

Transnational Foundations for Ethical Practice in Interventions Against Violence Against Women and Child Abuse

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INTRODUCTION

Increasing recognition of the private spheres of family, sexuality and interpersonal relationships as sites for violence has led to transformations in law and policy at national and international levels. There is now a broad consensus in Europe that the state has responsibilities to protect children and women from violence. To enter these arenas, however, is to encounter complex intersections of power relations with respect to gender, generation, race/ethnicity, nationality and faith: a matrix of rights and responsibilities which professionals have to navigate. In this paper we use the overarching concept of intervention, drawing on its etymology: venire – to go, inter – in-between or inside. Professionals are stepping into the lives of others, which raises a set of ethical issues and dilemmas which also are linked to power: of the state, of belonging and knowing. Intervention as used here includes assessment, investigation, and legal measures alongside support, advocacy and counselling.

Introducing ethics brings the word moral into play: the foundations we offer encourage a reflective questioning of what ethical practice in interventions against violence comprises and at the same time advises against an attitude where moral judgments are made based on stereotypes. Agencies have different roles and responsibilities: some have legal powers to intervene (the police, courts and child protection) others have duties of care (health, counselors) and still others are community based and offer, as far as possible, confidential spaces in which the meaning and impacts of violence can be explored (helplines, advice centres, shelters, specialist women's organisations). Inter-agency work needs to recognise and respect these differences.

This framework draws on the work of the CEINAV project¹ which focused on three forms of violence (child physical abuse and neglect, intimate partner violence, trafficking for sexual exploitation) in four countries (England/Wales, Germany, Portugal, Slovenia). We conducted multi-disciplinary focus groups with professionals, individual interviews with women and young people from minority communities who had experienced the three forms of violence and an art work process involving survivors and professionals. The project explored not only when intervention is justified but also the orientation of professionals, how they approach those they are offering support/help and what kinds of intervention make a difference for women and young people.

Harms of violence and abuse

I develop and defend a view of the self as fundamentally relational – capable of being undone by violence. But also of being remade in connection to others. (Brison 2002)

Violence removes control over one's body and mind, it changes the internal sense of self and the relationships to others. All intervention should, therefore, begin from a recognition that every subsequent interaction can be part of re-stitching social connections or compound the harm. The challenge is not just to protect from further abuse but to expand 'space for action' to restore the freedom/liberty that has been interfered with, to come to terms with difficult experiences, and in families to enable positive parenting.

Violence against women or children tends to be a course of conduct, repeated over time, rather than discrete 'incidents' of crime. For each person there will be a complex story which they need to tell, to have the abuse recognised and named and an assurance that this should not happen again in the future. For many it may also connect to other forms of abuse in their lives – being bullied at school, the everyday 'micro aggressions' of sexism and racism. Micro aggressions are slights, snubs, or insults which communi-

1 "Cultural Encounters in Interventions Against Violence" (CEINAV).

cate hostile or negative messages to a member of a minority or other non-dominant group which reinforce stereotypes: for example, saying “I don’t see you as black” implicitly suggests that for the speaker blackness has a negative connection to things this person is not; referring to women as ‘dear’ or ‘love’ in a professional context diminishes her in relation to male colleagues. Awareness that you are often considered ‘less than’ connects directly to experiences of violence and to being able to seek and receive help. Recognition of these experiential connections is part of an orientation that seeks to understand and redress the harms of victimisation.

Ethics encompass both action and attitude, with implications for what we do and how we do it. For example, a professional could act with care and respectfulness yet still fail to take any protective action, another may be sharp and unsympathetic but take protective action. Ethical practice would combine the two: respect plus protective action.

Well, once again, we have to remind ourselves how important it is to take your clients seriously, and to respect them. (Statutory social worker, CAN, DE)¹

We need to tread carefully to respect her rights and just find out if she’s having a hard time and needs to talk about it and where she wants to go next with it. (NGO, IPV, E&W)

Firstly, what helps me most when I come here is that everyone has a smile on their face. The first time I came here, this meant the world to me. (Woman, IPV, SI)

Implications for intervention

Violence is about being diminished, made to feel less than and controlled: for interventions to be ethical they should endeavour not to reproduce this positioning. This means beginning from a recognition of the other person/s. The starting point for a professional must be an interest to move in connection to, and conversation with, the person whose integrity and dignity has been violated. Where help is sought or welcome this means far more than being heard, it is a joint exploration of the past, present and potential futures. The core responsibility of professionals, agencies and institutions involved is protection, which we interpret as not simply to end violence but also to support ways of living beyond the harms, to remake the self and (re)build social connection.

There are, however, times when professionals are required to at least investigate concerns where an adult victim and/or child have not sought support or intervention: this presents a specific set of ethical questions and challenges. The first layer involves when it is legitimate to do this, the second how possible is it to be honest and open about what may happen next and how much control and influence the victim might have in the process. The third is negotiating potential conflicts of rights and responsibilities.

There are tensions and dilemmas at all stages: an ethical framework offers a foundation for thinking one’s way through them. The challenges and questions have a particular salience when also working across race/ethnicity, culture, and faith: the diversity of Europe means that new histories, values and meanings are increasingly part of this process of negotiation.

¹ We draw on quotes from professionals, women and young people from our research, the notation offers their position, the form of violence they are talking about (CAN = child abuse and neglect, IPV = intimate partner violence, TSE = trafficking for sexual exploitation) and which of the four countries they are located in (E&W = England and Wales, DE = Germany, SI = Slovenia, PT = Portugal).

AN ETHICAL ORIENTATION

Respect and human dignity

The principles of respect and human dignity should be the foundation of all engagement: made all the more important since both may have been violated through abuse, often activating a sense of shame. How we treat others is the foundation of everyday ethics: are we approaching them with genuine interest and concern, with the intention to be fair and just, to do more good than we do harm? Women, children, and parents are frequently sensitive to any suggestion that they are worth less than others because of what has been done to them or what they have done. Being alert to this in oneself and others can prevent interventions doing further harm. This perspective should also inform an awareness of the coping and survival strategies that women and children find, and the resources in themselves and from others that they have marshaled to date. They are not necessarily weak and totally powerless, although repeated abuse may mean they feel like this when you first encounter them. On the other hand some are angry, defensive and wary of others. Working from stereotypes of how a victim should feel and behave means we are unlikely to openly approach the person themselves, and may mean that we unintentionally further demean and diminish them. Kathleen Barry (1979) calls this 'victimism'.

Creating the role and status of the victim is the practice I call victimism. (...) she is assigned victim status and then seen only in terms of what has happened to her. (...) It creates a framework for others to know her not as a person, but as a victim, someone to whom violence has been done. Victimism is an objectification which establishes new standards for defining experience, those standards dismiss any question of will, and deny that the woman even whilst enduring sexual violence is a living, changing, growing, interactive person. (p38-39)

A similar process can happen with a parent or parents who have neglected or hurt a child, whereby they are reduced to a stereotype, often linked to class and/or race/ethnicity. Approaching them as complex, whole people, as women and men, may create a space in which they can dare to acknowledge their behaviour. Stereotypes of men who abuse and exploit women may place them outside the category of human, and thus not worth engaging with. Everybody who faces interventions should be accorded basic respect and human dignity: these are the foundations on which those who harm others have the right to be held to account and offered the opportunity to change, to be given the chance to reflect on what they have done and its consequences. Men who have dominated their partner as well as those who have trafficked women need to receive clear messages that their behavior is neither supported nor endorsed. In cases of physical child abuse and neglect mothers and fathers usually need to be helped to reflect on their parenting, and often also their relationship with each other, in order to see what their children's needs are, to think about what positive parenting looks like. In households with children in which intimate partner violence is present, professionals must recognise that protection also applies to the adult woman. As long as she herself is in need of protection, intervention should seek to open up spaces for action that enable her to find a way out of the violence, offering support towards finding solutions that ensure both her own safety and that of her child(ren).

The only thing they wanted me to do was to leave home and go to a shelter but that is so unfair! He is the one who should leave the house. (...) everything in my house was bought with my money. (Woman, IPV, PT)

Keeping the focus on the purpose of intervention

Everyone is so risk averse and even in those finely balanced cases you come down on the side of caution. (Lawyer, CAN, E&W)

Interventions against interpersonal violence are not an end in themselves. The purpose is to secure or restore the dignity of a person that has suffered or is likely to suffer harm. Protection is thus a vital part of this task which is likely to be legally regulated. Failure by agencies to act to protect when they knew about violence also exposes professionals and organisations to public critique. This can lead to a focus on not making mistakes and only preventing the worst from occurring or recurring, rather than building trust

and connection and enabling good outcomes. Good outcomes are more than reducing risk or securing immediate safety, they encompass a more holistic and contextual assessment of the harms that have been sustained and how these might be mitigated. 'Following the rules/guidelines' can become a professional refuge from more demanding engagements, especially in fields which are often characterised by uncertainty and ambiguity. It is an understandable and genuine need to be able to refer to clear standards and guidelines, but the value of professional judgment in individual situations should not be diminished. Guidelines/standards/rules are a baseline, a place from which to reflect on their relevance and potential consequences in the lives of specific women, children and families.

Self-determination and participation

They put me in a room and started asking me everything about my father, everything from A to Z, but I really didn't want to talk to them. Because it was true, three men sit next to you asking you various questions, but I didn't talk. I told them it was none of their business... It was my personal matter, it didn't concern them. (Woman, TSE, SI)

Oh dear. Just as if she was my boss. Well, it was like she would decide everything about me. I really felt like that. (Adolescent, CAN, DE)

When we started to tell our situation, they immediately said that they had to inform the authorities. I immediately gave up. I am absolutely sure that if I pursued a divorce he would kill me, I am certain of that. (Woman, IPV, PT)

A strong commitment by states to intervene in situations with violence, but which is linked to 'following the rules', may create practice cultures in which control sits with professionals, where they are assumed to know more about violence and how to end it than those who are suffering it or, particularly with parents, who are responsible for it. This produces actions which are not based in conversation and exchange but a paternalistic 'we know best'. Women, children, parents, and professionals all know more, know less, know different things, these different forms of knowledge need to be shared and negotiated.

For example, a perception that minoritised¹ women are more likely to accept abuse, even not define it as violence (a position taken by some professionals in our study) may be challenged in a conversation: women can be clear that the behavior of partners or exploitation by traffickers was wrong, not acceptable, yet not believe it can be stopped, or not know who they can trust to support them. Here we encounter a version of victimism which positions women from minorities as not knowing, rather than professionals not being curious enough to discover what the women they are working with know and think. We suggest approaching them as knowers of their own experience and to inform them about their rights and possibilities to activate the intervention system.

Viewing violence as a 'tradition', where women 'take what's coming to them', is not the same as a perception that men's behaviours should be absolved. Rather, it is that such abuses are rooted in notions of men's rights, and specialist support enables women to recognise their own rights to live free from violence (Coy & Sharp-Jeffs, 2016, p33)

At the same time there may be situations, obviously for children but also for women, where safety, dignity and self-respect are at stake, in which they need others to advocate for them and/or take responsibility for difficult decisions. The impacts of ongoing abuse can erode confidence, and in some situations the extent of control limits one's capacity to make decisions for oneself. It is, however, not always possible to know whether these conditions apply before creating contexts in which women or children are able to tell their story to someone. Ethical standpoints are, therefore, not absolutes. They vary depending on what emotional and other resources each person has at any point in time to make self-determined decisions on the one hand and on what possibility the professionals have to establish a connection with the individual/s on the other. This is why interventions require negotiation and consideration. It is not unethical to act on someone's behalf if they have asked you to do so or you have offered and they have accepted. It might be unethical to take

¹ We use this term to refer to anyone from an ethnic or cultural minority and in recognition that there is social process involved in being 'minoritised'.

protective actions, especially in relation to an adult, where that person has refused or not taken up an offer of help. Here a series of questions need to be asked: are there other forms of support which might be acceptable; is the refusal of support rooted in fear or coercion?; are there timescales required in law/procedures?; is there space to slow down processes, to make time in which someone can be supported to participate? The fundamental issue is whether timescales can be adjusted, in each specific context, to enable exploration of what the barriers and concerns of women, young people and children might be.

You're afraid, or fear for your life, or fear for your child's life, or (...) you have other wishes or you're ashamed before your neighbours (...) So you're not capable of making decisions on your own at the time. (Woman, DV, SI)

Well, it's very clear, if I have to assume that there is a concrete danger, that she is actually in danger, that there have been attacks and very bad things are happening, then I would certainly pass that information on. (NGO, TSE, DE)

Interventions in the lives of women, parents and children, initiated without their consent and thereby over-ruling self-determination, can only be legitimate where their safety is in serious jeopardy: in the field of violence against women this is the only ethically justified entry into unconsented intervention. In the field of child abuse and neglect the state responsibility to protect (art. 19 CRC) and the child's right to live with her/his family (art. 18 CRC) call for an assessment of the possible outcomes for the individual child if intervention takes place or not, while the children's and young persons' growing ability and wishes to be participate in decisions needs to be taken into account.

Acting for someone else through advocacy might be appropriate where their space for action has been depleted by abuse and/or where the processes are ones in which they would be structurally disadvantaged, this includes access to language, knowledge of the law and systems but extends to not being responded to in fair and just ways. To advocate for someone, however, requires knowing how they understand their situation, their own needs and goals, and seeking to get as close to these as possible within a framework of protection. The role of the professional is to ensure that the person's rights are recognised and realised: this includes explaining laws, policies and processes so that at a later point the woman or young person can become their own advocate. Such sharing and discussing can shift a process from acting for to acting with someone.

(...) any intervention plan has to be done according to the woman's will. Because, in the end, we realise that women are the experts of their own risk, of the risk they are living. (NGO women's centre, IPV, PT).

Accepting uncertainty: too early or too late, too much or not enough?

Yes, at the best one would like 100-percent safety: 100 percent, but you just can't have that. (Child care worker, CAN, DE)

(...) it is important that all professionals become aware that victims' feelings are very ambivalent. (Magistrate, IPV, PT)

And that is exactly our courage or no courage or what, our decision how we sometimes, do we address a problem, do we not address it, the reasons why we delay something, this is really difficult. (Emergency residential care, CAN, DE)

The ethical dilemmas of intervening too early or too late, too much or not enough, trouble professionals across countries and professional groups, leading to a search for more effective ways to assess the degree of danger or potential harm. This can be perceived as a tightrope walk but usually the path is much broader, leaving room for alternatives in the process of decision-making. And even the best risk assessment and risk management systems do not resolve the questions of when to intervene and how much.

So it's like at the beginning it all happened too fast and now everything is all happening too slowly. (Adolescent, CAN, E&W)

I really felt seen and that somebody listens to me, not, when I'm speaking, it somehow goes in one ear and out the other. And yes, that was actually very good for me. (Adolescent, CAN, DE)

The abstract requirement to assess a (potential) risk of harm needs to be balanced with the concrete situation of intervening into the lives of individuals. We should, therefore, wherever possible, begin from engagement with the victim or family. This raises questions about the ethics of collecting information from other agencies before speaking with the person/s themselves. Learning how to ask about violence and abuse confidently, with care and sensitivity, and being able to listen to and hear what is said are basic components of ethical practice for a range of professionals. At the same time we know that it is not always possible to tell. Constraint, coercion and distrust act as barriers. Here professionals may have a responsibility to investigate further whilst keeping open lines of communication, to be curious and open to what you do not know. Women, children, and most of the time parents, should feel that professionals prioritise cooperation with them over that with other professionals.

[NGO] are taking the fear from me. (Woman, TSE, E&W)

Of course, we realise that identifying the woman as a victim of a crime will frustrate her more than it will support her because it will crumble the [self-]image, all those expectations that she created. (NGO, TSE, PT)

There will be occasions where it is necessary to take protective action even when it has not been requested. This requires a weighing of interests. These may be set generally and bindingly (by law, guidelines) or require professional judgment in each case: this requires both the courage to act and not to act, courage to not just follow the rules, but to explore what action might be the most beneficial to the person concerned. This reflective process means that professionals themselves need support, spaces in which they can explore the potential consequences of their actions, including for the relationship they have with the women, children and parents.

Confidentiality, transparency and relationships of trust

Ms. Y. She's the one that is there for me. Now I am relaxed not like before. (...) She knows everything about me. Yeah, I can tell her everything, I trust her that she is not going to let it go. (Woman, TSE, DE)

Yes, absolutely, immediately, the first conversation, when I came to Ms. X, I got the impression: this lady listens to you, she's there for you and she believes you. (Woman, IPV, SI)

When I went to the institution I was assigned a tutor. My tutor is an incredible person. She is like a mother to me. Inside the institution she treats me like anyone else, outside the institution she is a mother and treats me as if I was her own daughter. (Adolescent, CAN, PT)

It was all confidential and private. They [NGO] were not sharing my personal matters to anybody else – [which is] – really important – I am not sharing with anybody. If I have shared, that person – the person I am sharing with has to be trustworthy – they really went deep down and understood. (Woman, IPV, E&W)

(...) we could start by offering her something, a safe place to stay, something to eat, someone who speaks her language. In that way as well, trust can be built. (NGO, TSE, DE)

To experience violence and abuse, especially from a partner or family member, is to have trust betrayed. Building and maintaining trust in helping relationships is therefore a necessity, but also a challenge. A trusting relationship with professionals matters intensely to women and children who overcome exploitation, abuse or neglect: creating this requires ongoing balancing between confidentiality and transparency. The right to informational self-determination should be respected as much as possible, and anonymity should be preserved in any large data sets. But there are occasions where confidentiality cannot be promised or guaranteed. In these cases honesty and transparency should be the primary orientation: the limits of confidentiality must be made clear from the outset and the likely outcomes of sharing information made explicit. Women, young persons, parents and, where appropriate, children have the right to know who information will be shared with. This returns control to the women, children, and parents, to decide how much to tell and to whom, and how much trust to place in professionals. Honesty and transparency, especially when taking actions that women, children, and parents may be wary of, or that are unwelcome, are also ways of becoming worthy of trust. It is critical to remember that information sharing is an act that

can help or harm: it must, therefore, be thought about carefully each time. To share information is not a protective or helpful intervention in itself, it is what is done with information that can make a difference.

This obligation to report often can put the victim at a higher-risk. (...) Sometimes, people move forward without caution. (Victim's centre, IPV, PT).

Where there's confidentiality you understand about consent and an opportunity to build trust. (Lawyer, TSE, E&W)

You pass this information on and hope that something will happen. (Teacher, CAN, SI)

(...) a child confides something to us and if we pass this information on, we'll be abusing their confidence in a way, so I think it's important to explain to the child. (NGO, CAN, SI)

Prioritising protection and rebuilding lives

I had to go to court as a witness, but because I didn't want to, I said that it didn't make sense for me to go to court. (...) But they made me go. (Adolescent, CAN, SI)

My adviser then called me and said: See, I do not ask you for permission, I have already informed the police, but the report we're going to do together. (Woman, IPV, SI)

Whilst international human rights standards require that violence and abuse to women and children is criminalised, freedom from violence needs to be placed at the forefront of professional guidance, if in conflict with criminal prosecution. An ongoing ethical challenge is how to create systems that deliver both protection and prosecution; it remains the case that taking part in prosecutions is frequently experienced as having no control, and being demeaned. These are unfair burdens, especially if the criminal justice system fails to provide safety for women or children before, during and after proceedings. The conflict and ethical dilemmas here cannot be resolved only through victim's rights in proceedings, although enabling these rights to be realised is necessary. There are times when the responsibility of the state to prosecute sits in tension with the self-determination of a woman or the best interests of a child. Some minority communities are less likely to see criminal justice systems as sites of safety/protection or indeed justice – particularly where male family members experience racialised forms of harassment/surveillance.

Contested understandings of what is just are in play here, and need to be considered. We need to ask the fundamental question of how criminal law can be ethical if it fails to protect women or children in the prosecutorial process or if it overrides the necessities to provide protection and support. If a prosecution results in a woman or child having to live with ongoing fear of retaliation, needing to move away from a community they are part of, or being rejected by other family members, what has been gained?

Women have already been denied any voice or control so to deny them choice [about sharing information] again would be replicating their experiences of trafficking. (NGO, TSE, E&W)

She keeps my privacy, I can tell her everything. (Woman, TSE, DE)

Culture and ethnicity as one lens

Yes, my mother is African. Me, I am not African. (Woman, TSE, DE)

Culture is another, very necessary, but just one other lens through which you approach the case (lawyer, CAN, UK).

The truth is that, between the need, at least the social demand, of respecting the culture and the need to intervene, this issue is not easy. (Statutory social worker, CAN, PT)

We pigeon-hole people whether we want to or not. It switches on automatically: ah yes, the Russians. The Turkish. We don't speak it out loud, but at first we also have it. That we judge the risk to be higher or lower. (NGO, IPV, DE)

The same right to protection regardless of the cultural or ethnic background of a woman, child or family is, from a human rights standpoint, an undisputable normative frame and principle (non-discrimination).

Having the same rights, however, does not mean that everyone should be responded to in the same way: it does not follow that interventions should be exactly the same, on the contrary, they need to be adapted to individual contexts.

Professionals from majority cultures often express less confidence in their practice when working with women and/or children from minority communities. Some draw on cultural narratives to explain this. This can stem from an authentic wish for deeper understanding of histories different to their own, but it can also reflect an unquestioned attribution of culture only to those who do not belong to the majority. Culture is thus seen as relevant only to those from minorities, often deemed as 'more traditional' even though in the very acts of seeking/accepting support women, children and parents are challenging such views. Here lies the danger of stereotyping, of thinking of 'culture' as some unchanging essence, as an inherited and fixed attribute. This may lead to labelling as 'us' and 'them'; of implicitly excluding minority children or families, women and men from the circle of trust and belonging.

It's part of their culture that a woman mustn't – that she must bear it, that she mustn't leave. (Prosecutor, IPV, SI)

Our experience, especially with Roma women, is that you can't get a Roma woman out of her clan. That is really as you said, they grow up like that. (Police, TSE, DE)

In the field of intimate partner violence interactions can prompt what has been termed a 'triple defensiveness': women are defensive with professionals about their victimisation; how their mothering will be judged; and about being a minority woman. This is why many appreciate being able to access specialist services run by women from minorities, it creates a different basis for interaction.

In the field of child protection there is also the trap of attributing maltreatment to a cultural or religious background, rather than exploring, as would be usual practice, the particular family situation: current living conditions, individual, sometimes transgenerational learning in which culture may play a more or less important role.

In the field of trafficking for sexual exploitation immigration and nationality status locates victims structurally as 'others' by placing cooperation in criminal proceedings as an exchange for potential and partial protection. Furthermore, limitations on the reflection period and distinctions between EU and third party nationals may remove even the most minimal of support.

Unfortunately we can only support those who are in the NRM [National Referral Mechanism]. (...) We cannot guarantee the safety of non-EU women. They thought they were safe and then they end up sleeping in a bus shelter. (Social worker NGO, TSE, E&W)

The diversity of many countries and in cities means that many professionals will encounter children and women who have a different heritage to their own. Responding to these challenges by developing 'cultural competence' has limits: it is simply not possible to have even cursory knowledge of the range of backgrounds, histories and contexts that one might encounter. There is also an implicit assumption in this concept that there are shared cultural beliefs and values across whole groups, which is another form of stereotyping. Moreover, the expectation that professionals should be 'culturally competent' can lead to feelings of inadequacy when faced with someone from a background the professional knows little about.

Yes, and intercultural competences, when I'm thinking about the children in our neighbourhood, 50 different nations, where is my knowledge about them? (Headmaster primary school, CAN, DE)

We would ask specific questions in order to look at what we needed to put in place, and what they need to be safe. (NGO, IPV, E&W)

We propose an alternative approach, what we are terming 'professional curiosity': to be a hearer who seeks to understand from another's perspective, to imagine what might be troubling them and then explore this in conversation. This means placing each woman, child, parent in the position of a knower, a holder of knowledge about their history, social location, and cultural and social experiences. Supporters can only share this if they ask and engage in conversational process to ensure they are understanding rather than assuming. Key things professionals need to ask about include what it means in their context to be a victim,

and what concerns and fears do they have about engaging with state and support agencies. Respectful and appropriate questioning here may also reveal critical information relevant to securing protection. Asking about and exploring these aspects of lived experience is also a route to earning trust, being worthy of trust to those who have been victimised as well as the family members they are working with; over time this will also promote trust on one's capacity and capability as a professional.

But it [the fear] is because we don't know very well the reality and culture. (...) we fear, many times, what we don't know. (Police, IPV, PT)

Yes, we need more time and we need to ask differently. That means ask things we would simply assume for German families, because we are one culture. (Statutory social worker, IPV, DE)

She asked me like what kind of family I would feel comfortable in, is it OK, is there any specific religion, stuff like – she just wanted me to feel comfortable, asking me if I want to be, if I want to stay. (Adolescent, CAN, E&W)

Culture and race/ethnicity are just one lens through which to approach children, young people and women. Other lenses may, at certain points or for individuals, be less or more significant. This again is something to be explored with the person concerned. It is often only within specialised services, or even mutual support from others in similar positions that these complexities of location and identities can be fully articulated and recognised.

We sort of comfort each other by hearing our stories. (Woman, TSE, E&W)

It strengthens you, where you just feel now you can breathe for yourself (...) that was the first time I felt safe. (Woman, TSE, E&W)

Ethical practice needs resources

Food is the first thing, moral follows on. (Bertolt Brecht)

At the level of the national and local state ensuring key components of support and protective measures are available is a foundation for an ethical informed practice itself. If vital support and assistance is not available and accessible when women, children and parents need them, protection in its broader sense is in question. Therefore, access to appropriate support for women, children and families, sufficient in relation to their needs, is indispensable.

Then we got a family assistance and then things were getting a little bit better for me. (Adolescent, CAN, DE)

Not every service/institution is appropriate to take on the responsibility of engaging with women, children or parents who seek help. But if they are approached, and someone begins to speak about abuse, there is an ethical obligation to develop a welcoming practice of initial listening and hearing and then referral to more specialised services.

For those for whom language, knowledge and access to rights represent barriers to protection and support it is the responsibility of services to address these. It is up to the systems to find ways to get into contact with those who are currently excluded. This involves reaching out – 'outreach' – to places and spaces which marginalised groups do access. Specialised support services led by minority women/professionals, crafted from knowledge of minority communities, is an encouraging model of such an approach. Independent NGOs are uniquely positioned in cases of violence, they usually have more opportunities to be flexible, respond to individual needs and situations. For ethical practice across intervention chains this needs to be valued and maintained.

It would be difficult for women to go through this on their own, without these organisations. (Woman, IPV, SI)

THE ETHICAL PROFESSIONAL

The worst part is, then they say, we give you these three months, stay in this building, don't go to City N, not even City D. What? We are just different color. But the same eye, body, it's not so different. We are all human beings. So treat me like a human being. (...) Not like an animal you keep. (Woman, TSE, DE)

To be in connection with other human beings is a responsibility of ethical practice which requires responsiveness and space for reflection. Within this professional curiosity, asking questions is less a sign of ignorance, and more the communication of a genuine interest in understanding and learning.

Building trusting relationships is crucial to an ethically informed practice in the fields of violence against women and child abuse and neglect: this requires confidentiality, if this cannot be given in the particular case, situation or professional relationship, transparency and honesty must be the hallmarks of interaction.

Ethical engagements with those in need of protection and support cannot be crafted only through resorting to rules/guidelines. Rather these have to be in conversation with the wishes and needs of particular persons, with consideration of what the intended and unintended consequences of various courses of action might be. Ethically informed practice requires space for professional judgment, since it is here that the needs and contexts of the particular woman, child or family can be taken into account.

Culture/ethnicity is one lens professionals look through when working with women, children and families in their search for understanding and appropriate interventions. And this lens needs to be more like a kaleidoscope, allowing for variations and changes of horizons between individuals and groups.

To achieve an ethical practice professionals need space for reflection on their actions, their relationships with the women, children and parents, their positioning as a professional, their beliefs and frames of reference. Therefore, explicit discussions on and learning about professional ethics, peer supervision, and other supportive spaces are essential to becoming and remaining an ethical professional when intervening in violence against women and abuse of children.

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CULTURAL ENCOUNTERS IN INTERVENTIONS AGAINST VIOLENCE (CEINAV)

<http://ceinav-jrp.blogspot.de/>, <http://tinyurl.com/ceinavproject>

This paper is grounded in the insights and understanding from three years of research by five research teams that collaborated in empirical and theoretical work across four countries speaking four different languages. It was the main goal of our research to “build a transnational foundation for ethical guidelines for good practice”, and all of the members of the five CEINAV teams engaged deeply with this undertaking, offering ideas and suggestions that helped us shape the final result.

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