

# Working with Women Associated with Bikie Gangs: Practice Dilemmas

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*Much has been written about bikie gangs, but there is little about the women and children who are part of gang life. The present paper describes domestic violence agency social workers' ethical practice dilemmas when assisting women who have left bikie gangs to search for a new, safer lifestyle away from the gang culture of drug use and violence, in particular sexual violence. The paper concludes with a discussion of the ethical processes and issues in resolving such practice dilemmas.*

*Keywords: Bikie Women; Sexual Violence; Social Work Practice Dilemmas*

## Introduction

Bikie gangs (also known as outlaw motor cycle gangs) are sophisticated organised crime groups with links to business, security protection and the manufacture and distribution of drugs, especially methamphetamines (National Crime Authority, 2001). Their income is derived from illegal criminal activity (Hunt, 2002) and they use violence and all forms of coercion to achieve their goals (Schramm, 2001). Each gang is identifiable by its unique name and symbols, its own rules, rituals and culture, and members' stolid loyalty and solidarity (Wolf, 1991; Masters, 1999), to the extent that law enforcement and prosecution is difficult (Schramm, 2001). Women with gang links have intimate knowledge of, and often participation in, criminal activity (Hopper & Moore, 1990; Wolf, 1991) and have witnessed and been subjected to violence (Hopper & Moore, 1990). Law enforcement agencies are interested in what these women know about illegal activities, but the gangs instil fear of retribution in

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the women to ensure their silence (Hopper & Moore, 1990; Cooper, 2004). Some of these women find their way to agencies that specialise in domestic violence and providing emergency accommodation. Social workers in these agencies confront a range of practice dilemmas about the best ways to assist these women.

### **Women and Bikie Gangs**

The Australian and international literature on bikie gangs, particularly women and bikie gangs, is limited. Women associated with these gangs are classified as ‘broads’, ‘mamas’ and ‘old ladies’ (Hopper & Moore, 1990; Wolf, 1991). Broads drift in and out of the gang sub-culture, mamas have a stronger gang affiliation that includes being passive objects of sexual gratification and old ladies have long-standing relationships. The literature graphically describes gross sexual acts, multiple sexual partners and shared sex through the use of dope, booze or covert intimidation (Hopper & Moore, 1990; Wolf, 1991). It notes that gangs are involved in organised crime (Hunt, 2002) and complementary illegal activities, including serious acts of violence (National Crime Authority, 2001). Although Australian crime authorities have established specialised units within Commonwealth and State police forces (e.g. the Panzer Taskforce nationally and AVATAR in South Australia) to investigate gang activities, reports focus on violence and crime in the broader community (National Crime Authority, 2001) while tending to ignore personal and sexual violence towards women within the gangs.

There is a close interrelationship between drug use, domestic violence, sexual violence and psychological distress (Jewkes, 2002a,b). Sexual violence is associated with substance abuse (Logan *et al.*, 2002), mind control (Brady, 2000), suicide and homicide (Bailey *et al.*, 1997). It impacts on children and future generations (Jewkes, 2002a,b).

Women associated with gangs tend to be illicit drug users (Hopper & Moore, 1990), often coerced into providing sex to pay debts or obtain drugs, food and shelter. They experience high levels of sexual violence in the form of coercive sexual practices, unprotected sex with multiple partners and rape (Cooper, 2004), all of which expose them to significant risk of physical and mental injury, including soft tissue injuries, internal injuries, fractures, injuries to the anal area (Stermac *et al.*, 2001), sexually transmitted diseases, such as HIV AIDS and hepatitis B and C (Logan *et al.*, 2002), psychiatric and emotional disorders, such as post-traumatic stress disorder (Humphreys & Thiara, 2003), depression (Anderson, 2002), and psychological distress and symptomatology (El-Bassell *et al.*, 1997, 2001).

### **Practice Dilemmas: ‘Damned if They Do and Damned if They Don’t’**

A dilemma is defined as ‘...a choice in which any alternative results in an undesirable action’ (Rhodes, 1986, p. xii), for example, a social worker may attempt to help a woman make informed decisions about her life only to find these decisions

endanger the woman's children or agency staff. Social workers make decisions about what they believe is the right course of action for the client, the agency, the community, other people or themselves. In practice, many dilemmas are messy and defy an easy solution. Reamer (1998, p. 13) notes, when referring to the National Association of Social Workers (NASW) Code of Ethics, that principles and standards conflict and that there is no easy formula for resolving important issues and differences of opinion. In practice, choices have to be made. The issue is the process used and the level of analysis to justify the decision.

Particularly in cases of sexual violence, gangs, cults and sex for favours, social workers are confronted with complex legal, ethical and practice issues that demand careful consideration before implementing strategies to assist the client. Even the choice of words to describe these situations raises concerns for social workers. A major dilemma in working with women from bikie gangs is dealing with the situation where these women have intelligence of interest to police, but previous partners are keen to maintain the women's silence and loyalty.

Social workers are forced to consider their personal and professional values to determine the extent to which these may lead to bias, prejudice, deprivation or discrimination. To what extent should they impose their personal values on others and what are the consequences of such imposition on clients? To what extent does the Australian Association of Social Workers (AASW) Code of Ethics aid the resolution of practice dilemmas? What ethical frameworks are useful in resolving ethical dilemmas? Social workers may use human rights frameworks or ethical principles of decision making, including beneficence, fidelity, non-maleficence, social justice and autonomy (Beauchamp & Childress, 1989), to help them reason about dilemmas.

### **Methodology and Setting**

The present study was conducted at a metropolitan domestic violence agency providing accommodation and support for women, including those leaving bikie gangs (16% of all clients). The agency's social workers were asked to: (i) write about situations in which they did not know how to respond to this distinct client group (practice dilemma), particularly those women ( $n = 65$ ) who had experienced intimate sexual violence with multiple and simultaneous partners; and (ii) complete a questionnaire describing the dilemma, circumstances leading to it and its consequences for the individual woman, the agency, service provision, interagency relationships and the community. The social workers were not asked how they resolved the dilemma. Clients' anonymity was preserved because no names or other identifiers were used during data collection.

Dilemmas were collected over a 12-month period until redundancy appeared (Lincoln & Guba, 1985). Common ethical dilemmas were identified and common and uncommon issues, related categories, common circumstances leading to the dilemmas and issues considered by social workers were noted. Ethical dilemmas were

then grouped and categorised. Twenty categories of dilemma were identified and clustered into the seven themes discussed below.

## Findings

### *Respecting the Client's Decision Making*

Respecting decision making comes from the concept of autonomy: the rights of individuals to make their own decisions in accordance with their wishes. The present study found that social workers desired to respect the client's decision making, even if they disagreed that this was the best course of action. The agency's social workers used a range of steps, such as disclosing risks and evaluating benefits and alternatives of a particular course of action, to enable women to make informed decisions. Dilemmas arose for the social workers when they believed that women were not making 'informed' decisions about their own protection and that of their children but, instead, made decisions out of fear, anxiety and not wanting to make the situation more difficult.

Restraining orders can be a useful strategy in developing safety plans for women at risk from abusive men. These orders impose conditions aimed at preventing the man from acting in a manner likely to cause harm. They are issued if an individual is likely to harm or intimidate a person or damage their property. However, although women's services advocate for effective provision and enforcement of restraining orders, our findings show that many women involved with gangs or cults refuse to take them out because they are fearful this will have the opposite effect and subject them (and their children) to ongoing episodes of intimidation and abuse. Threat of legal sanctions for breaching orders does not appear to deter gang members, who use third parties to keep surveillance on women's movements or effect punishments. Women are so intimidated they believe there is no possibility of escaping the gang's influence:

'Vanessa<sup>1</sup> has been on the streets and in youth shelters since she was 12 years old. She has a history of drug and alcohol abuse and has had several violent partners. She has two young children, a 3-year-old with ADHD and a 19 month old. She is also 6 months pregnant. Her ex-partner was involved in the manufacture of amphetamines. Vanessa reported that her ex-partner had been watching her house. He had previously assaulted her. She said that overnight her car had been damaged, probably with a baseball bat. He had also been to the house, yelling abuse at Vanessa. She was reluctant to take out a restraining order because she thought the police did nothing, and this would aggravate her partner and his friends. The social worker believed the woman was being intimidated by the partner's behaviour. Eventually Vanessa agreed to go to the police but did not have any information about incidents, times, dates to warrant a restraining order. The practitioner respected her decision but was concerned about the extent to which she was putting herself and her children at risk.'

*Rationing and Social Justice*

Social justice is at the heart of human service work, referring to how goods and services are distributed throughout the community. One distribution method is service allocation based on assessment of individual need. Other ways include merit, equality or extent of individual contribution. When there are insufficient resources to provide for those in need, health and welfare agencies limit or ration their services. This is most familiar in health care, with hospital waiting lists. In the human services, strategies used to limit the range of client services include establishing rigid referral criteria, providing an inadequate level of service, insisting on an outside referral before provision of service or queuing. Social workers are required to make decisions about how the small amount of time available to assist with practical matters will be allocated, and to whom.

Women escaping gangs have complex needs requiring specialist services and many could benefit from more extensive services provided over a longer time frame. However, if women with more complex needs are referred to outside agencies for specialist counselling assistance, they may not attend. Social workers face the dilemma of whether to prioritise seeing women with the most complex needs and providing them with a limited range of crisis-orientated services or seeing women with less complex personal situations and providing a more comprehensive service.

A similar situation exists with mental health services. A review (Golding 1999) of the prevalence of mental health problems for women experiencing domestic violence found evidence of depression, suicidality, post-traumatic stress disorder, alcohol abuse and drug abuse. Golding's (1999) meta-analysis of mental disorders and domestic violence notes the research is consistent with the hypothesis that intimate personal violence increases the risk of mental health problems.

Despite this connection between domestic violence and mental health, social workers reported that mental health services are severely rationed. Only people with psychosis are guaranteed a mental health assessment. Women with borderline personality disorders and substance abuse are not regarded as a priority and are turned away. Mental health services' rationing means that domestic violence services manage complex situations without expert mental health assistance:

'Amanda has anorexia, a borderline personality disorder and is dependent on marijuana and other prescription drugs. Currently, Amanda has expressed suicidal thoughts. As a young child she was abandoned by her mother and raised by her grandparents. She was physically and sexually abused by family, neighbours and friends. Domestic violence is a pattern of her adult relationships. When she left her current partner, he threatened her and her family.

When first admitted to the accommodation, social workers referred her for a mental health assessment. Social workers believed some specialist intervention was needed, given her previous abuse, her suicidal thoughts and the impact of threats and intimidation on her current behaviour. She was not assessed by mental health, with the service advising that Amanda's current situation was not a priority.'

*Ensuring Women's Safety and Protection*

Domestic violence services aim to ensure women's safety and protection. Their core ethical principles are preventing harm to clients and acting beneficently. Social workers have legal and moral responsibilities to care for the women residents. The present study found many examples of dilemmas in ensuring the women's safety and protection. Paradoxically, although social workers may implement strategies to prevent harm, this may also result in other harms, especially if protection increases women's social isolation. In the present study, the agency rules prevented visitors (especially men) coming to their accommodation. However, women with gang connections had partners with a history of violence, which put the safety of all residents and property at risk:

'Women repeatedly tell us that gangs have very effective surveillance strategies. If their whereabouts [are] discovered, women must submit to their partner's demands, including access to the property, in order to negotiate their safety. Rules precluding visitors provide protection for individual women, children and agency property. Strict interpretation of the rules creates legal formalism and lack of flexibility in responding to the individual needs of women, especially those who stay for long periods due to housing shortages. The agency has experimented with more flexible guidelines for visitors to include support persons, however, increasing visitor numbers increases the risk of property damage and theft. One consequence of ongoing domestic violence is women's social isolation from the community, family and friends. Men are jealous of their partner's friendships and activities outside the home, and prevent them from having other relationships. In the current climate of scarce public housing, women are staying in temporary housing for up to nine months until alternative housing becomes available. Thus, a 'no visitors' policy increases the social isolation of women and compounds the stigma they experience.'

However, the 'no visitors' policy did not prevent contact between the women and their ex-partners/partners:

'Just prior to a holiday weekend, a woman returned from a drinking session with her bikie gang partner and appeared very distressed. A social worker was called and the woman told her she had to leave immediately to meet her partner who had demanded to see her because she had disobeyed him. If she did not leave now he had threatened to kill her and her child. The social worker observed that she was inebriated. Although counselled on alternative options, the woman was obviously terrified and insisted she had to leave. She returned a short time later, having been 'punished' by him, physically assaulted and raped by multiple men. She refused any medical attention or rape crisis service, and the extent of her injuries was not known. Later, she appeared to have a fit and collapsed. An ambulance was called and she was taken to hospital. In the emergency department, the client instructed the social worker not to disclose any information to the hospital about her injuries or rape. The social worker agreed to her request. The woman was later discharged, returned to the agency accommodation and resumed responsibility for caring for her son.'

In this case, would it have been better for the woman to have seen her partner at the organisation's accommodation, where there were at least other non-gang people present? How could the social workers have dealt with the dilemma of maintaining confidentiality, as requested, while trying to care for and protect this client? Which principle was paramount: confidentiality or protection of the client?

*Actions Can Lead to More Harm than Good*

South Australia has mandatory reporting for suspected child abuse; therefore, social workers are legally required to make notifications. Once a notification has been received, Children, Youth and Family Services (CYFS) staff assess the report to determine whether, and how quickly, the department should respond. Many social workers perceive CYFS as a single-issue agency, focusing only on child protection, not on the complex issues surrounding notifications where domestic violence is indicated.

Some of the agency social workers raised concerns about the difficulties in working with complex domestic violence and child protection issues, where an investigation may conflict with the whole family's safety needs. This is of particular concern where the perpetrator of violence is also the alleged perpetrator in the child abuse notification. A referral and notification to CYFS can actually place women and children at risk of further harm:

'Ailsa's previous partner has sexually abused all of her children and subjected her to extremely sadistic and violent behaviour. When the domestic violence agency social workers saw one child's behaviour, they made an immediate notification. On making the notification, the social workers informed staff of the dangers to Ailsa of the notification and investigation. They clearly specified that Ailsa and her children could be assaulted if the investigation was not handled sensitively. CYFS investigated the allegation and interviewed the alleged perpetrator. Ailsa was not advised this interview had taken place and was only made aware of the interview when her ex-husband came around to the accommodation and retaliated by seriously assaulting Ailsa and her children. Ailsa refused to report this assault to the police despite encouragement by the agency social workers. CYFS was informed of the consequences of their investigation.'

The CYFS is responsible for placing children in foster care and their long-term follow up to ensure secure, safe care. Although there is a legal obligation to notify, this is not done without great consideration of the impact on children and families:

'Outreach services were being provided to a woman with five children. Her middle male child (13 years) was living with her intermittently. At a young age he had been sexually abused by his father and his sporting coach. Since then he has been sexually abusing other young children, both male and female, including one of his siblings. Workers are aware that he is currently involved with a known local paedophile and obtaining money from the paedophile for sex. Some of this money is given to his mother. He has previously been in foster care for sexually abusing other children but he ran away and came back to his mother. CYFS did not try to

get him placed in another foster care placement but allowed him to return to his mother.’

The social workers did not know whether to refer the child back to CYFS because of his current sexual behaviour and his association with the paedophile or let him stay with his mother. If they referred him to CYFS and he was subsequently placed in foster care, he would be in a situation to abuse other children. If he stayed with his mother and family, he would be cared for in a familiar environment but his sexual abuse of other teenagers in the household would place more children at risk. The social workers were also concerned that if they failed to act, the young man and other children in the centre may claim they failed in their duty to protect and refer for specialist assistance. Whatever action they decided to take, agency social workers recognised that although the local paedophile would not be made homeless by his actions, the boy, his family and other families would be affected.

### *Privacy and Confidentiality*

Social workers understand the importance of confidentiality and privacy. Confidentiality is not viewed as absolute, but as relative. Social workers need to make decisions about the circumstances under which information will be disclosed (Wilson, 1978). As a result of the Tarasoff case (Tarasoff v. Regents of the University of California, 1976), social workers are likely to disclose if there is a high risk of harm to others.

The reference point for discussions about confidentiality and privacy is competent adults, not children; therefore, should information passed to social workers by very young children remain confidential? In a complex situation, the agency provided accommodation for a woman with long-standing involvement with a man from a bikie gang and her child disclosed information that conflicted with hers:

‘Whilst living in transitional accommodation, Liz was told to work in an escort agency by her ex-partner. At night her partner came to the property to care for the child, although she denied any contact with him to her social worker. The social worker asked Liz if the partner was present at the property and she indicated that he was not present. Not long after this, her 7-year-old son, who was participating in a children’s group, told the social worker that when she visited him at home, this man was present. The young boy disclosed this information because he was extremely concerned about the social worker’s safety and appeared frightened for her welfare.’

The social worker’s dilemma was whether to keep the child’s information confidential or confront Liz. If she disclosed this information, she was concerned about the impact on the child of either the mother’s or perpetrator’s reaction. The loss of accommodation for breaching agency rules would also increase the risk of harm to Liz and her son from the ex-partner’s violence and control. The social worker’s safety was also an important issue.

*Police: Protecting or Putting Women at Greater Risk?*

Women may seek informal meetings with the police to explore consequences of passing on information about their partners' illegal activities. The availability of witness protection strategies was unclear; therefore, clients wondered about the value of talking to specialist police units, especially because these were primarily interested in the criminal and the crime, and the women's safety could be compromised for no clear gain:

'Mrs Krusluski contacted the agency seeking a support letter confirming her experiences of domestic violence. She wanted a support letter to move into public tenancy. Her ex-partner had returned to Australia. Some time ago he was asked to leave Australia by the Immigration Department after the client had withdrawn his sponsorship.

Her ex-partner has connections to the bikie community and they continue to contact her to extort money from her and her immediate family. At the woman's request, the local police were informed of the extortion and harassment. The police installed an alarm in the house and they have regular patrols past her house. Although these patrols are meant to ensure her safety, the woman believes they are putting her family at greater risk, as the gang will assume the family has police involvement.

Police involvement was thought to provide some protection but simultaneously increased the likelihood of risk. This situation was made more complicated when a police officer who had been present when the client first made the complaint contacted her after hours and asked her for a date. This made her think about the real purpose of the proposed date and to wonder about who was working for whom. Agency social workers experienced difficulties in advocating for her, as she did not feel able to trust the police because she did not know how secure this information might be.'

Women's reluctance to give any information to the police means social workers face the dilemma of respecting each woman's decision while encouraging her to seek police action as a safety measure.

*How Far to Explore Sensitive/Distressing Information*

Abused women are not always comfortable talking about their experiences. How do social workers address issues of sexual violence, sexual abuse of children and children's observation of intimate sexual violence against a parent without retraumatising the women or children? Some social workers may not be able to link the woman to services, because it is difficult to obtain the whole story.

Women may be ashamed, blame themselves, feel embarrassed or be suffering from post-traumatic stress, particularly when talking about abusive sexual experiences:

'Angela is from the Philippines and is Catholic. Angela has only been a resident in Australia for a few months and has not made any friends. Her partner refused to allow her out of the unit unless he accompanied her. She left him because he asked her to perform sex 'just like a pig' and took explicit sexual photographs of her

performing a variety of sex acts, which he sold to his gang friends. She was very embarrassed about disclosing this fact.'

### **Ethical Decision Making**

As these case studies illustrate, social workers are confronted with ethical dilemmas and must make decisions about how best to proceed. The AASW (1999) has a Code of Ethics that has a preamble, set of values, key principles and responsibilities, as well as guidelines for decision making. The by-laws that accompany these public statements set out a process by which the professional body will adjudicate complaints about the unethical conduct of its members. It is often assumed, sometimes erroneously, that the Code provides a useful tool for resolving practice dilemmas. The addition of guidelines for ethical decision making (AASW, 2002, p. 22) provides a staged approach to problem solving, but does not necessarily assist social workers to resolve competing principles, such as those in the case studies presented here.

The Code of Ethics is both a general statement and a public statement containing guidelines for professional conduct. These statements provide the basis of how social workers should be judged. An action is judged to be ethical or unethical according to whether it conforms to these rules, with regulation determined by a peer-reviewed process. There are dangers in slavishly following the Code of Ethics for the resolution of ethical dilemmas.

Clearly, some ethical principles and standards provide clear directions, whereas others are less clear cut. Social justice is one such example of ambiguity. In the preceding case studies, social justice refers to a distribution and rationing of services. The philosophical and political science literature provides diverse interpretations of the meaning of social justice and it has been widely interpreted in the social work literature by people such as Benn (1981), Chamberlain (1988), Ife (1995) and Travers (1994). Even the meaning of confidentiality is contested (Wilson, 1978) and used interchangeably with the legal and ethical concept of privacy. Take the standard, '... social workers will not engage in any form of sexual conduct with clients ...' (AASW, 1999, p. 13). On the surface, this appears to be straightforward. But what is meant by sexual conduct? Does this mean sexual intercourse, lewd suggestions or ogling? And where does touching fit? How are different types of touch identified?

There is a debate in normative ethics between the deontologists and the teleologists. The former argue that ethical principles should be observed whatever the situation. Telling the truth is one example of such a principle. A deontologist would argue that a social worker must always tell the truth, whatever the outcome. In contrast, a teleologist would be less concerned with the principle and more concerned with the outcome. Telling lies may be acceptable if the lie results in a good outcome for clients. The importance of a deontological approach is illustrated in the second case study in 'ensuring women's safety and protection'.

These difficulties in using the Code of Ethics prescriptively for resolving ethical dilemmas are elaborated by Loewenberg *et al.* (2000, pp. 34–35), who suggest that sometimes each case is so unique that ethical principles are unable to provide sufficient guidance and may not be relevant from one situation to another. Loewenberg *et al.* (2000) go on to suggest that philosophers debate many of the ethical principles, but are not able to agree about meaning. How challenging is it, then, for social workers to traverse this minefield in everyday practice?

If the Code of Ethics provides a general statement, how can social workers be assisted to resolve ethical dilemmas? Such dilemmas may first arise in the context of supervision. A skilled supervisor may name the dilemma experienced by the social worker. Although some supervisors may assist through this process, many conundrums demand expertise for their resolution. Reamer (1998, pp. 11–13) suggests that knowledge of various ethical schools and principles is necessary in assessing competing perspectives, and highlights the value of ethics consultation with other colleagues and the use of the professional literature where concerns and issues are documented. He argues that agencies need to develop their own ethics committees, comprising a variety of different professions as well as those trained in the field of ethics, to help social workers consider and respond to complex situations. Many ethical dilemmas have a legal dimension. Issues of privacy and confidentiality are both professional and legal concerns. Similarly, the need to report child abuse and family violence may be both a legal requirement and a moral obligation to prevent harm to others. Social workers are expected to obey the law, but making a decision about obeying the law can be an ethical decision. This is illustrated in the case study where social workers see that harm, as well as good, can come from mandatory reporting and the involvement of the state.

## Conclusions

These case studies demonstrate the complexity of practice situations, illustrating various ethical, legislative and practical dimensions. It is not possible to provide a step-by-step ‘how to’ manual to resolve the social workers’ dilemmas in this practice arena. Decision making is not a split-second matter, but a rational process that takes account of ethical decision making, including an assessment of risks and benefits to all stakeholders. Social workers are confronted at every step by questions about their values (what is right and what is wrong), how to resolve conflict between the rights of individuals and the good of society, and social justice issues.

Although all social workers (not just those in the domestic violence practice arena working specifically with homeless women escaping from biker gangs) are confronted by dilemmas, they will inevitably take some action to assist clients. Making decisions about how best to resolve problems means social workers must choose a particular course of action. In making a choice about how to intervene and assist, social workers foreclose on a range of other possibilities. Once a decision is made, it

may not be possible to change it. Social workers and clients must live with the consequences.

Recognition of such dilemmas should not be viewed negatively as an indicator of failure to achieve expected outcomes but, rather, as a sign of professional maturity, illustrating that social workers have moved beyond a superficial view of practice. The resolution of such difficulties can only begin when social workers can define and name practice tensions and dilemmas, which is one of the most difficult parts of ethical problem solving. This capacity enables social workers to take the subsequent steps in ethical decision making.

## Note

- [1] All names are assumed to be fictitious because the researcher was not provided with any identifying information about the clients reported in these case studies.

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