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From Restorative Justice to an Explicit Affective Practice

By Anne Burton

Preamble

'It is in the shelter of each other that the people live' (Irish Proverb).

My introduction to Family Support saw segmented counselling services for individuals, such as sexual assault, anger management and domestic violence with anticipated improved outcomes for families. It appeared this response was at odds with 'community' perhaps a new approach was needed.

In 2000 agency staff attended the annual conference of the then New South Wales Family Support Service Association, the peak body for family support services. The then NSW Community Service Commissioner, Robert Fitzgerald's, keynote address suggested: *"The community service sector was in crisis, on the brink of collapse and mirrored the dysfunction of its clients."*

Further suggesting: *"We need to build professional capacity back into the system and address the real issues of: staff skilling, case supervision, peer support, reviews and critical thinking in this sector."*

We began to review the community response to family crisis and looked to the emerging practice of Restorative Justice, the following documents this journey.

The Goulburn Safety Plan Project

Given that approximately forty percent of our client families were affected by domestic violence in 2000 in conjunction with redundant members of the then NSW Police Service Behavioural Change Program, we compiled a successful funding submission to the then NSW Department for Women. The project's aim was;

"To provide an ongoing understanding of safety planning for women affected by domestic violence."

The consultant's behavioural change emphasis meant;

- A process of cultural change began within the agency.

- The development of a uniform client practice to assist those affected by domestic violence.
- The project was ongoing, meaning the agency became a learning organisation.

At the beginning of the project the consultant questioned our practice asking:

“What do you do, why do you do that, and how do you know that works?”

We answered with we provide one-to-one counselling; home visits and we identify goals. However when pushed further with;

“What exactly do you do and say when you go into a room with the client and how do you know this is the best way to work?” We couldn’t answer. We discovered the service we provided was based upon our innate ability to assist clients, i.e. the competency of each family worker, hoping somehow by osmosis theory would infiltrate our practice.

Our practice incorporated approaches such as, strengths based practice, brief solution therapy and narrative therapy, (Elliott, et al 2000), but we did not have a uniform practice formula.

With safety a priority we had a check list of options around domestic violence. We gave overwhelming support to victims and importantly children, and kept our distance from the perpetrator, recognising domestic violence is a crime.

Where was the knowledge and help to change the relationship violence and address pre-existing issues? We thought at what cost was the domestic violence response and could this be improved. We kept in mind the domestic violence perpetrator, usually male has no support, is angry and continues to be stuck in the past with inappropriate behaviours, and this is where the victim usually returns.

The current response was adversarial, while we were trying to meet the needs of those families who wanted the violence to stop and the relationship to improve. Our developing practice began to engage men and women, but this was seen by others as a ‘*conflict of interest*’, we were asked how could we help both?

SETTING THE FOUNDATIONS.

The first stage: Goals, Principles and Behaviours.

Once we had identified the service delivery gap a planning day identified our service goals as; *“to assist families take control of their own affairs”*. Further we asked what was required to achieve the first goal and developed other goals as: *“To improve client satisfaction. To improve employee satisfaction and to improve processes and systems.”*

We then developed principles that would give meaning to these goals as:

“1 .That our practice is based on research and facts.2. That every person is entitled to all the information they need to do their job.3. That everyone is treated

with dignity and respect.4. That everyone is entitled to an appropriate level of professional / clinical supervision."

We were then asked to identify observable behaviours that would demonstrate the principles meeting the goals of the agency. These developed as: "1. *"Case management files are kept up to date. 2. A library is kept with relevant research data.3 .Everyone is treated with dignity and respect, we speak to people not about people and we address issues not personalities.4. We establish links with others to provide a level of appropriate support, eg mental health, psychologists etc."*

The second stage

As our "Principles Behaviour Framework" demanded our practice was based on evidence based research, we were introduced to the practice of 'Restorative Justice'. We looked at case studies and began to see there was something different and that was an emotional capacity. We were introduced to the questions from conferencing script developed in Wagga Wagga by the then Snr Sgt Terry O'Connell and others (O'Connell, 1992,a), and felt how emotionally provocative these were as we viewed the documentary *"Facing the Demons"* which had been broadcast on ABC TV.

We looked at the criminal justice system which primarily asked three questions in its application of justice, these being *"what happened, who did it and what punishment needs to be inflicted"* in anticipation that the perpetrator of the crime will make a link between the crime and improving behaviours. In comparison restorative justice asks three fundamentally different questions, *"what happened, who has been harmed and how, and what needs to happen to improve things"*. We found this provides an opportunity to move from the past through the present and to look to the future.

From the Safety Plan Project research we found:

- Punished perpetrators of domestic violence are further isolated and removed from those who could assist with reintegration.
- The response to victims of domestic violence is one of complete support with little or no limit-setting to view a realistic long term future without violence.
- What we also found was that what most of the victims wanted was *"the relationship to improve and the violence to stop"* a want not currently on the menu, as one police officer said *"how and why would she want to go back"*? (Burton, 2001).

Final Stage -The safety plan report

Our *"Principles Behaviour Framework"* resulted in feeling safe within our workplace, and our developing practice became shared in peer debriefing sessions, and so encouraged further innovation.

Using the scripted conferencing questions we had begun to develop a standardised way to engage clients. We already knew that all domestic violence includes emotional abuse, but it's the physical abuse that results in the crisis response. As one woman said "*I hate the mind games, sometimes I think I could cope with a hit better*". So we identified that what was needed was an emotional based response.

Restorative Justice and Family Support

Confusion grew from other local agencies that questioned the role of Restorative Justice with vulnerable families, perhaps a valid claim given the difficult relationship and connotations of the term restorative justice within the domestic violence discourse (Stubbs, J, 2004). Stubbs agrees there is no agreed definition of Restorative Justice and states this term is used to describe a large range of different practices. Upon reflection we have found that Restorative Justice Practices can be framed as any engagement or communication that emphasises and recognises an emotional dialogue as integral to the process outcome.

The theory or psychology of Affects

O'Connell now the CEO of Real Justice in Australia influenced our work to date. He was subsequently awarded the Michael Franz Basch Award of Philadelphia's Silvan Tomkins Institute for work and contribution to human emotions. At one training opportunity offered by O'Connell in 2001 we were introduced to the Theory or psychology of affects and knew that the area of human emotions was the key to our practice research.

Affects and practice.

As we continued to review our work we began to look at the theory or the psychology of affects, the human hardwiring that facilitates our expression of emotions. We were introduced to Professor Don Nathanson's, text "*Shame and Pride, Affect, Sex, and the Birth of the Self*". We now understood that emotions were experienced through a template or hardware in our physical make-up. We were introduced to Nathanson's "*Compass of Shame*" and discovered a seemingly powerful motivation for behaviour.

Clinical Supervision

We contracted a clinical psychologist to provide monthly supervision and check our journey was based upon sound principles. He assisted in defining the differences and similarities between the principles of restorative justice with traditional approaches. Over three years we defined a practice that would be uniform. Case supervision was now a safe place where we would share the use of our service *tools*. Insights emerged and as we shared our developing practice and reported improved client outcomes.

Research Student

By chance we met a researcher resulting in our practice being central to his thesis. (Donald J., 2004) This research provided an additional forum to clinical supervision. As we described our journey the researcher coined our practice as “*explicit*”, because not only did we share the theory as peers but also with the client.

Implicit and Explicit Practice

Our insights based on the work of Nathanson, (1992a.) into affects, emotions and shame affect as a motivation for behaviour meant we found we were increasingly aware of our own issues and behaviours, and ways to manage our own areas of shame affect. We shared insights and were increasingly calm and felt more aware of our behaviour and emotions, and so better placed to deal with the increasingly complex needs presenting.

In 2002, after an emotional interview with a mother of a young boy who had been sexually abused, we mapped the process. We had engaged the client using the scripted questions which allowed her to vent her emotions, we then explained how we are wired emotionally, and the compass of shame allowed the client to see that her behaviours and feelings were very normal as were the responses of her family. She saw this and left feeling more aware of and in control of her responses with a new understanding.

We looked more closely at Nathanson, to discover the “*Theory of Affects*”. Nathanson states we have nine affects that occur in ranges. Positive ones being enjoyment to joy and Interest to excitement. A neutral affect, surprise to startle and six negative affects, these are fear to terror, distress to anguish, anger to rage, dismell and disgust and shame to humiliation. These Nathanson states are the firmware responsible for emotion (Nathanson,1992, 29,b) His illustrations of the faces of affect as experienced by babies are included in his text. Babies have not learnt to mask affect or build an empathetic wall, (Nathanson1992, 113,c) and freely share affect. We copied the pictures, pasted them on the wall of our interview room, and began to describe the physical manifestations of affect to our clients. Once they understood these we then introduce the affect of shame. Because of the many negative connotations of shame, we decided to make a very purposeful explicit description of the affect of shame being a physical condition that occurs once anything impedes the two positive affects, (Nathanson, 1992, pp306,d). Shame affect occurs and this is manifested as the head dropping because the muscles in the neck lose tone, sometimes the face goes red and we sweat. We can relate to this affect discussed by Nathanson as a range of shame to humiliation, we aim to separate this affect from the social connotations, and feelings of shame and spend much time explaining this separation for the client. The client almost always can give examples of when shame affect has happened.

Once clients understand this then we introduce the “*Compass of Shame*” and how Nathanson (1992,e) explains we are wired to respond to this affect. Shame

affect occurs through some stimulus, we then have time to reflect upon the situation with the head down removing us from the presenting situation. If enough reflection is engaged we can find a response without going to the compass of shame. Insufficient reflection may respond with behaviours which "*attack others, attack self, withdraw or avoid*", a mix of responses is usual. We find that its more usual for men to attack others, and for women to attack self, but more often we respond all around the compass with varied behaviours exhibited that have little to do with the initial stimulus, and then that behaviour demands attention without regard for the underlying issues.

Once the client acquires an understanding of this, we begin to separate the person from their behaviours with improved confidence. The client is regarded with integrity and the behaviour discussed.

We use many analogies and metaphors with clients such as the behaviour of the golfer observed by the crowd, he puts the ball on the tee and prepares for his swing. He holds the club, with his eye on the ball and looking down the fairway, swings, hits the ball which rolls two feet from the tee. Shame affect occurs, something has interrupted his positive affects, his head slumps instantly, he throws his clubs into the water, he kicks his \$4,000 golf bag, yells abuse at a supporter and proceeds to the club house. We ask how did that behaviour improve his next shot, clients answer it didn't. So we ask what could he have done to improve his next shot. They reflect and then suggest that he shouldn't get so angry. We then put forward that perhaps he could improve his grip, look at his stance, keep his eye on the ball, concentrate on the game at hand etc. We then introduce Nathanson's Compass of Shame and ask where the golfer's behaviour was on each pole and how did that help his next shot down the fairway? They answer it didn't. We also ask how did your behaviour help your next shot. Clients begin to reflect upon their behaviour as a response to shame affect, to then be able to move from their inappropriate behaviour and begin to address the underlying feelings and issues..

We then introduce the scripted conferencing questions and use them to discover what has happened in their situation, who has been affected and how, and what needs to happen to improve the future. We develop communication to review the issue; this develops a self awareness and awareness of the behaviours of others, identifying motivation for inappropriate behaviours, "*the questions*" providing a short circuit to this exhibited behaviour. We have the compass of shame drawn on our white board and whenever the client goes to *attack others, attack self, withdrawal or avoidance* we draw their attention to this behaviour within the conversation, and they see how communication or behaviour within the compass doesn't help their "next shot".

We share with the client what has been coined the "*Tools of Life*" by staff member Bill Curry., they consist of Tomkins Affects, (Tomkins,1962/63/91/92),

The Compass of Shame, (Nathanson, 1992,f), the Social Control Window and the Scripted questions (in O'Connell et al 1999).

Reflections on Practice

Clients say *'this is common sense, why don't they teach this in schools'*. Others have the tools on the fridge, their referral point when relationship behaviours become challenging. Phone calls to our office directly refer to the 'tools'.

We acknowledge a small percentage of people can't own their behaviour, we believe this is because of some emotional limitations within their relationships, an area of further study.

Sharing new insights everyday is integral to our peer supervision, I believe making our workplace pretty unique. The following quotations from client evaluations are the final testimony of our practice.

"I have been given wonderful tools to help deal with past negative experiences. My visits here always leave me feeling hopeful and positive".

"The outcome was very useful to my relationship with my partner and how I approach problems. Very helpful, should be advertised a little more so more people know about it."

"Learnt how to implement the 'Tools of Life' into my relationships. This is a positive outcome for us. Thankyou for providing this service."

"I have learnt to control my anger (behaviour) and learnt how to be a better parent. Yes, this is the outcome that I wanted. GFSS has been a great help to me and I would like to thank them for the time they have spent with me."

"We use the model to stop domestic arguments escalating. It is very useful."

"I felt that by using 'a fair process' (model for conflict resolution) with my partner – my baby was not the perceived to be the cause of our marital problems. Partner and I staying together, using diagram on a daily basis, helps us to see each other as great people again, thankyou."

"I have learnt about anger and a better way of dealing with it. I am more patient and less angry".

"A less stressful house and better understanding between the children and myself. I am able to communicate better with my children".

"This service helped me to help my son who was experiencing extreme lack of confidence due to bullying at school. My son now feels important in his own rite

and realises that the bully has the problem not him. Thankyou for doing what I couldn't (making my son happy again)."

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