treated and consulted, nor were they expected to within this structure. Their work is voluntary and unpaid. Voluntary, unpaid work, particularly where carried out by women, does not accrue the same rights and privileges as does paid work within our social structures. Their treatment within this traditional structure reflects that social reality. The position of the volunteer group is discussed further in the next section of the this chapter.

The structural nature of an organisation is often more subtly , though not less effectively, displayed in others ways - through its language, its location, its environment. This is discussed under 'Hidden Hierarchies' below. However, will discuss one aspect of this now because it deals with how this hierarchical structure excludes the Voluntary Group within the physical arrangements of its environment.

In the hallway of the Dublin Rape Crisis Centre , directly behind the the receptionist's desk, there is a large poster. This poster is divided into two sections. On the left hand side there is a list of names under the heading ***Our Workers***. On the opposite right hand side, and at a *lower level*, there is another heading which says ***Volunteer Group*** under which there is another set of names. In this poster the hierarchy is made very clear, both linguistically and graphically. The volunteers operate at a lower level within this organisation. Indeed, it could be argued that through the use of the term 'Our Workers' that what was implicit in the decision making process described above, is now made explicit, that is the exclusionof the volunteer group.

The feminist movement crucially recognises the existence of structural oppression.

The re-alignment of the relations of power that are held to be at the base of women's oppression, requires the transformation of patriarchal, capitalist and racist social structures.

Feminism stresses the relationship between the private and the public arguing that they cannot be dealt with as two separate worlds. Relationships within families are shaped by the public policies of the social world; conversely relationships in the workplace are moulded by the inequalities of sexual power. Relationships of inequality are reproduced within this hierarchical traditional structure and thus contribute to the maintenance of inequality in relationships.. This is surely deeply incongruent with the stated intention of the work of the Dublin RCC of enabling survivors to re-establish a sense of their own power and responsibility.

"From the therapy side, when a woman comes in here she's trained to do her own work. That's the model..... I wouldn't want to be telling someone in a work setting what goes . It just doesn't fit together. It wouldn't make sense" (Worker, Galway RCC).

It is also hard to reconcile this with their acknowledgement of the need to

"be cognisant of the reality of power in social structures and economic structures of relationships"(Therapist Dublin, RCC)

It is the realisation that our experiences have a commonality and that they are political in their origin that has empowered the feminist movement. It also raises the paradox between empowering the women who come for support/therapy whilst at the same time disempowering their own workers and volunteers.

"I think if you don't feel empowered in your own work, if you feel decisions are taken without you, then it's hard to empower others." (Worker, Galway RCC)

When women gain access to positions of power, that must not result in the undermining of the critique of power. For if this were to happen then "equality would no longer hold the promise of an end to oppression, but of equal access to the roles of domination and oppression" Kappeler, 1995. p.108)

How each centre does things is as important as what it sets out to do. Again, feminism concerns itself with structures that are enabling and democratic. Democracy builds from participation, from inclusion rather than exclusion. It is inconsistent to speak of empowerment, of political equality, and to structure social working arrangements in a way that deprives, or worse yet, excludes individuals of the chance to participate, as the case of the volunteer group. The right to participate in the decision making process with

those with whom we share a common activity is fundamental to political equality.

“Politics has no integrity until it is grounded in everyday life”(Phillips,1991, p. 111.)

Organisational style for the Galway RCC is part of their radical critique. Their non-hierarchical, non-competitive collective means that “ there is no management structure in place so that paid and non-paid workers have equal say at all levels of the decision-making process”(Gralton, 1992. p.46)

“The collective structure allows you make a contribution. I’m really listened to here.” (Worker Galway RCC)

Collectivist feminists did not just come upon that form of organisation accidentally but organised in that way because they were part of a larger cycle of protest, which engaged in creating a new frame of meaning that challenged the existing social paradigm (Tarrow,1989; Kriesi, 1989;Dalton, Keuchler and Burklin, 1990 cited in Mathews N. 1994).

The collective structure chosen by the Galway RCC counters marginalisation that occurs in hierarchical structures by giving different voices equal standing.

Democracy is a developmental process. Democratic processes need to be learnt.

The ability to participate in democracy, argues Carol Pateman, stands or falls on two important issues. (cited in Phillips. A. 1991.P.39)

First, the educative function of participation. That participation is something that is necessary and that also needs to be learnt and practised is clearly understood in the Galway RCC as evidenced in these comments:

"[W]e require participation in all aspects. We look for a willingness to try, to 'muck-in' (Worker Galway RCC)"
"It took me a long time here to take my own power. I was new to the group. It's easy to say power is equal, but it takes longer to actually put it into practice. They respected me as an individual... they had faith in me"
(Worker RCC Galway)

The experience of hierarchy and subordination undercuts the equal development of ourselves as citizens and impacts on our ability and belief in ourselves to make decisions and contributions. The following comment is an example of how a therapist did not question her right nor recognise her ability to effect or contribute to change in an existing practice within the organisational structure.

"our training courses are focused on sexual abuse. It has struck me though that perhaps we could put on a course that would deal more specifically with rape..."

"that was the structure when I came in" (This was in response to my question as to why the educational/ training work had this focus).

(and again later in same interview)

"I've come into a situation where it's already set up that way" (Education Officer, Dublin RCC)

Or even, where the worker holds a strong view it may be difficult for her to influence or change policy.

"I have enormous difficulty with this personally. I think that by the time the client comes through the door they have paid enough and I don't feel they should pay

for this service. Nobody should have to pay. However, that is my personal view and it is centre policy (to charge women for service) ”(Therapist Dublin, RCC)

The second part of Pateman’s hypothesis is what she regards as the crucial role of industry. Drawing on Almond and Verba’s work(1963) she notes the high correlation between how much we participate in politics and whether we think of ourselves as competent or politically effective.and stresses the very clear indication that those who work under hierarchical control, with decisions taken over their heads will attach least weight to political involvement. Without the experience of affecting decisions at work we believe that there is nothing much we can do. Thus the “private sphere of work underpins the public sphere of politics; what happens in one shapes and constrains what is likely to occur in the other” (ibid.,)

“I want the women who come here to get a good service and I feel responsible for ensuring that. I have a hand in this. I’m really a part of it. I’m not just blindly following” (Worker Galway RCC)
[W]e’re not seen now as ‘just helping women out’ but as an established part of society providing a competent service”(Worker, Galway RCC).

The women working in this centre clearly see themselves as credible and effective. Their sense of efficacy and control is facilitated by its collective structure . Within this structure the women deploy their social knowledge in a way that is local, contextual, and concrete. This is a ‘politics of difference’. This aspect of collective structure will be returned to later in terms of its implications for influence within the community.

Part of their belief in themselves as credible and effective comes not only from the level of their participation but also from the nature of that participation. The centre does not only seek and encourage equal participation in the work but also equality in the kind of work that each participates in.

*"We all take part in training...if we had a management committee would I still have the same feeling that I have to-day by sitting with and supporting a woman..if I had to answer the door and hand over, a lot would be lost in that way. If there were a management committee who did not do counselling I wonder if they could make decisions regarding that counselling process
Supporting, counselling, educational, , the running of the centre
We're not just training people to be counsellors but also to be members of a collective who run this centre" (in response to what is involved in training)
Worker, Galway RCC)*

By ensuring that all participate in all of the tasks of running the centre it prevents those with highly valued skills avoiding more mundane work and in this way makes equal respect a more substantial affair.

This is very much in opposition to hierarchical work structures which, reflecting hierarchical societal patterns, use peoples' resources according to their level in the hierarchy (and reward them accordingly). The lower the level in the hierarchy the lower the skill presumed. It also recognises a need to learn that what have been considered natural talents and skills can be taught and passed on.

"I've been involved in P.R. work. I never thought I could do that. It's good to learn, to know that you can do other things. It's been great to work with a group of women who have confidence in me..... I would never

have gained as much if my role had been counselling only" (Worker, Galway RCC).

In this way it avoids the power that is usually attached to a superior skill, empowering its workers to do many tasks by involving all equally, and avoids tensions that seem implicit in this comment

"the lobby for change is part of the centre's work. In the past that was part of everyone's work. Nowadays though it is the Director's role. It is not necessarily from direct experience of the client"(Therapist, Dublin RCC)

This belief in self and autonomous potential gives further weight to Pateman's argument regarding the empowering potential of participation.

There was certainly a good deal of ambivalence in the Dublin RCC regarding the political aspect of their work.

"In selection[of volunteers] we look at their belief system around the politics of rape. [We]. try and see how they understand sexual violence. [It is important that they] have a sense of the imbalance of patriarchal society... [That they] see sexual violence as not just purely sexual act, but one of power.....[we] wouldn't want though to be seen as purely feminist organisation. Violence can be male or female".

.....It's (political aspect of educational work) not huge. I tend to follow the group I'm working with. We will mention it if it comes up... but the main focus of this work is increasing the person's understanding of how they can help the person in front of them."

..... In the work I do men are in the minority on training courses. I wouldn't want to present myself in any way to threaten them. They often feel disadvantaged." (Therapist & Education Officer,. Dublin RCC)

[The]"Centre is not therapeutically driven, but therapists are. We're not interested in shenanigans..... This is a political centre. Sometimes it's difficult to many politics and therapy, [to] say what clients need and say

what's politically correct" (Therapist. DRCC)

In contrast, the women who worked in the Galway RCC consistently spoke of the their political commitment and also named their work in the Centre as being fundamentally political.

"we have and we want a greater political role. It takes time and energy. We'd like to have more time.. to have a voice on current national womens' issues."

"my attitude, my politics, my feminist outlook"(in response to the question of why she was selected for this work)

"it's definitely political. The centre has a definite view of sexual violence. Counselling and support [of survivors] is one way, speaking out and raising awareness is another. Support is directed towards empowerment. We owe it to the women who come here to speak about the reality of their lives. It is part of our political task"

"I see it [the work] as challenging attitudes in relation to sexual violence from a feminist perspective"

".. we are very aware of the political. At almost every meeting, the need for us to be more political, to do more political work, comes up"(Workers, Galway Rape Crisis Centre)

The workers in the Galway Centre also have more clearly defined political views of perpetrators than those working in Dublin. This will be discussed later in the research findings .

These two centres originally were founded by women who shared similar personal and political backgrounds. Their interpretations of rape and male power were similar.

Both shared a view that rape expresses the power of men over women.

*“[That those selected] see sexual violence as not just purely a sexual act but one of power also..... that they have a sense of imbalance of patriarchal society”
(Therapist Dublin RCC)*

“[I]t has to be acknowledged that a patriarchal system plays its part.... it has to be seen that sexual violence and abuse is part of a bigger system which oppresses women” (Worker Galway RCC)

They established centres(at different times) which were to offer similar services to deal with and confront rape. They offered counselling/support/therapy, telephone crisis-line services, public educational programmes and both lobbied for legal reforms. It is not clear if in the beginning they both saw their tasks as primarily political, not only providing counselling/support services that women need but also transforming consciousness of their subordination. What is clear though is that there is a difference now in their perspective and emphasis as evidenced in their comments above . While the content apparently remains the same, the political form has changed.

The Dublin Rape Crisis Centre is now less politically feminist in its focus than is the Galway Rape Crisis Centre.

“ part of the feminist ethos has been lost over the years. We were seen as militant. That’s mellowed. We’re more conscious of our public image. That’s good and bad. We could be braver. We’re a political entity, not always in the best ways”...(Therapist, Dublin Rape Crisis Centre)

“we’re looking for views that are compatible with the support of rape victims.... Sometimes views are feminist and sometimes they’re not”(Therapist,Dublin Rape Crisis Centre)

*"[C]ounseling here is not a feminist agenda but by definition it is empowering"
(Therapist, Dublin Rape Crisis Centre)*

*"Well, if the personal is political, and counselling is about change then presumably there is [a political content] somewhere. I don't like to think it's overtly political, but the process of just looking, of thinking, in the changes they have made in their constructions of themselves, this can be seen as political"
(In response to a question as to whether counselling work had a political dimension-Therapist, Dublin Rape Crisis Centre)*

The diminishment of the political nature of a centre is a recognised trend in RCC's and also other social movements where hierarchical structures have been introduced. (Mathews. 1994; Scott, 1993; Kappler, 1995). This trend is also accompanied by a focus on providing social services, usually therapeutic, for the victims of sexual violence. Again this is a clear trend within the Dublin centre.

"In the past people were involved here as volunteers. Their interest in sexual violence grew out of an interest in women's issues, that gave a quality to the place. The notion of collectivity still hangs around. People coming in now though are not expected to have that political commitment. It's not necessary to have a common philosophy. It's more a place where you work with women and men than a place that would encapsulate a vision of woman. The vision is more a human vision, working with people marginalised through sexual oppression" (Head of Training, Dublin RCC)

In a sense I suggest that the trend away from feminist politics is inevitable within a hierarchical structure. A feminist organisation that is a structure of authority, giving some women rule over others, is self-contradictory, for feminism is essentially about the "democratisation of social interaction" (Radtke & Stam, 1994. p. 166)

There are two other factors that reinforce this trend that will be dealt with here. The first has to do with recruitment and selection policy and the second with funding.

4.2 PROFESSIONALISATION.

Paralleling structural change has been the professionalisation of rape crisis work. This will be discussed further but for the moment the argument will be restricted to how this is handled within the two structures and how this has contributed to the decline of the political emphasis now being discussed.

The Galway RCC argues, again in keeping with the base value of their work, to select women on the basis of their politics, their beliefs and their qualities rather than on their qualifications.

"It's not enough just to be a counsellor" (Worker, Galway RCC)

"Some people who've done professional courses might not necessarily have natural counselling qualities, or they may not be politically committed. The potential to do the work is more important than having it [background in counselling] already..... A woman's politics matter. (Worker, Galway RCC)

"[A]ny woman could be a member of this group" (Worker, Galway RCC)

The Galway Centre's choice of action is characterised by its organisational structure. Authority and expertise do not necessarily reflect for them an ability to do this work. This is in keeping with the roots of early anti-rape crisis work in counterculture. Mathews also argues that part of the efforts to respect and empower women lies in the emphasis of the ability of any woman to do rape crisis work. (Mathews, 1994)

The Dublin RCC have a policy of only recruiting professionals to their staff. No formal qualifications are necessary for voluntary work in the Centre.

"the centre now recruits staff who are professionally qualified"
(Head of Counselling, Dublin RCC)

"A background in psychology or social science is required. However, training in counselling or psychotherapy is also recognised. Such training though must be accredited" (Head of Training, Dublin RCC)

The reasons given for this have regard to credibility and efficiency. Again, these are the two reasons given for the move from the collective to the hierarchical structure and again, I suggest, that the choice of action is now being characterised by the structure of the centre itself, but this time with very different consequences.

"The major concern of management is that we see as many clients as possible. Time spent in training is time spent away from clients" (Head of Training DRCC)

"we needed to speak as professionals" [There was a need] for professionalism in order to be taken seriously" (Head of Counselling DRCC)

"They're fully qualified to work with clients. They bring that [qualification] with them and their experience" (Supervisor, Volunteer Group DRCC)

The logic of Dublin centre's hierarchical, traditional management structure's decision to recruit in the traditional way, experts and professionals, with less emphasis on the political dimension, consequently moves the centre away from its original identity and political orientation and towards a therapeutic service, thus narrowing the focus of the work.

Mathews argues that the involvement of social service professionals in the rape crisis movement has contributed to this trend. She cites the service nature of their experience together with the fact that they often lack a critical stance towards the state as being partly responsible for this. Citing the work of Gusfield(1982) and Wilson(1983), she argues that an important feature of their involvement is their influence in

"orienting social problem to the state... [they] all undergo redefinition. They are taken out of the political arena and become medical, sociological, psychological, legal or purely technical issues" Mathews, 1994. p. 105)

This shift away from the political and towards the therapeutic essentially means that what is occurring is the managing of the aftermath of rape and sexual violence. Political action also tends to focus on improving the victim's/survivor's treatment within the legal system with lobbying for legislative change: for harsher/more consistent sentencing policies and fairer procedures for the victims . Lobbying also remains at the traditional site of politics only. This will be returned to later in the research findings.

Again, this is dealing essentially with the consequences of rape rather than confronting the power structures that cause sexual violence. The focus is on rape as problematic for the individual; in its criminal sense by focusing on the perpetrator(s) as individual(s) with personality disorders or as a problem for victims, but not as a reflection of problematic gender relations. The danger is that this treatment focused on the individual in reality changes nothing but colludes with the abuse in that it fails to challenge the real issue of power. Both centres agree that the problem arises from powerlessness. It has to be tackled within that context, in structures within and outside the family. Such structures include social movements, not least Rape Crisis Centres. Egalitarian structures need to be fostered *within* support/therapeutic relationships and *within* the structures that provide them.

4.3 FUNDING.

Resources for social movements, including rape crisis centres, are problematic. They also have implications for the direction of services and for their autonomy.

Both the Dublin and the Galway Rape Crisis Centres receive funding from the Department of Health and the Health Boards. They are also funded through donations and through their own fund-raising efforts. The Dublin centre makes a charge to the women who use its services. The Galway centre does not. This issue of charging women for the service will be discussed later. The Dublin Rape Crisis centre also earns revenue from its training courses.

The Dublin centre regards its business-like image as an important feature both in its own fund-raising activities and regarding its activities that generate funding within the centre itself.

"In training the work is clear-cut..... and importantly it also generates income. With client work..... the nature of the work can take a long time, so it may look like a small amount of work"[in terms of number of clients] (Head of Training Dublin RCC)

"It [corporate quiz] cost £400 a throw. [W]hen you're targeting people like this a business-like image is important (Vol. Dublin RCC)

Connections to such corporate organisations through donations raise philosophical or ethical difficulties. Targeting corporate donors has implications and consequences. Mathews points out that in the late 1970's rape became a 'legitimate topic' in the U.S. and corporate funding became available for the first time. However, despite the need for funds many rape crisis centres refused this offer. Within the movement there were differences on this stance. Some felt that the money could be used to do good work. Others though argued that the anti-rape movement would lose its credibility in lending legitimacy to organisations that in fact sustained conditions that oppressed women by giving such institutions an alliance with feminist groups.

Connections to state funding also have important implications for centre's autonomy and

direction. It places regulation of their work with an external agency The recent experience of the London RCC is a good example of this. The London Borough's Grants Committee withdrew funding from the Camden-based , London Rape Crisis Centre because the Committee regarded the services they were funded as not being adequately provided. *What is important here is not whether in this particular case the criticism was valid but that they had the power to do this.* There are echoes of this in comments from the Dublin RCC

"We're a political entity, not always in the best way. Getting public funding means we have to 'kow-tow.. [this is] not always a good thing, but we need the funding..."

"In the Dublin RCC, when a person comes in there's a programme, a time to finish, although the client may not be finished..... also the therapists are very busy. They have an agenda. The waiting list causes pressure. There's a policy decision that therapy should end after 18 months" (Therapist -ex RCC, Dublin.)

" Clients don't always do what they're supposed to do..... [I]t can take a long time... we are dependent on funding and that relates to the number of people seen"

"Funding decisions tend to be administrative decisions.....[I]t can be difficult to show how you work, why and for how long".

These comments illustrate a process whereby what the centre offers the women, their clients, gradually becomes defined in terms of what is compatible with the State's bureaucracy. Political and financial needs are prioritised and the woman's needs denied or negated. There is also a danger that the interests that lie behind decisions can become invisible.

"Therapy here is long term. Now people want shorter, more focused work. I suppose we need to know if our values are being imposed on our clients

If therapists are encouraged to be in therapy themselves, they tend to have a belief in long term therapy” (Therapist Dublin RCC)

The assumption here suggests that the reason lies within the individual therapist. From a therapist’s point of view, this approach is not unusual. It is part of that world to look for the reason in personal/familial histories. Therapy does not, as already argued, exist in a vacuum. Therapeutic trends need to be interrogated. Which people want shorter, more focused work and what are the reasons that lie behind that ? Are they cost related? Does a shorter, more cognitive approach encourage a woman back into ‘normal’ functioning in those roles society demands of her with less questioning of wider structures that produced that particular ‘self’ ? Would longer term therapy allow for more exploration of different relationships between men and women, women and women, between women and the institutions of the state?

Connell argues, in an examination of state patriarchy, that the most favourable historical circumstances for progressive sexual politics seems to be the early days of social revolutionary regimes, but the later bureaucratisation of these regimes is devastating.(cited in Radkt & Stam,1994p.163)

I would suggest an analogy here in the movement from collective to hierarchical structures, including that movement within the Dublin Rape Crisis Centre. Scott (1993) and Mathews(1994) argue that Rape Crisis Centres that adopt a hierarchical structure and rely on outside funding sources often modify or see a decline in their original political

motivation and also change their tactics, becoming more like a social service organisation. The organisation “forfeits its radical goals, yet survives and fulfils certain community needs”(Scott,1993.)

This comment would seem to bear that out.

“[It is] difficult to say what clients need and what is politically correct.....[The] institution has to survive, ‘though I think we should be braver” (Head of Counselling. Dublin RCC)

State funding for Rape Crisis Centres has both the capacity to enable or to constrain. It can be “*evidence of concessions won, but with the requirements of the state in return, represent the limits*” (Mathews,1994. p184) However patriarchal the state is, gender politics cannot avoid it.

The Galway Rape Crisis Centre also receive public funding and are aware that this could cause difficulties.

“ I suppose that sometimes there is concern that the Health Board may require us to treat men because if you get funding from the Department of Health then sometimes you have to meet their requirements . The Health Board is very conservative and currently some of our funding is from the Department of Health. I suppose, that there is basically a fear that the London Rape Crisis Centre has had its funding reduced. In Holland there has been research and a tendency to incorporate the work of rape crisis centres into state services. Being a collective is very important to us. We have insisted on holding this structure... we would not give it up for funding”(Worker, Galway RCC)

This comment makes the clear the centre's awareness of the potential of conservative funding to influence the direction and politics of rape crisis work in the long term.

The Galway centre by retaining its feminist politics while nurturing professional standards embodies an engagement with the state that is both radicalising and participatory.

"There is an expectation here that people will train, will do their own work on themselves too, but the background in politics is very important" (Worker, Galway RCC)

It also provides both a service and a political perspective by offering that service, which is viewed within the community as competent and worthwhile from a collectivist structure. In doing this, it provides its own workers, the women who avail of its services, and the community as a whole with a concrete model of ways in which it is possible for women to multiply the contexts in which they can exert control over their lives.

It has a vision of itself and a mode of engagement, both within and outside its structure, which addresses itself to changing the nature of relationships themselves rather than managing the outcome of such relationships.

"one thing we are about in this centre is looking at power issues. There would be a very different ethos here if the power structure were different" (Worker, Galway RCC)

Increasing and extending womens' opportunity for and experiences of power in

social and political structures is an act necessary in order to confront and end rape.

4.4 HIDDEN HIERARCHIES.

The structure and philosophy of each centre is also contained in its setting, its location, and its accessibility. Social messages are conveyed through posters, notices, and the language we use to address each other, welcome and to refer to others. All carry implicit messages.

The Dublin Rape Crisis Centre is housed in a Georgian building on the south side of the city. The Centre has been decorated in pale, neutral tones (blues and greys). Inside the door there is a reception area with a modern switchboard. There is an alcove which constitutes the waiting area. Those who sit there are visible to anyone who passes by.

On my visits there I was greeted in a friendly but efficient manner by the receptionist who, on the occasions I was there, was always dressed in a suit. Sometimes a comment was passed about the weather but otherwise there was little said to me. I felt neither particular welcomed nor unwelcomed.

I was not invited to help myself to coffee but there was a flask on the table which, after my first visit, I established did contain coffee. There were also magazines provided.

Sometimes, there was another woman waiting there also, and on one occasion a man.

The atmosphere for me felt somewhat formal. There was never any conversation between those of us waiting. This may have been for all sorts of personal reasons, but I am sure the fact that there was little privacy from all who passed by did not help. I also wondered how I would feel, if this were my first visit as a woman who had been raped or sexually abused and I found myself sitting beside a man. They do have a policy in relation to male voices on the phone

“from the rape victim’s perspective we believe it would be wrong to hear a male voice first” (Supervisor, Vol.Group, Dublin RCC)

It could be any modern office housing any service or business interest within the city. It certainly conformed to the image described by one of the workers in the centre as “business-like”.

From the comments taken from the interviews with the women who work in the Dublin centre, it can be observed that most usually refer to the women they work with as ‘clients’ and as already discussed their selection policy defines them as professional therapists.

Feminist counselling argues for and addresses itself to the accessibility of its services for all women who need it. It advocates that its physical environment should be welcoming, nurturing and should not alienate or intimidate It also recognises that class is an issue,

and that access to counselling is still largely much easier for the middle-classes . It realises that cost, language and style of therapy can exclude working class people. (Chaplin, J. 1988 and Perry, J. 1993)

The location, the decor, the manner and the dress of the staff of the Dublin RCC suggests a middle-class environment. This image has implications for potential users of the centre. There are also practical problems in that the centre is also difficult to and costly to access if you live in the working class areas on the outskirts of the city. There is also, as already pointed out, a charge for the service, although the centre argues that no one is ever turned away because of money. (As already indicated this will be discussed later in the findings)

One woman working with women from a working class area in the city suburbs said that some of women who had visited the centre did not continue to use its service because they found the atmosphere middle-class and were uncomfortable in it.(Personal Communication)

This is a difficult issue for many therapists. Chaplin(1988) refers to this in dealing with social class in relation to the need to extend the availability of therapeutic support. She argues that while the client cannot know the 'political' attitudes of the therapist, it can help if the therapist "does *not* work in a very middle-class atmosphere. She further cites

psychotherapists such as Adler(1956) and Reich (1970) who deliberately chose to work in some of the poorer areas of Vienna and Berlin, and who offered free treatment.

According to Chaplin, one of the difficulties about a middle - class image in a counselling/ therapeutic setting is that it reinforces the notion of that class being both in charge and being 'OK', with the working class being the 'problem.'(ibid.,)

In feminist womens' therapy settings, women are not seen as 'patients' or 'clients' Therapists /counsellors do not see themselves as experts. Hierarchies exist in language and thoughts just as much as in structures. Chaplin suggests the more informal attitude of an environment evokes a greater sense of equality than the more formal attitude of hierarchical institutions. She is referring specifically here to counselling or support settings for women. (ibid.,)

The Galway Rape Crisis Centre is housed in an old building in the centre of the city. Women who come to the Centre are usually brought directly to one of the counselling rooms by one of the workers. On the occasions I was there, I was always asked if I would like a cup of tea or coffee, which was made by whoever was there at the time. Their dress was always informal. casual trousers , jeans and sweaters. On the one occasion when I had to wait , it was in a small room just off the hall-way. It was very similar to a sitting room. Two or three comfortable armchairs, and a small table in the centre. Another table in the alcove has posters and leaflets giving information on a

variety of services and activities for women including some explaining the services of the centre itself.

The women working there included me in their conversation or sometimes enquired about my journey from Dublin or my plans while in Galway. On one occasion I was invited to see a video which they had just produced and were planning to show , on the following evening, to a small number of people who had been involved in its making. I always felt welcomed.

There is an awareness in the Galway centre of the effect of the informal surroundings

"It makes it more personal, more woman to woman." (Worker, Galway RCC)

"It's welcoming, the informal feel of the place, you can just call in. Some women might abuse that, others would not. "

There is no charge for the service offered, and there is an awareness of the practical and financial difficulties women live with and an attempt to ensure equal access to the service for as many as possible .

"It's the hallmark of RCC's that there is no charge and we feel strongly about this."

"(T)he service is free, it accessible to all - sophisticated therapy is not"

"sometimes women need help with travelling costs and baby-sitting" (Workers, Galway RCC)

This intention of this chapter was to articulate and understand the relationship between the structures and the work of each of the two centres being discussed here. In the next chapter the further findings of this study are detailed and discussed.

5. RESEARCH FINDINGS AND DISCUSSION.

The findings of the research are detailed and discussed in this chapter under the following headings:

1. Selection and Recruitment
2. Status of Volunteer Group, Dublin Rape Crisis Centre.
3. Unpaid Work
4. Training
5. Therapeutic Model
6. Emphasis of Work on Treatment of Sexual Abuse
7. Charges for services
8. Centre's orientation towards judicial system for women who use their services.

5.1 SELECTION AND RECRUITMENT.

This discussion will look at the selection criteria used by both centres, at the philosophy behind such criteria and how they are guided by the overall philosophy of each centre.

5.1:1 Each centre shares a common policy of advertising for workers/therapists/volunteers in local and national newspapers. Candidates complete application forms and are then interviewed .

In the case of the Galway collective, candidates after completion of training have a further six months probationary period before they become full members . All members of the collective must be in agreement to new members joining.

“It(the process) can be a bit frustrating but it really sees how people work and if we can work together” (worker, Galway RCC)

This procedure reflects the centre’s philosophy of equal participation in decision making process and equal responsibility in the organisation of the centre’s collective.

In the Dublin centre candidates, following group interviews with other candidates, have two further interviews: one with the Head of Counselling and another member of staff, and then a final interview with the Director of the centre.

In this procedure the decision to employ a candidate is taken by those at the higher levels of authority within the organisation with the final decision apparently resting with the person at the the highest level, the Director of the Centre. This process seems appropriate to a hierarchical organisational structure.

5 1:2 AGE OF CANDIDATES

Galway Rape Crisis Centre		18 Years and over
Dublin Rape Crisis Centre	Therapists	28 Years and over
Dublin Rape Crisi Centre	Volunteer Group	27 Years and over

The minimum age limit restriction required by the Dublin Centre for both its volunteers and therapists is consistent with that usually required by helping agencies and by counselling and psychotherapy courses (23 years). Also, the term 'mature' student for example is applied only to those over the age of 23 years. Reasons given for this usually have to do with "life experience, the ability to be reflexive, and the attainment of maturity". (Personal communication - Selector for counselling/psychotherapy course).

Having searched the literature on counselling and psychotherapy I managed to find only one reference to age of the therapist or supporter:

"Although by and large a therapist grows through continued experience there are many instances in which a younger, less experienced person might strike up a better relationship with a patient than an old hand"(Kovel, 1976) (Dryden, 1992; Rowan, 1993; Clarkson, 1993; Egan; 1994;Chaplin, 1988; Storr. 1990)

The Galway Rape Crisis Centre states that the average age of the workers is between 24-40 years. They say that they have not had difficulties with this and that they have a policy of trying to make their clients comfortable *"sometimes an older woman might*

prefer to see an older counsellor” and would arrange this. (This concept of ‘client matching’ will be discussed at the end of the next section on Sexual Orientation as it is appropriate to both issues) Whilst the matter of age is one that requires great care and I would suggest would benefit from some research and monitoring, it would also seem consistent that the Galway Centre, with their commitment to a feminist approach, adopt a stance that favours inclusion and also takes a subjective rather than objective view.

“I was very young when I joined the group, but they didn’t look down on me.

They respected me as an individual” (worker, Galway RCC)

5.1:3 SEXUAL ORIENTATION OF CANDIDATES.

Galway Rape Crisis Centre.

Includes both lesbian and heterosexual women amongst its collective members.

“we do include lesbian women. In the introductory week-end(training) we encourage people to be frank about how they feel about this. We think it’s important to be aware of the gay client, to make them feel comfortable, to ensure that they feel they have a right to be here” (Worker, Galway Rape Crisis Centre)

Dublin Rape Crisis Centre - Therapists

Whilst lesbian women are not excluded in terms of policy they are excluded in practice.

"[It] would not matter, but I'm not aware of ever having someone here who was in a lesbian/homosexual relationship. Perhaps it's an unconscious division. It's not a problem, but I'm not sure as an organisation how we would feel..... Perhaps we've ignored it." (Head of Counselling , Dublin Rape Crisis Centre)

"There are no gay therapists on the staff that I am aware of and the number of gay/lesbian clients is small. I suppose that means we must be giving a message to the community, although we wouldn't wish to do this" (Head of Training,, Dublin Rape Crisis Centre)

Dublin Rape Crisis Centre - Volunteer Group

Includes both heterosexual and lesbian women.

"Being gay would not preclude anyone. At least one member of a volunteer group was lesbian" (Therapist, Dublin Rape Crisis Centre)

The response by participants in the Dublin Rape Crisis Centre seemed indicative of a willingness to be open and honest and also indicated a willingness to see this exclusion of lesbian women as being organisationally implicit.

There seems to be a difference in policy recruitment for volunteers and for therapists within the Dublin Centre. However, it is also possible that there is another reading here. The comments from the Galway Centre indicate a clear policy and *practice* of inclusion. Given the comments from the therapist from the Dublin centre, regarding policy and practice, I find myself wondering if the comment that “at least one member of a *volunteer*” (my emphasis) does not equate to a form of tokenism. This interpretation is offered only. As already indicated (methodological approach) my reason for quoting extensively from participant interviews, is to allow the reader her own interpretation.

The exclusion of lesbian women from the staff of the Dublin Rape Centre is a serious one with considerable implications for the work and for the women who avail of its services. Lesbian women, it is argued, are often healthier than heterosexual women on a variety of standard, psychological variables, such as self esteem, and not significantly different on all other important ones. Not surprisingly, this literature receives little attention for patriarchy has carefully “rendered role models for lesbian women invisible obliging lesbian women to find authenticity through thoughtful self-examination”. (Freeman, Oberstone & Sukoneck cited in Boston Lesbian Psychologies Collective, 1987. p. 4)

The fact that many individual lesbian women must develop their own personal framework for creating a sense of identity and for maintaining self-esteem, I would

suggest, has the capacity to enhance their suitability for therapeutic /support work, specifically in relation to women whose experience of sexual violence, it is argued, leads to loss of identity and self-esteem. (Waterhouse,1996; Parks,1990; Bass & Thornton,1983; Blume,1990; Fraser, 1989; Walshe & Liddy, 1989).Lesbian women often live in hostile social environments. Women recovering from sexual violence often do so in a hostile environment , whether through alienation/isolation following reporting or because they are still in an on-going abusive situation, leaving them with little support, as they build maintenance systems for themselves and for their survival. The process of identification that is possible here has the potential to be helpful to the therapeutic/support process. (Identification process within the therapeutic/support relationship will be discussed below)

For the women who are lesbian, and who need the services of the centre, there are also issues. Before addressing those, I believe it is valuable to address the work of Starzecpzel. She argues, using Chodorow's work on the matrisesexual bond, that all women experience love of another woman in the mother-daughter dyad, and that most reject lesbianism because of cultural taboos and intensity of mother-daughter relationship. She goes on to suggest that female incest survivors having lived outside the the rules since childhood and who are psychologically distanced, through the experience of incest, from their mother, are freer to revert to the matrisesexual bond. This is not to suggest that all incest victims chose lesbianism or that lesbianism is a choice as a result of incest. However, it does raise the right to that choice and to have it validated. Foley, in

her criticisms of the professionalisation of the treatment of rape, points out that a woman who positively chooses lesbianism is often negatively regarded within the recovery process, a healthy response and resolution of the crisis being linked to the return to 'normal' heterosexual functioning. This fails to take into account that women's response to sexual violence may result in permanent changes in their attitudes, behaviours and circumstances, and that for the women concerned they represent *positive* choices which are part of the recovery process. (cited in Lupton & Gillespie, 1994. p. 44) The 'positive' modelling the Dublin Rape Crisis Centre argue that is offered through its therapists being in a "stable" heterosexual relationship (discussed below) implicitly denies the choice of lesbianism as an acceptable, healthy alternative for those women who chose it.

"Perhaps we've ignored it" (taken from comments above) is part of that failing to take into account the issues discussed above. And I would suggest more. It can also be seen as contributing to what Adrienne Rich refers to as part of the violence done to women through the compulsory enforcement of heterosexuality as the 'normal' sexual preference of most women. (Rich, 1980) That this should occur, albeit *"unconsciously"*, in an organisation whose purpose is to help individuals recover from sexual violence is deeply disturbing.

I want to address now some of the implications for the women seeking support/therapy and experiencing an agency/centre where a lesbian role model does not exist as a healthy

option. The process of coming out is complicated by the frequent absence of routinely available and explicit role models that socially affirm lesbian and gay identities. (Greene and Herek, 1994. p.8) It is crucial that the therapeutic/support setting does not limit nor inhibit the exploration of that option. Many individuals depend on the therapy/support process and the individual therapist's/supporter's acceptance to help navigate what is frequently an anxiety-ridden course.

"[P]erhaps we've ignored it". Yes. And this is consistent with clients reporting that when they themselves raise questions about their sexual orientation in therapy, they are often confronted with the therapist's anxiety about the topic and subsequent avoidance of it. On these occasions, many clients simply drop the issue, move to another therapist, or leave therapy altogether (Greene & Herek, 1994. p.8)

There is an explicit absence of heterosexism in the practices of the Galway Rape Crisis Centre and a concern to facilitate the therapeutic/support work.

"We think it's important to be aware of the gay client, to make them feel comfortable, to ensure that they feel they have a right to be here" (Worker, Galway RCC)

I want to return now to the issue of client-matching mentioned above. Research has argued that congruent matching of the woman/client and therapist/supporter increases the effectiveness of therapy (Rowan 1983, p. 160). A seeming sameness of sexual identity can facilitate the entry into support/ therapy allowing an initial positive

transference, and an ability on the woman/client to reflect on aspects of her sexuality that may previously have been defensively denied. The therapist/supporter, "may be experienced as unproblematically lesbian, having many good things to offer, inspirational ways of being and facultative of understanding." (O'Connor & Ryan, 1993, p.259)

The potential influence of the provision of positive role models is something that the Dublin Rape Crisis Centre is aware of, as is clear from these remarks.

"There are positive benefits in having a male therapist. [It] provides a positive experience as well. (Therapist, Dublin RCC)

However, it seems that the positive role models are restricted to heterosexual relationships and the re-instatement of positive images of maleness. This raises the question of professional practice and also of politics. Radical feminism has argued that because the control of women is basic to patriarchy heterosexuality must be mandatory and enforced. Feminism gave lesbianism a female-oriented political movement and a political understanding for the basis of their persecution.

The stigma of lesbianism can also be used to frighten or intimidate women in what Shulamith Firestone refers to as the lesbian buffer(Firestone, 1971). Women who are competent or assertive can always be called 'dykes' to intimidate them back into line and/or to prove their heterosexuality.

"The centre found itself subject to public attacks. [We were] seen as

mad dykes shouting about rapes that never happened..... there was a need for professionalism in order to be taken more seriously..." (Therapist, Dublin Rape Crisis Centre)

Professionalising their service was one way the centre found to deal with this; a way to "be taken more seriously". However, it may also be that the stigma they experienced has encouraged the exclusion of a lesbian presence, a form of separatism, however unconscious the intent, in an attempt to confirm their heterosexuality and credibility.

It is important that therapists/workers acknowledge and understand the extent to which they have internalised the dominant culture's heterosexist attitudes. The conscious provision of a service for and by lesbian women within an explicitly feminist political framework in the Galway centre I suggest, is more likely to facilitate such understanding. I offer one final example of this. The Galway Rape Crisis centre recently produced a video to promote understanding of sexual violence. This video portrays the experiences of two couples in order to explore a survivor's journey. One of these is a lesbian couple. This is both an implicit and explicit affirmation of the choice of sexual orientation. It is also a radical confrontation of society's usual heterosexual view of relationships.

At the outset of this discussion I indicated what seemed to be a willingness of the therapists participating in this research from the Dublin centre to be both open and reflexive in their responses in the regard to the implicit practice within the centre of

excluding lesbian women. Hopefully, such awareness will lead to a reconsideration and a change policy and practice.

5.1:4 RELATIONSHIP STATUS.

Both centres state that the relationship status of candidates does not influence choice of candidate. This includes the Volunteer Group attached to the Dublin Centre also.

However, each centre adds its own qualifications to this.

The **Galway Rape Crisis Centre** ask that candidates be realistic about the time commitment involved, and ask that they look at the effects of the work on their relationships. The question of time involved is pertinent in the case of the Galway centre and raises one of the difficulties of a collective. The strong emphasis on participation does make considerable demands on all the women who work there. One of the difficulties with collectives is that they require significant energy from their members to create and maintain the integrity of the relationship structure to which they are committed. (Perry, 1993, Phillips, 1991)

Whilst the women working in Galway were enthusiastic and energetic, in practice as well as in principle, in their belief in collective structure there was an awareness of this reality.

“.. I think the group was really very big and there wasn't enough time for everyone. The settling in period[for new members] was difficult and it took a lot

of energy that could have been for the collective work”

They are aware as their project grows this can become problematic.

*“there’s a maximum number you can have to work well as a collective”
(workers, Galway Rape Crisis Centre)*

The Dublin Rape Crisis Centre, as already mentioned above, stresses its belief in the potential of the positive influence that the model of a stable heterosexual relationship offers. I would refer the reader to my comments already made in this regard.

“There are positive benefits in having a male therapist. [It] provides a positive experience as well.” (Therapist, Dublin RCC)

Implicit in this comment is a belief that the return to healthy heterosexual functioning, as Foley argues, is consistent with resolution or recovery from the trauma of rape.(cited in Lupton & Gillespie. 1994. P. 43)

For women living in a society where male violence is endemic, distrust of men may be realistic and healthy. Negotiating personal safety is an everyday reality for women living under oppression . It may make life difficult but it is what oppression means for women .(Foley,1994, Bart 1989, Stanko 1990, cited in Lupton and Gillespie, 1994) This reality is indeed acknowledged by the women working in the Dublin Rape Crisis Centre themselves and spoke of how their work with rape victims was a reminder of their own vulnerability to sexual violence.

“ There is a difference dealing with rape victims. It[rape] is closer. Sexual abuse seems further away. There are no rules for rape. It happens anywhere, anytime to any woman. There are no safe people, no safe places.”(therapist,

Dublin RCC)

“therapists are more shaken when dealing with rape victims. It raises their own personal fears..... I know for myself when I heard of a woman who'd been raped walking to her home after work I identified with that. I have to walk a distance home. It raised rape for me as an issue”

These fears are grounded in reality. The crime women are most concerned with is rape (McCullough, 1996. p. 103). They have strong reason to be. Paul O'Mahoney in his study of trends in Irish crime points to the a “relentless upward climb in the incidence of recorded offences regarding rape and indecent assault.” (O'Mahoney, 1993) And this only refers to reported incidents. Encouraging women to trust men (positive modelling) suggests that their distrust of men is problematic or unreasonable. It is not. Women have only to walk down the street at night to be reminded of their vulnerability and their lack of social power. This is not an argument against healthy heterosexual relationships but a reminder of the reality of womens' lives. There is further discussion of this below in terms of male involvement in therapeutic/ support work.

The *practice* of feminist therapy/counselling requires on on-going awareness of political and social realities, and a recognition of the “deep interconnectedness of our ‘internal’ psychological worlds with the ‘external’ social and material worlds” (Chaplin, 1988, p.4) The holding of such consciousness is, I believe, more likely in an environment, such as the Galway centre, that holds both the political and the therapeutic/ supportive elements of the work equally. Feminist therapy evolved from a philosophical and

political outlook. Its survival rests in maintaining that philosophical outlook in its practice.

"It's why I got involved in this work. I felt you're entitled to walk the streets back to your home" (Worker, Galway RCC)

5. 1:5. GENDER OF CANDIDATES.

The Dublin Rape Crisis Centre recruits mainly female therapists, although it did in the past have one male therapist. I found it difficult from the responses to ascertain exactly what the centre's policy currently is in this regard. This may be because the centre itself is unclear.

*"[T]here are different views in the Centre on this.
"we do not wish to create the idea that men might be excluded from working in this area as this is not so, but we do look realistically at the problems"*

The *Volunteer Group* at the *Dublin Rape Crisis Centre* does not select male candidates as their experience indicated that

"When our male therapist did some of the 'phone work it frightened off some women . In a crisis a woman will prefer to see a female therapist. There can also be difficulties in group work..... male therapists are naturally excluded from some work"

and further

*"...[T]here are positive benefits in having a male therapist. [It] can help to confront issues with men [and] provide a positive experience as well
It allows the female client some positive contact"(Therapist, Dublin RCC)*

This is a concept that has been used in other settings. Pen Green family Centre (U.K.) uses a man and a woman to co-lead a long term therapeutic group for women survivors on sexual abuse. The rationale behind it, again, is that it was felt that it was important that different male behaviour was modelled to group members who had previously often experienced only repressive and abusive treatment from men. The male leader is required to be gentle, non-intrusive and sensitive to women's needs. This leadership model has been operating for a number of years and is felt to be useful. Group members are felt to be given the opportunity to work through their ambivalent attitudes towards men. Whilst analysis of this relationship is said to be on-going it is also believed that the advantages of this model outweigh its difficulties. (Perry 1993. p.. 87) A comment offered by a woman in another conjoint therapeutic setting that she now realised that men also disapproved of the sexual abuse of children also suggests benefit. (Douglas. cited in Sexual & Marital Therapy Journal. Vol 4, No.2. 1989).

However, it could be argued in relation to the Pen Green Family Centre co-leadership approach, and the Dublin Rape Crisis Centre, that the type of behaviour required by the male co-leader and, I suggest, by male therapists generally, is not typical for males in the dominant culture and, therefore, does not represent a real working out of power issues.

Some attention to other work might be helpful in assessing the value of the above. John Rowan argues that, if one of the main external reasons why women need therapeutic intervention is because of damage caused by their oppression in a male dominated society, then the choice of a male therapist is not appropriate in that they represent a

problem which is very real. He cites one woman's choice to end her therapeutic relationship with a male therapist when "I was lucky enough to realise that my hostility toward men was real, and was not an individual problem"(Rowan,1994.p.141)

It's also been argued that male therapists may quite inadvertently re-victimise incest survivors due to their own male enculturation, and client's lack of knowledge and skill in setting emotional and physical boundaries with men (Cle, 1985, cited in Draucker,1992)

Armstrong, perhaps most importantly, argues that when you are looking at systematic, system-endorsed power abuse "individualised solutions are antithetical to change."
(Armstrong,1990 cited in Foley 1994.p.45)

The *Galway Rape Crisis Centre* selection process is not open to male candidates.

However, they too say that

"This has been an area of difficulty for this organisation We have strong feelings and a belief in what we do. We see this as a women's organisation . Rape Crisis Centres grew out of the feminist movement. We want this to be a place for women, where they can come, where women support women."

These comments above, together with previous comments made and cited in this research in relation to the Galway Centre's belief in the importance of stressing womens' ability to support each other, are echoed in other works addressing the issue of women therapists.

Kaplan suggests that women therapists, like other women caretakers, tend to doubt the validity of their own work or the genuine skills expressed therein. This, she argues, is because these complex interpersonal skills often appear to come easily to women who forget the years that have gone into the creation of the female person taking on this task. Such skills have often been devalued during the woman's professional socialisation in favour of a more androcentric, though less affective approach to therapy that emphasises therapeutic distance and control over empathy and relatedness (Kaplan, cited in Cantor, 1992. p.239) In consequence, women therapists often have a need to be aware of their own internalised sexism and devaluation of the female experience present during personal and professional development.

The comments of the Dublin Rape Crisis Centre may reflect ambivalence through their experience of working with male therapists, through the kind of internalised sexism referred to above. It may also be that they lack the clear, philosophical woman-centred stance of the Galway Rape Crisis Centre.

"we believe in what can come out of that (women only supporting women)... a huge change for individual women by being supported by other women, but also a change in the bigger picture ... there has been an injustice, this organisation here as a group of women can move that forward" (Worker, Galway Rape Crisis Centre.)

Apart from this sense of the positive modelling of the influence of collective power through collective support, Cantor in her work highlights another aspect in relation to

power and women as therapists/supporters. She argues that because the socially constructed role held by women is one in which ambiguity and the lack of control must be tolerated, that women are better equipped as therapists to deal with this aspect of the therapeutic work. Because they need to develop coping skills for handling rejection and devaluation their capacity as women to handle anger, rejection and resistance from clients is likely to be more highly developed. Thus, the need to control which is inimical to the process of therapy when expressed by the therapist, is often less a product of the phenomenology of relatedness. Women therapists tend to experience more ease in sharing power with clients and complain less of experiencing power struggles in their work. (Ibid., p.238) This is particularly important, where the stated aim of each of these centres involves the process of empowerment.

5.1:6 SEXUAL ABUSE IN CANDIDATES BACKGROUND.

Both the Galway Centre and the Dublin Centre, including the Voluntary Group, say that the fact that a candidate may have experienced sexual violence would not preclude them from selection. All agree that the important factor is that they have done their own personal work to ensure that they themselves are not re-traumatised by the experience of doing this work. This is also to ensure that they are sufficiently well in themselves to be available to the woman being supported in the centre. However, the Dublin centre make some further comments that are interesting.

“[T]hey can bring insights to their work that others may not.....They can be seen as the sick people in the team or as the ‘survivor’ therapist I think this is dangerous.”

Recent data does suggests that women therapists, who as women are more likely to have survived violence or experienced anticipating and fearing it, will be more capable of being attuned to the responses of their violated clients and more capable of validating the intensity of response to the trauma. This is also likely to decrease the degree to which women therapists infer pathology in such clients since they will be able to reach into their own experience and discover feelings that are not unlike those expressed by their clients.(Cantor, 1992, p.237)

The comments of the Dublin therapist reflect this but at the same time seem to suggest that there is a danger that this is not how it will be viewed by others in the “team”

The team in this case presumably being the other therapists in the Centre. Does this mean that some of the therapists in the centre may view the women who come for therapy/ support as being ‘sick’ rather than as victims of sexual violence. If so this is inconsistent with a feminist analysis of sexual violence. It may also be , that it is a reflection of the mix of therapeutic staff in the centre; some retaining the earlier feminist ethos of the centre and others not. I would like to make a further observation in relation to comments indicating that all are offered support regardless of their financial means.

“[E]veryone is treated” This change in language suggests a shift in the definition of the problem and consequently a difference in the philosophy behind the service. This is the language of a medicalised model. The word ‘treatment’ suggests sickness. Seeing the

victims as being 'sick' also is as indicative of a trend towards the medical model and thus a depoliticisation of sexual violence. It is a move away from the very essence of what has been at the heart of Rape Crisis Centres; the clear statement that sexual violence and victimisation occurs because women are unentitled and unequal. They are not sick nor in need of being 'treated'. They are not recovering from a 'sickness' but from coping with trying to live with the real experience of sexual violence which in a feminist analysis occurs as a result of social and political inequality. If the political project gives way to the therapeutic then this therapy reproduces the very "turnabout which Freudian psychoanalysis performed at the beginning of the century when from being a potential means of recognizing reality it turned it into a scientific theory in support of the status quo by scientifically certifying feelings as psychic products and explaining away any causes in social reality." (Kappeler, 1995.p.87).

5.1:7 QUALIFACTIONS REQUIRED BY CANDIDATES FOR SELECTION.

One of the main differences in recruitment policy between the two centres is in the qualifications candidates are required to hold.

The Dublin Rape Crisis Centre only recruits staff who have a background in psychology or social science, or who already have training in counselling/psychotherapy. This training must be accredited by the appropriate professional association.

No qualifications are necessary for selection for the Voluntary Group attached to the Dublin Rape Crisis Centre. However, members of the Voluntary Group who wish to join the staff of the Dublin Rape Crisis centre are only considered if such members are professionally qualified.

The Galway Rape Crisis Centre requires no formal qualifications.

Some of the implications of this difference in policy have already been discussed under the section on organisational structures . I would refer the reader to that section in terms of its discussion, specifically how it causes a shift in emphasis towards the therapeutic with a consequent depoliticisation of sexual violence.

In this section I will return to that issue and address further issues that pertain to this recruitment policy . These include:

- the effect of professionalisation on the work and the workers.
- how the term 'professional' is defined.
- how being a professional affects workers' and therapists' view of the work and of the perpetrators of sexual violence.
- whether the therapeutic/support outcome is affected by the status of the person offering that support, i.e. whether or not she is a 'professional'.

The Dublin Rape Crisis centre, as already indicated, justify their decision on the basis of efficiency and effectiveness within their service. However, there are other implications in their decision that need to be considered. Professionalisation strategies tend to stress a claim to esoteric competence, which it is argued, must be maintained for the sake of the client and society. However, the ability to acquire the label of professional and the consequent prestige and economic benefits that attach to it depends on the degree to which the material situation of the client allows that.

This recruitment requirement means that many women already disadvantaged by society are further discriminated against. When working with groups of women some years ago for another research project I asked the women participating to complete a questionnaire. Besides asking for formal qualifications, I specifically allowed space for them to include any courses or activities they had participated in. For many of them, they said, it was the first time that they had been given this opportunity to name what they regarded as significant learning and achievement activities and experiences. They also spoke of how they often felt inadequate because they did not have formal qualifications and how that 'blank space' they usually had to leave in the space opposite this term confirmed this for them. Many of them also spoke of an improved sense of their own self-esteem when they looked at all they had been able to list. Womens' feelings and symptoms are often linked to their status as second-class citizens. Exclusionary practices such as the requirement of formal qualifications, again confirm this by discounting and invalidating their roles, their lives, and their experiences.

The women who find themselves excluded to-day by the Dublin centre's requirement of professional / formal qualifications are , in fact, the kind of women who began the movement which formed rape crisis centres. These are women, who, in an effort to respect and empower the women they aided, emphasised the ability of any woman to do this work. They developed their own expertise and drew on the professional skills of social workers and other human service workers.

I am also reminded here how this process is similar to womens' early experiences in the field of psychoanalysis. Women were initially active and successful, and indeed regarded as pioneering, as the profession struggled for recognition in post-war Vienna. However, as the profession gained status, increasingly women found themselves excluded. Again, this was for the same reasons that many women today find themselves discriminated against. The profession began to look for academic qualifications in the field of science and mathematics, for entry to training courses in psychoanalysis. This led to the exclusion of many women whose earlier education, as Werneke, points out, included fewer science and mathematical courses than boys. (Werneke, cited in Forester, 1985) Again, whilst there are some differences it is the lack of formal qualifications that exclude.

The Galway Centre, in choosing women to train based on personal attitudes and attributes [political stance and personal qualities] rather than formal qualifications, allows women who have been unable to obtain qualifications because of their particular

life experiences to participate in the centre's work. In so doing, it concretely values and affirms the worth of womens' experience.

"the potential to do the work is more important than having it (training) already"

Implicit in this too, is the understanding that hierarchies built on division created according to discursive categories of difference have destructive effects. . The majority of women who come for counselling are still white, middle-class and well-educated. It has been argued that for many working class women the very mention of the word therapy can be off-putting, since it is seen as "a middle class activity, irrelevant to their lives" and further that some of this antagonism is justified, as a lot of therapy shows an inadequate awareness of class issues and fails to address issues like cost, language and style (Chaplin, 1988 and Perry, 1993)

The Dublin Rape Crisis centre, it would seem, is aware of the importance of image.

"attention is paid to voice and accent(of voluntary telephone counsellors). There was some concern about us being a 'middle-class club'. There's an important mix in both therapists and counsellors in terms of class backgrounds"
(Volunteer, Dublin Rape Crisis Centre)

And yet the image seems to persist.

"[The concern that the centre was middle class came].. from outside, and then people saw the names of our Board of Directors. It was said that they were middle class..... Someone who worked here on the crisis line said that one of the most upsetting calls she received was from someone who called her ' a fucking middle-class do gooder'"(Volunteer, Dublin Rape Crisis Centre).

If the provision of the service to women victims and survivors must be mindful of the practical and financial difficulties women live with, as argued earlier, then it must also apply that to those who may become therapists and supporters. If there is a serious intention to encourage all to avail of its services then the practices and the images, of those who provide the service, as argued earlier, are important in ensuring that the centre does not alienate and exclude working class women who, as much as middle-class women, need to use it for their survival and recovery.

Access to training and participation in the therapeutic/support process has serious consequences for ensuring the availability of this support to all women. *Participation* across class *in* the work of rape crisis centres, I would argue, is one of the better ways of increasing and ensuring availability and access to counselling services. The costs of professional training and accreditation are high; approximately two-thousand pounds per annum, when costs of therapy and supervision, which are mandatory, are included. Training periods range from 2-4 years currently. These kinds of costs make the training inaccessible to most working class women. The practice of requiring formal qualifications excludes and marginalises them further. It also suggests, as Gilligan argues, that it is formal education only that produces knowledge (cited in Hekman, 1995). There is a contradiction in the rhetoric of equality when practices, such as this selection criterion, are themselves discriminatory. Equality requires giving different voices equal standing.

"this is about empowering women to support each other..... If we are to be there for the 'woman' then we must be there for each of us"(Worker, Galway Rape Crisis Centre)

Professionalism has been defined as specialist knowledge based on years of formal education, unique skills and training, and service altruism and neutrality of expertise. (McKinlay, 1973; Esland 1980 cited in Foley, 1994) I would like to address each of these attributes of professionalism in relation to the Galway centre.

That the women in the Galway Centre possess the specialist knowledge, the training and skills required of in the 'professional' is evident; I would argue this by the way they are now regarded within the community.

"we not seen now as 'just helping women out' but as an established part of society providing a competent service" (Worker, Galway Rape Crisis Centre).

Since the establishment of the Galway Rape Crisis Centre in 1985 there has been a steady increase in the use of its services by women who have suffered different forms of sexual violence. There is a growing demand for the number of educational talks given to an ever widening range of people. The centre accepts and makes referrals to the Western Health Board and liaises with legal (this includes the police) and medical professions. All of these factors indicate that acceptance and recognition of a 'professional' service (Gratton, 1992 , p.60) Their *knowledge and expertise* and, further, their understanding have been built up by years of working with women . They have developed their *skills through training* (This is further discussed below). That it is right and appropriate for women to claim their status and expertise gained through the reality and practical

experience of their work with sexual violence; and further to encourage each other to feel confident about their knowledge and expertise has been consistently argued by feminists. As an issue it has been strongly highlighted by women working with women in the Norwich community affected by sexual violence. (Norwich Consultants on Sexual Violence, Feminist Review, 1988.) Believing it imperative to make feminist expertise visible, they formed the Norwich Consultants on Sexual Violence to ensure that they influenced and informed discussions of any changes in professional policy and practices in this area. The importance of this has been stressed as being even more crucial in a climate where training is being demanded, if the complexities of the feminist analysis and understanding of violence is to be part of (hopefully) the process of change to come

Service altruism is very real for the women in the Galway Centre. The centre operates on a mix of paid and voluntary work from each of its members. In principle, and in practice, its intention is to pay insofar as that is possible. However it realises that for their centre

"being paid or voluntary is about economics too...."

"People are not here for economic reasons, this work has a principle. It's about wanting to do something for women" (Workers, Galway Rape Crisis Centre)

In regard to service altruism I think there are important observations. *Specifically, the altruistic 'service' offered by the professional is rewarded financially, and in terms of prestige and social distinction. Further, the professionalisation strategy will seek for its members the exclusive right to do work in its sphere of competence. Professional hegemony may be as much as a result of monopoly control as merit. Armstrong argues that the fact of survivors speaking out "instead of raising a passion for change, raised a discourse - and a sizeable problem management industry." (Cited in Plummer, 1995. pp.79)

*It is not intended to suggest that the motivation of the women in the Dublin Rape Crisis Centre is driven by financial gain. Indeed quite the opposite. I am aware that therapeutic work in this setting offers modest financial reward and further that the women augment their own training by taking further training outside their official working hours in the centre and also at their own expense.

There now exist a possible 400 plus therapies. That they constitute an industry is clearly reflected in London's remarks that

"with so many brand names around that no one can recognise, let alone remember, and so many competitors doing psychotherapy, it is becoming too arduous to launch still another new brand"

He further points to the fact that one of the reasons for the trend towards interactions among professionals of different therapy orientations is the "invasion of non-doctoral and non-medical counsellors" (cited in Dryden, 1992. p.3)

Certainly the women in the Galway Rape Crisis Centre are aware of this.

"counselling has become a market to some extent. We would be carefully about this"

"Managing takes over. [It] becomes a job in itself" (Workers, Galway Rape Crisis Centre)

It has been argued that professional groups have sought to re-assert their control over this area of work, and in so doing have taken on feminist areas of work but rejected the political understandings underpinning them. (Foley 1994; Mathews, 1994; Scott, 1993)

This brings us to the notion of expertise neutrality.

The translation of the feminist political perspective into an ameliorative concern which individualises the problem is in itself a political stance insofar as it serves to maintain the existing patriarchal structures by managing the outcome of rape rather than confronting the gendered structures that create the problem.

Both centres hold the basic premise of the general oppression of women by men and say that mens' sexual violence against women and children is a direct and most physical expression of this.

It is not my intention, nor would it be fair, to the women who work in the Dublin Rape Crisis Centre, to infer that there was any suggestion that they did not regard the perpetrators of sexual violence as responsible.

"I place the blame, the guilt with the offenders. It belongs there.

"The centres philosophy is that the woman has been victimised; that no woman is to blame"

"We expect volunteers to believe victims have not done something to invite this"
(Therapists, Dublin Rape Crisis Centre)

However, as already argued earlier, the professionalisation of their work re-inforces the trend away from the politicisation of violence towards a therapeutic service. This trend is clearly reflected in the Dublin Centre in how therapists viewed their work as therapeutic rather than political .

"I don't really think they're separate(therapy/politics). I suppose in the sense that the personal is political..... It's not huge [political aspect of own work]. I tend to follow the group I'm working with [in educational work]. If the issue [political] comes up then we will discuss it, but the main focus of the work is in increasing the persons understanding of how they can help the person in front of them. I don't like to think it's overtly political..."

"People coming in are not expected to have that[feminist] political commitment..It's more a human vision, working with people marginalised through sexual oppression"

That trend, it is argued, is also reflected in the tendency to medicalise and pathologise the view of sexual violence rather than to see it as criminal. Again, this is clear in the

ambivalence around the view of the offenders present in the comments of the therapists in the Dublin Rape Crisis Centre in both defining their behaviour and ascertaining their gender.

"We had a talk from two men from M.O.V.E. (Men overcoming Violence)... If you had no contact then then you've no concept of where they're coming from. They looked normal. [T]hey talked about doing it to wield power. They say it's a sense of inadequacy" (Volunteer, Dublin Rape Crisis Centre)

"In the early eighties there was a simplistic view that all offenders were male and they were outside the bounds of humanity. This has shifted as our understanding grew to a much more compassionate view"

"To suggest that a majority (of victims) become offenders is insulting and creates many problems for clients. However, it is known that many offenders who have been convicted have themselves been abused (Therapists, Dublin Rape Crisis Centre).

Armstrong argues that with the re-definition of sexual abuse as a sickness rather than as criminal, political understanding has been all but obliterated. (cited in Lupton & Gillespie, 1994.p.42) This is consistent with Polsky's findings that therapeutic frameworks often disguise social ills as personal trauma (cited in Mathews, 1994). If men are held to be sick, if they are seen as victims then the effect is to absolve the abuser of his responsibility. And more. For it also contributes to the notion that if men are well, if their needs are met, then families will be functional.

." You need to keep an open mind. When the centre opened women were not seen as offenders or men as being abused. That's changed. We won't hear , if we don't want to. I'm not going against a feminist attitude, I just need to keep an open mind" (Therapist, Dublin Rape Crisis Centre)

Increasing concern in the USA about the hidden incidence of sexual abuse by women led to detailed review of the research. This review concluded that the theory that perpetrators were primarily men seems clearly supported and further that women in their role as mothers do not usually collude with incestuous perpetrators (Dobash, Carnie and Waterhouse, cited in Waterhouse, 1996) The researchers themselves then posed the question as to why so many experts in the field were arguing that the number of female perpetrators has been seriously underestimated. McLeod and Saraga, in a powerful and convincing feminist critique, have argued that the feminist theory of sexual violence and child abuse is simply too threatening an opposition in that it places at the centre of an explanation of sexual violence and abuse the 'problem' of masculinity (McLeod & Saraga. Feminist Review 1988)

The women in the Galway centre are very clear that the work they undertake and the expertise they bring to it are by no means neutral. That they see their work as offering counselling but also as fundamentally political has already been discussed in the last section, and is well captured and summarised in these comments.

"It's not enough just to be a counsellor..... [P]eople who've done professional courses... may not be politically committed. A woman's politics matter"

Their view of the perpetrators reflects that political stance.

"These are often individuals who are competent and capable in every other sense and aspect of their lives. Saying they are sick is really too easy and not dealing with reality"

"I don't really think they are sick... it's more of an attitude towards women and children. They don't see them as equal, treat them with respect. I don't know if jail is the right place, but if they were all to be rounded up and hospitalised then there wouldn't be enough beds."

"There's a lot of talk about abusers being insecure. A lot of women are insecure and they don't abuse. They've picked up attitudes, [they] haven't learned that women are equal."

This view holds the focus on the offence. It is not neutral. It does not attempt to see the perpetration of sexual violence as a result of deeper fundamental problems, such as childhood trauma, which need to be exposed to be resolved in order to reduce the likelihood of re-offending. This view means that the crime holds both its sexual and gendered characteristic that is an essential feature of a feminist political analysis of sexual violence.

The above I would argue indicate that the Galway Rape Crisis Centre has managed to assume the more positive attributes of professionalism while rejecting the more negative aspects commonly identified as "authoritarianism, power structures, 'masculinist' service philosophies and provision implicit in, for example the medicalisation and pathologisation of rape. (Kelly 1989a cited in Lupton & Gillespie, 1994 p.22)

"[We are looking for] a grasp of what it might mean to be sexually abused, an ability to react.... a sense of calmness.... a willingness to learn as well as willingness to look at self too.

"warmth, acceptance and openness"

"it's [the political] not stereotypical. The woman herself may not even regard it as political. She might talk about how she feels about, say about, power struggles at work.

It's an awareness of power differences..... an inner awareness rather than someone who spouts jargon. It's sometimes easy to come out with the words.

We're looking too for a belief in womens' strength.....(T)hat's part of the awareness we're looking for"

Finally, under this heading I was to return to the requirement for professional qualification for competence purposes.

The women who work in the Galway Centre describe themselves as supporters /counsellors, although all of them have training in either psychotherapy or counselling also.

"everyone now has some sort of training now in counselling and therapy as well" [in addition to training given by the Centre](Worker, Galway Rape Crisis Centre)

The women who work in the Dublin Centre are described as therapists. It is not clear if, in addition to the required degree in psychology/social science, all of the women who work in the centre have additional training in counselling or psychotherapy. This is important as it is generally agreed that 'real training for therapists takes place outside regular-degree granting education'.(Kovell, J.) (This has begun to change in Ireland in the last three/five years with the introduction of courses in psychotherapy accredited by the Universities.)

Counselling has been defined as a process that enables and facilitates whereas psychotherapy is concerned with intervention, treatment and reconstruction. Theoretical differences between the two schools or approaches (within each school), it is argued, are

not significant in terms of successful outcome of counselling and psychotherapy and the trend is towards integrative psychotherapy or integration of counselling approaches.

What *is* important in successful outcomes is the relationship between the client and the counsellor/therapist together with the motivation for change and the willingness of the client/woman to take responsibility for her part of the process.(Clarkson, 1994, p.18)

This is congruent with the view taken by both centres who see their work as being that of empowerment and change. What is perhaps more specific to this discussion though are the research results in terms of the factors for successful outcomes of therapy and counselling. Roberta Russell's research offers six main conclusions

1. Comparative studies show that the outcome does not depend on the school to which the therapist adheres.
2. Experienced therapists are generally more effective than inexperienced therapists and resemble each other to a greater extent than they resemble less experienced therapists trained in the respective disciplines.
3. *Paraprofessionals consistently achieve outcomes equal to or better than professional outcomes.*
4. A professional training in analysis does not appear to increase the effectiveness of the therapist.
5. *Therapists who have undergone traditional training are no more effective than those who have not.*
6. Congruent matching of therapist and patient increases the effectiveness of therapy.
(Cited in Rowan, 1983, p.151)

Whilst it is necessary to be cautious about what constitutes successful outcomes Russell's research is similar to that of Clarkson (1994) Norcross(1992), and of Kovell who states "as with professional training in general, the kind of training a therapist has received can only establish a certain probability of skill and integrity... nor does the lack of established credentials rule out merit."(Kovell,J. p.299)

Points 3 and 5 of these findings would certainly seem to confirm the appropriateness of the approach taken by the Galway Rape Crisis Centre in relation to candidates' suitability for work. It is also interesting to note a comment made by a therapist in the Dublin Rape Crisis Centre to the question in relation to therapists' view of themselves in terms of their role and their expertise.

"We have no reliable statistics after fifteen years working in this area. Appraisal is subjective and tends to reflect differing philosophical approaches to the work"
(Therapist, Dublin Rape Crisis Centre)

These comments together the evidence to date of the lack of difference in effectiveness between professional psychotherapy and counselling approaches, and between traditional and non traditional training on the impact of the work, make it difficult to understand and to justify the Dublin Rape Crisis Centre's decision to exclude candidates on the basis of the absence formal qualifications. If feminism is inclusionary and enabling then it does indeed seem that the Centre has, to use its own words, "lost its feminist ethos". With the continuing trend of the centre towards recruitment of professionals without an

accompanying feminist political ethos lies the danger that it will not see that, hidden beneath the professional concern for the victim, there is also a political motive that shifts the perspective away from the processes by which sexual violence is normalised and justified. Indeed it may collude in that process, however unintentionally.

5.2 THE STATUS OF THE VOLUNTEER GROUP ATTACHED TO THE DUBLIN RAPE CRISIS CENTRE.

The Volunteer Group attached to the Dublin Rape Crisis Centre is affected by this requirement of formal qualification also. I would suggest that all of the reasons offered against this practice above apply to this Group but even more so. I want to discuss this and other issues that relate specifically to the Volunteer Group attached to the Dublin Rape Crisis Centre. This will be discussed in terms of the nature of recognition given to the work itself and then I will discuss the question of payment for that work.

The work, as already stated, is to staff the telephone crisis line outside of normal working hours; calls are re-routed to their homes. The work is regarded is regarded by the centre as being particularly difficult.

"[Being on a crisis line] they always see the dark side. They don't have the experience of working through with clients.... of watching the client get well, of seeing their lives come together, being deepened, enriched" (Therapist, Dublin Rape Crisis Centre)

That it is clear there is a very real wish on the part of the volunteers to be involved in therapeutic work and, further, that this is understood by the Dublin centre is implicit

in the fact that over one-third of the volunteers leave to work as counsellors elsewhere (having trained elsewhere also) and this is known to the Centre.

"Quite often they become counsellors somewhere else. They may have been involved in outside training courses. About one-third of the group are"
(Therapist, Dublin Rape Crisis Centre)

As already argued, womens' role and skills developed in that role as mothers and carers, are consistently devalued. On their return to the labour market, if and when that happens, they are regarded as having "missed rather than gained valuable experience"(Coote & Campbell, 1987, p.69) The structure within the Dublin Rape Crisis centre I would suggest is analogous to this; rather than taking account of their experience it discounts it.

"It means a lot that there are people willing to do this work. If they were not we'd have to pay people to maintain this service.... I think there's satisfaction for them in doing this work without being paid. They know they're giving something to the centre, their time, their effort, its their gift to the centre....."

*They're [volunteers] empathic people. They know how to listen well.....
.....we bring clients in to explain that their[volunteers] listening is an invaluable part of our therapy.....[The working period] varies, up to four years, usually two/three years. The optimum period is probably two years. You could stretch a good group, three years would be the maximum.[It's] unlikely that they would move onto staff therapeutic work. We are at the stage as a Centre where we want experienced staff. Ideally we want to recruit trained staff"*
(Therapist, Dublin Rape Crisis Centre)

Their voluntary work, it seems, is treated in the same way as women's unpaid work in the home and elsewhere by society, generally as being non-work. Their work and that of the volunteers, is extolled on the one hand for its virtuousness, and yet on the other it

counts for nothing in terms of their moving through the structure in the Dublin Rape Crisis centre and into paid employment there, even though that work is described thus

“There are clear distinctions about the work of the [volunteer] Group. In some ways these lines are artificial, but had to be made quite stark.... In some ways the same work is being done by both groups. Volunteers are not allowed to see people face to face..”

One of the most significant factors influencing women's attitudes and behaviours at work is the opportunity structure in which they find themselves there. Where they are constraining women do try to negotiate the limiting nature of these structures. (Watson p.119) This has been the case I would suggest in the Dublin Rape Crisis centre .

“In the past we had a lot of trouble with boundaries ... volunteers felt frustrated at not being able to help further..... saw things happening, felt clients not being looked after perhapsthere were a lot of grumblings. We've learned from this.....We now explain clearly to the volunteers the narrowness of the job. That they shouldn't expect to be able to expand their counselling skills in this.....Their agreement is to work as voluntarily, that's their offer. [T]o work as a therapist in this centre you would need professional training..... There's better management of the group, we understand its needs better, its frustrations and its limits”

The learning, it seems, did not involve interrogating their policies and practices, to see if they were consistent with their stated philosophy (of empowerment) but, rather what was learned was the need to avoid conflict that ensued from these practices and the need to 'manage' the problem better. This stance seems extraordinary for an organisation whose philosophical view is stated as being about empowering women whose oppression originates in unequal structures of power in society. Yet this policy seems to mirror

cultural bias of society rather than changing it, in the meaning and the value that this centre attaches to work roles of women in its own centre.

Their management policy has been successful insofar as the women who work as volunteers are very aware of their position..

“There are clear boundaries around the volunteer telephone counselling job. There isn't any movement from that to the paid staff. That's made clear at the outset.”(Therapist, Dublin Rape Crisis Centre)

The following comments, by a woman who now works in the centre as a paid member of staff concerning how she got the job, make amply clear just how effectively these boundaries have been introduced and implemented. She did hold the necessary qualifications . It should be added was there no criticism on her part of this policy. I would refer the reader, in this regard, to my comments concerning the relationship between expectations and organisation structures .(Under Organisational Structures)

“I applied for it through the national newspapers. I didn't even know until then that there was a vacancy.”

However, for those who remain in the volunteer group, that those rigid boundaries also cause difficulties is also evident.

“I liked it better then. I liked the connectedness. You knew who the client was talking about if they mentioned the therapist..... It contributed to a sense of belonging, to being an important cog.”

“It makes a difference when you don't know anyone. There's very little contact between the group and the Centre. It would help to know where you fit into the whole thing” (Volunteers, Dublin Rape Crisis Centre)

Again, the centre are aware of these feelings and also of their root cause.

"I think this group are more distant from the staff..... I suppose because of the boundaries that we have set up it is more difficult. It's a problem to keep them feeling part of the centre" (Therapist, Dublin Rape Crisis Centre)

I would suggest that the problem is that their feelings reflect the reality. These policies have effectively and explicitly separated them from the centre. I would refer also the reader to the clear delineation between workers and volunteers discussed in the section on structures entitled "Hidden Hierarchies". Again, there seems very little indication that these policies will be questioned further by management. They reflect a management decision that is in keeping with the nature of hierarchical structures which, in spite of the attempts of the women who worked in the centre in the past to resist them, are powerful constraints.

I want to return briefly here to the issue of the stressful nature of the work of the volunteer group. Its particular stress arises from the particular point of intervention in the work, that is at the point of crisis.

"The training helps, but I had a call and I really took it on. She(the caller) was talking about suicide. I was afraid that if she did it would be my fault"

"The worst call I got was from a woman who'd been raped.....(circumstances are omitted here for reasons of confidentiality). It was dreadful. It was a nightmare" (Volunteers, Dublin Rape Crisis Centre)

The centre is aware of this and deals with it by attempting to support volunteers through weekly supervision meetings with the group.

"We try and keep them ventilating their experiences... take care that they discharge rather than soak it[pain]up.

However, when I enquired if they had ever evaluated the experiences or the effect of the work on their volunteers they replied

"No, I don't think we ever thought of doing that"

I would suggest that this is particularly important for this group of volunteers. Unlike many of groups of workers/volunteers who staff crisis lines, this group receive the crisis calls in their own homes, often in the middle of the night. One of the reasons given by the paid therapists to explain their reluctance to participate in interviews outside their working hours in the Centre was that because of the stressful nature of the work it was necessary that they kept clear boundaries between their work and their personal lives. However, for the volunteers these boundaries are constantly and consistently broken .

5.3 UNPAID WORK.

The Volunteer Group's presence in the Dublin centre raises the whole question of unpaid volunteer work. As already indicated many of the volunteers in the Dublin Rape Crisis centre do undertake training at their own expense . The volunteers speak of how much they enjoyed their training provided by the centre and the work that follows.

"It was fantastic....There was affirmation. You learned a lot. They[trainers] made us feel we could do it"

"there's a feeling of having done something. No matter how desperate you feel someone is, at least I know I was there"

It has been argued that care must be taken if volunteers are not to be exploited. In the early stages volunteers find that the stimulation offered by the work is sufficient return however, with training and experience this needs to be re-addressed. There is also the question that those who fund their own training and undertake voluntary counselling to gain experience and to fulfil their wish to help, can be open to organisational abuse and misuse being used as cheap labour (Perry, 1993, p.80)

The Dublin Rape Crisis Centre have as yet no plans to pay their volunteers.

"I think that the volunteer is in some way embodying a public sentiment of wanting to help. As the centre has grown with a larger paid staff the volunteer group has also grown larger" (Therapist, Dublin Rape Crisis Centre)

And to re-state an earlier comment from the above section -

I think there's satisfaction for them in doing this work without being paid. They know they're giving something to the centre, their time, their effort, its their gift to the centre.

I am reminded here of an example in *Christine Delphy's work in support of a Materialist Feminism and would suggest that this example could be seen as analogous to the unpaid work of the volunteers in the Dublin Centre. Delphy suggests that "[T]o see housework as work, and conversely to see housework as work is to take an economic angle. When approached from another angle, for example that of role-playing, housework is no longer work, nor was it before the women's movement; **it is a hobby, a vocation, a proof of love, a character trait, in brief anything and everything except work**" (Delphy, Feminist Review, 1979. Vol.1)

*(Delphys argument is a complex one and lengthy one. I am using this example here only as a way of highlighting that what is being referred to is work, just as housework is work)

Can the work of the volunteers really be called a gift? Again I return to Delphy's work ...[When women apply to their own situation a materialist analysis..... they are now saying 'there is no mystery, we are oppressed because we are exploited. What we go through makes life easier for others. (ibid.,) The work of the women volunteers is just that, work.. work that makes life easier for others.

There is a need for the Dublin Centre to examine its view of non-payment for voluntary work to ensure that the "gift" to the centre is not what has been described as women's [all of those providing this gift are women] exploitation in the slave labour of 'love' and care, coerced out of them through patriarchal social arrangements which allow no alternatives; described as a virtuous attitude, in an attempt to psychologise the political and social reality of the lack of political rights and **material** opportunities. (Kappeler, 1995 p. 27)

What the centre refers to as a *gift* also reflects the lack of opportunity within the centre's structures in terms of the opportunity for volunteers to move towards therapeutic paid work. This, as already argued above, is the implicit wish of the women who work as volunteers. It is difficult to see in what ways the changing needs of the volunteers (referred to above) are being addressed within the Dublin Centre. If their needs are not being addressed are they then being exploited?

By contrast as the Galway Rape Crisis Centre has grown there has been an attempt to share paid work.

“Working arrangements are three days paid work per week, plus voluntary work...weekly meeting, training and fund-raising. Historically, paid work was on a rotation basis - now there is more paid work available and workers are given a four year contract with a two year review. This means more stability in the centre. It also means experience can be kept within the centre and of course it means better worker conditions. One year experience as a volunteer is required. If there is a job vacancy all members of the collective are eligible.”(Worker, Galway Rape Crisis Centre”)

Voluntary and paid work are integrated in the Galway Centre. There is a belief in the need for and the entitlement to paid work for *all* those who work in the centre.

“there’s a need to be rewarded(financially) as well”.

This argument is not intended to suggest that only paid work is valuable work, nor to subscribe to the notion of the commodification of all services to an ‘other’. Nor is it intended to be confused with volunteer activism. Feminist activists working as volunteers in womens’ health centres and refuges which took the shape of subsidised voluntary agencies were often using the only means by which they, as women, could have any role in shaping state policy of the use of public funds.(Radtke & Stam, 1994, p.153)

5.4 TRAINING

I want to discuss now training practices within each centre. I will deal firstly with training offered within the centres to its workers/therapists and then look at the implications of this for the work itself. I will deal with training offered in both centres separately.

5 4:1 DUBLIN RAPE CRISIS CENTRE.

There appear to be some contradictions and confusion in the training offered in the Dublin Rape Crisis Centre. It is my intention, in an attempt to be as fair as possible, to restrict my own comments, and offer instead those made by the staff in the Centre itself to the reader. This may not offer completeness, but then at the outset I stated this study did not offer completeness and that my intention would be to make as vivid as possible the experiences of the women in the centre. These comments are made by the Head of Training, Head of Counselling and Education Officer and the Supervisor of the Volunteer Group. In addition to these functions as department heads, these people are also therapists. The Education Officer is responsible for the provision of training courses within the centre and to outside groups and with the provision of 'talks' or workshops to groups. Definition of role was given by the Education Officer.

Post-Selection Training For Therapists

"The centre now recruits therapists whose background includes experience dealing with sexual abuse. Nowadays that's much easier; many professionals come across sexual abuse. Initially, they receive individual supervision... where difficulties with the work will come out. There is also Group supervision and a weekly counselling meeting. They attend the first-four day training course run by the centre on sexual abuse..... They are given specific help with the legal and medical information they need for dealing with rape crisis victims"

I was somewhat surprised by the fact that information ,rather than counselling/therapeutic training was given specifically, in relation to rape victims and suggested that it seemed like therapists then were in a sense given a ' baptism of fire in this regard'.

The therapist agreed, and went on to say:

"Victims are often in shock and need to be medically looked after. The initial sessions tend to be about information giving, legal and medical, not so much about the rape itself" (Therapist, Dublin Rape Crisis Centre)

I would remind the reader at this point that the staff recruited by the centre are required to have a background in social science/psychology. Neither necessarily equip the individual with therapeutic or counselling skills. I would refer again to the fact that training for therapy/counselling usually takes place outside regular degree granting education.

This of course does not apply to those staff who are recruited with a qualification in counselling/psychotherapy.

"The centre has been remiss in the past in terms of staff training. [It is] now addressing that issue. On-going training is part of a professional responsibility in psychotherapy..... We do put ourselves out as having expertise in sexual

abuse work and feel all here should work within a broadly similar framework. We ensure this by building in an on-going training component. There are management difficulties with this..... The Director feels that therapists are hired as trained counsellors, so why then do they need extra training. That's putting it in simplistic terms."

This fact may explain this comment:

"Funding for this(on-going involvement in training) comes from therapists' personal resources."(Therapist, Dublin Rape Crisis Centre)

"The training given [to the staff] is offered to the public also so therapists from the centre are trained with others. We are just about to begin a two year part-time diploma course in dealing with sexual abuse. This will force us to tighten up our own approach and also to improve staff training. It also means, though, that we would be offering a model which although used here, is not used by all our therapists."

The following comments were offered in response to my question as to what the specific training offered for dealing with rape victims was. I was pursuing this because, as already stated, I was surprised at the comments offered above.

*"There's no formal training as such, but for example for one half-day a week the therapist will work on the crisis telephone line. They are given all the information they need to do this, legal and medical. Usually a half-day is spent on giving this information. To say that this is centre policy would be too strong, it's more like a trend. There should be more training. I suppose, there was a belief here that therapists were able to deal with crisis counselling, but that's not the case. We didn't recognise that therapists often find it more difficult to deal with rape crisis cases. **In the past we had all been involved as volunteers, so we had the experience. That's not the case now.***

[R]eally, I suppose our training is really dreadful for staff. It tends to be informal only. As far as myths and attitudes around rape [are concerned] we used to encourage staff to do the voluntary training course, even those who wouldn't be involved in counselling. This course does look at these issues. I don't know why

new people are not encouraged [to do this now].” (Therapist,, Dublin Rape Crisis Centre)

“Training also includes self-awareness work. This is facilitated in groups. The aim is to explore issues around sexual abuse.... the rationale behind this, is that to facilitate clients working with sexual abuse it is necessary to understand [our] own experiences. Having said that, a small number of our staff here do not consider it necessary. Supervision can address this, by pointing out patterns emerging with clients and suggest a need to look at this. However, we can only suggest. There seems no point in insisting someone goes into therapy. You cannot force someone to use the process even if they attend therapy.”.

“Our training focuses on sexual abuse work. It has struck me though that we could perhaps put on a course that deals more specifically with rape” (Education Officer, Dublin Rape Crisis Centre.)

Those involved in training are now required to also be involved in therapeutic work.

“In the past this was not the case but that has changed.”

5. 4:2 TRAINING FOR VOLUNTEER GROUP. DUBLIN RCC.

This training is for telephone crisis-line work which does not involve face-to-face counselling.

“It’s spread over two week-ends. We look at the nature of the work, the dark side, dealing with crisis all the time. We use role-plays, develop listening skills, stress it’s about listening. Explain that they will come into the centre weekly to talk about calls. This is called supervision, but in reality it’s to ventilate, to allow them to deal with practical questions. We look at the reality of getting calls in the middle of the night. There’s discussion about who is suitable for service.....We increase their understanding of the effects of rape and sexual abuse. .We look at the differences between the rape victim and the sexual abuse victim.....As regards rape we look at the effects on an adult, give information about the medical and police procedures, pregnancy issues..... They have to ask themselves ‘will this be too hard, too invasive for me?’ The caller has to know

that this woman can hear her. We're dealing with issues that we turn away from in everyday life, details of rape, of sexual abuse."

5. 4:3 GALWAY RAPE CRISIS CENTRE.

Training offered after selection. For consistency I will allow the comments from the members to describe the training procedures. This will not be as concise as the above description, as responsibility for delivery of training is held collectively.

Training takes place over two week-ends; ten weekly evening sessions of two and a half hours approximately and three/four full days. If necessary extra time is added.

This occurs if issues are not as well dealt with as trainers feel they need to be.

"We use videos, role-plays, discussion..... we talk about the use of personal material, that it should be measured..... introduce basic counselling skills, body language, creating safety, reflecting back..... we work with the counselling process.....sexuality..... confidentiality. We cover legal issues, police procedures(includes all the ways in which workers will be involved and ways in which they could help process)... court procedures..... the law in relation to women and the law in relation to violence..... Womens' Studies..... issues of feminism. We now consider this a basic part of training....forensic and medical issues, crisis pregnancies. Community care.... particularly in relation to child sexual abuse..... telephone counselling.....the day to day running of the centre, general office procedures, we stress that everyone is involved in this. ... with child sexual abuse with look at the stages of counselling and the healing process. Skills are given then for ways of working.(Worker, Rape Crisis Centre, Galway)

"Originally, our work was more about support..... now there's more long term work there's a move towards therapy. It's evolved."(Worker, Galway Rape Crisis Centre)

"Gradually in our training we use therapeutic methods. These are now valued and accepted in the centre" (Worker, Galway Rape Crisis Centre)

To allow comparison I raised the question of whether there was a specific input in training in relation to dealing with rape. Not all the comments refer to training, but are included because the practices in the centre mean that all workers are involved in training and hence their views are likely to be incorporated in that training.

"We look at how to check for the woman's physical safety now.... how to establish what, if any further threat she might be under. We go through dealing with legal, medical and practical issues, the need perhaps for a medical examination..... with rape we tend to focus on the present trauma. For some women though going to court in itself is a 'recovery'. It's like confrontation. We do some work in training around the woman's expectations of the court..... We look at the need for the woman to contact her feelings. The fear can last for days or for months, or for longer. Some women will come just as long as women who have been abused as children..... We look at the feelings that typically come up for women (who have been raped) Feelings of being dirty, of being to blame in some way. We look at the issues that come up afterwards. Relationships with other people, the blame they feel themselves for what has happened and the sense of being blamed by others" (Worker, Galway Rape Crisis Centre)

"The Galway Rape Crisis centre supports women who have been raped. This does not require some sophisticated counselling model. With victims of child sexual abuse more in-depth counselling is necessary.....the demands of dealing with sexual abuse means doing various forms of training." (Worker, Galway Rape Crisis Centre)

"with rape they need more immediate support. It's crisis care. That can be intensive being with them" (Worker, Galway Rape Crisis Centre)

Personal therapy and on-going training are also part of the training process.

"We do our own personal work, that's very important, and we're moving towards making this obligatory. Up to now we've had peer support, but we've

decided now on supervision from outside. Group relationships can be quite complicated. We're employees/employers, colleagues, friends. There's good support but we feel someone coming in from outside might be challenging for us." (This has since been put in place and supervision is now provided outside of the centres' members)

"There is an expectation that people will train, will do their work on themselves. There's an allowance for extra training, it's not a lot, whatever can be afforded" (Worker, Galway Rape Crisis Centre)

The responsibility for the delivery for training is shared in the centre.

"[A]ll are involved in training... Those who are here the longest do the planning and preparation and carry out the majority of the work. The newer members get experience by having a smaller input"

5. 4:4. ISSUES PERTINENT TO COMMENTS MADE BY THERAPIST.

DUBLIN RAPE CRISIS CENTRE..

The above comments seem to highlight a number of issues within the Dublin Rape Crisis Centre.

In spite of its requirement for trained professionals there are serious gaps in the delivery of training within the centre, specifically in relation to dealing with rape.

There is both contradiction and conflict in terms of the centre's stated belief that on-going training is a professional responsibility in psychotherapy. The centre's

management being unwilling to facilitate this requirement in practice, therapists who apparently have a very real commitment to it, fund it out of their own personal resources, and presumably in their own time.

Whilst stating training and work in this area require personal therapeutic work, there seem to be no practices to work this through with professional therapists who are unwilling to engage in this process.

5. 4:5. ISSUES PERTINENT TO COMMENTS MADE BY THE GALWAY RAPE CRISIS WORKERS.

Training deals specifically with both rape and sexual abuse. However comments from the Galway Rape Crisis Centre also suggest some differences in the training or working with women who have experienced adult rape, as opposed to child sexual abuse. These differences, however, are not so clear cut as in the Dublin Centre.

Whilst not requiring professional training, the centre nurtures professional standards through commitment to on-going training , funding its workers to continue such training, even though financial resources are scarce. Its commitment to personal work for its own workers is reflected in the move in this centre towards making personal work obligatory.

The need for therapists and supporters to work on their own personal material is widely accepted (Clarkson,1993;Storr,1990;Casement,1985;Cantor,1992;Egan, 1994, Dryden, 1992) In feminist therapy it is perhaps even more crucial to “continue the process of questioning her own meanings and ferreting out the indeterminate observer who will be hiding in them as well as in those of her client”. The ‘indeterminate observer’ here is male, for this is the “multiple perspective familiar to so many women in oedipal society, here used for women’s own sake” (Kaschak, 1992. p.212) Seeing her experience of sexual violence through her own ‘woman’ eyes rather than through the societal lens, with its male filter, is essential for recovery. If the therapist is to enable this returning of vision then her own sight must be clear also.

Both centres state that the majority of the therapeutic/support work being done is with victims of sexual abuse rather than victims of adult rape. I would suggest that it is possible that the way training is structured to deal with rape, particularly in the Dublin Rape Crisis Centre, contributes to this. This will be discussed now in dealing with the emphasis of the work on the treatment of survivors of sexual abuse.

5.5 EMPHASIS OF WORK ON TREATMENT ON SURVIVORS OF SEXUAL ABUSE.

There are a number factors, I suggest, that influence the balance of the work of each centre and these are discussed below.

- Societal attitudes towards victims of adult sexual violence.

- Workers/Therapists own fears in relation to rape/sexual violence
- Lack of clarity on the effects and recovery from the trauma of rape and adult sexual violence and therapists/supporters.

Both centres say that most of the work involves working with adults who have been sexually abused as children; approximately two thirds of those who come for support/therapy are in this category. Workers and therapists said that this was because of societal attitudes which interrogates them and makes them, rather than perpetrators, culpable.

"I think [though] that women feel it's their fault.. they want to bury it.... I've talked to women who have said they went home and burned their clothes, pretended it didn't happen. We see very few recent rapes" (Worker, Galway Rape Crisis Centre)

"...[T]hey don't want to think about it. It gets hidden away. ... especially if there are no physical marks, it's hard to prove there's been force. Perhaps it's that rape happens maybe once, it's not on-going like sexual abuse..... [There is] guilt that maybe they were wearing a short skirt. They say things like 'I knew him'....[They] feel guilty because they've invited him in for coffee " (Workers , Galway Rape Crisis Centre)

"It's not so much the profile of the centre as the nature of the crime. It's about shame and secrecy. Women try and get on with it . They'd have to admit they were raped if they come" (Therapist, Dublin Rape Crisis Centre)

These comments reflect what have been referred to as techniques of neutralisation - verbalisation that allows people to engage in culturally prescribed behaviour without

feeling guilty for having done so. Where rape is concerned these verbalisations allow men to condemn rape but also free them to engage in it by providing socially accepted legitimate excuses for it. A set of, as it were, rape supportive attitudes. (Loss of control due to drink, contributory negligence of the victim in 'leading the man on', belief that the raped woman was not a 'real' victim because of her style or demeanour) are deeply embedded in cultural attitudes of women and men.

This comment from a therapist in the Dublin centre shows just how deeply these views are embedded

"I think we all have a more feared scenario. For me, it's a woman whose partner or husband is away. She's in her own home with her children perhaps. Someone breaks in and she's raped. She's broken no rules and still....."

Even though this woman understands at conscious level there are no rules, unconsciously there's still a sense that if 'all the rules are kept' then a woman should be safe. That this persists even when working daily with the reality and truth of sexual violence, highlights the crucial importance of workers in this area attending to their own personal work in order to ensure the on-going attention to that which is unconsciously carried within.

As discussed earlier dealing with rape creates an awareness in supporters and therapists regarding their own vulnerability. This is the case in both centres.

"There would be a concern for the woman and also for yourself. It brings up different feelings. This is the town you live in, the fear is more immediate..... with

rape there a sense that this could be me, now at this stage in my life”(Worker, Galway Rape Crisis Centre)

There is also less clarity it seems for workers in both centres regarding the effects and recovery from the trauma of rape.

“If the woman shares it maybe the effects are not as long term, maybe it's easier to get back to some kind of normality....With rape ten or twelve sessions might be enough. With abuse, ten or twelve sessions and you're only beginning”(Worker, Galway Rape Crisis Centre)

“Generally, rape victims are here for a shorter period..... whereas a child who has been abused develops coping patterns which become destructive, it's much more deep rooted. Rape victims often have far greater personal resources”(Therapist, Dublin Rape Crisis Centre)

“I feel very strongly about rape..... It's not that rape is less complex although it might seem so initially.. rape victims might need help at the practical level in the short term, but they often seek help again later. Different issues in life bring it up again and yet it seems that they can only deal with it in that particular way at that time” (Therapist, Dublin Rape Crisis Centre)

“[The] fear can last for days or for months, or longer. Some women come for just as long as women who have been abused as children. Some women will come back when the perpetrator is about to be released. This brings up feelings for them again”(Worker, Galway Rape Crisis Centre)

Research would suggest that victims of rape and adult sexual violence in fact do *not* recover quickly.

- 94% of victims meet the symptomatic criteria for Post Traumatic Stress Disorder
- 47% still suffer from the disorder three months after the assault
- 57% of victims had a *lifetime* prevalence of PTSD in a large scale research sample

- 44% of victims had suicidal ideation
- 19% had made suicide attempts.

(Rothbaum 1992; Kilpatrick, 1987; Kilpatrick, 1985, cited in Journal of Sexual & Marital Therapy, Vol.1, 1996)

It may be as one therapist suggested that there is an unconscious desire of the part of therapists and workers to believe this because of their realisation of the own vulnerability in relation to rape.

“there’s no pathology here. You can get over it quickly..... maybe wanting to believe this because rape can happen to you” (Therapist, Dublin Rape Crisis Centre)

The fact that training also places less emphasis on therapy/support for rape victims may serve unintentionally to prioritise sexual abuse work and may offer partial explanation for the fact that most of those who avail of the services in both centres are victims of childhood sexual abuse. This seems more evident in case of the Dublin Rape Crisis Centre in their comments above specifically in relation to training.

In the absence of an interrogation of the pattern developing within each centre, the expectation that women will not need long term therapeutic support may also contribute to that becoming a reality,

"This group[support group for victims of rape] keeps falling down. We don't know why. The women say they would like to talk to other women, but then they don't continue" (Therapist, Dublin Rape Crisis Centre)

"Sometimes women don't seem to need a lot of on-going support. We do find that, but still, sometimes they ring up two or three years later and come in and talk, it's still part of their lives" (Worker, Galway Rape Crisis Centre)

If both the woman and her therapist/supporter wish, albeit unconsciously, to believe that this trauma is something that can be recovered from quickly then what may happen is a process by which the therapist/supporter may develop a style within this frame which is more a matter of telling rather than finding out with the client. Or it may result in an unconscious collusion between the woman's search for this and the therapist's/supporter's stance appearing to offer it. (This form of unconscious interaction between client and therapist is described by Casement.1985,. p217)

My observations here are not in any way meant to minimise the effect of societal attitudes in terms of silencing women. Rather the comments of the women who work in each of the centres and their realisation of their own vulnerability is congruent with, and highlights the view that rape is a process of intimidation that keeps all women wary of all men and thus has a political function which is the maintenance of power of men over women. (Brownmiller, 1975)

I want to refer to a comment in made by a therapist at the Dublin Rape Crisis Centre in terms of a wish to focus the centre on the treatment of rape.

"With child sexual abuse other agencies are appropriately developing skills in that area. Rape is the rape crisis centre's particularity. I believe we have a unique role and a unique expertise..... More and more, our work should be towards rape crisis counselling" (Therapist, Dublin Rape Crisis Centre.

There are I believe two important issues to be raised here. Firstly, in relation to sexual abuse work becoming part of any welfare agency there is a danger that the specificity of feminist knowledge will be lost in this process. This is a move that is often justified on the basis that male and female children are abused and thus this is not a feminist issue.

What the feminist political analysis highlights is not only the damage that sexual violence causes to women and children but crucially it also critiques the family, the construction of gendered sexualities and the 'normality' of sexual abuse.

This comment by a worker in the Galway Rape Crisis Centre affirms their awareness of this

"The work is with the survivors but I think it should be preventative also.[The] therapeutic is the aftermath but there is a need to achieve a society where no sexual violence exists. Perhaps this will never happen, but we have to keep challenging the political system to try and make this happen - it's the only way." (Worker, Galway Rape Crisis Centre).

It is unlikely that welfare agencies would hold such a political view of the nature of abuse.(I would refer the reader to my comments under organisation structures in this regard.)

Secondly, in attempting to define discrete categories of sexual violence and discrete categories of expertise of response, there is a danger that the understanding of sexual abuse as *one part of a spectrum of male sexual violence against women and children* will be lost. With this too the victim of adult rape/sexual violence is likely to be further isolated and silenced, as the clarity of responsibility when dealing with children becomes blurred by the set of rape supportive myths referred to above come into effect when dealing with adult victims.

There is further danger in the separation of categories of colluding with those attitudes that would want to make invisible the reality of sexual violence and its political underpinnings. That this process is sometimes subtle does not make it less effective.

"I think the volunteer is in some way embodying a public sentiment of wanting to help.....I think the Dublin Rape Crisis Centre has been really successful.[The] centre is very well thought of by people in Dublin.... it's reflected in fund raising appeals. It has a high profile in this city"(Therapist, Dublin Rape Crisis Centre)

Is there then a paradox that in a city embodying such 'good-will', that sexual violence as a crime, as already argued is on a relentless upward trend, or is this in fact good-will?

I would suggest the following comments are a more accurate interpretation of such 'good will'.

"I think it's society ghettoising us. There's a safety in keeping rape 'in there' away from society..... In a sense the public give us money to keep it in 'there'..It's about fear, not acknowledging the reality that it's all them and us. It's much bigger than the Rape Crisis Centre. It happens to men as well as

*women, to mothers, sisters, daughters, babies. It threatens all of those”
(Therapist, Dublin Rape Crisis Centre.).*

Whilst it may indeed be about fear (particularly for women) I would suggest that this comment from a member of the Galway collective is a clearer analysis of the reality of that fear and that wish to keep rape ‘in there’.

“It’s a lot safer to talk about child sexual abuse than rape.... [C]hild sexual abuse is looked at in a therapeutic way, it’s not political. I think with rape and sexual assault you really have to challenge society...{To ask} why is this happening?”(Worker, Galway Rape Crisis Centre)

My comments here are not intended to suggest that all sexual abuse work should be done by rape crisis centres nor that they should not focus that work more towards rape but to highlight the dangers inherent if all of the work is not informed by a political analysis of sexual violence.

5.6 THERAPEUTIC MODEL

The therapeutic/support model used when working with women is similar in both centres. Both stress the importance of building a relationship of trust between the supporter/therapist and the woman/client in the early stages of the work. Both Centres uses a three-stage model in their work. Both centres say that while the model has three stages tasks are not sequential. Both use similar therapeutic methods, such as Gestalt, inner child work and art therapy in the course of therapy/counselling.

“This stage is also about developing a relationship of trust.... to move on to the

second phase.....The first stage is about telling the story remembering..... the second stage is about making an emotional connection to what has happened..... the third stage is integrative, drawing together.....integration happens from the beginning of therapy but [is]more outward at the end” (Therapist, Dublin Rape Crisis Centre)

“This would be when trust is built..... at the early stage....The first task is to get her to tell her story.. what she remembers.... when trust is established later we move to feelings, we try and get the woman to focus on her feelings, to stay with them.....then we look at feelings connected to the abuse and to who she is now... [I]t’s also about how it affected her life.... this begins in the first session and goes on over several sessions. The tasks are not chronological.(Worker, Galway Rape Crisis Centre)

Their differences then seem to lie in how they view the implementation of that support/therapy. As already discussed the women in the Galway Centre see the political aspect to the work as being crucial to supporting women, whereas the therapists who work in the Dublin Centre see their work as mainly therapeutic with feminist political commitment no longer being a requirement. As already seen, the trend in their view of the service in Dublin is increasingly towards treatment focused on the individual. How does this impact on the individual woman coming for support/ counselling, or does it matter at all?

The process of recovery within feminist therapy for victims of sexual violence has been particularly successful. This Walker suggests is because the rules that govern feminist therapist- client relationships make it a comfortable therapeutic process for those who have been damaged by significant relationships. These rules/tenets have grown out of a feminist philosophy and include:

- Egalitarian relationships between therapist and client as a model for women to take individual responsibility to develop egalitarian relationships with others instead of the more traditional passive, dependent female role.
- Power in relationships and independence for women. Women are taught to look for ways of gaining and using power and control in relationships and the consequences.
- Enhancement of women's strength rather than remediation of their weaknesses, encouraging women to look at their role in supporting others' strengths while ignoring their own.
- Non-pathology oriented and non-victim-blaming, rejecting the medical model commonly used in other therapies such as psychodynamic theories. Victims of men's violence are not considered mentally unhealthy; rather their behaviours are understood as part of the coping process necessary to survive that violence.
- Education, as a way to change some of the cognitions that are detrimental to enhancement of women's strengths. Women are encouraged to learn more about the condition of women, and bibliotherapy is frequently an adjunct to psychotherapy. Although a healing model is advocated, it is often an educational rather than ameliorative and reparative model.

"The therapy helps them look at what happened, how it happened. How it stopped or how it can be stopped... reporting. It raises consciousness around these issues and this comes out. The women make changes in their lives that reflects this. They have a consciousness of their own value, their own importance, a right and the right to value themselves and to act according to that". (Worker, Galway Rape Crisis Centre)

Again, it is useful to re-state the aim of the work of both these centres is empowerment. The emphasis of the empowerment of clients as an explicit goal of psychotherapy emerged most clearly from feminist therapy, a system of psychotherapy developed almost entirely by women.(Cantor, 199,p.238) Feminist therapy itself was a reflection of new feminist politics. The systematic study of the trauma of sexual and domestic life, it has been argued, was only possible when there was a political movement strong enough to legitimate an alliance between those investigating it and its victims, that would counteract the ordinary social process of silence and denial. In the absence of a political movement, the process of bearing witness inevitably gives way to the practice of forgetting(Herman, 1992). I would suggest here an analogy to the practice of feminist therapy. Without its feminist political underpinnings its practice will become the practice of eclectic and integrated psychotherapy, whose roots lie in masculinist epistemologies which reproduce power differentials between men and women. (Kaschak, 1992).

The practice of family therapy from a feminist perspective offers an example of this. The traditional explanation of a dysfunctional family as one where the surface action of the family does not satisfy the underlying needs of the family members is often used to argue that sexual abuse is a *symptom* of what is wrong. That is to say that abuse may be seen as a symptom in the sense that it is a sexualisation of what should be nurturant physical contact. Thus sexual abuse is a symptom and even solution to what is wrong within the family. Feminist practitioners of family therapy argue that feminism and

family therapy need not be incompatible. By distinguishing between the explanation given for the abuse happening and the therapeutic models adopted which may allow the secret in the family to be disclosed. However, in a feminist framework the explanation for the 'dysfunction' sees the incestuous assault as the cause rather than the symptom. (MacLeod and Saraga, Feminist Review, 1988) It is worth noting that the majority of students on counselling courses are women.(Perry. J. 1993.P.6). The potential for changes within theoretical therapeutic frameworks is significant if women practitioners bring the reality of the experiences and lived herstories to bear on and to critique those theories in *their practice*..It is not enough that therapy's content be adjusted feministically with the ideological theory and the political structure of therapy remaining unchanged. .To deny the political realities which shape , form and maintain the self has the same potential to corrupt the work of the therapist as has the denial of the content and context of her familial herstory.

It is within the feminist context and its critique of the family and societal attitudes to sexual abuse, to children and to sexuality that the "abused becomes the survivor" (Bell, 1993, p.104)

"Our way of thinking is reflected into the work.....[Having a political feminist view is to have].. a sense of what happened to her, kept her trapped. Having a sense that it's about empowerment issues. [That] it's not as simple as 'this is your stuff'. This is your stuff and it's more." (Worker, Galway, Rape Crisis Centre)

The truth of human life lies not in abstraction from relationships but rather is constituted by them (Gilligan, cited in Hekman, 1995. p. 132) Traditional therapeutic methods for recovery often require that the woman rewrite her history. The rationale for this lies in the belief that this is necessary in order to achieve a meaning other than self-blame and hate which, it is suggested, block the individual's capacity to use the therapeutic process. However, as McLeod and Saraga argue, consciousness-raising offers a most effective way of challenging internalised ideologies.(cited in Feminist Review, Spring, 1988) The process of recovery requires that we do not 'forget' what made us what we are.

5.7 CHARGES FOR SERVICES.

The Dublin and the Galway Rape Crisis Centres operate different policies in relation to making a charge to the women who use the centres services.

The Galway Rape Crisis Centre makes no charges for its services.

"It is the hallmark of RCC's that there is no charge and we feel this strongly.... It is this centre's view that these women have been punished enough, making them pay is another punishment. It can put women off too, if they feel they can't afford it. A lot of the women who come here are in very poor circumstances.

"In fact often the [centre] need to help women with travelling expenses, baby-sitting and 'emergency' money. (Workers, Galway Rape Crisis Centre)

That women do worry about the cost of this service is indicated in comments below.

It seems likely that if womens' feelings are linked to their sense of being 'second-class

citizens' (earlier discussed) then the inability to pay may indeed re-inforce that feeling.

The view taken by the Galway Centre in making no charge is consistent with their view of women's experience of violence.

"[S]exual violence is never your[woman] fault."

"We see a woman coming here trying to do her best to recover... there has been an injustice"(Workers, Galway Rape Crisis Centre)

The Dublin Centres policy is that no charge is made for the first six sessions, but, thereafter, each session is paid for according to the means and circumstances of each woman. The centre further points out that

"No one is, however, is ever turned away because of money, everyone is treated. In the case of rape, if the victim is still distressed we will not raise the issue after six sessions"

Within the centre itself there are differing views in relation to this policy as is evident in the comments below

"After the first six sessions yes, in all cases clients are asked to pay something..... It may be as little as fifty pence or a pound. I have enormous difficulty with this personally. I think by the time a client has come through the door they have paid enough already"

For the women who use the service these seems to be concern regarding this charge.

*"Women are often very concerned when 'phoning about the cost"
"[S]ome do[ask about the cost when they phone] They wonder if there will be a problem. If they can afford it"*

There appears to be two reasons behind this policy in the Dublin Centre in the light of these following comments. The first concerns how the client values and uses the service and the second is focused on funding.

“Research suggests that where clients pay for/towards the service they take more benefit from the service. they use it more and they question it more”

“it puts a value on the service..... [A] cost that is affordable is agreed, as little as two/three pounds and more typically five/ten pounds per session”

“As well as other funding it does being funding to the centre through clients”.

It is difficult to assess the claim that those engaging in the therapeutic process are enabled by making a payment for this service. Such research generally refers to those who *chose* therapeutic/counselling process as a way of working through difficult life issues. It does not generally refer to those individuals who are *victims of sexual violence*. The idea that more value is put on the service because there is a monetary exchange is I believe dangerous, particularly for women, who traditionally have not been valued precisely because there is, generally, no monetary exchange for their roles as carers and nurturers.

The amounts indicated in the comments above regarding payment would suggest that many of the women who need and use this service are not financially secure in their own right and indeed have scarce resources. Finding the amounts concerned may indeed indicate an important willingness to name themselves as a priority in their own lives and within the scarce resources that they have at their disposal. However, I believe the

They also reflect a care ethic based on the understanding of the narrative of social relations. What Gilligan argues is that there is another “different” moral voice - the care voice - that the hegemonic has effectively silenced *Kohlberg incorporates the care voice as another implicitly inferior moral realm*. Gilligan in her work insists on the equality of the two voices in order to counter hierarchalisation and marginalisation that characterises modern moralist theory and to develop a dialectical moral theory of justice and care.

5.9 CENTRES ORIENTATION TOWARDS JUDICIAL SYSTEM FOR WOMEN WHO USE THEIR SERVICES.

Half of the offences reported to the Garda never reach the courts (McCullough, 1996, p.114). This may relate to a judgement by the prosecutor on the quality of evidence or it may relate to an assessment of the ability of the victim to sustain detailed and potentially devastating cross-examinations.

“Sometimes the woman is encouraged by the Gardai not to report. They talk about her family being involved. Perhaps they think that she’s not strong enough” (Worker, Galway Rape Crisis Centre)

This may relate to judgement of prosecutors on quality of evidence or an assessment of the ability of the victim to sustain detailed and potentially devastating cross-examinations. It is the experience of the Dublin Rape Crisis Centre that if the defense

counsel asks for leave to bring up the complainant's previous sexual history in their experience it is rarely refused .(Shanahan,1992.) Techniques of neutralisation discussed earlier are also used by the judicial system to serve as 'mitigating factors' in cases of rape.(McCullough,1995)

The harshness of experience within the legal practices of the judicial system felt by victims of sexual violence is so widespread that it is now described as the secondary victimisation of the rape complainants.

"You know the judiciary systems still support a system that oppresses women. Look at the sentencing policies. The way they make women be witnesses of the State. All of this makes it very difficult for women to come forward. Most sexual violence is perpetrated by men, and men still largely control the systems of power"

"You know even going to court with rape is disempowering. I can think of two cases; in one there was a suspended sentence, it was appealed. The Criminal Injuries Board awarded a sum of money, but you know the State didn't care." (Workers, Galway Rape Crisis Centre).

"The client has no voice in the system. The woman is the focus of the court case but is totally silenced by the system. She has to hang around waiting, brushing shoulders with the offenders family" (Therapist, Dublin Rape Crisis Centre)

question lies in the ethics and morality of requiring victims of a crime to contribute to the support and help they need in any manner whatsoever.

If a woman have been run over on the street would she be better able to recover if she were to pay her own medical bills. It may be that she would feel better able query the medical attention received within a society which tiers medical treatment on the basis the ability to pay. But this is not a service offered within that philosophy. If the centre's philosophy is that

"the woman has been victimised, that no woman is to blame..and that she must be allowed to be the best judge of what is right for her"(Therapist,Dublin Rape Crisis Centre)

then how can it ask her to pay for the therapy/support she requires to recover from what is a crime perpetrated against her.

Plummer argues that empowerment means enabling the woman see

- that she is in no way responsible for the rape and to see herself as a victim. thus escaping the blame she was once given
- herself as a person with control over her responses to the victimisation - to enter a survivor identity, more determining than determined

and further points out that one of the most immediate and positive responses of the Rape Crisis Movement has been to provide help and support to victims to highlight that a "woman has a right to choose what happens to her(Plummer,1995)

That she has a right to query the nature of that support; and that she is encouraged to see such questioning as an indication of recovery in that it implicates her in her own process of recovery is I would argue also part of the empowerment process.

The appropriate funding is from the perpetrators of such crimes, or through *unconditional state funding* that recognises where the guilt and innocence belong. In the U.S. survivors have instigated court proceedings to pay their therapy bills. In addition, each state has a Victim's compensation fund which gives money to victims of violent crime. (Bass & Davis 1988.) The right to skilled counselling should not be "dependant on free or low cost therapy" (ibid.,)

Funding is indicated as being a factor in the reasons behind charging for this service. It is not clear how significant this is, however, it does highlight the commercial relationship between client and therapist that is associated with hierarchical structures.

5.8 MANDATORY REPORTING OF CHILD SEXUAL ABUSE

The Dublin and Galway Rape Crisis centres have different policies in relation to the proposed introduction of mandatory reporting of child sexual violence to the authorities. The Dublin centre have endorsed this decision The Galway centre have decided that they will not, at least in the short term.

This decision is a moral one and one which is difficult. I believe it would be helpful to refer briefly here to the work of modern moral theory. The tradition of Western moral philosophy has been masculinist. One of its most influential theorists in terms of a theory of moral development has been Kohlberg. (1981) Kohlberg's studies concluded that women clustered at an inferior stage of moral development; few women attained what he described as the highest stage of moral development. Kohlberg argued : "that moral judgements unlike judgements of prudence or aesthetics, tend to be universal, inclusive, consistent and grounded on objective, impersonal or ideal grounds"(cited in Hekman,1995,p.28). Hekman argues that the epistemology that informs this moral theory assumes a disembodied knower that constitutes abstract , universal truth removed from the relationships and connectedness of everyday life that, in this view, distort moral judgements.(ibid.,) She points to Gilligan's revolutionary work which challenges modern moral theory , and which has effectively deconstructed this moral knower and his abstract moral knowledge The epistemology in her work replaces the disembodied self with the relational self. The moral knowledge constituted by this relational self is connected, a product of discourses that constitute forms of life, it is plural rather than singular. That society possesses a hegemonic moral discourse seems indisputable; that this discourse is the 'justice ' voice is also clear. Gilligan's intention is to criticise the abstraction of the 'justice' voice and to argue for the validity and truth in the connected, hermeneutical , located moral voice of women.(ibib.,)

Following Kohlberg's(1981) work in relation to moral theory it has been suggested that as women move into 'professional' roles they, too, will adopt the[male] justice perspective thereby erasing the clear gendered distinction between justice and care[female] (Walker, 1984; Stocker 1987; Baumrind,1986 cited in Hekman,1995).

I would suggest that the stance taken by the Dublin Rape Crisis centre reflects that abstraction of the 'justice' voice referred to above

"Indeed we've taken the lead here [in relation to mandatory reporting]. We've been ahead of the health boards. We've been very clear on this. It is about stopping offenders" (Therapist, Dublin Rape Crisis Centre) Stopping the offenders is certainly just but what of the victims? Hekman argues that Gilligan work succeeds in articulating "women's moral self representation, their beliefs, their self-representations and their self-interpretations that women bring to their moral dilemmas" (ibid.,p.24) The comments made by the Galway Rape Crisis Centre I would suggest reflect that moral self representation of women.

"I can see both sides of it[mandatory reporting]. I think it cuts off a lot of people. I have worked with women in a continuing abuse situation. What would happen to them? A number of people won't come if this is seen as part of the process. I think that the negative effects outweigh the possible gains. That could change, it depends on what might be put in place to protect people. Just now I can't see it working" (Worker, Galway Rape Crisis Centre)

"Her history, her underwear, it's all up for grabs. It may be at the judges discretion, but the barrister always somehow gets to it" (Therapist, Dublin Rape Crisis Centre)

"We give information but try not to sway the woman. Each has to try and gauge the effect it will have on her own life. [It should not be] at the expense of the womans" well being. It's not an option for all women, so we don't put forward our preference" (Worker, Galway Rape Crisis Centre).

However, a voluntary organisation working with victims of domestic and general violence have now stated that they

"have a policy of not referring victims to the Dublin Rape Crisis Centre because of the pressure a significant number of those victims stated they felt from this Centre to take their case to the courts". (Personal communication).

...[W]e advocate [prosecution] but don't push..... it's something we can put to them but they make up their own mind .(Volunteer, Dublin Rape Crisis Centre)

I would suggest that these comments imply a more partial stance than is acknowledged by the centre. This may, in part, be explained by the Dublin Rape Crisis Centre's commitment to making changes within the judicial system. *"We've made enormous changes and it's taken hard work"*(Therapist, Dublin Rape Crisis Centre.) However, it does raise serious and disturbing questions in relation to the

actual *practice* stated policy of the Centre to allow each woman to decide what is right for her.

Both centres regard the procedures of the judicial system as being hostile towards women who use it. Both share a belief that it is unlikely that women will be well treated within that system and it would seem that both centres to *differing degrees* allow the women to make their own decision in regard to taking a case to the courts.

I would like to raise here two different trends emerging in feminism in regard to the law as a useful instrument .. The first is 'institutional' and allegedly endorsed mainly by women active in institutions - political parties, parliament, trade unions, local government - who consider the terrain of legal reforms as the privileged terrain of struggle, and the law itself as an instrument of further emancipation and/or protection, and which has to some degree been successful in bringing about legislative change. The second contends that women's freedom has little to do with (more) law on two different, though connected grounds: political subjectivity, they say can neither be reflected within the law nor be constructed through struggles aimed to change or gain laws. Too much law can be shown to be detrimental rather than helpful in the development of women's individual and collective autonomy (which here, regains the meaning of self production of norms), and reinforces the idea of women's constant secondariness and weakness. This refers to the notion that the oppression paradigm has given way to the victim paradigm and to the construction of women as always and

inevitably victims and in need of protection.(Pitch cited in Rafter & Heidensohn,1995) In reality these two trends are not so clearly separated and cannot be distinguished on the basis of working or not working within institutions. The existence of women's institutions and practices that exhibit flexibility in their use of laws and in their relationships with state institutions must be noted. So too, though must the experiences of women within what is a hostile and often punitive legal system and the experiences of those who attempt to change that system.

"[W]ith the judicial system you wonder what relevance, what impact [of changes we have made]. Is it[judicial system] ever going to change. Objectively, you know there have been changes but in there at the coal face it's hard to see those changes. It's the thing that makes me most frustrated and the thing that most likely would make me stop the work, coming up against this system"(Therapist, Dublin Rape Crisis Centre)

The value in separating the two trends within feminism in regard to the law is that it allows them to become visible and in so doing shows the need for both intensified reflection and action in this area.

Pitch argues that the feminist self-reflection has produced an interesting course of action within the Italian legal system. This involved what is called the 'practice of entrustment'. In the context of criminal justice this came to mean the construction of 'meaningful relationships' between women clients, women lawyers and women judges. The symbolic appearance of female subjectivity within criminal justice was

thus entrusted to this practice, and to its consequences in court, rather than to projects designed to change legal norms and procedures. In essence, this practice inverts the hierarchy of relevance at the level of legal theory at least. The symbolic potential of criminal justice can be assessed not just at the point where the norms are produced but where they are enacted. The appearance of an explicitly gendered subject on this scene is potentially very innovative in that a sexual difference discourse opens up avenues for rethinking both the way criminal law constructs its standard subject and the way in which criminal justice concretely operates, differentiating between formally equal subjects by taking account of differences only as what undermine one's freedom. It introduces a standard subject who is neither neutral nor abstract and whose 'freedom' should be derived from, rather than being undermined by what, he or she is.(ibid.,)

I want also to look to at a Rape Crisis centre whose *actions* reflected their belief that the criminal justice system reflected the biases of the dominant culture and did not offer a viable answer to sexual assault. In its opposition to providing 'mere' social services they focused on public awareness and consciousness-raising and participated in demonstrations. However, they augmented these conventional tactics with direct confrontations with rapists and publicising descriptions of rapists. Confrontations never took place without the consent of the woman who had been assaulted.

Description lists were developed to respond to the fact that many women did not want to go to the police, yet wanted to protect and warn other women about dangerous

men. The centre argued that confrontations and description lists were significant for three reasons. First , they challenged dominant ideologies about women's passivity and weakness by confronting and exposing offenders. Women were empowered by the actions and realised their existence was not defined by victimisation.(The women who had been assaulted often participated in these confrontations) Secondly, these tactics offered an alternative to the judicial system. Thirdly they constituted a tactical innovation in the movement. They were new forms of women's resistance.(This course of action is described by Ellen Scott Kaye in Journal of Social Problems, 1993)

Both these examples reflect the potential for and the potential of different responses to the judicial system.

I would argue that here that the experiences of women recounted by the workers in Dublin and Galway Rape Crisis Centres and documented extensively elsewhere in relation to the practices of the judicial system and the view of workers/therapists in each centre of the judicial system together urgently call for both centres to re examine their current policies of participation (through the support they offer the women who engage in the judicial process) in such practices and consider the potential for alternatives either within or outside of the judicial system.

6. CONCLUSIONS.

This study set out to investigate and to understand the perspectives of the women working in each centre in relation to sexual violence and in relation to their work in this area and to understand what they thought and felt shaped their work with the women who had been sexually violated. As the research work continued it became clear that the structures within which these women worked was of fundamental importance in their experiences of themselves in their work.

The Galway collective structure extends its ideology of empowering women explicitly to the way in which they work together as women. Its structure reflects feminism's concern with structures that are both democratic and enabling and stresses clearly the relationship between the means and the ends. Recognising the existence of structural oppression, their organisational style is part of their radical critique and challenge of the existing social paradigm. The comments of the women in the Galway centre are indicative of their belief in themselves as being credible and effective in their work. Their sense of efficacy is facilitated by the centre's collective structure. The centre encourages equal participation; all share in the decision making processes of the centre collective, and further there is an equality in the kind of work that each woman participates in. Each of its workers participate in and are held responsible for all of the tasks involved in running the centre. Within the structure there is both space and willingness to work through difficulties that arise and cause conflict. Equal respect is asked for and given to each member of the collective. Within this centre the women deploy their social knowledge in a way that is local, concrete and

contextual. The women believe themselves to be competent and politically effective. Their comments reflect a belief and a firm commitment to their work in the Centre as being fundamentally political. This political belief is clearly feminist in its focus. Their analysis of sexual violence is feminist. Their supportive/therapeutic stance is firmly based in a feminist philosophical and political outlook which is clearly held in the both the principles and practice of the work within the centre. There is no charge for the service offered and there is an awareness of the practical and financial difficulties women live with and an attempt to ensure equal access to the service for as many as possible.

The Dublin Rape Crisis Centre is a traditional hierarchical management structure. Originally a collective, it moved from that structure to the present hierarchical one in the interests of efficiency and credibility. The comments of the women in relation to their experience working within this management structure indicate less comfort with it than their counterparts in the collective structure of the Galway Rape Crisis Centre. Their comments highlight a reduction in their autonomy in terms of the overall decision making process and also in relation to their individual work with clients. There is an increase in the potential for and in the reality of conflict between the women who work in the centre and those who manage it as the women working in the hierarchical structure adjust and defend their interests and themselves in their work. Unlike the collectivist structure the hierarchical structure did not seem to offer the women either a vehicle or the time to work through and resolve conflicts.

Another aspect of the hierarchical structure of the Dublin Centre that became clear in this research was its exclusionary potential, particularly in relation to its treatment of the Volunteer Group attached to the Centre. Their work, is treated in the same way as women's unpaid work in the home, lauded and dismissed. The boundaries held as necessary for the well-being of the therapists in the Dublin Centre seemed easily crossed in relation to the work of the Volunteer Group. The changing needs of the members of this group were, I would suggest, inadequately addressed.

The structure the Dublin Centre in essence reproduces and maintains relationships of inequality. This seems deeply incongruent with the stated intention of the work of the centre of enabling survivors to re-establish a sense of their own power and responsibility. Paradoxically whilst stating an intention to empower survivors of sexual violence the Centre's own workers are disempowered. Political equality is inconsistent with working/social arrangements that deprive the individual of a chance to make decisions. The view that those who work in hierarchies with decisions taken over their heads attach least weight to political involvement was borne out in the ambivalence in the comments of the women in the Dublin Rape Crisis Centre regarding the political aspect of their work. The women in this centre see their work now as mainly therapeutic with a feminist political commitment no longer being a necessary requirement of the work. While both these centres offer the 'same' service in content the political form has changed. The Dublin Rape Crisis Centre is now clearly less politically feminist in its focus than is the Galway Rape Crisis Centre. It is not enough that therapy's content be adjust feministically. Therapeutic trends

and practices must be interrogated. The ideology and political structures underpinning therapy must also change.

The therapeutic service offered by the Dublin Centre to the women carries a charge. There are, it seems, differences of opinion within the centre as to the ethics of this decision.

However, it seems consistent with the trend within the centre away from the political in that it reflects the move to a commercial relationship between client and therapist.

This research found that both centres choices of action were characterised by their organisational structures. The Galway Rape Crisis Centre, again, in keeping with the base value of their work, select women on the basis of their politics, their beliefs and on their personal qualities rather than on qualifications. Expertise and authority do not, for this centre, reflect the ability to engage in this work. Paid work is shared reflecting a belief in the need for and entitlement to paid work for all those who work in the centre.

In contrast, the Dublin Rape Crisis Centre have a selection policy of only recruiting those with professional qualifications to their staff. Credibility and efficiency are again the arguments used to justify this decision. The logic and the outcome of the Dublin centre's hierarchical traditional management structure's decision to recruit in the traditional way, experts and professionals, with less emphasis on the political dimension is to move the centre away from its original identity and political orientation. What is now offered is a therapeutic service, without its political underpinnings, thus narrowing the focus of the work

to the therapeutic management of the victims of sexual violence in the aftermath of that violence without the focus on the need to change the social arrangements in order to prevent rape. This diminishment of the political nature of a centre is a recognised trend in other Rape Crisis Centres and social movements where hierarchical structures have been introduced. The recruitment of social welfare professionals in Dublin and in other centres contributes to this trend because of the service nature of their experience and because they often lack a critical stance towards the state.

This trend away from the political is also reflected in the comments of the women in the Dublin centre's tendency to medicalise and pathologise the view of sexual violence rather than to see it as criminal. Again, the comments of the women in the Galway Centre were much clearer in their rejection of the medicalisation and pathologisation of sexual violence. Whilst attending to supportive/therapeutic interventions the political project is at all times held by the Galway Centre. This is an imperative in a feminist analysis of sexual violence in that it holds the causes of sexual violence in their social reality.

Both centres were aware of the implications for their autonomy and work direction in relation to reliance on and connection to state funding. The comments of the women in the Dublin Rape Crisis Centre bear out the finding that rape crisis centres that adopted hierarchical structures and rely on outside funding sources often modify or see a decline in their original political motivation becoming more like social service agencies. The comments of women in the Galway Rape Crisis centre by contrast indicated a willingness to

forego funding if that funding were to place restrictions on its service or asked for a change in its structures. This is the essence of empowerment; a willingness to engage radically in order to change and belief in the ability to survive and succeed in that engagement.

The Galway Rape Crisis Centres engagement with the state is both radicalising and participatory. Its view of state action maintains a critical stance. It provides both a service and a political perspective addressing itself to changing the nature of relationships rather than just managing the outcome of those relationships. It is a concrete model of women multiplying the contexts in which they can control their lives.

In both centres the majority of the therapeutic/support work being done is with the victims of past sexual abuse rather than recent victims of adult rape. I would suggest that this is in part due to the fact that training prioritises this work and also because, as one therapist suggested, that there is in fact an unconscious desire on the part of the therapists and workers to believe that victims recover more quickly from rape. In fact the research indicates that they do not. The wish to believe that rape victims recover more quickly may be rooted in the workers awareness of their own vulnerability in relation to rape.

Both centres regard and have experienced the procedures of the judicial system as being hostile towards women who use it. The centres share a belief that it is unlikely that

women will be well treated within that system yet both centres participate through the support of the women in these abusive legal procedures.

I would suggest that both centres need to look at their stance here. Lobbying for change within the legal system again is political action focused on managing the aftermath of sexual violence focusing as it does on the treatment of the victims/survivors within the legal system. Is this the appropriate policy towards perpetrators and sexually violated women? In what way does it change or address the normal standards of male sexual behaviour?

I find it difficult to conclude. My intention was to make vivid the experiences of the women who participated in this research. My hope was that this would enable a move towards a more complete understanding of the work of these and other Rape Crisis Centres. My comments are offered in *criticism and in support of this work*. I am reminded of the words of Rohini Hensman on the lives of women who in different ways *all* aspire to

“ do something beautiful..... Some succeed against heavy odds, but others are destroyed in the effort. The support they give to each other is crucial; without it each one is defeated in her isolation” (Rohini Hensman, 1990)

APPENDIX I

QUESTIONS ASKED OF WORKERS/THERAPISTS/SUPPORTERS IN DUBLIN AND GALWAY RAPE CRISIS CENTRES.

This list includes all questions that were common to the interviews. They were used to facilitate consistency only . It does not include those questions which arose following a particular response by an individual participant . Questions are divided here into four categories;

- general questions addressed to all participants;
- questions regarding selection and training(in the case of the Dublin centre addressed to individuals with responsibility for those areas)
- questions regarding educational work
- questions that were specific to Volunteer Group at the Dublin Rape Crisis Centre addressed to volunteers and to the individual with responsibility for supervision of that group.

QUESTIONS ADDRESSED TO ALL PARTICIPANTS

Why do you think you were selected for this work?

How do you see your work?

How did you get involved with the Galway/Dublin Rape Crisis Centre?

Why do you think the centre deals mainly with victims of child sexual abuse rather than with recent victims of rape and sexual abuse?

How do you view the centre ? What sort of place do you see it as?

How does that affect your work?

How would you describe your work here?

Is there a political dimension in the work of counselling in the centre?

What , if any, interest do you take in the perpetrators of sexual abuse/violence?

What is your view of the perpetrator?

Do you think rape is inevitable in our society?

What do you regard as the most important dimension of the therapeutic/support relationship with the client/woman?

Does the process differ for you when dealing with victims of adult rape and with victims of child sexual abuse?

What is your most common feeling when working with a client/woman?

Do you feel more equipped to deal with adult victims rape or with victims of sexual abuse?

How would you describe a woman's view of herself when she first comes here?

How is this different when she leaves?

Is there a charge for your service to the client?

QUESTIONS ADDRESSED TO PARTICIPANTS IN RELATION TO SELECTION PROCESS

How do you select?

From what pool?

Is there self-selection?

Can you describe the current selection process?

Are candidates female/male?

Is there an upper/lower age limit?

What, if any, is the relevance of relationship status?

Is sexual orientation an issue?

Would the existence of sexual abuse in the candidate's own background encourage/rule out selection?

Are candidates required to have a background in counselling/therapy?

Do all of the candidates selected complete training?

How does candidates view of sexual violence affect selection?

Do you speak about a political dimension to work during selection process?

If so, what do you look for in a candidate in this regard?

QUESTIONS ADDRESSED TO PARTICIPANTS IN RELATION TO TRAINING

Who does the training work for the centre?

What do you cover in training?

Can you outline the training process?

What kind of specific input do you have in relation to dealing with a woman who has been recently raped?

Do you present a model in training - a process that trainees can follow?

During training are there particular/different inputs in relation to rape and to sexual abuse?

During training do you offer or take a view in regard to perpetrators ?

Is there on-going training given by centre to staff ?

Does training look at therapists/supporters view of self in this process - limits and boundaries of their role, their expertise, their competence?

The centre operates as a collective. How does this affect training?

How has the movement from collective to hierarchical structure affected the work in training?

Does training address gender issues?.

Is there a political input during training ?

**QUESTIONS REGARDING EDUCATIONAL WORK UNDERTAKEN
BY CENTRE WITH OUTSIDE GROUPS/INDIVIDUALS**

What is typically the content of these courses?

Do you distinguish between adult rape and sexual abuse on these courses?

Do you talk about the offender?

What is the main focus of the educational work undertaken by the centre?

What kind of awareness do you think the public have of the services of the Centre?

Is there a political aspect to your educational work?

Are these courses in relation to working with sexual abuse or rape?

QUESTIONS SPECIFIC TO VOLUNTEER GROUP

DUBLIN RAPE CRISIS CENTRE

Questions addressed to Supervisor of Volunteer Group.

Do volunteers express a wish to work with clients as members of staff?

What is the length of time that volunteers stay with centre?

What, if any, reasons are given for leaving?

Why do you think volunteers undertake this work?

What is the relationship between volunteers and staff?

How do you think volunteers see their work?

Do many of the volunteers move on to become members of staff?

Why does the centre not pay volunteers for their work?

Do you think it would make a difference to volunteers if they were paid?

Has the centre evaluated the experience or the effect of the work on the volunteers?

Questions addressed to members of Volunteer Group

What kind of connection do you have as volunteers with the Centre?

What kind of effect to you think this work has on your life generally?

How many hours do you work ?

How important do you feel you are to the woman on the phone?

Do the women on the 'phone ask about what the service will cost?

Would you prefer, if it were possible, to move from being voluntary to being paid staff?

If the centre could afford to pay you would you like to be paid?

What kind of support do you get from the Centre in your work?

APPENDIX 2.

DIFFICULTIES IN THE RESEARCH IN THE DUBLIN RAPE CRISIS CENTRE.

The Dublin Rape Crisis was approached by Dublin City University with a view to developing a joint proposal for research covered by a grant from an undisclosed benefactor. The Centre declined on the grounds of lack of personnel but agreed to fully facilitate research done by any student/researchers the University would nominate. As the nominated researcher I approached the Centre and arranged the first of what was to be a series of interviews. This interview was with their Head of Counselling and took place on 29th, November, 1994. At the end of that interview it was agreed that the Head of Counselling would discuss with the therapists in the centre my meeting with each of them for the purposes of the research. I followed this up in my letter of January, 8th, 1995 (attached) proposing to do this at the end of March/early April. In the meantime I interviewed their Head of Training (two interviews - 1st, 8th February, 1995), Supervisor of the Volunteer Group (two interviews - February/March, 1995) and, Education Officer, (4th April, 1995).

In April, I made a number of unsuccessful attempts to contact the Head of Counselling with a view to interviewing therapists. Eventually in June it was agreed that I could meet with the Therapist Group. (See interview notes attached) It emerged from this meeting that a combination of the pressure of work and the holiday period was making it difficult to find time for interviews with therapists. In view of this I suggested I would wait until after the

holiday period (See letters of 4th July and 7th September, 1995 attached). Having received no response to my letter of 7th September I contacted the Head of Counselling by phone and was informed that she was no longer in a position to deal with this issue and I was referred to Grace O'Malley who was now dealing with the matter on behalf of the centre. She in turn informed me that it would not be possible for the centre to agree to my interviewing any of the therapists; they could not justify the use of therapists' time in this way. I then found it necessary to ascertain what level of co-operation the Centre was agreeable to. On my behalf the University contacted the Director of the Centre who said that she was unaware of the research project. It was agreed that I would contact the Director by telephone and outline the nature of the research.

During this conversation it was agreed that the Centre would co-operate with me. It was also agreed that I would submit my research proposal in writing. (See letter 3rd October, 1985). Permission was finally given to interview one therapist. This therapist was named as Grace O'Malley. The interview took place on 10th November, 1995. At the end of this interview I was asked to recall the circumstances of my initial contact with the Centre. This she indicated was because she "realised there had been some confusion and the centre was anxious to ensure that this would not happen again" (see attached summary)

It will be noted from the above summary that I had requested (again) a meeting with one of the volunteers. She had indicated that the existing group was being disbanded and a new group were being trained. This would take approximately one month more to complete. She suggested that at that point I could submit my request to the Centre. I sent a written request on 2nd April, 1996 (letter attached). This letter was not replied to and a number of

attempts to make contact by phone were unsuccessful. Finally, I was informed that Ms. O'Malley was on holidays. At this point I asked to speak to the Director. I was dealt with by the Director's secretary who asked that I fax a copy of my letter of 2nd April. Subsequent to this I received a phone call from Ms. O'Malley who indicated that in order to consider my request it would be necessary for me to forward re-submit (yet again) my research proposal and further to outline the areas I wished to discuss with the volunteers. On receipt of this my request would then be considered. I complied with these requirements (see letter 6th June, 1996 attached). On 25th June I received a letter from the Centre agreeing to an interview with two volunteers. (See attached letter). This interview took place on 8th July, 1996.

In July, 1996 I phoned the Director's secretary indicating that my research was almost complete and that it seemed appropriate that I might meet with the Centre's Director in relation to the research and by way of courtesy. In mid-August I was informed that the Director was "very busy" and that I should go ahead and close my research.

SUMMARY OF POST INTERVIEW DISCUSSION WITH GRACE O'MALLEY
ON 10TH NOVEMBER, 1995.

Ms. O'Malley asked me to recall my first contact with the Centre. She said that she realised that there had been some confusion and they were anxious to ensure that this would not

happen again. I explained that I could add nothing further than had been discussed between Dr. Gibbon and Olive Braiden. She wondered if I had simply gotten a name from the receptionist and if the first interview had begun in this way. I said I thought not - it might have been through their research department but I could not recall at this stage.

I went on to say how disappointed I was not to talk to the therapists as this was important to the research. She asked if I had been told I could speak to the therapists at the outset of the research. I said not specifically. My understanding was that the Centre were willing to co-operate with the research. It was not my understanding that this would exclude the therapists or that there were conditions to the research co-operation. If this had been so I would have taken it into account.

She asked for the focus of the research and I reminded her that I had sent this to Olive Braiden - I added that if she had not already seen it then, simply put, I was interested in the therapists' perspective or indeed the institution's. She enquired as to when the research would be completed. I replied by explaining that it had been delayed by the difficulties with interviewing therapists. I then went on to ask if I were prepared to further delay my research whether there would be a possibility of seeing, say one therapist for one hour per month over the next four/five months. In this way it might be possible to interview half of the therapists at the centre. I added that I felt that what had marked previous interviews in the centre was the open and reflective nature of the responses. Ms. O'Malley's response was that this would not be possible. I then wondered if there was another way - suggesting a questionnaire to be

completed by therapists. Ms.O'Malley responded by saying that I could submit it and the therapists could look at it. It would depend too on how much time would be needed to complete this.

I then reminded Ms.O'Malley of my requested to meet with one of the volunteers from the Volunteer Group in the Centre. I had made this a month ago to Ms.O'Malley. She said that this was not possible. When I asked why she replied that a new group was being trained. I asked how many Volunteers to made up the old group. She replied twenty and I asked if I could see one of them. She said no .. that there had begun to leave. I then asked how long it would take to get the new group trained. She said a month.... I suggested that I wait a month and interview one of the new group. She said that I could at that point submit that request and it would be considered then.

I came back to the possibility of finding a way around the difficulty with interviewing therapists. I suggested the difficulties the centre had with allocation of therapists' time and the therapists' wish that the boundary lines between their personal world and the centre work be clearly kept, could be overcome if those who were in private practice were paid for a clinical hour. Ms.O'Malley's response was that as far as she was away the therapists at the centre were not in private practice.

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