

Taking Care in Child Protection:
A Descriptive Account of Practices with Women Who Have Experienced Violence by
their Domestic Partners

by

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B.A., University of Victoria, 2004

A Thesis Submitted in Partial Fulfillment
of the Requirements for the Degree of

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Supervisory Committee

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Abstract

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The aim of this research was to achieve a better understanding of ways to support the safety of women who have experienced violence by their domestic partners. This descriptive study focused on seven cases handled by a mid-island child protection team who had recently been introducing a number of new practice approaches. Case files and interviews from child protection worker/former clients were used as the basis for this case study's analysis. The results offer a detailed glimpse into how child protection workers employ a variety of safety inviting practices and how women who have experienced violence perceive these practices. Three overlapping themes represent ways that child protection workers invited greater safety: validation, responding to mother's relational needs, and creating space for the mother to take the lead. The impacts of these practices are discussed and recommendations are offered for policy and procedural changes and training and supervision.

Keywords: domestic violence, violence against women, child protection.

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Dedication

This thesis is dedicated to all of the women who are striving to create more safety in their lives.

Chapter One: Introduction

Exploring a Critical Intersection: Violence Against Women and Child Protection Work

Violence against women by domestic partners (VAWDP)¹ is the most common form of violence in women's lives (World Health Organization [WHO], 2005). Across the world, women are more at risk of violence from their partners than they are from strangers or acquaintances (WHO, 2005). In Canada, the direct medical costs of violence against women (*excluding* misuse/self-medication of substances, mental distress, AIDS and other sexually transmitted diseases) have been estimated to be approximately 1.1 billion dollars (Health Canada, 2002). In social terms, violence extends well beyond the primary victim, compromising parenting and the well-being of families. Forty percent of Canadian women who have been victims of violence reported that their children have witnessed the violence against them (Statistics Canada, 2006, p. 34). The children who are exposed to domestic violence are said to be at risk of negative health impacts including post-traumatic stress disorder, low social competence, poor academic performance, maladjustment, depression (Fowler & Chanmugam, 2007) as well as an increased likelihood of being abused or neglected in their family home (Ministry of Public Safety and Solicitor General, Ministry of Attorney General & Ministry of Children and Family Development, 2010). If mothers decide to leave their violent partner, danger to her and her children often escalates. For example, the likelihood of being threatened

¹ Violence against women by domestic partners (VAWDP) refers to situations that are also called domestic violence, domestic disharmony, family violence, intimate partner violence, domestic abuse, etc. In this proposal, VAWDP will largely be used in place of these commonly used terms as it better captures the gendered, unilateral nature of the type of violence that I will look at in this study. However, there are times when earlier terms are more suitable and these should be assumed to have the same meaning as VAWDP.

and harassed (which includes stalking) is at least four times more common for former partners than it is for current partners (Statistics Canada, 2009, p. 34). Furthermore, about a quarter of women who are killed by their spouses had left their relationships (Statistics Canada, 2010, p. 33). The danger for minority women can be further increased, not only by structural inequalities, but also by the racist and/or inappropriate responses that their attempts at seeking help are sometimes met with. For instance, one Canadian study found that 88 percent of Aboriginal women reported being abused; when these women did reach out to police for help, the first response to many of them was to ask if they had been drinking (Dumont-Smith cited in Strega, 2006).

Safely and constructively responding to violence against women is complex, and the presence of children in these scenarios enormously complicates things for practitioners for three main reasons: 1) there is often disagreement about who most needs to be the focus of protection—either the non-offending parent or their children (Shlonsky, Friend & Lambert, 2007); 2) authorities who intervene often do so in ways that are not always agreed upon by the parent(s), and; 3) mothers are often caught between the conflicting needs, wants, and demands of their children, partner, and the professionals who are trying to help (Hardesty & Campbell, 2004; Strega, 2005). As a result, there are often disagreements about what constitutes an “effective” response to violence against women.

Intervening in domestic violence cases is relatively new to the mandate of child protection agencies (Moles, 2008). In recent years there have been significant shifts and a range of professional responses suggested as being “best” for handling this issue. In the past, professional bodies like child welfare have generally conceptualized issues of

domestic violence as a family problem symptomatic of stress, tension, and conflict within the marriage relationship; correspondingly, interventions that would rectify these “family problems” and maintain the integrity of the nuclear family unit (such as marriage counselling) were the primary focus of professional’s skills or referrals (Mears & Visser, 2005; Pyles & Postmos, 2004; Shlonsky et al., 2007). These “family focused” approaches (which were used by but were not exclusive of the child welfare system) have been criticized for not only discounting mothers’ efforts to protect and ensure the safety of her children but also neglecting to include her health and safety interests as part of the protection initiative (Hardesty & Campbell, 2004). In addition to this inappropriate focus, the elements that have tended to characterize child protection work [such as time-constraints, overwhelming caseloads, misused authority, heavy administrative demands, a mandated focus on the safety of children (that does not necessarily include the safety of the parent), and an emphasis on risk and problems] present some significant challenges to better helping the people who child welfare is mandated to help. However, it is precisely these difficulties and challenges that could make the field of child welfare such an excellent context to study practices that are effective and constructive for both workers and clients. If we can learn more about what these skills and practices are and how they operate (both from workers’ and clients’ perspectives), then perhaps we can build a more detailed description of “what works” to supplement the all-too-common stories of “what does not work.”

Practices and policies to prevent violence against women are changing rapidly, and child welfare has been one of the platforms where these shifts have been emerging. In B.C. the Ministry of Children and Family Development has made collaboration a goal

of practice across all branches and programs, and child welfare at large has, for several years, been promoting shifts in the way practice is done with families. The *Best Practices* documents (Ministry of Children and Family Development [MCFD], 2004; MCFD, 2010) and conversations between MCFD and their “watchdog,” the Representative for Children, Youth, and Families (See MCFD and RCY’s April 4th, 2011 news release) are indicative of BC’s child welfare system’s continued efforts and strengthened commitments towards improving services and dismantling practices that have been deemed “inappropriate” and that have historically victimized (and re-victimized) (and some would argue, continue to victimize) the very people they have set out to help. These goals are not specifically related to practices addressing VAWDP but have some possible implications. For example, some of the problematic aspects that these “newer directions” are proposing to address are centred on shifting the responsibility for safety off of the shoulders of clients (typically mothers) and extending this responsibility for safety to community partners. However, recent practice shifts and ideas presented in what are considered “*Best Practices*” (MCFD, 2004; MCFD, 2010) have not been carefully studied.

Without careful study, significant gaps in understanding how our child welfare system responds to families will continue to exist. For example, the perspectives of workers and clients about what “effective” practice is or how MCFD’s ideas of *Best Practice* have looked *in situ* have been largely unaddressed in the literature about service delivery. What is not yet fully clear is what practitioners are doing differently with the advice and “new” ways of thinking offered by the *Best Practice* documents and, more importantly, how these newer ways of working are being received by clients. How do

theories that advocate for protecting the safety interests of both the mother *and* her children look in real-life practice? What works to create safe, collaborative alliances between workers and clients where families can become “customers of safety” (Turnell & Edwards, 1999) instead of defending their ability to parent against professionals? There is a need for detailed stories and examples of effective responses to women facing violence by their domestic partners, if a more hopeful foundation is to be built. With this study I aim to make a contribution to this literature by studying helping relationships within a child protection context, specifically relationships with women who have been exposed to violence.

Prior Research

The general perception of child welfare work (from accounts in the media, academia, and the general public) is that it is not a place where positive, trusting, cooperative working alliances thrive or where “good” helping relationships are easily cultivated. Instead, it is largely assumed that the work in child welfare is often inconsistent, inappropriate (Echlin & Marshall, 1995), paternalistic, coercive, authoritarian, deficit-focussed, hypocritical, and that this in turn leads to powerless, angry, fearful, and humiliated reactions from service users (Turnell & Edwards, 1999).

There are additional, more specific critiques aimed at how the child protection system, as an institutional response, has conceptualized mothers and children experiencing violence (these critiques will be more fully elaborated on in Chapter 2). As a product of the paternalistic and gendered discourses that inform institutional responses to women experiencing violence, women have often been held accountable for the violent actions of their partners and have been blamed for “failing to protect” their children,

“choosing” to stay in “abusive relationships,” and being unable to stand up for themselves, their children, and to their partners (Friend, 2000; Scourfield, 2001; Strega, 2005). Caught in the “crossfire” between the needs, wants, and demands of their children, partner, and professionals (Hardesty & Campbell, 2004), mothers’ accounts of their experiences managing the safety and needs of themselves and their children against the power of their partner and the protection system are riddled with complexities. Protection workers responding to these cases have often failed to affirm a mother’s prior efforts and decisions to protect herself and/or her children and have been criticized for taking a stance that often does more harm than good (Grauwiler, 2008). However, Humphreys (2007) suggests that worker’s avoidance, minimization, or rationalization of the violence may be a response to the dangerous situation and workers’ own desire to protect themselves from potential retaliation of the violent offender. Echlin and Marshall (1995) have also pointed out some serious roadblocks and obstacles that workers have to contend with regarding policy and legislation (for example, limited resources of time and not being equipped with appropriate and useful knowledge about abuse). Still, for women who are already facing the injustices of violence, these responses have further limited their options for safety and agency as capable caregivers.

However, not all accounts of child protection responses to women experiencing violence have been negative. Studies about potential working elements in practice are growing and point to significant ways that child protection practice can effectively respond to create more safety, not only from a professional standpoint, but from a service-user standpoint as well (for example, Davies & Krane, 2006; de Boer & Coady, 2007; Johnson & Goldman, 1996; Platt, 2007; Turnell & Edwards, 1999). Presently,

many workers and researchers believe that children can be insulated from the effects of domestic violence when a safety plan that ensures *both* the safety of the victims (the children and the mother) and the non-violence of the batterer is developed (Jaffe, Baker, & Cunningham, 2004). The evidence of safety planning's success is so widespread that it is currently the most frequently discussed intervention in professional, training, and advocacy literature (Hardesty & Campbell, 2004; see also the 2008 issue of the Children and Youth Service Review). However, a thorough review of the literature in this area reveals that safety plans, while important, are not the only practice change that clients, professionals, and theorists are calling for or that have contributed to the safety of women and children. A variety of practices have emerged in the literature, contributing to a growing foundation of "good" practice, and three particular practice approaches have led to some especially hopeful outcomes: solution-focused therapy (Turnell & Edwards, 1999), response-based therapy (Wade, 1997), and relationship-based practice (Ruch, 2010). I will introduce these approaches, before exploring them more thoroughly in Chapter 2.

Solution-focused approaches. Solution-focused therapy comes from a practical, social constructionist stance of directing conversations with clients towards developing and achieving the client's vision of solutions, mainly by looking for two things: 1) solutions and/or preferred futures and, 2) exceptions or incidences that suggest the preferred future is already happening (Berg & de Shazer, 1993). A solution-focused approach is promoted as an alternative to focusing on deficits and authoritative mandates, instead offering ways to empower and encourage service-users as "customers" who can bolster pre-existing patterns of behaviour and safety for their physical, emotional, and

mental health (Berg & de Shazer, 1993). When applied to a child protection context, solutions-focused therapy has had significant impacts in forming partnerships with clients, fostering collaborative discussions about safety goals, and reinforcing and building on clients' past efforts towards safety (Turnell & Edwards, 1999). However, within such a risk-laden atmosphere, there are many conceptual and structural obstacles to overcome if protection workers are going to be able to consistently practice in this manner.

Response-based approaches. The foundation of response-based practice highlights the importance of shifting from a language of effects to a language of responses to better acknowledge the resistance of victims (Todd & Wade, 2003). In doing so, a response-based approach claims to offer alternative ways of thinking about power and resistance, which avoids pathologizing victims as helpless and positioning perpetrators as "out of control." Coates and Wade (2007) described linguistic tactics through which acts of violence have been concealed, mutualised, minimized or mislabelled. Wade (1997; 2008) advocates for paying closer attention to the way language is used so that perpetrators' intentionality and victims' agency may become more apparent and the focus of interventions can more easily highlight acts of resistance. For instance, when practitioners are able to deconstruct what women are *doing* in response to violence rather than being preoccupied with blaming them for what they *are not doing*, they can begin to contribute to further reaching antiviolence practices. In discursive and narrative analyses of women who have left violent partners, attending to women's actions and resistance can cast their efforts towards achieving safety as more visible, functional and intentional (Hyden, 2005; Lempert, 1994). Bostock, Plumpton,

and Pratt's research (2009) supports the notion that there are fundamental elements in the ways that systems (like child welfare) respond to women to either reinforce or challenge the abuse that they are facing and that these responses can have an effect on women's perceived safety. However, a response-based approach is still relatively new and this way of thinking about violence is not commonplace in a professional or everyday context—as such, further research is warranted into how these concepts might become integrated into practitioner's daily work.

Relationship-based approaches. Positive, helping relationships have significant bearing on client outcomes (Horvath, 2001; Keuhl, 1993; Lambert & Ogles, 2004; Maier, 1991; Young, 1995). For instance, there is evidence from the psychotherapy research literature suggesting that as much as 30 percent of the change that occurs in a helping context is related to the quality of engagement between helpers and participants (Lambert & Barley, 2001). Nesting these ideas within a child welfare context, where therapeutic goals are not explicitly part of the helping equation and achieving mandated standards of safety are the purported goals, opens up an array of contentious and still yet unanswered questions. What are appropriate and/or helpful ways for child protection professionals to act and what do clients need from them as supportive professionals? And, given the valuable contributions of helping relationships to client outcomes, how can relationships be reconsidered in the context of child protection context, when achieving “safe” outcomes are a consistent priority over agreement and collaboration? While the available research in this context is sparse, there are some studies that point to how protection workers and clients have (or could have) formed successful helping relationships and suggest what elements are important for these types of connections to form (for example,

de Boer & Coady, 2007; Davies & Krane, 2006).

Investigating how approaches that are solutions-focused, response-based, and relationship-oriented play out in VAWDP cases and fit into broader mandates of organizational policy within BC could provide fascinating insight into how families experiencing violence can be better served. It is from this vantage point that I will describe my pursued interest in this research area.

Scope of the Present Study

The present study emerged from a larger ethnographic study (led by Dr. Doug Magnuson, 2011) in a local MCFD office. In recent years, this team of child protection workers had been spending significant amount amounts of time and energy reflecting on their responses to clients, especially with cases involving domestic violence. Because they were interested in evaluating and changing their case practices, the team had been circulating literature to expand their knowledge base of complex practice issues (for example, Bancroft and Silverman's book, *Batterer as Parent* (2002)). They had also recruited Dr. Allan Wade, a specialist in response-based practice, to train staff and had been reading some response-based literature. This team drew on principles that can be paralleled with solution-focused work (Turnell & Edwards, 1999), response-based therapy (Coates & Wade, 2004), and relationship-based approaches (Ruch, 2005; Ruch, 2010) including recognizing and building on a woman's existing strengths, developing trusting and respectful relationships, looking for the woman's history of protecting her children, recognizing the overt and covert use of power by the perpetrator, and attending to the power of language.

The main research goal was to gain a better understanding about some of the practices that have been proposed to invite more safety for women who have experienced violence by their domestic partners (such as those that have been offered by solution-focused (Turnell & Edwards, 1999), response-based (Coates, Todd, & Wade, 2000; Coates & Wade, 2007), and relationship-based practices (Ruch, 2005; Ruch, 2010)), by exploring how they are experienced by clients and used by professionals. It was hoped that this goal would lead to tangible examples and a more thorough description of the skills, practices, and responses that have been useful to mothers experiencing violence and the workers who support them.

What to Expect from this Thesis?

Chapter Two of this thesis aims to address the broader territory of how issues surrounding VAWDP and child protection have been historically and currently conceptualized. The applicability of this study from a child and youth care perspective will be briefly discussed before moving on to a description of several safety-inviting practices that are thought to be relevant to child protection workers and their responses to mothers who have experienced violence. Chapter Three provides the reader with details surrounding the methods, research design, and data analysis strategies of this qualitative, interview-based study. The results are presented in Chapter Four and Chapter Five. Chapter Four presents a detailed description of the themes of validation, responding to the relational needs of mothers, and creating space for clients to lead the way—the themes that best captured the safety-inviting practices used by the workers and experienced by the mothers who participated in this study. In this chapter, I also talk about how these practices contribute to alliances between workers and clients and what

happens when an alliance is not created. Chapter Five features a reconstructed case involving a client named Grace and her workers and draws upon some of the salient elements that were discussed in the interviews. Chapter Six is the discussion and conclusion. It revisits the literature and explores this study's incongruities, strengths, limitations, as well as possible future research. Finally, Chapter Seven, Recommendations, renders some of the conclusions down to suggestions toward changes in policy, practice, training and supervision.

Value of this Research Project

The literature about the intersections of VAWDP and child protection practice has been dominated by theory, discourse, and criticism; surprisingly, little work has been done to elicit the opinions of both workers and clients who experience these practices directly and who are arguably best at identifying which practices are the most useful (Shlonsky et al., 2007). This research project hopes to contribute to the ongoing discussion about child protection practice and the way this mandated service responds to the needs of victims of violence. Because this study drew on interviews from both workers and their clients and focused on eliciting detailed, personal accounts of “effective” elements of practice, it steps into new and much needed territory.

Chapter Two: Literature Review

Battered Women: Tainted Victims Who Fail to Protect

In cases where VAWDP has been the central child protection issue, determining how and whom to respond to in order to increase “safety” has been particularly messy. Alaggia, Jenney, Mazzuca, and Redmond (2007) have described services as “compartmentalized,” divided between those that prioritize women’s protection needs and services that prioritize children’s protection needs. Services that have prioritized women’s protection needs have tended to focus on avoiding the risks that may come from intervening (such as escalating the violence and disempowering the woman) (Fleck-Henderson, 2000). However, these services have been criticized as placing too much autonomy on women for securing their own safety while their partners remain unaccounted for and invisible. Conversely, services that have prioritized children’s safety as their primary mandate (such as child protection services) have tended to focus on the risks that may come from not intervening (Fleck-Henderson, 2000). However, these services have been criticized as using the guise of supporting families for evaluating and scrutinizing mothers, placing them in a negative light, and blaming them for failing to be the nurturing, gentle caregiver who should also be able to powerfully prevent or walk away from violence (Krane, 2003; Krane & Davies, 2000). What both women-centred and child-centred services are lacking, argue Davies and Krane (2006), is an ability to fully take into account the subjective experience of women as mothers. Fleck-Henderson (2000) suggests a need for collaborating with multiple professionals to reach a ‘dual perspective’ where the assumptions and knowledge of both the Battered Women’s Movement and the Child Protection Movement can inform each other and instead of

being divided. She states, “the respect of the Battered Women’s Movement for women’s empowerment and self determination and the respect of the Child Protection Movement for children’s rights and safety can negotiate with each other to evolve better practice and wiser policies” (Fleck-Henderson, 2000, p. 351).

Considering the importance of women’s experiences as mothers is definitely not off the current radar for child welfare services. However, whether or not these considerations are translated into front line practice begs to be answered. For example, the Ministry of Children and Family Development (MCFD) (2004), the provincial child welfare organization for BC, has acknowledged that:

Abused women are often judged harshly and characterized inaccurately by descriptions such as dysfunctional, unstable, weak and passive. Judgements about abused women that still exist in our society include: women are responsible for their partner’s violent behaviour; women are weak for staying in abusive relationships; and women are bad mothers for “allowing” their children to be exposed to the violence. These beliefs can influence the way women are assessed as mothers and lead to inappropriate interventions (p. 4).

Despite these critiques to assessment and interventions, it is difficult to predict how such deeply rooted discourses will be challenged or how child protection social work—the “orchestrated social response” to children who have been harmed or put at risk by violence (Richardson & Wade, 2009, p. 204)—will show evidence of these changed ideas and practices. While the Ministry’s acknowledgement of problematic beliefs in how women are assessed and “helped” offers hope for shifts in practice, Strega (2009) notices how and why the child protection system still remains entrenched in a risk dominated

endeavour: “Canadian child welfare has, in the wake of high profile child death inquiries, become dominated with a concern about the assessment of “risk,” and child protection practice in most jurisdictions is constructed around the use of a variety of risk assessment measures and procedures” (p. 239). In this way, Strega (2009) notes that the worker’s gaze becomes more focused on the individual family (particularly the mother), rather than on the bigger picture of their social and political context and the barriers they face. In Strega’s 2005 study on child welfare interventions she noticed that all too often, when the protection concern has been “exposure to violence,” social workers continue to accuse mothers of abusively or negligently “failing to protect” their children while at the same time avoiding the perpetrator of the violence. Strega (2005) outlines some of the assumptions that come along with being accused of “failing to protect”: 1) that “a mother has (some) control over the perpetrator’s violence, i.e. the mother could protect the child;” 2) that “leaving will put an end to the violence;” 3) that “leaving is the mother’s responsibility;” and 4) that “a mother who fails to protect her child from harm is responsible for that harm even if she made efforts to prevent it” (p. 28). Thus, rather than allying with mothers about the effect that witnessing violence has had on their children, child welfare interventions have often been blaming and lacking in support (Strega, 2006).

Grauwiler (2008) and Dullea’s (2005) findings from interviews with social workers and abused women have echoed the above sentiments about the treatment of women who have experienced violence—mainly, that child protection practice has been directed by gendered and paternalistic discourses. Building on this notion, Scourfield (2001) notes that these professional discourses result in viewing women as: 1) oppressed

(and victims of the cycle of violence), 2) responsible for protecting their children (despite their oppression), and 3) having made poor choices that explain or justify their current situation. For example, many helping or supportive services for women are rooted in Walker's theories about the "Cycle of Violence" (1979) and "The Battered Women's Syndrome" (1984) and have promoted ideas that abused women are somehow an integral piece to the continuation of violence. Although well-intentioned and aimed at increasing helpers' understanding of violence, these theories have perpetuated popular views that violent experiences leave victims too traumatized to be rational, assertive, and autonomous and have even justified mandatory arrest policies that were explained to be for the victim's "own good" (Shlonsky et al., 2007). As Loseke (1992) explains, "[T]he battered woman is constructed as a type of woman who is emotionally confused and therefore unable to define leaving as her most reasonable course of action" (p. 72). For example, by accusing women of "choosing a bad man" (Scourfield, 2001, p. 81), refusing to cooperate with social services, "failing to protect" their children (Friend, 2000; Strega, 2005), being "addicted to violence," and weak, women have been pathologized and held responsible for actively participating in their children's harm (Davies, 1998, p. 61). Furthermore, for a woman who "chooses" to stay with a violent man, she is criticized for her "tendency to denigrate herself" (Herman, cited in Wade, 2007a, p. 8) while the complicated decision to stay and the process of leaving goes unaccounted for (Hyden, 2005; Lempert, 1994; Pyles & Postmus, 2004). In these ways and many more, violence has thus become more about women's lack of self-esteem, courage, and gumption than about the abusive actions of the perpetrator and the constraints of the context she is struggling against.

By positioning women as either “helpless victims” or as active, blameworthy participants in their own and their children’s lives, the child protection system has further victimized women (Scourfield, 2001; Hoyle, 2008). Although the position of a “helpless victim” can sometimes aid women to receive more “helpful” and responsive services, the services are often conditional on her behaving as a “good victim.” Thus, her position remains susceptible to being reframed in ways that both minimize her victimization and erroneously maximize her participation in the violence. For instance, if she does not fit the “helpless victim” position appropriately (for example, in not immediately seeking or acting on professional help or in “not standing up” to the batterer’s repeated attempts to contact her), she can be reclassified from being the “untainted innocent victim” to, in some way, being “tainted,” deficient, and blameworthy (Scourfield, 2001, p. 84). Davies (1998) expands on the complexities of defining the victim, pointing out that women’s purity as victims can erode if service providers discover that she is in any way involved in drugs and alcohol. Assessing a victim’s purity in this manner can fail to illuminate ways that she is searching for safety, considering that drug and alcohol use has been conceptualized as a victim’s means of self-medicating or mentally escaping from violent situations (Kaysen, Dillworth, Simpson, Waldrop, Larimer & Resick, 2007; Wade, 2008). Thus, successfully maintaining a favourable position as both a “good” parent and “innocent” client has required that women cooperate and comply with social worker’s expectations for safety, despite the fact that they may have their own equally valuable insights about safety (Davies, 1998; Scourfield, 2001, p. 82).

At the same time that women have become blamed, impure, and tainted victims,

those who batter become invisible. Stanley (1997) speaks to the consequences of this point:

Social workers who fail to include abusing fathers in their intervention are unwittingly colluding with the gender stereotyping that places responsibility for caring solely with women. In allocating women responsibility for controlling male violence, social workers are subscribing to a cluster of ideas that characterize male violence as essentially impulsive and 'natural' and denies men responsibility for controlling their own behaviour (p. 140-141).

The obstacles of including and engaging fathers in interventions are coupled with a lack of accessible and appropriate programs and resources for which to refer them to. These obstacles become especially challenging when considering the statistics that show how much more at risk women (and children) leaving violent partners are: Abusers often escalate their violence when women leave or use outside intervention, making "spousal violence" at least four times more likely to occur with ex-spouses or partners than with current spouses or partners (Statistics Canada, 2009). For example, between 1991 and 1999, 39 women per million couples were killed by a spouses after separation, as compared to a rate of 5 per million killed by current spouses (Statistics Canada, 2001).

In a recent report on child protection practice and violence against women, MCFD (2004) asserts that protection practices need to change. For example, professionals have often failed to recognize mother's prior efforts to protect herself and/or her children (Hardesty & Campbell, 2004). While they are not mirrors of each other, the safety interests of women and children are inextricably connected and therefore need to be looked at together. From a standpoint of considering the protection needs of

both the mother and her children, the unhelpful dichotomy between women-centred and child-centred approaches can start to give way to the possibility of a more integrated approach that centres on women's needs, efforts, and safety, not only as women, but also as mothers.

CYC and Child Protection

There has been considerable disagreement about how applicable Child and Youth Care (CYC) practice is within mandated services like child protection. Historically, child protection interventions (delivered by MCFD and its delegated partners in British Columbia) have been predominantly practiced by those with Social Work (SW) backgrounds. It was only in 2000 that MCFD hiring guidelines were diversified, permitting CYC workers to practice in this contentious arena.

In their commentary on child protection practice, Dawson and Berry (2002) observe that “an agency's caseworkers are the key reflection of the agency philosophy and approach to practice” (p. 301). Not surprisingly, there are claims about the significant differences between MCFD institutional policy and CYC perspectives (Bates, 2005), which manifest themselves in the way practitioners conduct themselves in their work and how they conceptualize “best” practices. Bates (2005) clarifies how he sees these differences applying to the context of local protection work: “While CYC work maintains the primary focus on the *total* functioning of the child, MCFD legislation and policy dictates primary focus on child protection issues with the child seen as a ‘symptom’ of family dysfunction” (p. 103). Because the MCFD focus is arguably different from that of CYC, there has been the pointed question of whether CYC practitioners should be present within the field of child protection work at all. Along these lines, some have argued that

CYC approaches (especially the core therapeutic, relational, and client-centred elements) are often incommensurable with the strategies of practice of child protection services (Rose, 1991). For instance, the often heavy burdens of bureaucratic and administrative tasks that protection workers undertake (Cooper, 2002) are certainly not characteristic of working within the life space that CYC focuses on. Parton (1998) (cited in Ruch, 2010) notices the way that welfare practice has shifted:

...the essential focus for policy and practice no longer takes the form of direct face-to-face relationship between the professional and the client but resides in managing and monitoring the range of abstract factors deemed liable to produce risk for children (p. 23-24).

With such limited time spent connecting with families face-to-face (estimated to make up about 15 percent of worker's time (Cooper, 2002)), the question of whether it is possible for therapeutic, relational, and client-centred elements to exist in protection work context is a valid one.

According to Bates (2005), "...good CYC practice does not always shine through the mandate of child welfare and MCFD process" (p. 103). Bates (2005) asserts that some of the significant cornerstones of CYC work (its focus on the development of a therapeutic relationship, the total functioning of the child, the life space of individuals, social competencies, and strength-based practices) can lend themselves to "awkwardness" and a "far from comfortable fit" when placed within some of the mandated roles of child protection work (p. 104, 105). A primary example he gives is the role of intake and investigation. In this role, a CPW has the strong potential to be viewed "as the antagonist who disrupt[s] the family unit," therefore posing a significant

challenge to the CYC goal of building relationships (p. 105). Within the mandated goals, tight timelines, blatant power imbalances, and restricted, often imposing requirements of protection work, how can a client-centred, relational CYC focus possibly be maintained?

While this fit may seem incommensurable, there have been a number of proponents who support the idea that a viable and beneficial fit can exist when relational, client-centred elements, strength-based skills (elements of CYC practice) intersect child protection work. Turnell and Edwards (1999) have stated that although “there is probably no environment that puts the objective of building cooperation to the test more than that of child protection casework” (p. 33), there are rich examples of how cooperation and good relationships can flourish between workers and clients. Despite the “success stories” that have illustrated “good” child protection practice, Turnell and Edwards (1999) warn that there is still a tendency for this arena to become a “problem-saturated and risk-dominated endeavour.” Criticisms have time-and-time again neglected to look at what approaches of child protection work promote safety, strength, capacity, and relationship-building. As Turnell and Edwards (1999) assert “...there is a great need for stories and examples of good practice in child protection to balance the negative and fear-laden tales that abound the field” (p. 181, 182). Thus, rather than being an incompatible fit, perhaps a CYC approach might lend an alternative perspective to help explain *how* child protection practices can play out to produce work that is defined as “good” and cooperative, rather than power-heavy and uncooperative². The idea that has motivated this study is that

² This is not an argument for CYC as inherently “good” and MCFD practice and policy as inherently “bad.” Rather, it is merely a suggestion that perhaps elements that are

“good” child protection practice, when addressing cases where there has been VAWDP, does indeed exist. In light of the fact that practices have been changing and some practitioners in the field are trying out some “newer” ways of working that could be characteristic of a CYC perspective, it may be possible that CYC qualities can be brought to bear in child protection practice.

There are urgent ongoing conversations among practitioners about the most effective ways of working with victims, and practices that invite a broader view of safety have great potential to contribute to these conversations. I intend to study these practices in child protection. In their capacity to better support the victim in a client-centred manner, safety-oriented practices aim to provide an avenue for unifying two unnecessary splits: 1) between child welfare work and CYC practice and, 2) the safety needs of the mother (often the primary victim) and the needs of the child(ren).

Practices that Invite Greater Safety

The child protection field has been chastised for engaging in methods of practice that are ineffective, that exclude families from the change processes, and perpetuate discourses that repeatedly blame and “act out the logic of paternalism” (Turnell & Edwards, 1999, p. 18). Looking at victims’ agency rather than their symptomatic helplessness could help to bolster practices that promote greater safety, are women-centred, and support women as agents who are *powerful* and *active* rather than *powerless* and *passive*. For example, suggesting that victims *tactfully* respond to their partner’s

specifically CYC may be present in child protection “success stories,” and may expand the working philosophy of child protection workers.

violence to keep themselves and their children safe could serve to challenge discourses that position victims as either “helpless” or “tainted” (Davies, 1998; Dobash & Dobash, 1992; Dullea, 2005; Todd & Wade, 2003). One obvious way to support these practices is to re-construct how victims, batterers, risk, and safety are perceived. Practices that invite a broader view of safety (safety that focuses not only on the physical risks of violence) and which are supportive of victims’ assets, responses, and abilities rather than their deficits could reconstruct clients as being more powerful, active, and competent. Three specific approaches that offer an appropriate avenue for constructing clients in a more positive light and integrate theories of how women exposed to violence by their domestic partners can be best kept safe will be discussed: solutions-focused, response-based, and relationship based.

Solution-focused therapeutic techniques. Solution-focused therapy (SF), first described by de Shazer and Berg (1993), has been promoted as a way to efficiently apply simple solutions to a problem and has become more applicable to child protection practice as referrals and caseloads increase (Turnell & Edwards, 1999). Rather than focusing exclusively on deficits, risks, and authoritative mandates for change, a SF approach recognizes clients’ capacity and pre-existing efforts towards safety; SF also encourages clients to participate in developing their own safety goals, emphasizing tactics they have *already* been using (Turnell & Edwards, 1999). With a focus on client-centred services, a SF approach asks “what works” to create a safe, collaborative alliance between workers and clients where, instead of being asked by professionals to defend their parenting ability, families can become willing “customers of safety” (Turnell & Edwards, 1999). By respecting service recipients as people “worth doing business with”

rather than “worth doing business to,” a SF approach draws on elements that are similar to a CYC perspective that has been described as *being with* as opposed to *doing to* (White, 2007).

To build on the idea that the client is a “customer of safety,” Turnell and Edwards (1999) say that a protection worker working from a SF manner will draw attention to circumstances where there have been exceptions to harm and reinforce efforts that family members have already been making to increase their safety; through these means, the family’s opportunity to cooperatively engage in the common goal of protection is increased. They also notice that if workers are given the opportunity to look for exceptions to harm and indicators of safe behaviour (what they call “Signs of Safety”), these indicators can be found to be present in even the most dangerous of situations. For example, Haight, Shim, Linn and Swinford (2007) found that when asked, battered women could articulate well-organized, coherent strategies for protecting their children and could offer valuable insight in terms of describing the complexities of the violent situation they had been involved in. In this way, workers can reinforce the idea that a woman’s strategies and past experiences are valuable and can form the basis from which change can happen and safe decisions can be made. Turnell and Edwards (1999) also have demonstrated the importance of validating clients as contributing to a strategy for protecting their children. They found that positive relationships are more likely to develop when parents understand that a worker’s focus is on the safety of the children in *collaboration* with them rather than safety in *opposition* to them. By collaborating with and tapping into clients’ pre-existing capacity, this perspective lends itself well to more relational way of working in a child protection context, one of the cornerstones of a CYC

practice perspective.

Part of the SF mode of working in collaboration—rather than in opposition—means that the child protection worker focuses on looking for the family’s strengths, resources, and “signs of safety” rather than what Michael White (cited in Turnell & Edwards, 1999, p. 60) refers to as the “problem saturated description.” For instance, Johnson and Goldman (1996), who looked at SF approaches in a protection context, found that when the *presence* of specific desired changes is the focus rather than the *absence* of undesirable behaviour, safety and support for women to consider a greater range of possibilities of both staying and leaving an abusive partner are enhanced. Furthermore, Johnson and Goldman (1996) found that by intentionally steering away from deconstructing moments of violence and attributing responsibility and/or blame, SF methods can emphasize “hopefulness, goal setting, future orientation, and the strengths that the couple identifies in the relationship” (p. 186). Additionally, Johnson and Goldman (1996) observe that a SF approach is strongly related to building a woman’s self-determination, which can strengthen her ability to “make decisions more readily in her own best interests” (p. 193). Thus, when service providers actively look for signs that a mother has been keeping her family safe, despite the violence, they are participating in an approach that is both women-centred and SF. According to Turnell and Edwards (1999), looking for “Signs of Safety” can transform workers’ viewpoints of clients as helpless victims into active participants in their ongoing and increased safety. For instance, adopting these shifts in thinking, a woman who would otherwise be labelled as “uncooperative,” “non-compliant,” or “difficult” could alternatively be viewed as reacting very understandably, using her past experiences to guide her future decisions and

protect herself and her children from future harm. While it is imperative that CPWs attend to current or emerging risks that might harm children, it is also essential that parent's capacity is brought to the forefront as a potential tool to be used in interventions. In these ways, SF approach has been touted as a way for child protection workers to advocate for change, as well as acknowledge the family's own capacity (Turnell & Edwards, 1999).

Platt's (2007) research mirrors the ideas of Turnell and Edwards (1999). The results from Platt's qualitative study support the notion that much can come from a worker's understanding of a family's willingness and perspective. Through an analysis of interviews with social workers and former clients, Platt (2007) illustrates how co-operation and congruence between the two parties can minimize coercive practices and lead to "good" working relationships: "... [I]f the social worker and the parent are able to establish a shared narrative regarding the nature of the family's difficulties, then this congruence is likely both to support and contribute to a good working relationship" (p. 332). Platt stresses that cooperation is dependent on the interaction between worker *and* client: Both need to work together in establishing and working towards common safety goals. In drawing attention to cooperation, Platt, along with Turnell and Edwards (1999), restores the significance of the relationship in child protection practice. However, there is still very little research that sheds light onto *what* particular practices builds a cooperative relationship and the family's pre-existing "Signs of Safety" (Turnell & Edwards, 1999).

Response-based therapy. Like SF, a response-based (RB) approach highlights the strength, success, and agency of women as inextricably important in both partnering with her and protecting their children. The foundation of RB practice highlights the

importance of shifting from a language of effects to a language of responses to better acknowledge the resistance of victims (Todd & Wade, 2003) and provides an alternative to pathologizing and positioning victims as helpless. Coates, Todd, & Wade (2000) theorize that language, in particular a language of effects, has been used to perform four discursive operations: 1) to conceal violence, 2) to obscure and/or mitigate the perpetrator's responsibility, 3) to conceal the victims' resistance (thereby positioning them as passive recipients of violence), and 4) to blame or pathologize the victim. Interventions that operate using a language of effects continue to conceal both the victim's resistance and the batterer's responsibility for violence are driven by a misplaced focus and produce inaccurate accounts (Wade, 2007b). For example, the use of such terms as "severe domestic disharmony" (as written in Child Welfare Act, 1984), "relationship/marital problems," "family violence" (categories found in child protection risk assessment forms), "uncontrollable discharge of tensions" (Ciraco, cited in Wade, 2007a) and phrases which position the victim(s) as "naturally falling" into patterns of violence (such as the "Cycle of Violence" (Walker, 1979) or the "Battered Wife Syndrome" (Walker, 1984)) have distorted and continue to distort the true nature and responsibility of violence. Speaking specifically about child welfare work, Richardson and Wade (2009) claim that it is "no accident that women's resistance to violence is excluded from the risk assessment tool used by child protection workers in BC" (p. 207).

Todd and Wade (2003) suggest that misrepresentations of violence can be countered by using a language of responses which highlight a victim's resistance to the violence and challenges the violence-neutralizing consequences that the language of effects has. A language of responses is accomplished by using strategies that essentially

oppose the language of effects, specifically that: 1) expose the violence, 2) clarifies the perpetrators' responsibility, 3) reveals and honours the victim's resistance, and 4) challenges how the victims have previously been pathologized and blamed (Todd & Wade, 2003). A language of responses exposes a less common discourse about violence: that violence is *social* (in that it occurs within an interpersonal interaction), *unilateral* (in that it involves one party acting to effect the will and well-being of another party), and *deliberate* (in that the perpetrator predicts and strategically suppresses the resistance of the victims) (Coates & Wade, 2007).

Response based practices supplement the argument by Dobash and Dobash (1992) who argue that depicting victims' reactions to violence as "learned helplessness" (a term coined by Seligman in 1975) only further positions them as passive victims of violence and consequently neglects to acknowledge the range of help-seeking behaviours that they display. As Stanley (1997) points out, it is imperative to recognize that although victims of violence may indeed *feel* powerless, trapped or helpless, there is a differentiation between the victim's feelings which are a *response* to male violence and the psychological characteristics which are *assigned* to the "victims" of violence. Using a similar perspective, Wade (2008) has shown how shifting the language may help us understand "depression" as a functional refusal to be psychologically content with a situation. Similarly, being unable to sleep changes to needing to be watchful and "refusing to leave" can become reconstructed as "choosing to stay" so that women can hold onto their dignity, prevent escalating violence and the loss of limited and necessary resources for they and their children. When practitioners are able to deconstruct what women are *doing* in response to violence rather than being preoccupied with blaming

them for what they *are not doing*, they can begin to contribute to further-reaching antiviolence practices. Renoux warns:

It is only when we do not uncover the story of resistance that we are left with a false impression of ‘passivity’ or ‘collusion’ which we then seek to explain with ideas [that transform the victim into a perpetrator]. When we understand clearly the story of resistance there is no passivity to be explained. . . resistance to violence and oppression is integral to our psychological makeup: When violated, we act compulsively to preserve our basic human dignity. And I believe that there is ample evidence for this view (cited in Todd & Wade, 2003, p. 150-151).

Coates and Wade (2007) also have noticed how victims can be transformed into perpetrators. In particular, they found that when victims do resist, their resistance has often been concealed or even pathologized (examples of these being their submissiveness (Ciraco, cited in Wade, 2007a), poor self-worth, esteem, and assertiveness (Engel, cited in Wade, 2007a), and being subject to the battered women’s syndrome (Walker, 1984)). However, Stanley (1997) asserts that child protection workers can offer essential support and validation to the women’s position, not as a victim, but as a survivor, when they make efforts to voice their frustration and challenge the patriarchal perspectives that trap women and make men invisible. Along similar lines, Strega (2009) advises that workers should make efforts to notice and appreciate what mothers are already doing to keep themselves and their children safe, while at the same time recognizing that mothers cannot and should not be expected to control or stop the perpetrator’s violence. Reacting in these ways are what Wade (2007) might call “positive social responses,” in that they are responses that restores dignity and agency back to the person. Conversely, a review of

the literature by Wade (2007b) indicates that when women receive “negative social responses” from authorities, those that blame them and strip them of their agency, they tend to avoid these professionals and resort to others for the support they need. These findings underscore the importance of protection workers providing positive social responses in their practice with women who have experience violence.

Being a fairly new working theory, there is little research on RB practice and the research that has been done is often not directly attached to the formal theoretical foundations of RB practice that are currently emerging. Yet, some promising studies support RB in the context of child protection. In a qualitative study using grounded theory, Bostock, Plumpton, and Pratt (2009) support the notion that there are fundamental ways of responding that either reinforce or challenge the abuse that women are facing and which can both increase or decrease women’s relative safety. Taking the victim’s side in an empathetic, understanding way, offering a common bond through sharing personal experiences, and providing effective help and practical assistance (housing, childcare, transportation and financial help) were features of social responses that the victims of violence in this study talked about as significant to reducing the abuse they were experiencing (Bostock et al., 2009).

In her narrative case analysis, Lempert (1994) demonstrated that when women’s actions (and reactions) in relationships are more deeply explored, behaviours that have been pathologized and categorized as passive and irrational (for example, “Disassociation”) can become understood as active, rational, and reasonable means of resisting the violence. Exploring violence from a response-based perspective puts resistance in a new light. Rather than seeing it only as a physical defence or removal from

the violence, quiet resistance (in the form of inner thoughts and “disassociation”) also becomes valid as a survival tactic and a “major factor in the preservation of the self” (Lempert, 1994, p. 434). Hyden (1999; 2005) also has done some work that provides further insight into the ways that victims’ active responses to violence can be made more visible. She highlights women’s use of fear as a form of resistance in reacting to violence, making sense of their situation, and deciding to leave their violent partners. Through her analysis, she indirectly problematizes the question of why some women do not leave, stating that “fear is an expression of resistance not in that it includes action, but rather in that it constitutes a power which makes the woman notice that what may happen is something she doesn’t want to see happen” (for example, her abuser’s disrespect or attacks on her) (Hyden, 1999, p. 462). Thus, to be frightened, is to be opposed to violence “without necessarily having any well-prepared strategy of how she can avoid being re-exposed” (Hyden, 1999, p. 462). Both Lempert (1994) and Hyden’s (1999) studies show how, for each person who experiences violence, the experience of resistance evolves to resist the violence in different ways and to slowly regain control and form a new life.

While this way of working appears to have strong implications, RB practices have still not been broadly evaluated. However, there are numerous case analyses that attest to the changes that it can spark. Wade notices that working in a RB manner affirms “individuals’ despairing and hopeful responses as eminently practical forms of social action and expressions of human dignity” (2007a, pg. 9). Furthermore, RB practices “elucidates social and mental activities that can be understood as symptoms of flagrant and chronic mental wellness” (2007b, pg. 12). It would be interesting to see how child

protection workers could incorporate RB practices to expose the unilateral and deliberate nature of violent acts that their clients are all too often exposed to.

Relationship-based practice. Engaging with clients in a positive, collaborative, and relational way encompasses many practice approaches and it is included in this discussion as an integral piece of working in a safety-inviting manner. Since the concept of “safety” can be so multifaceted and relative, *how* professionals attend to the person they are helping is just as important (if not more important) than *what* professionals attend to when addressing safety needs. The *quality* of engagement between workers and clients can indicate a stance, “way-of-being,” or a softer set of skills that workers draw on when approaching clients rather than an objective series of strategies and techniques. Helping relationships have great bearing on client outcomes (Horvath, 2001; Keuhl, 1993; Lambert & Ogles, 2004; Maier, 1991; Young, 1995). Considering the value of good helping relationships in child protection (a context where client outcomes, such as the safety of children and families, carry such enormous weight) seems like an important step to begin productive conversations about safety. Ruch (2010) claims that reliable, engaged, and constructive relationships should be at the heart of good social work practice. Ruch (2010) has noticed that when practice goes wrong, it often becomes apparent that the worker-client relationship was unstable, distorted, or tenuous, and/or that the worker was too burdened with other tasks to engage in the relationship. While the available research is sparse, there are some studies that point to how child protection workers and clients have (or could have) formed successful helping relationships. More specifically, these studies point to the importance of workers taking time to attend to mothers’ experiences (Davies & Krane, 2006; Davies, Krane, Collings & Wexler, 2007;

Lapierre, 2010), conveying a stance that cultivates collaboration, understanding, mutual like, and emotional depth (de Boer & Coady, 2007; Platt, 2007), and engendering an attitude of trust and reliability (Douglas & Walsh, 2010; Johnson & Sullivan, 2008).

Workers' willingness to create space to hear mothers' stories and experiences has been suggested as a way for more sensitive, effective and collaborative relationships to be built. Supporting this idea, Davies and Krane (2006) refer to a much needed orientation to the "mother narrative," or the subjective experiences of mothering. With increasing attention being placed on the avoidance of mother-blame, they argue that workers need to also take the time to increase the visibility of women's experiences of battering *and* mothering if they are to improve interventions. This effort requires a curious stance from workers and includes workers asking questions about how mothers are coping, how their relationship shapes their daily life and decision-making, and how they care for their children amidst the circumstances they are in. Davies, Krane, Collings and Wexler (2007) further emphasize that the mothering narrative is something that workers need to consciously pursue from the outset and throughout their involvement with mothers. However, taking on this focus requires workers to be reflective about their own cultural assumptions and biases around mothering (such as the idea that women are largely responsible for children's well-being and the notion that "good" mothers cope, despite stress and inadequate resources) and communicate a willingness to hear a mother's personal concerns and thoughts regarding her family, the present protection concerns, and her goals (Davies & Krane, 2006). Davies, Krane, Collings, and Wexler (2007) suggest that working in this relational way allows the child protection field to contemplate reclaiming a clinical practice with mothers, increasing the possibility for deeper,

therapeutic conversations that can uncover creative solutions and promote mothers' resilience. However, not only does the development of this type of relationship require a level of practice reflexivity that is difficult to achieve in an environment that is currently so time-limited and risk-directed (Davies & Krane, 2006), it also presents a risk of betrayal for both workers and clients (Davies et al., 2007). For example, inviting this focus in this line of work poses significant questions about a worker's responsibilities for and expectations about a mother's engagement. Can workers assess risk and also approach mothers with a non-judgemental stance that is often so touted in "effective" working relationships? And can mothers really respond to the support offered by a caring worker and express some of their difficulties and ambivalent feelings of parenting, when their position as a "good," nurturing mother is on the line? Thus, this focus in practice also highlights a need to consider how the professional context supports, supervises, and trains its workers. Davies, Krane, Collings and Wexler (2007) suggest that workers need a supervisory environment where they receive non-judgmental permission and support to engage with mothers, reflect on their narratives, and support them in their capacities as mothers. Similarly Lapierre's (2010) interview-based research focused on how child welfare practices have touched on the "institution of motherhood" (p. 1446). Based on participants' stories, Lapierre suggests that in order to move forward and increase support for their clients, social workers need to open up dialogues to understand the unique experiences of their client's mothering and to minimize ideas that perpetuate mothers as having sole responsibility for their children's well-being. While he does not use the CYC term "life space," what Lapierre (2010) speaks to are similar to this concept: the importance of workers attending to material support, financial aid, and tools to help deal

with children's needs and behaviours. He also emphasizes that "it is important not to underestimate the relevance of practical support, and the fact that doing direct work with children can also constitute a means of supporting women through their mothering" (2010, p. 1448). However, the formal structure of how these ways of practicing look in the current arena of child protection is still unclear and would benefit from more supportive research.

In addition to hearing about mother's experiences, communicating a stance that cultivates collaboration, mutual liking, and emotional depth have also been found to contribute to a "good" working relationship. A Canadian based study that sampled six worker-client dyads also pointed to workers' relationship competencies as contributing to what were defined as "good" helping relationships (de Boer & Coady, 2007). de Boer and Coady's (2007) work pointed to the possibility of positive, healing, life changing relationships, even for cases where there were serious child protection concerns, contentiousness and/or conflict. In the study's case examples, "good" relationships were characterized by the mutual liking, respect, honesty, emotional depth, and closeness that developed between worker and client and highlighted the importance of worker's "ways-of-being" more than specific strategies or techniques that they used. Inclusive of these ways-of-being were: not prejudging clients based on intake, referral or file information; a willingness to listen and empathize with the client; normalizing the client's fear, defensiveness, or anger, pointing out a client's strengths; following through on responsibilities or promises to the client; dressing and talking in ways that reduced professional distance, and; being hopeful about change. One client in this study described their workers as an "ally"; another described their worker as "the stake beside my tree as

I grew” (de Boer & Coady, 2007, p. 39)—surprising descriptions considering that patterns of social work intervention have been deemed as “ill-suited” to building trust and engagement with clients (Stanley, Miller, Richardson, Foster, & Thomson, 2010). What is most significant about this study’s findings is that it stretches the traditional “professional” skill set of child protection workers and lends encouragement to ways-of-being that are more friendly, relational, outwardly caring, strength and competency-based. Overall, de Boer and Coady’s (2007) found that positive relationships seem to be characterized by worker’s attitudes and actions that were: 1) soft, mindful and judicious of their uses of power and, 2) humanistic and capable of stretching traditional professional ways-of-being. A worker’s non-judgmental stance (especially on the basis of intake, referral, or file information), effort towards clarifying information, genuine, hopeful outlook on possibilities to change, and a willingness to listen and empathize with a client’s story (and recognizing their fear, defensiveness, and anger as normal), were a few of the key attitudes clients used to recognize and interpret their workers’ overall interactions as positive. From their research, they claim that if workers utilize prescriptive and technique-driven efforts towards creating positive relationship with their clients, it is likely to fail. While this study offers a very thorough and hopeful look, applying these practices to cases where VAWDP is a specific concern has still been largely unexamined in “effective” child protection relationships with clients.

Engendering an attitude of trust and reliability has also fostered the perception of supportive relationships between child protection workers and clients. Because leaving a violent partner can result in a myriad of risks—such as elevated violence, loss of housing, job instability, loss of community relationships and an increased dependency on an

inadequate social system (Davies, 1998)—it makes sense that assurances of a mother's and her children's safety relies on a range of needs being met (housing, financial stability, community connections, emotional and physical safety, etc.). It is precisely this reason that a mother's ability to trust and rely on her worker is so heavily weighted. In a study looking at how child protection workers supported or further victimized battered mothers, Johnson and Sullivan (2008) found that while the majority of mothers reported callous treatment by their child protection worker, there were significant ways that workers could offer invaluable support. Critical features of workers' support were their being: a) fair and supportive (and non-blaming), b) informative about their cases and their children's welfare, c) willing to offer practical information and referrals, d) able to intervene and advocate on their behalf, e) able to confront abusers with their responsibility of the situation, and f) willing to place the children with trusted relatives or friends (Johnson & Sullivan, 2008). Collectively, this list seems to represent a range of safety needs, pointing to the importance of workers being reliable along multiple dimensions. Correspondingly, when trust is lacking, safety has been shown to be compromised along multiple dimensions. Douglas and Walsh (2010) described a "climate of mistrust" that can form, not only between worker and client, but also between child protection workers and other helping professionals in mothers' lives. Not only did this mistrust reportedly lead to lack of communication between mothers and their support workers, but Douglas and Walsh (2010) also suspected that it reduced the possibility of a therapeutic alliance between workers and clients and contributed to the disconnect of help-seeking behaviours of both mothers and their support workers. Research exploring how trust and reliability is built, rather than hindered, in this context is in much need of bolstering.

While there have been several recent studies that shed light on how “good” helping relationships can exist within child protection, there is still considerable disagreement about whether or not the structure of the work provides enough space to engender the quality of care that “relationship-based practice” requires. Ruch (2005) maintains that “uncertainty, anxiety, and emotionally charged subject matter work against ‘relationship-based practice’” (p. 11). When relationships are resistant, angry, or volatile, it makes sense that decisions about children’s safety become more to do with mother’s compliance to worker’s interventions and rules than they are about real change. Even when child protection workers are highly skilled and trained their work is permeated with many reasons for clients (and mothers in particular) to be fearful (Davies & Krane, 2006). As protection workers themselves have been said to hold an ever-present and coercive power over mothers, some of the ways that workers attempt to empower and support women who have experienced violence have been criticized as being able to replicate the very same power imbalances and coercion they are paradoxically trying to protect them from (Fleck-Henderson, 2000). Thus, relationship-based approaches pose a number of slippery issues in this context and are worth exploring further.

Legislation, Policies, and Best Practices of BC Child Welfare

Responding to VAWDP as a child welfare concern is a fairly new addition to the responsibility of child protective services. Since the “private” issue of “domestic violence” has been more often deemed emotionally, physically and psychologically unsafe for children, protection mandates have shifted. However, opinions about the degrees and directions of these shifts have not come to a solid resolution with the involved stakeholders (child welfare, social workers, and the general public). Practice

standards for VAWDP cases have reflected flexible and ambiguous definitions of both “risk” and “safety” and opinions about what constitutes “best practices” have shifted frequently. The lack of a stable foundation for protection practices means that it is difficult to describe with any consistency how child welfare workers have engaged with both their clients and the legislation when responding to VAWDP. It also means that there is considerable opportunity for setting a “new” standard of working. The *Child, Family and Community Service Act* (CFCSA) (1996), Criminal Code, and recommendations of “best” practices for MCFD staff reflect how current theories of “good practice” influence front-line child protection work.

The Child, Family and Community Services Act (1996). Child protection workers are authorized by the child welfare legislation and policies of their specific province; in British Columbia, the legislation that bestows welfare workers with the authority to protect children is the *Child, Family and Community Service Act* (CFCSA) (1996). Section 14 of the Act stipulates that anyone who has reason to believe that a child has been or is likely to be abused or neglected (and whose parent is unwilling or unable to protect that child), must report their concerns to a child welfare worker. An appointed child welfare worker will then assess the report and determine if there is a need for protection (Section 16). Children who are abused (either negligently, sexually, physically, and/or emotionally) can be legally defined as “in need of protection” (CFCSA, 1996). According to Section 13 of the Act, being “in need of protection” explicitly means that a child has been, or is likely to be exposed to one or a number of abusive circumstances. Related specifically to violence in the home, protective measures need to be taken under the following criteria in Section 13 (1):

- (a) if the child has been, or is likely to be, physically harmed by the child's parent;
- (c) if the child has been, or is likely to be, physically harmed, sexually abused or sexually exploited by another person and if the child's parent is unwilling or unable to protect the child;
- (e) if the child is emotionally harmed by the parent's conduct.

By specifying the above indicators of protection, the Act serves to publically recognize these issues as “problems” needing professional attention. Once an assessment has been done, the child welfare worker may: a) take no further action; b) refer the family to informal and formal support services; c) provide a family development response; d) provide a youth service response, if the child is a youth; or e) conduct a child protection investigation. These interventions are done with the primary intent to reduce harm and increase safety for children.

Depending on the case, CFCSA’s Section 28 (which is applied when a child needs to be protected from contact from someone) can be used as a legislative tool to remove batters from the home with police and court enforcement. Section 28 can be employed and a protective intervention order can be granted “If there are reasonable grounds to believe that contact between a child and another person would cause the child to need protection under section 13 (1) (a) to (e) or (i)” (CFCSA, 1996). A protective intervention order can significantly restrict a person’s contact with a child (including where the child resides and their means of transportation, whether they are there or not) and carries the potential for serious police or court involvement if they do not comply. In this manner, the umbrella of legislation that protects children’s safety can also protect their mother’s safety.

The finer details of workers' assessments and responses to risk are complex. There is an overwhelming amount of evidence to indicate that exposure to violence and battering poses serious harm to children (Fowler & Chanmugam, 2007; Bancroft & Silverman, 2004). However, there is also evidence to indicate that many children exposed to violence in the home do not demonstrate any more problems than children who are not exposed (Jaffe et al., 2004). In any event, British Columbia still does not adequately provide guidance about how to protect children from the range of VAWDP as an essential piece of provincial child welfare policy. While the *B.C. Handbook for Action on Child Abuse and Neglect* (MCFD, 2007) states that emotional abuse "includes the emotional harm caused by witnessing domestic violence" (p. 7), the CFCSA, as B.C.'s legislative protocol, does not explicitly back this up in a way that is easily usable by protection workers, those primarily responsible for putting this piece of legislation into effect. Section 13(1)(e) of the CFCSA (1996) (which states that a child can be considered "in need of protection" if they are "emotionally harmed by the parent's conduct") is the regulation that is seen by CPWs as legitimating intervention where children are exposed to violence or battering. However, the conditions for demonstrating emotional harm are that the child must demonstrate "severe (a) anxiety, (b) depression, (c) withdrawal, or (d) self-destructive or aggressive behaviour" (Section 13 (2), CFCSA, 1996). Within these bounds, the definition of "severe" is not clear and much is left up to child protection workers (who are of varying skill and experience levels) to interpret the risks. When responding to a "domestic dispute" the child protection worker has the difficult job of determining both *how* and *to what degree* the child has been emotionally harmed. Furthermore, Section 13 (1) (e) provides quite a limited range of behaviours that need to

be demonstrated as “severe,” despite the mounting evidence that behavioural indicators of harm are often hard to assess and define (Fowler & Chanmugam, 2007). This is especially so when one considers that the vast range of behaviours that result from exposure to violence depends on the age, sex, and the personality of the child and often might not be obvious to someone who does not know the child (Fowler & Chanmugam, 2007). Because of the complexities of assessing harm and following the inadequate wording of Section 13 (1) (e), child protection workers must use their best judgments to assess “severity” and “emotional harm” and make decisions which may not fully understand or be in the best interests of the clients.

These elements of CFCSA legislation have recently been critiqued as being problematic by the Representative for Children Youth and Families (RCY) (2009), BC’s independent advocate for children and youth involved in the child welfare system. The RCY (2009) states that Section 13 of the Act requires CPWs to “draw a direct link between the parent’s violence and the child’s behaviours”—a “test that would appear almost impossible to meet except in the most extreme cases” (pg. 42). The RCY (2009) has further suggested that Section 13 be extended to encompass the greater range of responses that children have to violence, as well more clearly providing social workers with easy to follow, standardized directions to assess children exposed to domestic violence. In spite of this, MCFD (in according to UPDATE: B.C.'s Domestic Violence Action Plan) currently holds the position that Section 13 is broad enough to include children who are exposed to violence, while at the same time, not being so specific that it places women and children at greater risk or acts as a barrier in women accessing

services when identifying protection concerns (Ministry of Public Safety and Solicitor General, 2010).

The Criminal Code. Currently, all domestic violence cases are treated as serious criminal matters where the police are responsible for investigating the incident/incidents, and Crown counsel, not the victims of violence, are responsible for the decision of whether or not criminal charges will proceed. Thus, successfully protecting victims of violence often requires Crown involvement to enforce the legal conditions that restrict the batterer's contact with his partner and/or children. Consequently, close collaboration between Ministry, police, and court authorities is a logistical and defensive necessity. However, responding to violence against women has not always been in the realm of the Crown's priority. By conceptualizing violence against women as a "domestic" problem, the justice system has traditionally directed these "family problems" towards counselling, mediation, or reconciliation services—reactions that have ignored the often unidirectional, intentional, criminal, and gendered nature of violence (Ministry of Attorney General & Ministry of Public Safety and Solicitor General, 2004, pg. 2).

By erroneously conceptualizing violence as a personal rather than a social problem, women have been held responsible for "choosing" abusive partners and men's violent actions have been excused as "anger management" problems (MCFD, 2004, p. 22). By personalizing the problem, the responsibility for dealing with violence has often become individualized and blamed on the victim. For example, if women fail to follow recommendations made by police, they will likely be viewed as contributing to their own and their children's harm, especially if children are further harmed by their father (Hoyle, 2008). These judicial responses have often created "secondary victimization"—by police

who view the victim as “hysterical, violent or intoxicated;” by Crown counsel who cannot understand why women “fail” to leave the violent situation or “choose” to allow the batterer back in the family’s home, and/or; by the court’s disagreement with women who refuse to testify against their partners (Ministry of Attorney General & Ministry of Public Safety and Solicitor General, 2004, p. 2). In its response to victims and perpetrators, the justice system has often “reinforced [the batterer’s] belief that his behaviour is acceptable” and by the system’s history of inaction, has perpetuated the “false message that is repeatedly conveyed to the victim, that no help is available” (Ministry of Attorney General & Ministry of Public Safety and Solicitor General, 2004, p. 3).

Fortunately, the *Canadian Criminal Code* is a working document and has the ability to be revised. It currently stipulates a number of fairly recent federal conditions that are intended to help protect victims and prosecute batterers (for example, sections 264, 423, and 495 (Canada. Department of Justice, 2008)). Furthermore, the Ministry of Attorney General has recommended a number of changes in the way that violence against women is handled by the system (for example, training programs to dispel myths about violence against women) (Ministry of Attorney General & Ministry of Public Safety and Solicitor General, 2004). Legislation in a number of provinces and territories offer additional interventions that are meant to compliment the federal Criminal Code. These include but are not limited to emergency intervention orders, victim assistance orders (including monetary compensation from the abuser), conditions that may grant the victim exclusive occupation of the family home and use of the family vehicle, and conditions that prohibit the abuser from communicating with or contacting the victim or members of the victim’s family (Canada. Department of Justice, 2008).

Because the child protection system depends on police enforcement to help protect victims, ensuring that child protection and law enforcement professionals have a thorough understanding about each other's mandates, legislated roles, and what each party needs from the other is a crucial piece of providing collaborative services and protecting families from violence. Police enforcement of a protective intervention order (as per Section 28 of the CFCSA) is a prime example of how and why these two professional streams need to be on the same page. However, a lack of a consistent communication and collaboration lines between police and child protection authorities poses continual problems for the families affected by VAWDP. Without these open communication lines, women still may be held accountable for their partner's violence and may be unnecessarily removed from the home, both by court measures and child protection system practices (Nixon, Tutty, Weaver-Dunlop, & Walsh, 2007).

Ministry of Children and Family Development: Evolving best practices. In 2000, a partnership of clinicians, front-line service providers, and protection workers (BC Association of Specialized Victim Assistance and Counselling Programs, BC Women's Hospital, BC Institute Against Family Violence and BC/Yukon Society of Transition Houses, 2000) submitted a discussion paper that expressed their cumulative concern about how child protection services had been responding to cases involving violence against women. They argued that the way that BC's child welfare system has addressed both the safety needs of women and children who have experienced violence has been seriously disconnected and contributes to interventions that in some cases have actually increased the risk to women and children. The primary recommendations focused on the need to integrate services that respond to situations of violence and cautioned against the

continuation of practices that have historically re-victimized woman and children.

In response to the *Developing a Dialogue* document, the MCFD collaborated with several provincial anti-violence organizations and in 2004 released a document titled *Best Practice Approaches: Child Protection and Violence Against Women*. Coming from a “women-centred” perspective, the *Best Practice* document was written as a guideline for child protection workers to shift away from traditionally thinking of and managing abused women as “victims” who are responsible for their situation. Instead, the document supported a move towards a collaborative approach that encouraged connecting with women, specifically with their experiences and strengths, in order to best support their and their children’s safety. In addition to collaboration, a women-centred approach was promoted as a way to encourage respect, partnership and relationship building between child welfare services, victims and other support services to achieve safety for women and their children (Callahan, cited in MCFD, 2004). The woman-centred approach presented in the *Best Practices* document was intended to promote workers’ responsibilities to more fully understand the dynamics of “domestic violence,” consider women’s and children’s safety in parallel, recognize mothers as important resources for their children’s safety and respond in ways that do not compartmentalize the protection needs of women and children (MCFD, 2004). In this document, MCFD asserted that “[t]he safety of the mother is linked to the safety of the child and that, wherever possible, supportive services should be provided to the mother in order to enhance her ability to care safely for her child(ren)” (2004, pg. 19). The document further asserted that deconstructing the myths and understanding the reality of abuse could not only help

protection workers in ensuring women's and children's safety but could also help create working alliances where workers are better able to begin:

- recognizing and building on a woman's existing strengths
- recognizing that women use many strategies to keep themselves and their children safe
- developing a trusting and respectful relationship
- respecting women's ability to make choices within legal limits
- empowering women through collaborative decision making, respecting choices, sharing knowledge and information
- providing services that are accessible from the perspective of the woman
- respecting cultural diversity and recognizing that all forms of marginalization affect women's experiences and may limit options
- countering stereotypes about violence and specific groups
- providing interpretation services that allow safe discussion about her experiences
- supporting 'solutions' that respect and account for women's cultural and religious values
- building resources with women and the larger community
- engaging in a collaborative approach with anti-violence women's organizations and other systems to ensure a coordinated community response to end violence against women and their children (Buchwitz, cited in MCFD, 2004, p. 21).

The *Best Practice* document resulted in extensive training curriculums for child protection workers responding to violence against women (for example, Cory (2006)), but it is not clear if and how much actual training of child welfare workers had been

based on this document.

In September, 2007, three years after the release of the *Best Practice* document, six-year-old Christian Lee, his mother, and his grandparents were murdered by his father. The history of violence directed towards Christian Lee and his mother was known to MCFD and the local police. As such, this horrific and tragic event was examined by the Representative for Children and Youth (RCY). According to the RCY's report (2009), MCFD's response to Christian Lee, his family, and the violence was uncoordinated, narrowly focused, lacking in adequate communication and collaboration with police, inconsistent, and failing to do what it should have done—protect Christian. In their review of how MCFD failed Christian, the report drew directly on the 2004 *Best Practice* document, challenging its usefulness and concrete applicability to actual Ministry practice. The *Best Practice* document, the report argued, was written as a discussion, rather than a practical guide, does not directly or usefully apply to MCFD legislation, standards, or mandated practice, and consequently, is difficult for workers to read and apply to “in the moment” protection concerns (RCY, 2009, p. 45). The report further stated that when protection workers are working with mothers in high-risk, violent situations (such as Christian's mother), they need to look beyond the women-centred approach so heavily advocated for in the *Best Practice* document and focus more on concrete ways to assess risk and safety and work with the perpetrator.

This feedback is not unlike Nixon and her colleagues' (2007) assertion that descriptions and policies that explain how child protection practice *should* happen are often quite different than what *actually* happens in real-world scenarios. Turnell and Edwards (1999) similarly summarize that “[i]t is one thing for policy makers and

managers to call for partnership. It is another to implement it” (p. 181). Thus, drawing on documents like *Best Practice* to infer how the child protection system actually intervenes in situations of violence is not recommended. Currently, there continues to be considerable argument that more attention needs to be paid to the consistency between practice guidelines and front-line practice.

Following the Christian Lee inquest, a revised version of MCFD’s *Best Practice* document was released. The November 2010 revisions were said to emerge “[a]s a result of a number of factors including the Ministry’s emphasis on collaborative planning, changes to policy since 2004 and the government’s commitment to improving approaches regarding violence against women” (MCFD, p. 6). The changes in the 2010 *Best Practice* document included a number of revisions that could be directly linked back to RCY’s criticism and recommendations. As well as new information on risk and safety assessments, the new *Best Practice* guidelines also include more concrete ways in which protection workers can navigate the complexities of their jobs and work with perpetrators of violence while also holding onto a women-centred approach. For example, the document is careful to point out that adopting a women’s-centred approach doesn’t necessarily translate to easy outcomes or compliant clients. Rather, it provides workers with specific suggestions on how women-centred practice can be upheld, even in situations where protection workers have to use their power “against” mothers, the primary example being when children have to be removed:

Despite efforts to keep a mother and her children together, a child welfare worker’s intervention may lead to the decision that the non-abusing mother is not

able to protect her children from the abusive man. However, a women-centred approach can still apply. Women-centred practice in this context could mean:

- Understanding a mother's reasons for returning to or remaining with an abusive partner
- Not blaming a mother if it appears that she has "chosen" her partner over her children – she may perceive this as her only choice, or her safest choice
- Ensuring that she has maximum contact with her children
- Continuing to work with the mother to create a safe environment for herself and her children, developing a safety service plan independent of her partner and ensuring that she is not blamed for her abuse
- Ensuring that the mother has developed a safety plan and she has been given referrals to anti-violence women's organizations for support in a non-coercive manner. (MCFD, 2010, p. 41)

One of the most significant revisions to the 2010 Best Practices document is the expansion on the descriptions of the way that violence operates (a summary of the erroneous and actual "facts" that influences thinking around violence is presented in Table 1). For instance, there is extra clarity given to the fact that "[v]iolence towards the mother frequently escalates during intervention, separation, and or court proceeding" (MCFD, 2010, p. 28), which was not adequately attended to in the 2004 document. If communicated effectively, this will hopefully contribute to workers' understandings of perpetrators' and victims' reactions to child protection interventions and victims' hesitancy to separate from their abusive partner. By shining light on the importance of

workers' context and some potential realistic reactions from clients, the 2010 *Best Practice* document emphasizes the need and responsibility for changes beyond the front-line protection worker.

Table 1. Myths and reality about abused women (MCFD, 2010, pgs 8-9).

Myths About Abused Women	Reality
• Each partner is equally responsible for the abuse	• Abusive men are 100% responsible for violence against woman
• Men can't control the abuse	• Abusive men are in control and makes choices about who he abuses and where he is abusive
• Women are attracted to abusive men	• Abusive men target vulnerable women and initially conceal the abuse from a new partner
• Abusive incidents are random and isolated	• Abuse is patterned and intentional
• Women can provoke abuse or control abusive partners	• Women are not responsible for the abuse
• Women have deficiencies that 'provoke' abuse	• Women have developed safety and coping strategies and have many impacts from abuse
• Abuse is measured by severity and frequency or acts of physical violence	• Abuse is measured by the impact – fear, health problems, mental health issues, etc
• Abusive men are behaving in socially	• Society's standards of parenting and

acceptable ways	relationship behaviour are lower for men than women
• Abused women believe that abusive behaviour is normal	• Women seek support and try to talk about the abuse and it may be minimized and dismissed by some service providers

The 2010 *Best Practice* document also attempts to address some of the legislated constraints that have been deemed problematic. The duty to report (Section 14 (1) of the CFCSA (1996)) has been a suspected reason that mothers and their children avoid services (including transition homes) that may result in them being reported to child protection services. Because of this, the 2010 *Best Practices* document developed specific reporting guidelines regarding violence against women in relationships. These guidelines offer more explicit interpretations of the CFCSA so that women's fear of being immediately reported by their service workers (such as transition and support workers) might be reduced. The guidelines still emphasize that "[i]nformation regarding children who are exposed to violence against women in relationship situations must be reported if the circumstances fall within section 13 of the CFCSA. i.e., a child in need of protection" but also stipulates that:

- Situations wherein a child sees or hears violence occurring between their caregivers do not meet the reporting requirements notwithstanding the "likely to be" clause in the absence of other child welfare concerns including those outlined in section 13 (1) (e).

- Women with children who show up and/or reside at a transition home do not automatically meet the test to report (MCFD, 2010, p. 50).

It is uncertain if and how these changes have influenced women's apprehension about seeking help and other professional's experiences of knowing when to report violence to the Ministry.

A recent update to BC's Domestic Violence Action Plan, released by the Ministry of Public Safety and Solicitor General, stated that revisions that were included in the *Best Practice* document are now included in the advance risk assessment training for social workers (which began in November, 2010). The update also indicated that MCFD has developed a training plan to support staff awareness and incorporate the *Best Practice* guidelines within their approaches. Furthermore, the update indicates that the RCY (2009) recommendation that MCFD develop and implement a strategy to screen child protection reports for domestic violence issues is complete. It is still early to see how these shifts are percolating down to child protection worker's direct practices with clients and research in this area would be beneficial.

Child Protection Workers and Violence against Women by Domestic Partners

Adequately responding to cases where children have been exposed to violence requires working in ways that deal with the complex nature of the violence and the multiple needs of the non-offending parent and their children. The mandate of child protection services to employ strategies that increase the children's well-being and safety, remove potential risks, and prevent potential harm in the future means that workers must accomplish goals that are often competing, complex, and that require deep understanding of the issues families are facing. For example, safety for a mother and her children does

not necessarily mean just eliminating the violence. As Radford, Blacklock, and Iwi (2006) assert, safety also refers to the creation of psychological safety, freedom from fear, space to recover, and conditions where leaving the abuse does not create more harm than good. For example, financial instability, social isolation, the loss of community connections, loneliness, and parenting stress are just a few of the compounded concerns that battered women must contend with when they are considering leaving their partner (Davies, 1998). It would be invaluable to understand if and how broader definitions of safety are successfully attended to in current child protection work.

Johnson and Sullivan (2008) have found that child protection workers educational levels have often failed to adequately equip them to deal with the tasks they are expected to handle. Without clear legislative standards or explicit training in issues related to violence against women, workers have not always understood how to respond to clients in these situations. It therefore becomes a little easier to see why child protection workers have a history of positioning mothers and children as victims needing to be “managed,” rather than agents who have resources that could be cultivated for their own safety. Strega (2009) explains that “...as child protection has increasingly become a technical skill focused on procedures, relationship disappears in favour of forcing clients to comply with bureaucratic requirements” (2009, p. 259). Thus, when looking at areas of change, the focus needs to be not only on the practices of the protection workers but also on the missing pieces of the system they are working within.

Cook, Woolard and McCollum (2004) draw attention to the consequences of missing crucial details in protection work practice—if child protection systems focus on holding mothers responsible for protecting their children, fail to adequately assess the

violence, and neglect to look at mother's needs for safety, they risk unnecessarily removing children and contributing to mother's victimization (p. 105). In a meta-analysis on practice, Nixon, Tutty, Weaver-Dunlop, and Walsh (2007) note that "when domestic violence (VAWDP) is identified by the child protection system, abused mothers are most often held accountable and become the focus of interventions" (p. 1473). Women consequently become both the sources and the reasons behind harm (Strega, 2005), and their protective capacity becomes the focus of the investigation. By stipulating that workers need to attend to what parents have *not* done (for example, their "failure to protect" (Friend, 2000)), rather than attending to what they *have* done (i.e. their resistance to violence and steps to seek out protection) the child protection worker is put in the position of neglecting current or possible strengths to the situation. Nixon and colleagues (2007) agree with this and point out that rather than the batterer's accountability, "women's perceived inadequacies, including their lack of parenting skills, inability to protect their children, lack of awareness of the impact of abuse on children, and inability to choose non-violent partners, frequently become the focus of child protection interventions" (p. 1473). Furthermore, the harm to children may be overstated. Some experts claim that even for children who have witnessed the most severe violence at home, the majority of them show remarkable resilience (for instance, they tested psychologically normal, were self-confident, had positive images of themselves, were emotionally well off) after a relatively short amount of time away from the violence (National Coalition for Child Protection Reform, When Children Witness Domestic Violence: Expert Opinion, 2007). When separation from the mother does happen, it has the potential to cause even more trauma because a child may be "terrified that a parent

might not be OK, may be injured, may be vulnerable...” (National Coalition for Child Protection Reform, When Children Witness Domestic Violence: Expert Opinion, 2007).

Workers’ own needs for safety come into play as well. Humphreys (2007) suggest that worker’s avoidance, minimization, or rationalization of the violence may be a response to the dangerous situation and their desire to protect themselves from potential retaliation of the violent offender. Lack of safety, difficulty of engagement, and the assumption that parenting is a female responsibility are just a few possibilities of why it is “easier” to focus on the less volatile “client,” who is most often the mother. Radford, Blacklock, and Iwi’s (2006) description of the way workers assess harm further builds on this point of how attention is shifted away from the batterer:

Assessing the harm includes looking at the *other parent’s* vulnerability to violence, *their* ability to protect the child, and *their* parenting capacity as well as considering the vulnerability and harm to the children themselves. Living with domestic violence can have dire consequences for the health of a victims and this impact can impact on *her* capacity to shield the child from harm and *her* capacity to parent. The assessment considers how the parent coped with the abuse and the efforts taken to protect herself or the children (p. 182, emphasis added).

When VAWDP is a concern, safety plans are used with victims as a primary means of setting standards that will hopefully reduce risks and lead to greater safety for the victim and her children. Davies (1998) describes effective safety plans as “strategies and responses that address the batterer-generated risks identified and prioritized *by each* battered woman” (pg. 118, emphasis added). Hoyle (2008) notices that in reality safety plans tend to be based on workers’ assessments and analysis and professional standards

of what constitutes “risk” and what it means to be “safe.” Currently, safety planning is the most frequently discussed intervention in professional training and advocacy literature (Hardesty & Campbell, 2004; see also the 2008, issue 30, of the *Child and Youth Service Review*). However, to date there is little information about *how* safety plans are done and whether or not they are effective. Despite their prevalence as a child protection tool, the ways that safety plans have been implemented can be troublesome. Hoyle (2008) for example, says safety planning individualizes and commodifies safety. These efforts depend heavily on victims “buying in” and behaving in a way that fits pre-defined standards of what is considered sensible and rational. In other words, given tools (i.e., home alarm systems) and a script or “recipe” to achieve safety, individuals who are considered “at-risk” become personally responsible for following a prescriptive plan in order to manage the risks they will continue to encounter in their life (Hoyle, 2008). And if the victim fails to follow this plan appropriately (and “successfully”), they can be seen as irrational by police, child protection workers, and other service providers who are supposed to help them. Thus, in cases of VAWDP, safety plans demonstrate another way that the responsibility towards safety has typically fallen on the shoulders of the victims (primarily women) who, unless they adhere to the safety plan, are often likely to be blamed for failing to follow seemingly “logical steps” towards safety. Radford and Gill (cited in Hoyle, 2008) point out that risk assessments that focus on a mother’s responsibility to protect herself and her children, rather than on the batterers’ responsibility for inflicting the violence, “can support victim blaming and the categorisation of women into ‘deserving’ and ‘non-deserving’ victims” (p. 333).

Victims often behave in ways that are confusing and frustrating to service

providers—denying abuse, forgiving and returning to their battering partner, and continuing to stay in abusive relationships (Davies, 1998). However, Cahooney (2007) speculates that victims minimize violence, not because they are unrealistic about the violence, but because minimizing violence can act as a tactic to protect themselves when there is a high chance that the batterer will retaliate. Fleck-Henderson (2000) recognizes that denying and minimizing abuse can be a very rational, cautious, and protective behaviour, given the risks that often result from disclosure. Wade (2007a, 2008) has similar ideas, asserting that what may be portrayed as a victim's passiveness to the ongoing violence is, in actuality, her mental resistance to the ongoing violence; what is problematic is that the dominant perception of "resistance" is that it requires leaving the relationship, which can often be the most risky decision of all. Without considering these complexities, the child welfare system is at risk for misplacing blame, not holding perpetrators accountable, and deterring abused women from seeking help and disclosing their victimization for fear that their children may be apprehended (Nixon et al., 2007; Alaggia et al., 2007).

Services designed to meet the needs of women experiencing domestic violence have been far from perfect. Because a CPW's job is to increase children's safety, there is always a delicate balance between empathizing with the family's position, maintaining trust in the family's abilities, and reinforcing the necessary requirements for safety. What protective services have often failed to recognize is that, often, before they even become involved, victims are already using a set of tactics that could be conceptualized as their own working "safety plan" (Davies, 1998). Furthermore, leaving an abusive situation often significantly increases other risks (such as losing contact with her children, poverty,

unemployment, and housing) (Hoyle, 2008) and increased potential for more violent abuse (Hardesty & Campbell, 2004). Thus, rather than viewing them as passively accepting abuse, Hoyle (2008) advocates for women to be seen as “active negotiators of the competing demands on them and the benefits and risks associated with different courses of action” (p. 333).

The way child protective services have been applied to perpetrators and victims has been considerably varied and frequently disputed. While varying services contributes to a range practices of that may fit the uniqueness of a given situation, too much variability leads to services that lack consistency, cohesion, and accountability to services users. Shlonsky, Friend, and Lambert (2007) warn that if the child protection and domestic violence systems continue to be “mired in... differences rather than seeking out current best evidence and ...way[s] to coordinate and deliver high quality services, children and families will likely pay the price” (p. 350).

Chapter Summary

The literature about the intersections of VAWDP and child protection practice has been dominated by theory, discourse, and criticism. The idea that child protection practice has addressed VAWDP through a perpetuation of gendered and paternalistic discourses that corroborate mother’s deficits and weaknesses, over a women-centred stance that bolsters strengths and resources has been central to the critique (Turnell & Edwards, 1999). Only a few studies have examined how emerging approaches that are theorized to best promote safety show themselves in the daily practices of protection work, and the focus predominantly remains not only on the deficits and weaknesses of mothers but also on child protection workers. The workers and clients who experience

these practices directly are arguably best at identifying which practices are the most functional (Shlonsky et al., 2007). However, research aimed at evoking service users' perceptions of child protection work (i.e., interviews with battered women (Haight et al., 2007; Grauwiler, 2008) and conversations and observations with service providers (such as Scourfield's (2001) ethnographic study of social work culture) have been limited and rarely attend to how *both* workers and clients experience or construct the working relationship that they were involved in. The experiences that have been described suggest that service providers minimize the risk that women face and position them as blameworthy, non-compliant, and ungrateful (Davies, 1998). Furthermore, current policies, such as the CFCSA (1996) and the Criminal Code, do not explicitly advocate for work that is women-centred or non-blaming, despite the benefits that these approaches are said to offer. Solution-focused, response-based, and relationship-based approaches support *what* changes to the current system could be made; however, a description of *how* these suggestions work in practice to create safe and cooperative relationships between workers and clients is a much needed direction in this field. I will attempt to address this gap by the following proposed study.

Chapter Three: Method

In the first section of this chapter I briefly review how the goal of this research study will attend to the gaps in the literature. Second, I describe the main approach I used to explore the research goal. Next, I outline the context of this study, including the location, and describe how cases and participants were chosen. This is followed by the procedure, explaining in detail how I gathered the data. Finally, I describe the data analysis strategies that were used to generate the findings of this study before speaking a little bit about the process of writing.

Goal of the Study

In the review of the literature, I explored a number of direct and indirect recommendations about how child protection practice can more effectively support women who have experienced violence from their domestic partners. Predominantly, these recommendations have been based on dysfunctional practice elements (usually from the accounts of dissatisfied service users) which have been guided by theory and discussion-based suggestions, which are often considered to be too difficult to read and apply to everyday work with clients (such as the Representative for Children and Youth's 2009 critique of MCFD's 2004 *Best Practice Approaches*). To balance the current emphasis on dysfunctional practice elements there is significant need for detailed descriptions and examples of responses in protection work which are experienced as "effective" and "safety promoting." Likewise, to increase the accessibility of recommendations offered by ideology and theory based discussions there is a need to draw on the perspectives of workers and clients, who experience these various approaches in practices first hand.

Thus, the aim of this study was to gain a better understanding of some of the practices that have been proposed to invite more safety for women who have experienced violence by their domestic partners (such as those that have been offered by solution-focused (Turnell & Edwards, 1999), response-based (Coates et. al, 2000; Coates & Wade, 2007), and relationship-based practices (Ruch, 2005; Ruch, 2010)), by exploring how they are experienced by clients and used by professionals.

Descriptive Case Study Approach

This study's goal of gaining a "better understanding" through an exploration of experiences was well-suited to a descriptive case study design. A case study is an empirical inquiry that investigates the occurrence of phenomenon (such as child protection practice) within its real-life context in case-specific, exploratory, and in-depth ways (Yin, 1994). A descriptive case study design is suitable when the purpose of research is to explore and describe phenomenon and facilitate descriptions that "capture various nuances, patterns, and more latent elements that other research approaches might overlook" using pre-existing frameworks and theories as a guide in this process (Berg, 2007, p. 284). Since I approached this study with a "framework" and a certain amount of *a priori* understanding or knowledge (Yin, 1994) about what have been theorized as "useful" or "best" practices towards inviting safety for women who have experienced violence a descriptive case study approach seemed appropriate. Additionally, case studies encourage the use of multiple data sources—which this study had access to in the form of interviews with both workers and former clients as well as the Ministry case records—as a way to triangulate and help make the findings as robust as possible (Yin, 2003).

Although I used a list of practices that were theorized to invite greater safety

(informed by solution-focused, response-based, and relationship-based approaches) (Appendix A) as a framework for this study, my research goal was not exclusive to practices only within this framework. Therefore, to provide myself with more flexibility in analyzing and writing about the perceptions and experiences of workers and former clients, I borrowed on practices from grounded theory and thematic analysis to enrich my case study approach. From grounded theory, coding and memo writing were used to augment the list of “safety inviting practices.” In selecting and analyzing the themes from this study, I drew on Emerson, Fretz and Shaw (1995) suggestions about selecting data excerpts and integrating them into and developing a thematic text. Before I elaborate more on this process, I will first give some background about the context and how participants and cases were chosen for this study.

Location and Context

This study emerged from an ongoing ethnography conducted by Dr. Doug Magnuson. The team whose practice he was studying asked for help learning more about the impact of their practice approaches with clients involved with “domestic violence” concerns. This particular team had recently been introducing a number of “new” approaches in their everyday practices and work with mothers, in the hopes that these new ways were more effective and supportive to mothers’ and childrens’ safety than ways that were used in the past (personal communication with the team leader, 2009). The introduction of these practices in this team stemmed from the initial intuitive sense from the team leader that their practice approaches needed to change (“I was just having ideas about the fact that a) this [our approach with domestic violence cases] wasn’t working, and b) it didn’t seem right. And I can’t tell you why or where that came from”).

The change in practices also stemmed from individual and collective readings that the team engaged in, specifically Bancroft and Silverman's (2002) book, *Batterer as Parent*, the introduction of MCFD's *Best Practice Approaches: Child Protection and Violence Against Women* (May, 2004), thoughts and questions about practice in office conversations, and recent training with Dr. Allan Wade in applying response-based approaches to their practice approaches. The team leader explained to me how she and her team reacted to some of the "new" teachings they received how this influenced their reflections on their practice:

—the pennies were dropping all over the place and people were like "Oh my goodness" and recognizing things that they'd done in their practice that were not effective, that was actually inappropriate, and not with malicious intent but just out of ignorance. And recognizing what we've done and what we didn't like and so once we read [*Batterer as Parent*], it just all made sense and so the pennies all dropped and it was sort of like no turning back. It was like an epiphany in terms of what we needed to do.

The team leader says these practice revelations prompted more interest in the impact of language use in their practice, the dynamics and impacts of violence, and the importance of keeping children safe through encouraging a positive relationship with their non-offending parent. Part of these changes also motivated this team to try and put "something into place that would actually be supportive to [women exposed to violence], while at the same time also adhering to [their] mandate" (personal communication with the team leader, 2009). For example, team members talked about the importance of holding batterers accountable while also attending to the strategies of safety used by the

non-offending parent. With their new understanding about violence and practice approaches, this team wanted a clearer understanding and description of if and how these ideas were practiced in case-specific ways. This project had ethical approval from the Human Research Ethics Board (HREB) and the MCFD Ethics Committee to review case files and correspond with team members about their work and clients about their experiences with their child protection worker's interventions.

Sampling Cases

With the help of the team leader, I identified closed cases that arose prior to and after the introduction of the “newer” ways of working (as described above). The team leader screened the cases to make sure there were no ongoing Ministry relationships with the families involved (ongoing Ministry contact could have compromised the ethical use of their file for research). The team leader separated the pool into “newer” cases (which were largely handled after introduction of MCFD's 2004 *Best Practices* document, response-based training, and increase in office discussions about applying different approaches) and “older” cases (which were largely handled before this time period). I selected 8 cases to be reviewed more thoroughly. I asked the team leader to make this division since the “new way” and the “old way” of working is a language that protection workers at this office have been using to categorize their practice (Magnuson, personal communication). The original ideal of this study was to compare how practices within “newer” cases differed from practices within “older” cases. However, distinguishing cases this way was later discarded as practices did not so neatly fit these categories as previously thought. For instance, I was aware that “older” ways of working still might

show up in the way more recent case files were handled. Instead, I chose to focus on “safety-inviting practice” themes within all of these cases.

Participants

Child protection workers. MCFD child protection workers who were current Ministry employees and who had professional involvement with the files of the adult clients were asked to participate in the study. For those who agreed, I explained the study more fully and answered questions. Informed consent forms were signed. The workers were told that their participation would help to describe various interventions, practices, and viewpoints they used when working with the client(s). Given the small office and small number of cases, only three workers participated in this study. I had interviews with these workers for each case they were involved in. All three participants were women and all had postsecondary degrees, one in child and youth care and the other two in social work. They ranged from one to nine years in work experience. One worker provided services to four of the former clients and the other two each provided services to two former clients. For simplicity, the workers have not been given pseudonyms but are referred to as the client’s worker.

Former clients. From the list of closed cases selected by the team leader, former MCFD clients who had experienced violence by their domestic partner were identified and asked to participate. The team leader or front-line child protection worker, being known to the client (by the extent of their involvement in their case file), contacted the former clients and asked if they were willing to be contacted by me about this study. If they consented, their phone number was passed onto me. I called the women who were willing and explained the study more fully and expressed to them that I was interested in

hearing about their perceptions of their Ministry involvement (more specifically, how they felt services and practices were ‘helpful’ and ‘not so helpful’). I reiterated that their involvement in the study was not connected to any continued or potential MCFD involvement or assessment. I met with those who agreed to participate and obtained their informed consent and then interviewed them.

All identified potential participants were mothers. One participant self-identified as East Indian, two self-identified as First Nations, and five self-identified as Caucasian. Mothers who participated in this study ranged from 27 to 49 years old and had a range of previous involvements or intakes with MCFD. An “intake” refers to Ministry action on a reported protection concern, sometimes resulting in minimal protection but sometimes needing extensive involvement, the most extreme being removal of a child or children. For three of the mothers, their involvement with their worker was their first and only MCFD intake, at the time of the interview. Another had two intakes. Three others had three intakes, and one had ten previous intakes over the course of eight years.

Procedure

For each case, I collected data from former clients, professionals, and MCFD case files. While I had originally selected eight cases, this final case study includes seven cases, with each case being the relationship between the worker and the client. I opted to discard the data from one case as my sense from the interview with the former client was that the information shared with me pertained more to my ability to support her past allegations of child abuse and the ongoing custody battle she was having with her ex-partner, rather than to hear her experiences of practices that addressed/did not address her safety. For each case, I collected interview data from workers and former clients—

women who had been exposed to violence by their domestic partners—and collected content data from case files.

Reading case files. Prior to interviewing former clients and their protection workers, I reviewed the content of file records. I chose to read the case files first so that I could acquire a sufficient amount and quality of understanding about the case’s sequence of events, the “key” players, and intervention strategies used by the child protection workers that may correspond with the some of the emerging practice ideas that have been previously identified as “safety inviting” (see Appendix A). Because case histories can often be filled with complex details, I did not want to become “lost” or overwhelmed with details when I conducted the interviews—particularly with keeping track of persons, places, or details that would hinder me from paying attention to the quality of what the participant might be talking about. I believe that this process benefited my ability to better follow how participants were talking about themes of risk and safety in their interviews. Notes on applicable case files were typed in password protected documents and stored on a password protected laptop. Pseudonyms were used to protect the identity of families, workers, places, and associated community services. To protect the confidential nature of these cases, hard copy case files did not leave the Ministry office and were given back to the team leader at the end of every data collection day.

I used the notes from these case file reviews to guide my understanding about the events of these often complex cases. However, I was also aware that the workers were the authors of the files. Thus the information I was reviewing was a means of acquiring greater detail about the sequence of events but also the workers’ perspectives. Therefore, in addition to providing me with an introduction and general structure of the case, these

file reviews informally augmented the interviews of the worker and added to my exploration of how details about the client and their involvement with the Ministry were assembled, considered notable, relevant, and portrayed by the protection workers.

Of particular interest were sections in the file that most likely revealed *how* the child protection worker engaged the client, as opposed to *what* they did. For instance, while safety plans are a common tool used in VAWDP cases, the *way* in which they are introduced and completed may reflect how workers constructed safety, engaged mothers in this process, or established safety goals. Specific places in the file where I thought that the process of practices and positions of workers and clients would most likely be described, interpreted, or constructed were: 1) “communication notes” where the worker documents their phone contact, meetings, and dialogue with the client, 2) safety plan agreements between workers and clients, 3) risk assessments and the potential strength assessments that supplement them (which may reveal how victims, batterers, and risks are talked about), and 4) the Risk Reduction Service Plan (which are intended to provide a standardized and formatted space for workers to categorize, quantify, and describe the risks they perceive their clients to be facing). It is common practice that clients review, offer amendments, and “sign off” on these documents (the exception being the “communication notes”), but the child protection worker remains the primary author.

Interviews. Prior to being interviewed, the participants were informed of the purpose of the study, the conditions of their involvement (for example, the voluntary nature of their participation, the expected length of time of the interviews, what I would do with our recorded conversation, and how their interview would contribute to the study), and what their involvement might mean for themselves (for example, bringing up

experiences that might be difficult or discomfoting to reflect upon), this study, and future practice. The participants who agreed to the conditions of the study were asked to sign an informed consent form. However, as informed consent is a continual process, I again verified with participants that I could use their interview in the study, once the interview had concluded and all the questions had been asked. Interviews ranged from 30 to 90 minutes and were digitally recorded. All participants (except for one former client who preferred me to take written notes during her interview), consented to having the interview recorded.

The interview approach was in-depth and semi-structured. The interviews explored perceived aspects of the client-worker interactions and case events that contributed to safety and/or the “effectiveness” of practice as well as more specific questions about moments of worker-client interactions that were documented in the case files. I tried to structure open-ended interview questions to elicit dialogue about workers’ and clients’ perceptions and to come from a “spirit of informed curiosity about what is unfolding” (Sinclair, 2007, p. 162). For instance, even though I had my own research aim and biases (based on my assumptions gained from the literature review and conversations with other practitioners), I wanted to be inviting and open for differences that might go against the grain of what I assumed safety-inviting practices to look like. When I met with the participants for the interviews, I therefore tried to be less concerned with my own assumptions and attributions about interactions or events (based on my prior knowledge from preparatory reading of the files and literature) in order to be more focused on eliciting what the participant remembered as being most meaningful or salient. For example, even though I wanted my data analysis to be able to describe

perceptions and experiences of practice against a backdrop of practices that have been theorized to invite greater safety for victims of violence, I did not want the focus of my interviews to foreclose on any possible alternatives to broadening the perspectives of “safety inviting practices,” beyond this backdrop. I therefore asked open-ended questions that I hoped would elicit rich descriptions about how “safety” (however the person perceived or experienced it) was attended to in the case.

Interview questions for former clients. Interviews with the former clients took place in either their private residence or in a semi-private, “neutral” space of their choosing (e.g. a coffee shop), with the exception of one mother who had since moved to a different city and who I interviewed over the phone. The main questions that framed the interviews with the former clients were:

- 1) When you became involved with [child protection worker’s name], how did they respond to the risks³ you were facing? How did they respond to the safety you were trying to bring into your life?
- 2) How did you work with [child protection worker’s name] to support safety as a bigger part of your life, despite the risks that you were facing? What gave you confidence that you and the [child protection worker’s name] could work towards this safety together?

³ The reason I did not pre-define “risk,” “safety,” or “resistance” for the participants was because I wanted to provide as much opportunity as possible for workers and former clients to call upon actions, events or moments in the case that represented what these words meant for them. For example, I tried not to assume that certain practices that I observed in the case files were promoting of either safety or risk and instead wanted the participants of this study to elicit their own memories that represented or “best fit” these terms. Participants did not ask me to define these terms in the interviews. However, as a researcher, I generally conceptualized these terms in the following ways. Risk refers to anything that is perceived as compromising (or having the ability to compromise) the person’s sense of safety or well-being. Safety refers to state of being somehow buffered or protected and feeds into a person’s sense of security. Safety can be multifaceted (for example, physical, emotional, psychological, and financial safety, to name a few). Resistance—as I use it here—refers to any effort (purposeful or unconscious, overt or covert) that opposes affronts to one’s well-being, safety, and dignity.

3) What other kinds of things happened that allowed safety to have a stronger presence in your life? Are there times when risk could have taken over but it was able to be kept out of the picture?

4) How do you think your resistance was able to enhance safety in this situation?

5) What do you think was most significant about how your case was handled?

Interview questions for child protection workers. Interviews with the workers took place in their offices at the MCFD. The main questions that framed the interviews with the child protection workers were:

1) When you became involved with [former client's name], how did they respond to the risks they were facing? How did they respond to the safety you were trying to bring into their life? How did you react to the way they responded?

2) How did you work with [former client's name] to support safety as a bigger part of their life, despite the risks that they were facing? What gave you confidence that you and the [former client's name] could work towards this safety together?

3) What other kinds of things happened that allowed safety to have a stronger presence in [former client's name]'s life? Are there times when risk could have taken over but you or your client was able to keep it out of the picture?

4) How do you think [former client's name]'s resistance was able to enhance safety in this situation?

5) What do you think was most significant about how this case was handled?

Data Analysis

Transcription and “coding.” Following the interviews, I transcribed the audio files. Transcription allowed me to become more aware of and closer to the general content, tone, and feeling of each of the interviews. As I transcribed, I started to recognize certain categories and themes in the data that seemed to speak to (and beyond) the elements of effective “safety inviting” practice that I listed before. I also began to pick up elements and interesting moments that seemed significant and related but not so easily linked with only one of the distinct categories of “safety inviting” practices. For example, I noticed that accounts of “reliable, engaged, and constructive relationships” between workers and clients were not necessarily distinct from the way workers showed “validation” or encouragement for clients to give input into their case. As I thought about how these concepts in the data could be related and what they meant for “safety inviting” practices, I started to cluster concepts together, link themes with each other, and informally jot down “mind maps” (this is similar to what Strauss (1987) calls concept-indicator models, a technique of grounded theory). Once all of the interviews were transcribed, I began the more formal process of analyzing my data.

Looking for themes. For each of the 7 cases, I examined moments of practices within case records and workers’ and clients’ stories that illustrated safety or risk inviting practices. To do this I used a thematic framework to organize the excerpts from interviews, memos, and case files from each case into a table, along the lines of “safety inviting” and “risk inviting” practices (Appendix A). In addition to selecting specific features of “safety inviting practices,” analyzing the data thematically also enabled me to look for overarching meaning that these practices might seem to have (Emerson et al.,

1995). Emerson, Fretz & Shaw (1995) describe how themes can illustrate distinctions and interconnections between related phenomenon.

Additionally, I drew on the grounded theory techniques of coding and memo writing (Strauss, 1987) when aspects of the data did not “integrate” or match well with the pre-existing framework of “safety inviting practices.” These techniques provided me with a means to augment the themes and broaden my descriptions of practice in ways that were more consistent with how workers and former clients talked about practice. For instance, when a new or nuanced version of a theme emerged, I would revisit and revise how I organized the previous tables and see if there were any excerpts that would better fit the new theme than how I had previously organized it. This is one of the benefits of thematic analysis: codes can be continually adjusted and modified in light of developing themes (Braun & Clarke, 2006). In this sense, thematic analysis requires a great deal of active selection on the part of the researcher:

The writer...becomes explicitly attuned to responding both to voices from the field and to the voices of envisioned scholarly readers. She realizes that she must translate and interpret members’ voices into the analytic language of intended readers in order to address issues, theories and concerns that might interest them” (Emerson et al., 1995, p. 212).

Thus, a theme is not just representative of how often it appears, “but rather on whether it captures something important in relation to the overall research question” (Braun et al., 2006, p. 82). In my role as a researcher, I identified “important” moments as those that overlapped with the safety inviting practices in the literature but that also seemed to convey a certain degree of emotional clout or emphasis when participants recounted their

experience (how I defined these moments as important is further elaborated on page 76).

As the data started to encompass distinct themes in the list of “safety inviting practices,” I started organizing my writing into 1) an exploration of themes, and 2) a reconstructed case example of a case, which could act as a more accessible teach tool for practitioners.

Writing

The thematic writing (Emerson et al., 1995) drew on the excerpts that most aptly illustrated and/or said something about the patterns and list of “safety inviting practices.” To “give voice” to the participants of this study, I included short vignettes and/or quotes from their case examples to provide “close-up, vivid descriptions” (p. 178) to “invit[e] the reader to assess the underpinnings, construction, and authenticity of the interpretations offered” (Emerson et al., 1995, p. 181).

Selecting excerpts and reconstructing a case. The process of deciding which excerpts to select was a significant component in the thematic analysis. Although they refer to ethnographic data, Emerson, Fretz, and Shaw (1995) refer to the use of excerpts as “building blocks to the emerging ...story” (p. 175), which point to patterns or variations from what is considered “usual.” In this way, selected excerpts are not necessarily contingent on their being “most interesting” but on exemplifying nuances, implications, tensions and textures within the theme or pattern (Emerson, et al., 1995). In writing about the various practice elements, I wanted to select excerpts from the interviews to act as supportive exemplars of the “safety inviting practices” but which could also lend themselves to saying something about the broader meaning of how these practices work toward greater safety. I therefore chose excerpts that were the most

moving, evocative, and persuasive in saying something about the quality of the theme (Emerson et al., 1995). The framework of the thematic analysis is based around the main ideas and excerpts that portray the nuances of these overarching themes. This is similar to what Emerson, Fretz & Shaw (1995) say about the way a thematic narrative can be useful: “a thematic narrative progresses through incremental repetition. Each unit both repeats the theme but also through small increments adds some further ideas and glimpses of people” (p. 185).

I reconstructed the case to represent how practices that have been conceptualized in the literature (and are encompassed in this study’s thematic analysis) may look in practice. Not surprisingly, there were no cases from this study that represented complete agreement and synergy between workers and clients about what “effective,” safety inviting practice looks like. Rather, nearly every case had moments where the interaction and practice between the child protection worker and the mother “worked” toward greater safety, but these moments were also punctuated by moments that workers and former clients perceived in a less positive light. Thus the reconstructed case amalgamates many of the themes and practice elements from the thematic analysis, in addition to other moments, in order to create a more complete whole. I selected excerpts that I remembered being the most emotionally salient in the interviews and that--in text form--seemed to me to be the most vivid account of “effective,” “supportive,” “safety inviting” practice. For example, these were moments that I recalled participants leaning forward when they talked to me, talking with heightened emotional voice, emphasizing words in a different voice or pace than they had previously done, and using non-verbal gestures in communication. Emotionally salient moments also included those to which participants

devoted considerable time or brought up multiple times.

I also reconstructed this case to show the significance of a change in relationship over time. For instance, “good” practice does not always or immediately result in cooperation and “good” clients do not always cooperate. It was my hope that by presenting the data in this way, I could better maintain a sense of continuity in what a collection of “risk inviting practices” might look like and be responded to and what a collection of “safety inviting practices” might look like and be responded to. I also wanted to shed light on how a client might perceive and respond to their worker’s approaches, depending on the history of how risks they were facing were “managed.” Clients do not often talk about a way of working as emerging from a model of practice, but they still have actions within working relationships that are reasonable, understandable, and rational—writing about these responses in a narrative form has provided a useful means of demonstrating to others how interactions between parties can make sense (Lempert, 1994). After providing a background to set up the case, I presented the case as a split-page storyline, where one side of the page was the worker’s story and the other side was the client’s, creating a dialogic format in the hopes that this would add more congruency in attending to a response-based framework, theorized modality in inviting a greater range of safety.

The following chapter presents these analyses before I move onto discussing the implications of these findings.

Chapter Four: Thematic Analysis

In this chapter, I will present the findings of this study in the form of themes that were encompassed in each of the seven cases. To reiterate, a “case” refers to the involvement child welfare services had with a family where VAWDP was an issue and includes the accounts from the worker and former client. While each of the seven cases in this study were very different, they all contained important experiences and examples of practices that can be used to say something about how safety can be fostered. As previously mentioned, safety inviting practices are those that focus on a holistic definition of safety (i.e., inclusive of safety beyond the physical safety from violence). Working with a more holistic definition of safety means taking into account the importance of women’s responses to violence, pre-existing knowledge about safety, and need for constructive, reliable helping relationships. In this study, safety inviting practices broadly include approaches that protection workers used with solution-focused, response-based, and relationship-based modalities. While the scope of this study is largely limited to how the practitioners invited safety, it should be noted that the way former clients invited safety is an important but less emphasized piece of this research. In particular, I identified three overlapping themes that represent how child protection workers use and how former clients experience safety inviting practices: validation, responding to mothers’ relational needs, and creating space for mothers to take the lead. Within these themes, I explore their various nuances. Before summarizing, I discuss how these practices feed into an overarching theme of alliance building and follow that with an exploration of what happens when there is not a worker alliance between a protection

worker and a client. I will also touch on the mismatch between documenting details in case files and holding on to safety inviting practices.

Validation

In this study, the theme of validation captured some of the salient ways that safety inviting practices were experienced by mothers and used by professionals. In a child protection/helping context, to validate is to bridge acknowledgement and support.

Validation does not require unconditional agreement with a client, but it does require a clear communication of care and respect for where a person is coming from, their needs, and an acknowledgement of their specific experience. Validation can encompass such emotionally supportive qualities as empathy but can also include giving support in practical, resource-based ways. The opinions of workers and former clients about validation overlapped along several dimensions, which I will describe below. These are the importance of: (a) supporting mother's safety resources, (b) acknowledging mother's safety knowledge and efforts, and (c) affirming the mother's identity beyond that of a "Ministry client."

Supporting mother's safety resources. For some mothers, having their practical needs for safety acknowledged and supported was often central to their sense of being capable and willing to comply with protection mandates. Workers in this study supported mother's safety needs by: a) accessing and sharing important information with them about the past and current behaviours of their partner; b) using their power to enforce standards of safety and hold the batterer accountable; c) anticipating and pre-emptively offering well-matched resources; and d) allying with mother's perceptions of the "type" of person their partner was.

Sharing information. Sharing information is critical to ensuring safety in situations of violence as it provides important support and validation to mothers as informed decision-makers. Section 96 of the *Child, Family and Community Service Act* (1996) gives child welfare workers the right to access an individual's police files and criminal history to ensure that pertinent information can be shared if necessary. Accessing and sharing information was one such way that workers in this study talked about supporting mothers' safety. For instance, a worker who provided one mother, Heather, with previously unknown information about her partner's criminal past enabled her to make certain choices that she might not have otherwise made had she remained ignorant about her ex-partner's past. Once she knew about his charges (which he told her were only allegations), she was more willing to try and understand why her worker wanted her to adhere to a safety plan—specifically, ensuring no contact between her and him and the children—and readily reported his requests to visit their children. Asking mothers to “ensure” no contact is often a problem as it can put mothers in a difficult place between their partner and their worker. In this case, Heather was ready for the relationship to be over, was equipped with knowledge to confirm this position, and also was lucky in that her partner did not retaliate in dangerous ways that can sometimes be common in these circumstances. Whereas her involvement with a previous protection worker left Heather with “no idea” about what was going on regarding her partner's charges, past history, and criminal record, the information her new worker shared with her changed Heather's perception of her partner's side of the story:

I knew [my partner's] version of things that had happened and [my worker] just basically told me that ‘This is how it was. I have this criminal record, this is what

it shows: this, this, this and this.’ And then all the things that he said that he had done after that, he never did. She looked into it all. Called the places. Got all his grades for all the different anger management courses and stuff and she just laid it all out for me. Like, ‘This is it all right here, these are his charges. Everything that he’s told you has basically been a big pile of BS.’ ...So it made it easier to be like: ‘Fine then, you know, I won’t have him come around.’

Thus, Heather’s original position of having “no idea” shifted to one where her decisions could be based on details from multiple sources. In addition to the information about her partner’s past, Heather’s worker provided her with updates regarding her ex-partner’s required participation if he wanted to maintain contact with his children. Heather’s partner did not engage in the risk assessment, visits with his children, or referrals offered by the Ministry. These updates gave Heather a sense of her ex-partner’s level of willingness to engage, further information on which to base her personal choices and assessment of him and reinforcement to support decisions that she had long wanted to make: “I think that there was always a point [that I knew what I wanted], it was just actually being in a situation where I was *able* to do it [leave].”

Another mother, Jenny, was in a similar situation of needing information in order to gain some control over the situation she was in. Unlike Heather, Jenny knew her partner’s past, but needed information about how restrictions could protect her from him. But unlike Heather’s worker, Jenny’s workers did not seem to understand the resources that Jenny needed, the coercive nature of her partner’s violence, nor did they provide information about him in a way that Jenny felt would have given her a greater sense of safety:

He was so phoney with them that I don't think that [the Ministry] saw the situation clearly. . . [The Ministry should give] more help... if they know that it's a violent situation and if you really need help to get out of it, it will offer protection or find you somewhere to go where you can go to hide. Because that's basically where I was, like where would I hide if I did anything? Other than maybe working with the police or having some sort of laws where they have more power over individuals who...are so well known for their violence and anger management issues... I guess that one thing that maybe could have been done differently with the Ministry is I imagine that they would have known his criminal record. And he had quite a lengthy record which included a lot of violence and violent acts. And maybe they could have done something to find something stricter around knowing the people around their children who are like that, who are having those kinds of issues. That probably would have been the only angle where they could have taken more control of the situation. Because he was pretty well known for not being a good guy. But that just boils down to laws and stuff I guess.

Child protection workers can obtain information from police if it is deemed pertinent to their duties of ensuring safety. In this case, Jenny indicates a clear understanding about how this access to information should have been used to increase her safety. However, she remained frustrated that despite the Ministry's powerful ability to access this information they did not use it to better restrict her partner's behaviour. She was very clear about her needs, and it was unfortunate that the way she described these needs seems to indicate that they were needs that would have been well within her workers'

grasp, but were instead, not offered to her (such as a referral to a transition home and clear coordination with police in supporting her from safely separating from her ex-partner).

Sarah, an immigrant mother who was not familiar with Canadian rights and who had only heard that the Ministry “takes children,” talked about how the information about her rights that her worker shared with her was especially important for fostering trust and supporting her. Before her worker informed her about the protection process, Sarah was uncertain about talking to anyone (even her parents) about her husband’s violent acts. She lived in a tight-knit community and feared embarrassment for both her husband and herself about the recent event. However, hearing that that her confidentiality would be protected was key for Sarah maintaining her sense of dignity. Her worker educated Sarah about her rights within the protection process, ensured that what she disclosed to her would be kept in confidence, supported her point of view, and planted a seed for her to make further safety plans. Sarah reported that after her case was closed her husband had not threatened her or used violence. Nevertheless, Sarah stated that she has since enrolled in several courses with the purpose of gaining greater independence should the possibility arise where she would need to leave her husband—she describes this as part of how she was creating her own “safety plan.” Sarah comments, “After their involvement, I felt like I had more rights, and because of that, I got stronger. I thought that I needed to do something and felt that MCFD was on my side.” Consequently, equipping mothers like Sarah with information can serve not only the immediate situation that is being investigated, but can also help to build a longer term sense of safety.

Using power to reinforce safety and hold batterers accountable. In this study, the leverage and clout used by child protection workers to reinforce standards of safety and hold batterers accountable seemed to significantly influence worker's ways of validating mother's needs for safety. Heather's worker, for example, noted that Heather's partner had a history of "stalking" and anticipated that it was likely that – despite the restrictions on him – he would return to harass Heather. With this awareness and foresight, Heather's worker outlined to Heather that it was her professional responsibility, not Heather's, to enforce the rules her partner should be following. She told Heather:

“[I]t's not your responsibility to oversee [his access to the kids] or make sure it's safe. If he wants to see [the kids], it's through me. And if he contacts you, you just punt him to me because that's my job, not yours.” And [Heather] seemed to be okay with that. She was really afraid with what had happened.

While Heather's ability to deflect or “punt” the advances of her partner would likely have been more difficult than how her worker conveyed it to be, her worker's statement communicates that she does not hold Heather responsible for ensuring safety and that she is aware of the potential abuse and retaliation that could occur through the children (as described by Bancroft & Silverman, 2002). When her worker's predictions came to fruition and Heather's partner did come back, Heather's knowledge about his lack of commitment to the protection mandates (which she was informed of through her worker), as well as a clear understanding of her worker's role, provided Heather with a means to resist the blame he was trying to place upon her:

He said, “You're trying to keep the kids away from me!” And it's like, “No, *you're* actually keeping the kids away from *you* because you only had to comply

with a few things that were asked of you and then you would have access to see the kids whenever you wanted to. And because you didn't do it, it isn't *my* fault. And it's not my problem that you can't take the time—that you can't sit down with [the worker] and do all your interviews and do all that kind of stuff that you're supposed to do.”

In this example, Heather reported being able to quickly redirect her partner's blame back to himself. Thus, not only did Heather's worker use her power to enforce standards of safety, but Heather was also able to capitalize on this power, using it as reliable back-up to her continued resistance against her ex-partner's attempts to manipulate her.

Another mother, Dianna, and her worker further describe how a worker's capacity to exercise their authoritative role can alleviate considerable pressure on mothers and validate their need for outside support.

In other instances, where I have found that the woman has had difficulty dealing with the man and wants to have an outside intervention and doesn't want to be the—what is it—“the bad news bear” or whatever. And needing to say to the guy, “You need to stay away, I'm just doing this to you because the Ministry is telling me to.” And this way, with this safety plan, and again trying to get the agreement and include what the mother or father feels is important, I can go to the other parent and say, “This is our safety plan. This is what mom has agreed to—or dad has agreed to.” But *we* are enforcing that safety plan. If we need to use it as leverage with the violent partner, so “This is not mom saying this, *I'm* saying this.” So then I can take the pressure off mom. And so in some instances, I've actually found that women find that there's a relief. (Dianna's worker)

In one situation, I just thought “Thank God they were there,” because it was the only way that I could keep this one guy away from me. (Dianna)

The words of Dianna’s worker hints at the risks that can come when mothers do not have outside support to enforce the boundaries they need to be safe. She calls attention to how workers, when they are the bearer of boundaries and rules (“the bad news bear”), can create more safety for mothers. Dianna’s worker’s analogy of using authority as “leverage” to relieve the “pressure” that is placed on mothers represents a significant way that this outside support can relieve pending risks, a significance which is echoed in Dianna’s gratitude about the worth of this outside intervention.

When workers’ power is not capitalized on or used in constructive ways, women’s sense of safety can be compromised rather than promoted. For example, Jenny, who not only was not validated in receiving the type of information she needed to be safe, also did not feel that her partner received the enforcement he needed from authorities in order to de-escalate his violence. Given her partner’s lack of constraint, Jenny described how her ability to both adhere to the Ministry’s safety plan and address her own needs for safety were consequently incompatible. Jenny’s partner was more abusive than her child protection workers predicted him to be and, because of the lack of safety enforcement and protection from violence, Jenny felt placed in a double-bind between the powers of child protection and her ex-partner.

The situation as it was, I didn’t want to aggravate him at all so I still let him come around for a little while...Because the restrictions were there but he just wasn’t listening to them and obeying them. And so unless it boils down to being able to charge him possibly in some way ...Cause I really didn’t have much control

because if he wanted to come around, he came around. And trying to deny him would have made things worse... I didn't have resources to see him without her. It was a really difficult time to try to do what was best for my daughter. But in a roundabout way, doing what wasn't best for her was best because I didn't set him off.

In this case, Jenny and her workers' perception about how to manage the safety concerns with her partner were dramatically different. And because Jenny could better understand the complexities of the situation and the lack of control she had over her ex-partner, she took matters into her own hands. For example, when her partner intentionally breached the "restrictions" by returning to see her she purposefully avoided aggravating him by letting him see her, knowing that she had her own more adaptable conditions regarding his visits (i.e., she would only "let him...for a little while"). Therefore, instead of following the advice of the child protection workers (mainly, to halt all contact with him while their daughter was present), she took a "roundabout way" and gradually eased away from her partner, reducing the possibility that she would "piss him off" and maximizing her ability to safely manage the situation and do what was "best" for her daughter in the long term. Protection workers like Jenny's need to see assurance of children's safety amidst relatively short-term service goals. Jenny, on the other hand, talked about weighing out some very complex choices and immediate safety needs with the long-term hope that she can keep herself and her daughter safe from the Ministry, her partner, and the uncertainties of an unknown future. Jenny talked about these experiences of managing her and her daughter's safety amidst the overhanging threats of having her child being removed, that she reported receiving from the Ministry:

[I]t was pretty hard for me actually, I kind of felt stuck between a rock and a hard place because of the kind of guy my husband was. Like if I made any kind of reports [on him], then it would have just aggravated the situation with him...I think that there was just so much fear about doing anything differently. And he's a very volatile individual and he would use it like, if I would say, "You can't be around us or we'll lose the baby" then he would think that I had a guy there or something. And so just letting him come and see that nothing was going on and have the control that he wanted to have and just, I mean, I didn't know what else to do....I just had to lie more. To everyone. Unfortunately.

Jenny's description of being "stuck between a rock and a hard place" captures her paralysis in both complying with Ministry standards of keeping her child safe and appeasing her ex-partner's volatility and demand for control. She saw concealing important information from her worker (such as her ex-partner's persistent threats and visits) out of necessity ("I had to") as they were her most reasonable means of gaining safety, but were obviously against the grain of child protection views of "safety." On a broader scale, Jenny's situation indicates that when workers impose safety rules without giving mothers the information or enforcement they need to support them adhering to these rules, mothers, like Jenny, sometimes continue using nuanced strategies of safety that have already been working for them, even when there is a risk of losing custody of their children.

Anticipating and offering resources for safety. Anticipating and offering well-matched resources for the mother's specific safety needs was another way that workers validated the practical safety needs of mothers. Further, because concerns about ensuring

safety extends beyond “business hours,” women not only need to receive information on who to call or where to go if violence escalates but also know that they will not be putting themselves at greater risk of violence or instability if they do reach out for support. For instance, the RCMP told one recently abused mother, Pauline, that she got what she deserved, she was arrested for defending herself, and she was warned that if she continued to call for “non-emergency” matters then MCFD would be contacted and would decide where their children would go. Not only did these reactions fail to reduce the violence but, to Pauline, they also created a threatening sense about what child protection services would do. When MCFD did get involved, Pauline was understandably terrified, not knowing what to expect from their involvement. However, Pauline also did not see herself as having very many alternative options as her husband had taken the children’s car seats and removed the license plates from the car. After talking with two workers, she was surprised to find a listening ear and supportive understanding about her account of her husband’s violence. A worker immediately drove out with the practical resources she needed (a van and car seats), helped Pauline sort out her safety planning details, and gave her an “after hours” phone number to call if MCFD was not available and she needed urgent assistance. Pauline recounts the help she received:

And unfortunately I did have to use that emergency line on one occasion but at least I knew that I had that resource. ’Cause I mean at that point you’re emotionally messed up, you’re feeling vulnerable, and you’re afraid. And so to have a resource there that says that “we can help you, you don’t have to do this on your own.” Because it’s overwhelming if I would have had to do it all my own and figure out what to do. I would have just . . . I would have lost it.

Pauline's situation suggests how important it can be for workers like hers to take their client's fears seriously, offer practical resources that can alleviate risks, and communicate a willingness to support them. To her, just the awareness of not being alone and managing in isolation seemed to reduce her perceived likelihood of being overwhelmed and "los[ing] it."

Providing appropriate resources to mothers not only reduced emotional stress but also seemed to help reduce barriers when they addressed practical needs such as transportation, child care, financial and social support. For example, Heather's worker's protection role included helping her maintain her already safe parenting choices and coaching her to make connections that would have otherwise been difficult to do without her worker's support. Heather talked about the offers her worker made to her, not only for short-term assistance, but also for longer term supportive connections.

[My worker] was calling me like, "Hey, do you need a bus pass? Or do you want to start sending the kids to daycare? Here's the paperwork you need..." I didn't have to ask her. She was always like, "Do you need this? Do you need that? Here we can give you this. This might help you out financially or this might help you figure things out." And then she really, really pushed for me to start talking to my parents again and I hadn't talked to them for a few months ... it was her who pushed me and said, "Call your parents, call your parents, call your parents," and "Okay, I will call my parents." And now I talk to my parents like every day on the phone pretty much. And they've been super helpful and as helpful financially as they've been able to. They even bought me the van so I can get around.

Heather's worker echoes her view of the type of services she should be delivering to a "client" like Heather: "I don't think that she needed any parenting skills as it were. Just support in lots of other ways to be able to maintain [what she was already doing]." In this way, Heather's worker aligned herself with Heather, supporting her as a mother who already was safe and skilful but who could likely benefit if resources were made more easily within her reach.

In contrast to Pauline and Heather's accounts of receiving support and resources that were validating to their needs, Dianna talked about how a past intake with MCFD (where her children were removed) left her feeling "violated" rather than validated. She spoke about how the "business hours" of child protection services functioned to undermine rather than support her efforts towards "do[ing] good," both in her role as a parent and a client.

[Child protection authorities had] total control without even looking into exactly what was going on. ... I think it was about a week after—maybe even three days after they had taken my kids away—and I phoned them on like a Thursday or Friday because I wanted my kids for the weekend. Nobody got a hold of me. Friday, Saturday, Sunday, Monday, finally I think that it was [the team leader]. I remember phoning her a few times and finally I got a hold of her and I said, "Look, I've been trying to get a hold of someone and all weekend no one's gotten back to me and no one's returning my phone calls and blah, blah, blah." And apparently [my worker] was on holidays or something and somebody else was supposed to be taking over and somebody else never did end up phoning me and, I was a big mess. And that was a big mess on their part, just not having it all

arranged. Like my kids were taken away and I'm hanging in the loop... Which really is not fair. Because you know what?! When it's 10/11 o'clock at night, they don't go by business hours. They're at my door taking my kids away. And yet, when I'm trying to do good and say, "I want to see my kids" or "What's happening?" they don't return calls.

It is not clear whether Dianna was left "hanging" because her worker forgot, because she was not made a priority, or because of a miscommunication about how accessing her children would work. In any event, her experience of being a client of someone who she saw as having "total control" but who she adds, couldn't "*even* [look] into exactly what was going on", was to her, not right—"a mess." The double standard of business hours that she feels subjected to (where MCFD can be at her door at any hour but she is at the whim of their ability to pick up the phone) did not do much to validate her efforts towards change.

Similarly, Jenny reported feeling frustrated rather than validated by her involvement with the Ministry. The priority given to her case was not consistent with her needs. Her file bounced around from worker to worker and she was consequently given mixed messages—in one intake, the violence she experienced received numerous and conflicting labels (including mutual, isolated, minor, historic, and extreme/serious); in another intake, she was advised only to see her partner during the day (presumably under the assumption that violence only happens at night), remembered much of the protection concerns being focused on her sleep training her daughter and, at one point, had her file closed due to the Ministry's work load issues, despite her reports that her now ex-partner was continually trying to "weasel" back into their relationship. Thus, it seemed that just

as well-matched resources for the mother's safety needs were salient to mother's experiences of validation, mismatched resources carried a similar impact to experiences of invalidation.

Affirming mothers' perceptions of their partners. Another way that mothers in this study expressed feeling validated by their workers was when their workers affirmed their perceptions about their partner. Pauline, for example, described her workers' abilities to identify with her own view of her husband's abusive nature: "[T]hey could just see through him. And they're the only ones who have so far. And I know what I've experienced and they knew what kind of person he was. They had him pegged right from the get go." Heather describes how a similar insightfulness of her worker was affirming and validating to her own perception:

[My worker] could see right through him. And it was nice to have someone else who was like "Okay, I can really tell that this guy is a piece of work," and you know, she didn't let him manipulate her into thinking that everything was all me and I was the one that was being the bad guy all the time.

Pauline and Heather both used the analogy of their worker's ability to "see through" their partners, calling attention to the heightened perceptiveness that is necessary to truly "see" things from their point of view. Their comments also suggest that others have not so readily picked up on their partner's abusiveness and convey that there have been times in the past where they have been the ones to be blamed. This validation was a relief for Pauline and Heather and seemed to provide them with further reason to view the alliance with their worker as legitimate, supportive and collaborative. In these instances, the workers became partners in the client's viewpoints and allies in supporting, rather than

blaming them for the violence of their partners.

However, it is not uncommon for women to decide that, despite the recent past and possible conditions that were set out for them by child welfare authorities, they want to reconcile with their partners. This shift means that when women do change their minds about their partners, workers who began by affirming their negative perceptions of their partners might risk the supportive role they initially played and become, in Heather's worker's words, the "enemy." This risk suggests the need for augmenting these affirmations with something more. Heather's worker talked about how she prepared Heather for the shift she might experience in her affinity towards her ex-partner (and correspondingly herself as Heather's worker)—a shift that she frequently sees in her work with women who have experienced violence.

I talk about it with [women] at the beginning ...I said [to Heather], "So right now the understanding is this and right now I know you're thinking that you're never going to be together again. And in a few weeks you might change your mind. And in a few weeks, I'll be the enemy. And know that I still won't change my mind. This is what is safe for the kids." Because it's kind of the life cycle of the process, right, and it's not uncommon for someone to all of a sudden not want to work with me anymore. And all of a sudden I'm the bad guy and if we weren't in your life, everything would be fine. "Just go away, we're fine now, we had a fight, we're good."

Laying out the expectation to the client that there is a strong likelihood that their working relationship will take a "sudden" turn for the worse is an interesting move on the part of Heather's worker. On one hand, framing the future of their relationship this way seems

highly fatalistic. On the other hand, this caution could be highly strategic when presented at the outset of the relationship as it communicates her role and states that the permanency of her position is anchored in the children's safety. Because the child protection role is not a therapeutic one, this perhaps serves to warn her clients both that her support cannot be unconditional and her role as a worker requires a firmness on certain positions her clients take, whether it be as a mother or as a partner. While her approach might seem blunt, the following quote illustrates how this worker supplements her firm approach with patience and knowledge of what she can and can't control.

I think that [what clients decide to do regarding their partner] has to do with where they are in the process. I don't think I work differently with different people, it's just if they're ready or not. And if they're not I just have to wait. Because I can't make them ready and it doesn't help if I add more rules or shake more sticks at them, it's just, this is how it is. And I have to be firm on the line and I am. I am pretty firm on what's safe with the kids. "So the ball's back in your court and here's some things you need to start with."

In a sense, Heather's worker is talking about choosing her battles and where she wants to take a back seat. While she is primarily there for the children's safety, she also knows that once she has given some rules and resources, she has to sit back and see what the mother wants to do with her own situation. In Heather's case, her worker did not become "the enemy." It is important to also note that Heather did not change her mind about her decision to separate from her partner, and in her words, "compl[ied] with everything that [she was] asked," and remained "...a relatively easy person for [her worker] to deal with."

However, Heather's hypothesis about what her worker's position would have been had she not been an "easy" client was clear.

I think that she probably would have been pretty harsh. I think in an instant, she probably would have done her job, right? She probably would have come and done exactly what she was hired to do for the most part [laughing].

Heather explained that this hypothesis was based on her worker's "straightforward" and "clear" communication of the "rules." Thus, even though she knows that her worker's support was conditional on her actions, Heather said she was appreciative of—rather than offended by—her worker, having clarified her position from the outset. She seemed to be further okay with a consequence that was "harsh" because she had already finalized her decision about her partner and decided that she did not want him back in her life.

Despite the firm line that child protection workers walk on, the workers in this study expressed an understanding of mother's fluctuations in their relationships in ways that showed their empathy for the difficulty women face in (not so) simply leaving their partners. For instance, Heather's worker offered her insights about how she understands women's reasons for "sliding back," returning to their partners, and/or minimizing violence that they initially reported.

[O]nce you make that acknowledgement, your whole relationship and life is different from then on. You can't go back. Once you've acknowledged that this happened, and it was done with intent, you can't go back. So it's hard to make that click. Even if you make it you can't articulate it because once it's out there you can't go back. You can't say, "Well, I know that he was physically violent with me and he meant it and it was coercive and controlling but he's okay now."

Cindy's worker also talked about her understanding of the difficulties and pressures that victims, as opposed to perpetrators, face when working with the Ministry.

...even though we're trying to hold the guy accountable, the guy seems like it's less on him to go through the [protection] process. Like often times guys are, I don't know, trying to connect with us or something so they might be like trying to behave in a charming manner and I don't know, they might be cracking jokes and trying to connect whereas the woman is—it's so huge for her that she can't even try to connect with us... I can think of a few different women where the Ministry (i.e. me), is just another horrible thing that is happening so I think, I find that it can be harder for women to connect. Whereas these guys, they can crack jokes, they can smile, they seem lighter... it's a very difficult relationship, because people aren't going to feel safe with you. But that's only something that is going to be developed over time, and sometimes it will and sometimes it won't.

In the two examples above, the workers acknowledge some of the significance and difficulty of the situations that the women they work with must face. There is a heaviness they realize, not only with the power that women feel from their partners, but also from their involvement with the Ministry. While workers' level of understanding (such as that offered by Cindy and Heather's workers) might not provide any easy answers or "breakthrough" interventions, they might offer a means of adjusting the way women who have experienced violence in their current relationships are responded to. Thus, affirming women's own sense of safety about the perpetrator of violence can also be inclusive of recognizing the added complexities of leaving the relationship, staying in the relationship, and/or the implications of working with the Ministry.

Acknowledging mother's safety knowledge and efforts. It is no surprise that women living with violence and abuse experience fear for many reasons. Hyden's (1999) depiction of fear is that it can be explained as complex, effortful and evolving resistance, communicating a withdrawal from the violence and a desire for something different. When Hyden's (1999) ideas about the functions of fear are considered, validating mothers' fears becomes an important way to acknowledge their efforts towards resisting violence and their complex knowledge about safety (i.e., having a vivid knowing of what it is not). As one mother, Katherine, commented, the most significant piece of her worker's involvement in her case was validating her feeling of fear as a useful means of protecting herself and her children.

They said, "If you feel frightened, act on that." . . . They valued the reasons I had for concern. . . I just remember them making sure my house was secure and not being there alone. And I could act on my fears. I remember that. If I was fearful, to leave. They seemed to think that [my fear] was more real, that I had reason to be concerned. Whereas [my husband's] probation officer didn't seem to validate my concerns. And the Ministry did... By saying, "If you feel frightened, there's probably a reason."

Katherine communicated how her worker's validation of her intangible emotions justified some very concrete actions. Katherine's worker echoed the importance of this validation to Katherine's fear and intuitive senses as a valuable part of her safety knowledge.

I just told her to trust in her feelings. I said that that was really important if she was feeling scared to listen to that and to phone the police if she felt that she needed to or to not go home if she didn't feel that that was safe.

Similarly, when Heather's worker became involved in her situation, she perceived Heather as "raw" and "afraid" from everything that she had experienced in the past, beyond just the most recent incident that attracted Ministry attention. She noticed that a previous worker from a different region had interpreted Heather's partner's behaviour (specifically, him camping outside a relative's house where she had sought refuge from him) as concern for his family's well-being and motivation to work things out. Heather's most recent worker, however, named her partner's actions more appropriately—stalking—and saw that it was Heather's fear that drove her to seek safety. Heather spoke about the specifics of this fear and the competing facets of fear that she faced that limited her immediately acting on her desire to leave:

[T]here'd been so many times where I thought to myself: "If I could just pack my stuff." There were times where I *did* pack my stuff and grab the kids and think "Okay. . ." But I think I was afraid what was going to happen. If I left the house with the kids and took off to my parent's house, is he going to smash all my stuff? Is he going to destroy everything?

The fear that women like Heather face is multi-faceted, complex, and indicative of a desire for safety, beyond just physical safety. For example, Heather talks about her fear of her partner as a motivating force behind her desire to pack up and leave. However, she talks about this desire to leave being subsumed by a greater fear of her partner's potential retaliation and a conflicting desire to protect her possessions (which represented her limited assets) and avoid other forms of his violence. Thus, when workers like Heather's can tune into these fears and intricate ways of resisting violence, they can move towards aligning with mother's safety knowledge, rather than posing the all too common

question: Why don't you just leave?

Another way that workers demonstrated their attention to mothers' efforts and agency towards safety was by documenting their resistance to violence in case file notes. Listening for and documenting victim's resistance are highlighted in response-based literature as important ways of contesting victim's passivity and honouring their agency (Coates & Wade, 2007; Wade, 2007b). Although clients have a right to read their case files, they rarely do and it is difficult to say if and how these files influence worker-client interaction. However, there is reason to argue that the text of the files, specifically what the worker chooses to document, indicates what they are orienting to, deeming to be notable, and attending to in their interactions with their clients. While not often, descriptions of resistance and signs of safety did show up in files. Within Cindy's risk assessment form, her worker wrote:

Every source this writer spoke to described both [Cindy] and [her partner] as very devoted and caring parents. The writer also observed this to be true. During interaction with the parents, both spoke positively and affectionately about the children. [Cindy's partner] missed the children after removal and this was very hard for him....Cindy made efforts to stand up to [her partner] regarding his behaviour (i.e. calling him "alcoholic" or "dumb ass").

Dianna's worker also provided a description of Dianna's multiple forms of strength and resistance in her case file notes. These notes are indicative of Dianna's worker's elicitation of and attention to the safety promoting ways in which Dianna responded to her partner's violence.

She did not want to be around him, took [her son] and walked across tracks to friends and called mother to come and get her....[Dianna] said, "You blew it."

Next time, [Dianna] was picking up mother, saw [her partner] driving up the road, he parked ahead of her said "get over here and talk to me", [Dianna] said that she told him "No," he threatened he would run truck into mother's car, which she was driving. She told him he was ignorant. She took off in car, he followed, she parked, he came up to her, she told him, "Fuck off."

While this may seem like a routine description of an event, documenting victims' resistance was often absent in the way that workers in this study wrote about mothers in their case files. By recognizing and taking note of Dianna's various forms of resistance, defence strategies, and efforts to keep herself safe despite her partner's abuse, Dianna's worker acknowledges the multiple ways in which Dianna actively worked to protect herself and her children. In this way, the violence that Dianna experienced becomes not just something that happened to Dianna but something that she actively responded to in many different ways.

The interactional dynamic of violence is important to document in files, as files, even if they are not read by clients, provide workers (like Dianna's most recent worker) with a documented and lasting viewpoint about the person, their "problems," and what kind of parent they are. Talking about her previous workers, Dianna offers an insightful perspective of how someone might feel when they are being viewed through a lens of deficits that are further supported by a file of negative details.

...[I]t seems that [the workers] were just waiting for the phone calls and coming by and stopping in and seeing if they could find something bad... It's like, "Okay,

you don't even know me and it's all written down," and I remember saying that to one of the workers. I said "All you know is what's written on that paper," I said "You don't know me, you don't know where I come from, you don't know how I am as a mother 'cause all you can read this negative stuff." And that's all they could do. The dad was in the good books because they have nothing written down on him, but he hasn't been involved in their lives. You know?! And yeah, they've got to look into that too. They've got to make sure that if they're going to get the mother that's single with two kids, they've better get that down on that file too, like look into that situation. (Dianna)

Dianna's description of her past workers' role of "just waiting" and looking for "something bad" comes across as an almost predatory one where the "negative stuff" about her was the prey they knew was there, just waiting to get flushed out. However, she does not blame them ("that's all they could do") and instead brings to attention some of the underlining problems that can come with failing to include both parents on the protection report, even if they aren't the primary caregiver. Despite her conviction about this flaw in the process, Dianna described feeling "judged," "stupid," inadequate in her parenting role, and at a loss of what she could do to appease the Ministry and be a good parent. She reported that she finally reached a point of exasperation: "I was just like, "Take them then. Go ahead, take them. See if you guys can do better...." Consequently, when Dianna's seventh worker began her involvement with her case, it was a file that was already heavy with negative details and came with a defensive Dianna, who expected continued judgement and a negative focus from her worker. Not surprisingly, Dianna initially reacted to this worker's presence with a resistant attitude fuelled by her

experiences with her previous child protection workers. “[O]f course,” Dianna said to me, “when [my last worker] arrived at first I gave her attitude, I didn’t want to talk to her, I didn’t want her in my house, I didn’t want *nothing* to do with her.” Luckily, her new worker had a different focus in her work, and she talked about being able to highlight Dianna’s strengths both amidst and because of the risks she was facing.

[W]e talked about—or rather I talked about—the good stuff that she did with the kids. You know, I know she’s had struggles. . . so highlighting some of the good things that had gone on and the positive stuff that had gone on and the caring that she had for them, as opposed to you know, the struggles she has now and how they’ve been impacted by this. And a recognition—she recognizes herself that the kids have been impacted so you know, I didn’t say to her, “*You’ve* done this to the kids. Look at what they’ve been exposed to,” but just talking about “Well how do you think the kids deal with this, when they see you fight? Do they talk about it afterwards? Do you have a sense of what makes things worse for them? What makes things better?” So even though I’m in a position of power, trying to speak to her as, I mean, in this case, a woman talking to a woman about being safe.

Dianna’s worker’s report of her approach conveys the value that she placed on Dianna’s skill and perceptiveness as a mother. Her concluding statement of speaking with Dianna in a woman-to-woman sense seems to communicate her awareness that often mothers’ sense of safety cannot be separated from perceiving the well-being of her children and opens up space for a tone of change and cooperation, rather than the power directive that Dianna felt was so apparent in her last intakes. Whatever the specifics, the approach of Diana’s seventh worker had a dramatic shift in reducing Dianna’s sense that she was

being judged or blamed and increased her willingness to see her worker as an ally.

Worker's abilities to note their clients' strengths and signs of safety were echoed in how Pauline and Jenny's cases were talked about.

[W]hen [Pauline] came [to the office], she had come here just from the RCMP. She was shaking and she was bruised and she was really upset. So, that takes a lot of guts to come in, in that kind of state. . . [H]er being able to take time off from work too... to be able to say "we're having family stuff," being able to do that is a sign of strength. Because a lot of people will pretend that nothing is happening and march on with their life and "No one needs to know what's going on in my house," right? All of the collaterals I phoned already knew, so she was talking about it. That's another way of keeping herself safe. And you know, when I said, "Somebody's got to come and look at the home"... she was like, "Okay fine. No sweat, what time?" She had no problem with it. (Pauline's worker)

[Jenny] talked quite candidly about his very controlling behaviour...[H]e would go off on four or five days on a drug binge and I would ask, "Well, what would happen when he would come home?...How would you know he had been using? What would indicate that? If he had been out [drinking/using] for the day, how would you know that he might be a risk to you? That he might be violent?" And she said that she would know from the sound of his car squealing up the driveway, how he slammed the door, how he approached her, that it was not going to be good... And then I asked her, "What else would you do when you knew that you were potentially unsafe?" And she said that she knew just not ask him certain questions. So she had a sense of, what was safe, and what was not

safe and I can't remember how she cut her ties with him, but yes she left. (Jenny's worker)

When workers like Pauline's and Jenny's notice and inquire about client's safety knowledge and efforts, they can indicate that this information is important and valued. In both of the above examples it is notable how these workers tuned into to details that might otherwise be glossed over as apparently small aspects that, when given more attention, have greater significance. It also might communicate to clients like Pauline and Jenny that their workers are engaging with them as protective agents, validating them as a resource for the safety of their own children and against the violence by their partners. This engagement and validation seemed to have significant contributions to mothers feeling as though they had an ally with them to work towards a common goal of safety for their children.

Supporting the mother's identity beyond that of a Ministry client. In this study a worker's validating approach to a mother's multiple positions required the worker to think in ways that contextualized and respected the mother's important experiences, demonstrated a greater sensitivity to the life pressures they face, and showed a greater understanding about their responses to Ministry interventions. In particular, having their role of "mother" supported had significant meaning for a client's ability and willingness to connect with their worker. As previously mentioned, Dianna had a long history of Ministry interactions that, to her, were unwelcomed, antagonistic, and blaming. However, she described her interactions with her last worker as much different and related the reason to having a commonality to her worker:

...I think because I knew she had kids, and she was a single mom as well. So I could more or less talk to her as a single mom who has kids and she understands where I'm coming from. 'Cause I'm not a perfect person and nobody is . . . She just accepted who I was . . . so in that sense I really respected her, but I think that a lot of it had to do with the fact that she had kids. She was there. Her background was kind of the same as mine. So that works a lot. I mean somebody who doesn't have kids, I don't think that's right. For them to come in and take your kids away and they have no idea what it's like. They're looking at these kids and saying, "We have to protect them." Well I'm sorry. I am *not* an abusive woman.

From Dianna's account, motherhood created an important common ground on which she and her worker could have a mutual understanding and identity. Knowing that her worker could relate to her with relevant, experience-based understanding seemed to influence Dianna's respect for her worker and her own sense of being accepted and understood. A twist to this seemingly central way that allied Dianna with her worker was that her worker did not, in fact, have any children, but fabricated this detail for the benefit of connecting with Dianna. This was not an isolated instance of fabrication; Dianna's worker disclosed that often, if a mother asks her directly if she has children of her own, she will tell them that she does. Her sense was that because she has been actively involved in several young people's lives and knows about the "ups and downs" of raising children and teens, she can claim that she is also a mother who has understanding based on lived experience. However, she also talked about knowing that her role as a caregiver would not carry the same legitimacy as her fictitious role as a mother, and spoke about

opting to say that she is a mother to avoid debate about whether or not she understands where her clients are coming from. She further elaborated on her reasoning behind this.

I think that [telling clients I am a mother] just gives them a sense of, that you might know something. That you might be able to speak with authority whereas if you don't, if I say, "I'm childless" I think that in some instances that would probably elicit, "Well how the hell are you here to tell me what to do?" And then it becomes about the legislation. And yes it's about the legislation, but it's not about drawing from some experience and understanding and you know compassion and uh, empathy. All those pieces that come with having had some care giving role. And so yeah, just saying..."I've been a caregiver," you know, maybe I could use that, but I don't want to shift things away and have a conversation about that [whether or not I understand her as a mother versus a caregiver]. I want to focus on the client.

This is a powerful example of how a worker used her understanding about an important part of her client's identity (in this case, being a mother), to offer an (albeit false) shared experience from which to build their working alliance. Without this shared experience, Dianna's worker predicts debate about her presence and authority and her relationship with clients being reduced to her mandated role. Their working relationship, if "it becomes about the legislation," does not so easily include the compassion and empathy that she sees achievable by saying she is also a mother. She entertains the option of telling the truth (that she has been a caregiver), but also knows that the caregiver-mother discrepancy might risk a "shift" away from her client towards having to explain herself as competent or able to "speak with authority." In these ways, Dianna's worker

demonstrated her awareness of the importance that her clients place on her own experiential knowing in gauging whether or not they can be fully understood or empathized with. She talked about taking advantage of the fact that her personal life will not be known and brings in her ability to empathize as part of professional expertise and authority. While the relationship in this case could be described as a “positive” one based on a shared connection, it is questionable whether this could have been achieved through other means, rather than on what is arguably a white lie. However, Dianna’s worker’s role is a time pressured one and falsifying her experience from care giving to mothering might be the most efficient and useful means to move forward, if she feels that she can legitimately stand on the experiences as a caregiver she brings to Dianna. And, in this particular case, Dianna’s past relationships with workers who were not mothers provides evidence that other avenues of connecting with her may not be so successful (“one of [the workers] didn’t even have kids and that really choked me”). This example therefore stands not only as an example of a worker’s understanding of her client’s identity as a mother but also on the lengths that can be taken to demonstrate a “shared understanding.”

The way Heather’s worker talked about her practice strategies stood as a further example of the importance of workers’ intentions towards understanding clients’ experiences. When asked about working with clients who are resistant to her presence, Heather’s worker talked about both expecting and interpreting the purposes of the client’s resistance as beneficial. She also spoke to drawing on her own experiences and roles in order to make sense of her client’s resistance and to validate where they might be coming from:

I can hypothesize about how I would react if the Ministry called me when my kids were little and saying somebody reported your kids were being harmed. I would have freaked right out, you know...So I'm not shocked when people won't let me in their house, right? And that's okay. That's a positive sign for me a lot of times. And a negative sign. "I'm like, what are you hiding from me?" But a positive sign that they're willing and able to fight about it. . . I try to empathize with what they're going through a bit. Like I haven't gone through it so I don't *know*. But I am a parent and I know how terrifying that might be. So I draw on my own experience a lot of the time to engage with someone and their experience. "Yeah, I have teenagers, I get it kind of thing." Or, "Yeah, I have a mom and a mother-in-law and I know where you're coming from," you know, that kind of stuff.... And I think that that might be difficult—more difficult for [a worker] who doesn't have children because when clients do ask, it's almost a challenge a lot of the times. "What the hell do you know about raising kids, you don't even have any?" And so I can diffuse that bomb right away and I can share things about parenting.

This worker's attempts at attending to the many positions that clients come from—wanting to fight, being a mother, being a daughter-in-law, etc—is motivated by her desire to take on a stance of empathetic appreciation towards the mothers she works with and also to understand their reactions towards her presence. She seemed to embrace the fierceness and emotions her work might evoke in potential clients like Heather and talked about how she expects defensiveness as she herself as a mother, would have "freaked" if she was on the other side of the investigation. Her analogy of having used her empathy to "diffuse that bomb" suggests the serious threats that she imagines arising when there is an

unaddressed lack of understanding in a working relationship. Thus, by positioning herself as having a shared experience with her client, she replaces a potentially explosive or challenging scenario with one that is centred on sharing knowledge of motherhood (which in this case, was not falsified).

In contrast, when mothers perceived workers as ignorant of what it means to be a mother, they sensed disrespect. Jenny, for example, talked about the way one protection worker approached her and how this approach had significant bearing on her willingness to value what she was saying:

I remember having one [worker] that was an emergency worker that was called after hours... And I remember her leaving and thinking, "I swear that woman has never had any children," because you know, she was telling me that I was a bad mom for putting my kid in her crib and making her cry herself to sleep like all the books tell you to do. She told me that I was a bad mom, straight up, those words. I remember that pretty clearly... I remember being pretty upset about that... "Uh, I went to parent classes, I've read all the books. That's what they all say to do." And I told her that I had to go out on the balcony so that I couldn't listen to her screaming and she told me that I was a bad mom. That she could hyperventilate and die.

Being given the title of "bad mom" is a prominent and jarring memory for Jenny. Her memory of her worker's lack of understanding is so stark that Jenny cannot fathom her having children and knowing where she was coming from in her own parenting struggles. However, although Jenny said that she disagreed with this worker's judgement of her, she reported not saying anything to her because "[she] just wanted her to leave." In this

instance and others, Jenny refused to speak her mind, give her opinion, or object as it was easier to give the worker a false sense that she agreed with her, rather than disagreeing and potentially starting more problems. In turn, the lack of support or validation Jenny felt from this worker seemed to feed Jenny's disinterest in – and, importantly, an unwillingness to connect with – her worker and a corresponding difficult or non-existent working relationship.

In addition to being affirmed in their identity as mothers, clients' inferences about the broader social nature of the risks they were facing were important pieces of validation. Katherine spoke about the comfort (albeit guilty comfort) that she received in knowing, just from the stats that she was given, that she was not “alone” in facing violence: “Sometimes it's nice—that's so sad to say that—but it's nice that I'm not the only one who's been treated this way. That's an awful thing to say.” Like Katherine, several other mothers in this study made comments about the comfort that came in knowing that the violence they were facing wasn't a fault of their own and was more common than they thought. For example, Heather talked about being given a book that provided her with an immense amount of relief in the way that it normalized a number of the health reactions to violence that she had been experiencing. In these ways, validation of the mother as somebody beyond a client or as somebody part of a broader collective experience seemed to legitimize the protection concern and reduce clients' sense of isolation and the “us” and “them” binary divide that so often permeates this field of work.

Responding to the Relational Needs of Mothers

While some argue that the heavy case loads and time pressures do not allow child protection workers to work “relationally,” respondents in this study told a different story.

The majority of the mothers in this study were able to tell of at least something that their worker did that helped them to feel supported, connected, and safe in some way.

Likewise, workers spoke about some of the ways that they attempted to connect with their clients, establish a working alliance, and promote safety. How relational practices were experienced by clients and used by professionals can be described in several overlapping ways: a) a worker's compassionate, understanding tone, b) their ability to establish a comforting presence, and c) a stance of curiosity in inquiring about risk and safety.

Understanding, compassionate tone. Tone refers to the emotional quality, attitude, or meaning people convey when they communicate with one another. Workers' compassionate and understanding tone (as perceived by the mothers) fostered connections that were meaningful and, in some cases, lasting to the women of this study. Jenny, who was struggling with drug use as well as her partner's violence, did not describe the majority of her experiences with the Ministry in a positive light. However, she still spoke about how she noticed and appreciated her last worker's tone:

[W]hen I was on the right track and making an effort [towards drug rehabilitation], they were very encouraging and you know they would say kind things to me. And in early recovery I really needed that. And it was just really encouraging that I was on the right path....I can remember [my worker] saying something like "Wow, you're doing really good. You're doing this on your own, we don't have to tell you what to do. You just keep making the right decisions."... just encouraging me that what I was doing was the right thing.

This particular form of praise was memorable and meaningful to Jenny who, up until this point, had largely felt that she had been blamed and her actions has been looked at only in a negative light. Even though her ex-partner's violence was her most concerning risk, she still was intent on addressing her substance use issues and this encouragement, rather than prescriptive tone, seemed to validate the choices she was already making.

Several mothers voluntarily reconnected with their worker after their case had been closed, often citing the worker's compassionate and understanding tone as prompting their trust and desire to do so. The act of voluntarily reconnecting with workers speaks strongly to the sense of safety, support, and reliability workers have offered to mothers. For instance, when asked what gave her the confidence that child protection could help her, Katherine's comments indicated how influential kindness was in countering the previous accusatory tone she received from her ex-husband's probation officer.

They [the protection workers] were nice. And they were kind—which is huge. Because when you deal with someone [like my ex-husband's probation officer] and they're curt with their answers and are accusatory with what they say, things like that, it doesn't give you a whole lot of faith that you want to talk to them again.

Pauline's actions are also indicative of an increased sense of trust and safety that can come from a compassionate tone. In her interview, Pauline talked about having continually reconnected with her worker, sometimes seeking out legal advice regarding her ex-husband and sometimes just checking in. At the time of her interview, approximately 6 months after her file had been closed, she was still calling her worker on

an intermittent basis. When asked what about her worker enabled her to do this, Pauline commented on her worker's "best effort," "kind tone," and ability to understand some of her experiences related to living with an abusive partner: "For me it was the compassion that [my worker] showed, her tone of voice. From the get go. Really listening to everything that I had to say. Not prejudging me... [T]hey knew what I had experienced..." Pauline's case closed with the understanding that she and her husband would be divorcing and that transfers of the children between them would be done through a third party to ensure safety. However, she has since been struggling through the courts with her ex-husband for custody of and access to her children. Still, despite how her situation has unfolded, she was the most outwardly enthusiastic out of all of the mothers interviewed in participating in this study—in her words, she wanted to "give back" to the Ministry as much as she could in appreciation for all that she said they had done for her.

Heather is another example of a mother who is still in touch with her worker and related feeling a sense of safety from the way her worker's interacted with her. According to her worker, Heather calls her once or twice a month, sometimes just to say hello and sometimes to give an update on how she's doing. To Heather, her worker is someone who she has continually found "easy" to talk to and who has (and still) finds time to be there for her.

. . . I don't have an [open] case, but if I needed something I could pick up the phone and call [my worker] and be like, "Hey, I need some information on this, or I need some help with this." And she would do it, even though technically I don't have an open file and she could just tell me to shove off if she wanted to, right? [laughing] Like she's probably busy and you know, she took time out of her own.

Heather's quote is a wonderful example of how a supportive tone can invite a trust in reconnecting and, more importantly, how this trust can usefully extend beyond the mandated involvement of a protection investigation. Heather knows that she is not "technically" in a position of receiving help from her worker, yet there is still trust that if she needs her, her worker will come through to the best of her abilities, because there is a dependable history of her having "took time out of her own." Heather's worker (who reported that continual contact with her past clients is not unusual) commented on her understanding about clients' reconnection with her.

I still have people phoning me that their files have been closed forever. But I'm *their* person. So when they need to know something here, they phone me, not intake, right? And I'm okay with that. (Heather's worker)

Heather's worker did not refer to *her* clients on *her* case load. Instead, her words implied that she sees herself belonging to them: "I'm *their* person." This seems to communicate the significance that Heather's worker places, not only in clients having continuity of connections with workers who understand their needs, but also in her being there for the people she tries to help. A common assumption about child protection work is that worker-client relationships are non-voluntary and as such, clients rarely, if ever, initiate contact with the Ministry or continue their connection with their worker(s). These results challenge that assumption and are indicative of alliances that can often form and extend beyond professional technicalities and mandates.

Comforting presence. In addition to the tone workers use, establishing a comforting presence was also highly valuable to mothers in this study. In particular, *how* workers communicated their entry or presence in clients' homes conveyed important

messages to clients about their working relationship. Making space for time spent together, informal mannerisms, and emotional care was, for some mothers and workers, vital to the working relationship. Sarah's worker, for instance, talked about her ability to tune into Sarah's reservations about having her, a protection worker, in her home, as well as incorporate helpful, caring mannerisms that would put Sarah at ease, reduce her potential fears and work towards a comfortable relationship with her.

I'm sure that there was a wariness with her. But as we spent time and I talked with her—and her kids were around and they were playing and then we'd become distracted with them and then we would go back to our conversation, she seemed to be more comfortable . . . I think that like all of us, when I go into a home, when I went into *her* home, you know, acknowledging her kids, talking about her kids. Just putting her at ease. Not just leaping into the subject. Yes, she knew why I was there. But talking around and just getting that level of comfort with her. And just how I practice, I like to be gentle and soft spoken and so it was like, "We're having a conversation. I'm not here in a power position. I'm here because I really want to help you and your family. But ultimately, you are going to do the work." And at the same time, we're very clear as Ministry workers, what we need to do to make children safe. But we're here to work cooperatively with this. So by using mannerisms, tone of voice and language. Speaking a little bit about culture, I think that those—I'm hoping that those thing contributed towards her level of comfort.

The way that Sarah's worker described her time with Sarah conveys a fluidity and flexibility in letting their interactions be led by Sarah's needs, comforts, and social cues.

Although Sarah's worker's role is investigative (regarding the report of the violence), the tone of her intentions with Sarah are invitational and articulated as a desire to help her in ways that align with her and her children's needs. In addition, although Sarah's worker had previously been very clear in her interview with me about emphasizing her role and "powerful" position, she seems to couple role with something else in her description of her softer approach with Sarah ("I'm not here in a power position"). This perhaps speaks to the underlining intention and motivation Sarah's worker has in doing this work—to work together with families towards children's safety. Sarah's comments mirrored her how her worker's presence and tone eventually built a confident alliance with her:

I was feeling lonely when she came. She showed me her card and came in and asked some questions. I didn't want to tell her much. I thought that if I tell her everything, she might not let [my husband] come home. I do love my husband and he's good with the children . . . I probably didn't tell her everything that I needed then . . . but because they acted like they were on my side, asking about children's safety, I felt safe . . . I think how they came, how she talked to my son helped my confidence in working together with her.

Again, the how of the approach becomes key in the difference this worker made to this mother. In this case, the worker's deliberate intention towards creating a comforting presence means tuning into what the relational needs of Sarah were, as a mother, wife and someone who has experienced violence from the father of her children—someone she still loves.

Pauline's worker also spoke about the importance of presence in creating safety for mothers. In particular, she noted the importance of being able to acknowledge risk as

well as tune into Pauline's tacit needs for having a supportive, listening ear, regardless of whether or not the information Pauline was sharing was directly applicable to her case.

I think it was the fact that I was supportive of her [that helped her confidence in my ability to help her]. That I was clear to her about the risks and why they were risks . . . Maybe just because I was responsive when she needed to talk to me, or whatever. You get to know after a while when someone needs to talk to you.

Whether it's if you have to take notes or whatever, you know, or if they just have to talk to you about something. And sometimes you can let them go on and on and sometimes you can't but I'm guessing that she felt that I responded when she needed me.

These skills that Pauline's worker drew on depended on her experience-based skills, perceptiveness, and a responsiveness that invites the client to seek support in ways that they most need. Despite the advice Pauline previously received, warning her that her needs would not be met through the Ministry, Pauline confirmed that the response she received from her worker was helpful, compassionate and offered her the listening she needed.

And she listened to me and I was terrified because I didn't know what her response was going to be. My lawyer had said, "Don't go there, there's nothing they can do." And I went against his advice because I needed somebody to help me... So [my worker] was very sympathetic, very compassionate, and she just listened.

Because of her worker's responses to her, Pauline went on to continually connect with her worker as someone who could support her with "compassion," throughout her case,

and beyond.

Tone not only communicated compassion towards mother's experiences but also communicated workers' ability to support mother's needs for safety, beyond their physical protection needs. Dianna's positive experience with one worker is particularly representative of this: "[My worker] was just more beside me, emotionally. You know, not just as a worker." And while Heather was appreciative of the clarity, information, and security her worker brought to her, she attributes her willingness to cooperate with her worker largely to the tone and characteristics that Heather viewed as being outside of her worker's typical role. For example, Heather noticed that her worker took time with the home visits, coming out later so that it was convenient to Heather's pre-existing obligations, often staying for a visit for longer than what it was "supposed to be," and taking the time to chat informally once all the paper work was done. For Heather, her worker's relaxed and empathetic tone provided her with a degree of friendship and understanding that she was in need of:

I probably wasn't totally cooperative in the beginning because I was a little bit angry about having to bus into [town] and do all that kind of stuff and deal with social services... But she made it pretty easy, you know she would say, "Just get a bottle of wine and sit down and just relax for a while, send the kids to a babysitter. You know, have some time to [yourself]..." You know, she encouraged sending the kids to daycare and starting to get some separation between me and them... She was just easy for me to talk to...maybe it was we just kind of got along and she was on my side right? And saying, "He was a real asshole. What were you thinking?"[laughs]... And that's what I *needed*. I didn't need someone to be

like—all “professional” and you know. Like to be more on the friend side and you know, just to sit down like we are right now and instead of being “This, this, this, this this, this this, this this, this.”

While some of Heather’s worker’s suggestions may be considered controversial or inappropriate, Heather expresses that her worker’s willingness to cross the professional line and give advice that would be more appropriate from a friend, was what she needed.

As well as increasing mothers’ willingness to view their worker as allies, meeting relational needs, in some instances, seemed to increase mother’s sense of safety about looking critically at things that they didn’t previously consider. Dianna spoke to this:

So she helped me in opening up my eyes and just look and see for myself. And that’s what I did, I had a look to see for myself and it took a while but—so bottom line, she just helped me open my eyes and say, “Okay you do have to focus on what she has to say,” but at the same time, I have to look at who I’m living with and who I’m with.

Dianna’s eye opening experience is talked about as something that she herself engaged in, with help and without force from her worker. Being able to “see for myself” seemed to reflect the ownership that Dianna had in beginning her process of reflection, with her worker as her guide. Dianna previously had workers who tried to change her perspective and who she reported feeling blamed or judged by, rather than the sense of invitation that she conveys in this account. Thus, not only might tone have influence on worker-client engagement, but on opening a safe space for client’s engagement with exploring themselves as well.

Curiosity. In addition to a worker's tone and presence, curiosity was experienced as an important way that workers' attended to mother's relational needs. Workers described particular instances of looking for supplemental stories, more details or further explanation than what was initially offered. This curious inquiry often seemed directed to uncover mother's safety strategies and resistant acts, challenge violence as "accidental," remove self-blame for some women, and provide space for reflection and change by the workers themselves. Practice accounts from Heather, Dianna and Sarah's workers, for example, indicate some curiosities, reflecting some the solution-focused, response-based modalities they had been exposed to. Specifically, these approaches more thoroughly inquired about the non-accidental nature of their partner's violence, their lack of control in ending up with abusive partners, and allowed for possibilities beyond them only wanting to leave their partners.

She did minimize [his violence]. She said, "I'm pretty sure it was an accident," and I was like "Well, and what other kinds of stuff have been going on in your life?" That kind of stuff, you know? (Heather's worker)

I wanted to hear her side, I wanted to hear her story because part of our job is we listen to everyone's story and get a sense of what happened. And I think that we spoke about her previous relationships and ...she made some comment like: "I don't have good choices in men." And I spoke to her, I said "Well tell me what the relationships were like at the beginning?" And she would say, "Well they were all fine." And I would say "Why do you think they were fine?" And she would say, "Well, you know, they were showing me their good side." And I said,

“Well, would they show you anything else if they wanted to be involved with you? So how much control do you think you had with that?” So getting her to that place where I think [she] understood, “Well, it’s not about me picking bad men.” There are these men in the community who she’s been involved with who are responsible for their own behaviours. And of course they’re not going to—on the first few interactions that she has with them—show them that they’re controlling and violent and so how would she know? (Dianna’s worker)

And talking to [Sarah] about the impact of seeing violent behaviour but not making [her] feel that her husband was a bad person and I was seeing him as a bad person, or that I was judging her. It was, you know, “This is your story, tell me your story, this is where we’re at now” and I think that every step of the way I told her “this is what I’m going to do.” (Sarah’s worker)

These three accounts of interactions with mother all share similarities in workers’ purposeful ways of inviting more detail than what is initially provided to them. Not only did these invitations offer potential opportunities for mothers to tell a different story, but they reveal the worker’s orientation towards and desire for signs of safety rather than confirming and judging risks inherent in the mother. In this way, relational work that is grounded in curiosity about what is going well in clients’ lives offers a potentially vital role in creating safety, not only offering mothers’ support but also in creating safe relationships and highlighting safety knowledge from which continued change can be based on.

However, when compassion and curiosity are absent, mothers’ reactions can vary

accordingly, as exemplified by one particular case in this study. Cindy spoke about her worker's "rude," "disrespectful," "harsh," and confrontational approach. The first time her worker visited her was in the hospital, where Cindy was recovering from an extremely violent attack. When the worker questioned Cindy, she denied any previous violence and added that she refused to let her husband enter their home because he was drunk. At this point, Cindy's worker (according to the file notes and her worker's interview) reported that she "challenged" Cindy on the lack of violence, at which point Cindy became "defensive." Cindy's account conveys a sense of being attacked from an approach that was void of curiosity.

[S]he was like targeting me, like, "Well this! Well that! Answer me now!" And you know, I don't know, it feels like she was interrogating me seriously...the questions were kind of like "Tell me, tell me, tell me!" And I was like, "Slow down lady, you're freaking me out. I just really had a bad experience." It was more of like she wanted me to say what she wanted to hear.

Cindy's account of her feeling "target[ed]" and "interrogat[ed]" is significantly different than the invitational, curious stance that other mothers in this study talked about.

Throughout the remainder of her case, Cindy reported feeling defensive in the presence of her worker: "[I]t was hard to talk to her without getting upset." When asked to reflect on this case, Cindy's worker critically evaluated her practice approach, offering insight to how she would have practiced differently.

So where my head was at was there's very serious violence and she's not being honest about it. So when I used language like I "challenged her" obviously I'm not coming from a place of curiosity. And that language tells me that I took a

position of being confrontational, as opposed to taking a neutral position and trying to create safety for her and enough safety where she feels that she can be more forthcoming about what happened. She was obviously worried about losing her children so I don't think that I did enough to create safety for her so she could talk more... [A]nother thing that I could have done to create safety was to talk to her about what kind of responses she had had from social workers before or what kind of responses she had had from counsellors or RCMP officers or helping professionals before. So had I taken the time to do that, and created more safety for her, perhaps she would have been able to talk more openly about what had happened... I was focussing on her, but the protection issue was [her partners] violent behaviour... [H]ad I been curious, I had a great opportunity when she said to me, "I never allow him to come home drinking." That was the open door, right there that I missed. So if I started from a place well, "Oh, okay, well tell me more about that." Because there's all kinds of room there to launch into conversation about safety. That was her telling me that: "I create safety for my children," "His drinking is a risk." So I needed to get...way more details from her about how that was a risk and how she responded and what that meant about her as a parent and so that would have been validating her orientation to safety. That would have been validating her as a parent. That would have been honouring her as a parent, respecting her as a parent. So there was a potential to create some safety there and so perhaps if something would have come out of that around, like "Where did you get the idea that his drinking created risk to the children?" Perhaps something would have come out of that. I could have explored with her what kind of

response she had had. Who else knew, was there anyone else that knows that [her partner's] drinking is a risk to the children? So how would they know? So there, I could have found out what kind of social responses she had encountered.

The reflections and critiques that Cindy's worker gives to her practice with Cindy seems to have strong roots in the response-based training she received after her involvement with Cindy. There were a few avenues that Cindy's worker seems to wish she pursued in providing Cindy with greater degrees of respect, validation, and honour as a parent: coming from a curious rather than "confrontational" stance, taking more time to create safety for Cindy, focussing on her partner's violence rather than Cindy's shortcomings, and paying attention to the signs of safety or the "open door" that Cindy provided for her. Despite the lost opportunities that Cindy's worker talks about, her capacity to both reflect on and critique her work in a way that is sensitive and accountable is perhaps something that bodes well for future clients.

Creating Space for Mothers to Lead the Way

When workers in this study used safety inviting principles to create more space for mothers to lead the way—mainly, by offering choices to clients, learning what clients need, and treating clients as people "worth doing business with" rather than "worth doing business to" (White, cited in Turnell & Edwards, 1999)—mothers in this study reported feeling a greater inclination to view their worker as an ally.

Offering clients choices. When workers elicited input from mothers at certain choice points, they created opportunities that seemed to be both memorable and meaningful. Heather is a mother whose involvement with child protection was re-started the night she left her partner. She talked about how her worker sought her out as an

expert in predicting any further violence or retaliation from her ex-partner, providing her with a choice in how her case was handled.

I did put in an assistance application—oh and when you do that, [MCFD] will automatically go for “family and maintenance” because, of course, whatever they can get out of [the father], the government doesn’t have to pay. And there was something in there that [my worker] wanted to do and she gave me the option: “Do you want me to do this or is that just going to poke the bear and make the situation worse?” And I was like: “Maybe let’s not poke the bear and maybe let’s not piss him off.”

With one question, Heather’s worker conveys a number of things to Heather: 1) that she sees her as having valuable insight about the situation; 2) that this insight is useful towards making crucial decisions about safety; 3) that options within Ministry protocol depends on the context and are not always useful in making the situation better; and 4) that Heather is a worthwhile partner in her own case management. Being given an opportunity to lead the way, Heather, with her years of experiential and intimate knowledge of her partner, is able to make a choice that her worker would likely not be able to make, since she is circumstantially without the same kind of awareness and information. Furthermore, by giving input, Heather is then able to continue resisting the violence by choosing to use/not use protection procedures in a way that is most helpful to her specific situation.

Offering mothers choices has importance beyond eliciting their expertise about the violence. When workers elicited feedback from mothers, mothers experienced this as evidence that their worker respected their rights and as an invitation to their input as

active collaborators and decision-makers. Mothers talked about how specific moments could make significant differences in how their worker presented themselves.

And the first [worker] never did that with me [gave me a choice]—it was just: “if you step out of your parents’ door before we have our big interview, we’re going to YANK the kids out of here!” Which wasn’t even true, but it was like he tried to scare me into [complying]... I would just much rather have someone be up front and tell me this is the way it is and if you screw it up then that’s your fault... instead of just tiptoeing around all the issues that are going on... (Heather)

[S]he phoned and would say “Is it okay if I come by?” or “Are you going to be busy?” and that’s what I appreciated. And it was like, “Sure, I don’t mind.” I mean don’t just come on by even though sometimes I know that they have to.

(Dianna)

Heather and Dianna both speak about knowing that they cannot always have *carte blanche* with how their case is managed but talk about honesty and respect in letting them know when and what they can have a say in.

Workers sometimes do not have much flexibility in their protection mandate, but creating small spaces for clients to lead the way seems to be an important piece of “good” practice. For example, Dianna’s worker was required to speak to Dianna’s ex-partner (her child’s other caregiver and not the current partner of concern), in order to inform him about the current protection concerns. Dianna did not have a positive relationship with this ex-partner and his family as she reported often feeling judged by them in the past, especially about her previous Ministry involvement. Dianna’s worker spoke about

intentionally providing space for Dianna to act on her own behalf and contact these family members before she herself did, so that they would get her account first.

[S]he felt judged for her drinking by her ex and his parents who had been very [financially] supportive of her. And I think that things had shifted to the point where there was more of an understanding and there was more of an openness and we spoke about, you know “Does [son’s] dad know what happened with ...the boyfriend?” And she said that she had let him know. And even though of course I would contact him because I wanted him to be part of a safety plan, I said, “I would like to speak with him. You know, I need to speak with him. But does he know?” Because if he didn’t know, I would want to give her time to speak to him herself, so that she would feel that we were working cooperatively.

Dianna’s worker’s approach demonstrates that although there is often not a lot of wiggle room for clients to make many choices when there are serious protection concerns, there is very rarely no room for some choice in fulfilling the protection mandate. These above examples indicate small ways that workers can provide mothers with some opportunity to take initiative and decide, at least partially, how protection activities are managed. Thus, offering choices not only carried important safety implications (such as obtaining knowledge about partner’s potential reactions to interventions), but also meaningful weight to mothers’ engagement with their worker as allies.

Learning what clients want. In a few instances, workers’ interest in mothers’ goals also seemed to have bearing on mothers’ experiences of being supported or not. For Sarah, her worker’s interest in her goal (her children’s safety) increased her sense of safety: “At first I didn’t feel safe when they came out, but because they acted like they

were on my side, asking about children's safety, I felt safe." Dianna's case is a prime example of how a mother's motivation for change can be helped – or hindered – depending on whether they are approached with judgement of what they are perceived to want (such as, a violent partner) or interest in and appreciation for what they really want (in this case, to be a good mother). Dianna describes the protection workers in her earlier MCFD involvement as pushy, directive and judgemental of her decisions. Overall, she reported that their involvement left her feeling inadequate as a mother. Rather than being motivated to work with her workers towards change, Dianna became more focused on defending herself from the judgement she felt was being placed upon her. Her last worker, on the other hand, rejected an "inadequate" view of her position and engaged her by tapping into her desire to be a good mother. Dianna spoke to how her worker's stance changed her own view of her situation:

I think that I knew some of the decisions I made weren't right. I knew that... But sometimes you just feel judged. I felt judged. I felt judged a lot. And I felt stupid and, "Okay, obviously I'm not doing a good job." And by the time the third [worker] came around I was just like, "Take them then. Go ahead, take them. See if you guys can do better." And of course, she was like, "Dianna, don't be like that." And I'm like, "Well, what do you want me to do right?!" So I think that they helped me make a choice of okay, if I'm going to be a mom, I've gotta be a mom. Not just someone here with two little shadows following me. They are mine and I've gotta look after them the way I should be looking after them and not worrying about relationships and being lonely. Okay, so they did help me in that

sense. In making up my own mind in that. They helped me...yeah. Now I'm just confused!

Dianna admits that she knows she hasn't made all the "right" choices and that this knowledge was there even with her previous unsuccessful protection involvements. Coupled with her admission that "some" of her decisions were not "right," she conveys a sense of exhaustion and surrender, interpreting the last worker's presence as a sign that her failure and her lack of ability to do a "good job" is "obvious." However, with her last worker's refusal of Dianna's not-good-enough position as a mother (telling her, "...don't be like that") Dianna is able to reconsider some of her choices, "make up her own mind," and focus more on how she could change or reinterpret the way she was parenting, rather than expending her limited energy on protecting herself against judgment.

Cindy, having heard many negative stories about child protection services, was initially very defensive with her worker and focused on resisting what she thought Ministry involvement implied about her. Similar to Dianna, and the vast majority of mothers, she did not want the identity of an abusive, bad, or unfit parent. However, when her worker specified that it was the behaviour of Cindy's partner (and not Cindy herself) that was of concern and aligned herself with Cindy's own wants (specifically, her desire to keep her kids safe), the direction of change started to "make sense" as it was more in line with where Cindy was coming from.

[My worker] was continuing to say, "It's not about your relationship, it's about your husband drinking and your kids safety." And I understood that. I totally knew where she was coming from And that's what made me realize how you know I had to ask myself, "Why is she getting mad at me? Why is she saying

things the way she is? Why is she asking me these things? Why is she throwing everything at me?” It all made sense once I thought about it. I was really upset and I really thought about it and it came to me that know that she was concerned with my kids’ safety.

At the same time Cindy’s worker is absolving her from blame, she is also (from Cindy’s perspective) confronting her with the protection issues in an angry way (i.e., “throwing everything at [her]”). Despite these mixed messages, Cindy is still able to make meaning out of her worker’s confrontations, specifically her worker’s concern about her children’s safety. Making sense of a mother’s wants, motivations, and desires — whether it be dignity, deciding for themselves, their children’s safety, or a combination of others — helped ally workers in this study with mothers’ own protection goals so that the focus could be on increasing safety and understanding.

Seeing clients as “worth doing business with.” Viewing mothers as “worth doing business with” overlaps with offering mothers choices and the importance that mothers in this study placed on workers being “on their side” with what they wanted. However, this aspect is distinct in that mothers perceived it as an overall, general sense that they received from their worker.

For example, Pauline expressed comfort in sensing that her case was being managed by her own actions in addition to the collective support from a team of protection workers. Pauline’s worker met with her, collected her information and input and, from there, took her case to discuss with her team. This gave Pauline a sense that she, her worker, *and* a skilled team were working towards solutions and plans:

[After meeting], she said, “You know, you’ve got some other things to do right now,” which I did. I had to go and talk to the police and this and that. And that gave her the opportunity to talk to her team. I got the impression that it wasn’t one person making the decisions. It was that they all discuss this and come up with solutions and plans and that I thought was great because you’ve got more input from other people, which is important.

While Pauline indicates that it is the protection workers making the decisions, she also knows that she is a key informant whose opinion is being taken seriously, by not only her worker, but a team of professionals.

Dianna’s case is another instance where a “working with” stance had a dramatic shift in her willingness to view her worker as an ally. As previously mentioned, Dianna had a long history of repeated Ministry involvement where she felt accused by most of the workers who were involved with her case. She reported that that the protection workers not only did not notice her attempts at improving her and her children’s situation but were also focused on confirming a negative story about her. To her, they were “just waiting...and seeing if they could find something bad.” However, with her last worker, Dianna noticed a significant difference in the way she treated her, tuned into her needs, and looked for evidence of a more positive story.

[T]he last [worker] treated me, like I said, as a human being. She didn’t judge me and that makes I think, a lot of difference. Just someone who is more so there for you to help you get your kids back. I mean she knew I wanted [my kids] back, and from what she’d seen around my house, I mean you can tell when you walk in sometimes I guess. And what she could tell was that I was a good person and I

realized all the wrongs that I did do at that time. And I'm still not perfect though. But mostly the biggest part of it was just her treating me as a human being. And being there emotionally.

Through the eyes of her most recent worker, Dianna then becomes worthy of motherhood, "good" despite her imperfections, and an equal person deserving of fair, non-judgmental treatment. This stance, for Dianna, outweighed all interventions, practical safety strategies, and authority her worker could have offered. However, even in her formal, bureaucratic duties the worker is still able to position Dianna as someone "worth doing business with," as reflected by the way the safety plan was done.

[My worker] met me in the middle with everything and... that's what helped me get to where I am today. Because it wasn't just "quit" [drinking], like just "don't even do it." Like I said, she was just there, understanding me, that there's going to be times that a friend may come by and have a drink. And what am I going to say? "Okay kids, I'm going to get you a sitter because I'm going to have a beer now?" You know? And she said, "Okay, you can have a few and if you have any more than that then come up with something else."... We even wrote a list. It was like, "Okay, boyfriends," if I were to meet a boyfriend, "don't have him in for 3 months." "Okay, that's good, I can handle that." Meet him outside, go for coffee, whatever. And don't bring him around, and I could have a boyfriend. Whereas the other [workers] said, "A year, give yourself a year." And it's like, "Well what if I meet somebody that I like?" You know, "Sorry but I'm on social services and—" "...Whereas the last one just let me. And as far as she knew, it was none of her business whether I met a man or not. It was just keep my eyes open and make

sure I get to know him before I even bring him around my kids. Right, so she gave me the opportunity to grow up myself I guess. And learn more about myself and my needs and how I can deal with it differently then I had in the past. So bottom line, yeah, that's where she helped me out.

The middle ground that Dianna's worker offered her is experienced as a more realistic plan for her and a means for her own growth, learning, and development of coping strategies. By eliciting from Dianna what she herself thinks are reasonable standards of safety, a plan was formulated that is more attainable and within Dianna's personal life and context. Dianna's worker describes the safety planning process:

...I did say "I'm doing the safety plan, this is what I'm putting down. If there is anything else that you think would be helpful or if there is something that you don't agree with let's talk about that." So I remember that that was a key piece and I try to do that because I want the client to co-opt into this because it's for them. And yes, I remember asking her, "What's a reasonable amount of alcohol for you to consume when the kids are at home and when do you know that it's beyond that? And what do you need to do? And how will you know when you get to that point? Are you able to tell that it's going to go further and what do you need to do? ... This is *fluid*." So yeah, I let them know that this is not stuck in time and this is not forever. And if you have concerns we'll meet again, we'll talk about it. So it's ongoing contact, interaction, and not saying, "Well, now I'm done with you and the door is closed and that's it."

Dianna's last worker, compared to the previous workers involved in Dianna's case, reflected a clearer and more ethical understanding of the limits of her authority as well as

a style of working that engaged Dianna as an equal partner towards making safety strategies that fit best with her needs and desires. She also is clear in establishing safety planning as a process—rather than a leap—towards Dianna’s safety and this is clearly appreciated by Dianna.

In contrast, the way Heather’s safety plan was made reflected a non-negotiable stance of forming standards for safety and setting the rules for protection. Heather’s worker elaborates on her position on safety planning:

I write [the safety plans] there with [clients], but I don’t ask for their input as to what should be on it. Maybe I should, I don’t know. But my immediate risk assessment informs what I think needs to be on the safety plan. And I’m not going to ask mom, ‘What do you think of me putting this on here?’ It’s not negotiable at that time. “This is what I think needs to be in place for the children to be safe with you. If you don’t agree to it, then I will have to do a different kind of plan.” And while that sounds fairly heavy handed, it *has* to be clear that this is the expectation and if this expectation isn’t signed and acceptable then we will proceed with further action. Because this is what we think is necessary for the safety of the kids right now.

Heather’s worker weighs her mandate of enforcing clear standards of safety, but also has a glimmer of uncertainty about whether safety plans should be more negotiable and whether she should be eliciting input from her client’s as well. From Heather’s point of view, this “heavy handed” approach seemed to be a good fit for her specific needs:

I was at the point where I was like “I want him gone so I’m just going to comply with everything that I’m asked. You could ask me to jump off a bridge and you

know, I would have done it so...

In this case, what Heather wanted was also in line with what the child protection authorities “needed” to see. Furthermore, Heather’s positive view of her worker did not seem to be drastically effected by the lack of negotiation with the safety plan. However, Heather was also very clear about her level of motivation in wanting her ex-partner out of her life. This is not often the case in situations of domestic violence and much can be left to the imagination of what potential might exist in collaborating with mothers on this aspect of the protection process. As an avenue to further ally workers with mothers (as it was done in Dianna’s case), it is worth considering if and how protection rules and expectations can be somehow coupled with providing opportunity for input from the mother.

Safety Inviting Practices and Alliance Building

Protection work is not therapy or counselling. However, it is difficult to write about how these practices could be used to invite safety without also touching on how they influenced the alliance between workers and clients and, furthermore, how this alliance, while it is not based on therapy, becomes in a way therapeutic. When mothers talked about ways that their worker helped them feel safer and more supported, they also talked about their worker as being “encouraging,” kind, and offering a relationship where in some instances, their worker became “not just a worker,” but a significant source of emotional connection. I remember being initially struck by the reaction one mother gave me when I first connected with her about participating in this study. She gladly accepted and said that she would be willing to do whatever it took to repay the help that her worker gave to her. This woman and another former client from this study still maintain a

connection with their workers as a touchstone for continuous support.

Safety within working alliances can be especially pivotal, given that women facing violence can often be very isolated and in need of a reliable connection for both emotional support and appropriate resources for physical protection. Through practices that validated, provided relational connection and offered space for mothers to lead the way, workers became helpful resources rather than antagonistic forces to women's goals of safety. The practices described by this study suggest the important potential of these types of connections and practices in protection work, which can hopefully contribute to helpful shifts in worker-client engagement and greater safety from experiences of violence. I will explore this further in Chapter Six, the discussion, and talk about how these findings point to how relationships in this context, can be used as intervention.

What Happens When There Isn't An Alliance?

Not all outcomes that could be described as "effective" or "safe" for clients were achieved through practices that were descriptive of "effective" or safety inviting. For example, even though Cindy's case had a surprisingly successful outcome (considering the severity of the violence), she talked about being treated in a "harsh," "rough," and stereotyped manner by her worker. Speaking to the powerful influence of these reactions, Cindy reported finding it very difficult to even see her worker without getting upset. Despite Cindy's desire to be approached in a softer manner, she reported that her worker's harshness and the associated angry resistance she felt towards her left her with a greater sense of strength and overall certainty with what she wanted. To paraphrase, getting angry made her stronger, being stronger allowed her to look at what she wanted and needed, and what she needed most of all was to be treated with dignity. The

resistance that was elicited from Cindy in the way her worker engaged her is not the usual aspired way that “capacity and strength building” occurs in the helping field. While Cindy’s anger and attempts to “talk back” to her worker was indicative of her resistance to her worker’s approaches, she also talked about complying and eventually agreeing with “everything” that was asked of her.

I just agreed with it [the safety plan]. I just thought about who and what and where, I thought a lot about it too because after the situation I got into, I just wanted to be safe. I wanted to make sure that nothing like that would happen again... I just did everything that they wanted me to do. I totally agreed with them and I understood and I did it... I went along with them because I thought they were right... I knew that I needed that change. It helped me a lot with them because I wouldn’t have done a lot of that on my own because it’s not something that I could have done... I listened to them and agreed with them but I didn’t really want anything to do with them. Because before that, I didn’t had anything to do with them—ever.

The tensions of needing support but not wanting to be associated with the child protection services seemed to offer Cindy a choice of either having to resist all Ministry involvement (which would have risked cutting herself off both her children and from necessary help that she felt that she could not get on her own) or demonstrating some degree of buy-in to the mandates of protection. With what she saw standing to lose, it is not surprising that she chose buying in. Cindy talked about coming back to her home (which her partner was mandated to leave) from the safe house she was temporarily living at with a new sense of realization. The re-orientation she experienced created a

sense of being lost, scared but eventually enabled Cindy to look at and accept things she hadn't before.

[Going back home] was completely different. I mean, it was pretty frightening. I wasn't really sure what to do anymore. It put me in a really lost situation. I didn't really know what to do and realizing so much it made me really upset, I thought, "Oh my God, I thought I knew, but I didn't." It was pretty hard to accept, but I got through it.

For Cindy, "getting through things" was facilitated by a number of key experiences: the contrast that she experienced after coming home from the transition home, her anger, and her strong desire to do what she needed to do to avoid having her children taken away. This case concluded with outcomes that Cindy generally regarded as positive—her physical wounds healed, her family was reunited, and her husband very successfully engaged in a family violence program. However, Cindy's perspective of her worker's means for achieving these ends highlights the need to consider not only safe outcomes but also the quality of the relationship as pillars of "success," especially if future safety needs are to be considered.

Case File Documentation and Safety Inviting Practices—A Misfit

The safety inviting practices that occurred on a face-to-face level did not always transfer into case file documentation. For example, in Dianna's worker's interview with me, she talked about teasing apart Dianna's statement of not having "good choices in men." She described structuring her questions with Dianna to convey that not only did she not hold Dianna responsible for placing herself in violent situations but that Dianna's partner's initial relationship demeanour could be viewed as him intentionally concealing

his violence from Dianna. For instance, Dianna's worker stated that she asked questions like: How were her partners different when she first met them? Why did Dianna think that they were showing her their "good" side at the beginning of the relationship? And what made Dianna think that she was "choosing" a "bad" man if he was showing her his good side? However, not only was this conversation not documented within the case file, but what is written about points to a different perspective taken by the worker. In the file, it reads that Dianna "acknowledges a *pattern* of exposing her boys to drinking and potential violence because of *her* relationship" (emphasis added). While these discrepancies do not necessarily mean that the former conversation between Dianna and her worker did not happen, the latter wording in the case file note is curious and noteworthy as it tells a story that is not only different, but contradictory to the response-based approach that Dianna's worker claimed to have taken. Even if the "pattern" of exposure is something that Dianna herself independently acknowledged to her worker, there are no follow-up notes about how her worker deconstructed this "confession" by Dianna. Furthermore, the closing letter that was sent out to Dianna is not unlike the letters to other women in this study in that it carried a tone that could be perceived as threatening and counter to the supportive presence, positive perception, and emotional connection that Dianna and her worker talked about as being so important. Closing letters are often the last point of contact and function to summarize and close the case involvement. The last part of the worker's letter to Dianna states that:

if we [MCFD] receive a report in the future, we will need to conduct an assessment and may have to take more intrusive measures. Intrusive action can include making safety plans for children who are in need of protection, with or

without the cooperation of the parents and court involvement. Court involvement ranges from seeking supervision orders and conducting removals of children from their parents.

Despite the fact that so much effort had been put forth in developing positive interactions that didn't blame or threaten Dianna, this last statement gives Dianna considerable reason not to seek out support for protection in the future. Dianna's worker says the following about the wording that she (and other workers) use when writing the closing letters that conclude their case involvement:

[The letter] is about clarifying our role. And yes, [the closing letter] can be intimidating. And yes, I would still put that on my files—on my letters. Because we're not being wishy-washy about "If you're not committed or able to follow through with the safety plan than this *is* what could happen," so there's no dispute, there's no argument about that. This is the law. And yes, sometimes I struggle with "Can we temper that with a softer language?" I don't know. I think that I maybe have [since] changed some of the style of some of my letters saying that "if you are having some struggles around dealing with your partner or if you are feeling unsafe, to call and you know, we want to support you in this." I think that I have probably drafted up some more letters recently that have included that. But I still say, "This is what the Ministry can do." Because that is my job—I see that as my job and sometimes it is hard to marry up, you know, making a letter seem softer and I mean a lot of us do try to use language that is less intimidating. And sometimes... you are just so busy and you are just sending off this letter and

you've got to make it really clear why you were there, what has happened, and this is the bottom line.

Dianna's worker expresses some obvious tension that she struggles with in writing the closing letter: needing to emphasize the "bottom line" but struggling with the possibility about using a more supportive and "softer" language. Additionally, she knows that she has to work within timelines that she feels often does not allow space to find less intimidating words. And while she does speak with a desire to change her "style," she expresses a sense of guarded necessity in how she sees her language in letters having to come across, telling her clients the bottom line of not only her role, but "the Ministry's" position, when push comes to shove.

In another example of a mismatch between face-to-face practice and case file documentation one mother, Pauline, described a number of ways her worker responded positively to her—yet her risk assessment does not contain the same language about the violence she experienced. Pauline's risk assessment has a number of phrases that seems to position her as a partner in the violence she experienced. The notes on *her* risk assessment (an incongruity in itself, since she was considered the non-abusing parent) state that Pauline and her partner have had "a very inconsistent and volatile *relationship*" with many "negative *interactions*" and "arguments *between* [them]" (emphasis added). These notes imply that these listed concerns are somehow a result of the chemistry *between* Pauline and her partner, where the onus of initiating, antagonizing, or perpetuating volatility (whether it be on Pauline or her partner's shoulders) is left hanging either as an unanswered or an unquestioned question. In addition, Pauline has "participated in verbal and physical altercations with [her partner]" and although she

“was usually the victim, she has reacted physically to the abuse also” and “has kept coming back to this relationship even though [MCFD] intervention has suggested that the turmoil was not good for her children.” Although in her interview, Pauline’s worker spoke about the violence as being directed *at* Pauline and Pauline’s reactions to her partner as self-defensive, these case file notes tell a different story.

Not only do the differences between workers’ language in case files and dialogue with clients seem to have bearing on mothers’ senses of how they are being perceived (Dianna’s case is an example of this and was discussed on page 99—100), they also potentially shift the way that workers conceptualize violence and their clients. Implications of these differences will be further discussed in the next chapter.

Chapter Summary

The goal of this study was to gain a better understanding about some of the practices that have been proposed to invite more safety for women who have experienced violence by their domestic partners (such as those that have been offered by solution-focused (Turnell & Edwards, 1999), response-based (Coates et al., 2000; Coates & Wade, 2007), and relationship-based practices (Ruch, 2005; Ruch, 2010)), by exploring how they are experienced by clients and used by professionals. Seven cases include accounts of practices used by workers and experiences of mothers that speak to an array of constructive skills to help clients who have experienced violence by their domestic partners. Some of the skills talked about in this study counter some of the general public conceptions of how child protection work accomplishes its goals. In this study there were numerous examples of small but important ways that workers created more safety and allied with mothers—during a home visit, sensing that a mother’s wariness could be

eased from spending more time casually chatting and playing with her children, inviting the opinion of the mothers to give her a greater sense of agency in the protection process, refraining from judgments of what had gone on in the past, and offering a person-to-person, mother-to-mother connection were just a few of these examples. These small ways that workers invited greater degrees of safety for mothers often carried large significance.

Through the descriptions of case practice, the results of this study contribute towards more fully explaining how lofty ideas of “good” practice might actually unfold in real life settings. The practices that I called attention to in this study relate to the framework for safety inviting practices (found in Appendix A), but describe how safety was bolstered and risk was reduced in ways that extend the boundaries of each of the individual practices I previously listed. In particular, I chose to represent these practices according to broader themes that encompassed the specific experiences of clients and the professional uses of safety inviting practices. The themes captured a variety of practices that are “effective” or inviting of greater safety for working with women exposed to violence. These themes were: (1) validation, 2) attending to mothers’ relational needs, and 3) creating space for mothers to take the lead. However, “good” outcomes are not always a product of “good practice,” as Cindy’s case demonstrated. There were also some questions raised about how well these practices match with the way case documentation and case file responsibilities are currently carried out. From here, I will move on to the case reconstruction which will hopefully demonstrate how an amalgamated collection of these practices might look in practice.

Chapter Five: Reconstructed Case

In this chapter, I present a fictitious case which re-constructs the accounts from all of the participants of this study. It was my hope that through this reconstruction, I could depict how some of the themes of safety inviting practices might look in an amalgamated context. The reconstructed case represents the child protection involvement for a young mother, “Grace,” whose children are deemed “in need of protection” on a number of occasions and who consequently becomes a repeat client of MCFD. Grace and the child protection workers involved in her file are fictitious characters, created to both maintain anonymity for the individuals who participated with this study and also to provide a story that represents two ways of practicing that are dramatically different. The thoughts, actions, and memories of the experiences of Grace and her workers combines some of the helpful and hindering practices that workers and their former clients spoke about in their interviews with me. In reconstructing this case, I focused on examples that seemed to best show how a variety of worker-client interactions might influence the degree of engagement or resistance within working relationships. In particular, I hoped to suggest how different practice approaches might influence a client’s sense of safety and corresponding reactions, even when there has been a thick history of clients feeling “judged” and approached in ways which did not match with their safety needs. While the details in this case are influenced by and include direct quotes from all the cases from this study, my division of this case (from two different styles of practice) was predominantly inspired by Dianna’s case. Dianna’s lengthy history of experiences with protection workers began with a series of intakes where she felt “blamed” and “judged” and finally concluded with a connection to a worker who she felt helped by and more secure with.

Therefore, the reader will notice that at first, the violence that Grace faces is not addressed by those in a position to help her and she receives a number of “negative social responses” (Wade, 2004; Richardson & Wade, 2009) which she reacts to accordingly. However, the way her situation is handled on the third intake is much different and I represent how her reactions to her worker shift in response to these differences.

I have laid the initial ground work of the case in third person to provide some contextual details of the initial events leading up to the case and to demonstrate how events and perceptions of Grace have taken shape. After each paragraph, I have included my own interpretation (in square brackets) of how the situation might contribute to the formation and tone of the professional perception (and victimization) of Grace. These interpretations are based on my assumptions and readings on how past practices can often set the stage for future expectations for the client and that, in this case, the client (Grace) can be further victimized in a number of ways. Using a table format, I have then moved on to a first person retrospective point of view of both the workers (Joan, and later Kathy) and the client (Grace). The reasons I have switched from a third person to a first person perspective is because: 1) I am hoping that a first person perspective will facilitate the reader’s interpretation and understanding of the very personal experiences and perspectives, and also because 2) a first person perspective lends itself to how the person remembers, reflects, and makes meaning of the experiences. I have then placed the two running reconstructions of the worker’s voice and the client’s voice side-by-side in what I hope will act as sequential and interactional format. Since worker-client perceptions, reactions, and responses do not exist in isolation, I depicted the case this way, with the hope that it would aid the understanding of the interactional and social processes that

these individual experiences are inherently imbedded in.

The format of presenting the perspectives in this case is obviously artificial in nature. The timing between what each party is saying is off; there are many details that might have or could have happened in the case that I have not included (for the sake of brevity and simplicity); what might have been said to me as an interviewer, wouldn't necessarily be said in a dialogue between worker and client; and there are many layers of social filtration that could have been both removed (for example, power, censorship, consequence, etcetera) and added with me as an interviewer. I also chose to pay more attention to the tone of the correspondence between the worker and client, rather than attending to a detailed chronology of interventions, as I found that by doing this I was better able to focus on and attend to what workers and clients talked about as being most important and memorable.

Case Example

The story will begin with a report to RCMP who responded to what they refer to as a "domestic." Alice, the mother of 27-year-old Grace Campbell had placed the call around midnight on a Friday night. She was calling to report a "fight" between her daughter and her husband and her concerns about her two grandchildren, Rosey (Rob's daughter) and Adam (the son of a previous relationship). Alice states that the children were sleeping in the house. *[This illustrates that from the beginning, the violence that Grace is exposed to has been referred to as a "domestic" and "a fight between" herself and her husband. While there is not yet any information that points to one party being more dominant or directed over the other with the aggression (other than the statistical odds that women are more likely the victims of violence), the initial language that is used*

in the report sets the foundation for what the RCMP are responding to and places Grace as an active participant in the “domestic”].

Earlier that evening, Grace had arranged for Alice to come over to babysit the children while she and Rob went to a neighbour’s house for a party. Around midnight Grace left Rob at the party and returned home so that her mother could go home to bed. While Grace was chatting with her mother about how the evening had gone with the children, Rob started knocking on their door. He had several friends with him who he wanted to bring in for a few more drinks. However, he could not get in. Being experienced with how Rob behaves when he drinks and suspecting that he might try and bring part of the party home with him and/or become violent with her, Grace had locked the door. *[These details point to Grace’s capacity as a parent and knowledge about keeping herself and her children safe: she had arranged babysitting in advance, she perceived Rob’s intoxication as a risk, she came home alone, she indicated interest in how her children were in her absence, and she had taken proactive steps in preventing Rob from coming inside the house. Ironically, not only do these signs of “protectiveness” fail to become “important” to the file that outlines the protection concerns, but they soon become evidence against Grace’s ability to parent].*

Six months prior, Grace had been investigated by the Ministry, stemming from a neighbour’s report about a party that had gotten “out of hand,” and resulted in a “marital spat” between Grace and Rob. The protection worker involved had done a risk assessment that brought to light several other concerns—the most significant being Grace’s misuse of alcohol and additional risks that it has continued to bring to her family. For instance, Grace’s previous relationship had been with the father of Adam, who had

been very violent. Grace reported to the protection worker that she had made “poor choices,” particularly in returning to this partner when she was drinking. This intake had been eventually closed under the agreement that there was to be no drinking around the children in the future; furthermore, Grace was to seek out counselling for her alcohol problem. *[Thus far, Grace’s history of child protection involvement has been focused on her own “internal weaknesses.” Not only were these weaknesses constructed as if they were one part of magnetized inevitability, naturally pulling Grace towards her own risky destiny, but they conceptualized as the primary risk needing to be remedied (rather than considering her alcohol misuse as a self-medicating or understandable response to coping with the more primary risk, the violence she was facing). Furthermore, the agreement that contributes to the conditions for her file closure, is one that places an onus on Grace to prevent her children from being around one of the most socially acceptable and ubiquitous substances].*

With the conditions of this relatively recent Ministry involvement in mind and hearing the tone in Rob’s voice that has often preceded him shoving her around, Grace refused to open the door to let Rob and his friends in the house and told him to go party elsewhere. Rob continued to knock harder, yelling at Grace to let him in. Rob’s friends left and Rob became increasingly aggressive, pounding on the door, screaming at Grace to let him in and threatening her. Grace drew the curtains and told her mother to ignore him. Frightened, Alice phoned the RCMP who arrived to witness both Grace and Rob screaming at each other in the front yard. By now, the children were awake and frightened, but being comforted inside the house by Alice. *[Grace’s experiences with and conditions of her recent Ministry involvement was not far from her thoughts. She took*

action to further resist Rob's increasing threats, but after authorities were called, she moved outside and confronted his violence more directly].

Rob tells the police that Grace has a drinking problem, has been in and out of alcohol counselling since their last involvement with RCMP and social services, is crazy, and is denying him access into his own home. Grace tells police that Rob shook her, but she is not visibly hurt. Rob responds by telling RCMP that he lost control. The RCMP officer told Grace and Rob that they have to get along if they are to live together and warn them that if they continue to come to the attention of RCMP for non-emergency matters that MCFD will get involved and will decide where the children are to go. Grace is visibly upset by the incident and is told by RCMP that it is a "good idea" for her to leave for the evening; however, she is told that she can't take her children with her because of her alleged alcohol problem. Because all three adults answer "no," when asked if any physical assault occurred, the RCMP doesn't pursue charges and leaves after Grace and Rob have agreed that they have both calmed down. *[Rob jumps on the opportunity that Grace's "problems" have been the target of protective interventions in the past and capitalizes on the fact that violence has often been misconceived as an anger or control problem. Even though Grace has already told the officers that she was shaken by Rob, the subsequent question about whether an assault occurred seems to discount the shaking as assault. The "problem" is portrayed (and apparently accepted) as a loss of control and an issue of heightened emotions between Rob and Grace. Furthermore, the warning of what Ministry involvement will entail (deciding where the children are to go), lays a foundation for expecting enforcement, rather than support, from protection services].*

The next day, the Ministry of Children and Family Development receives a call from the RCMP reporting the “domestic” with two children present and describes it to the duty worker as a “he-said, she-said, mudslinging” contest. A few days after the RCMP report, Joan, the Child Protection Worker assigned to investigate this case, calls the Campbell residence. Rob answers and Joan inquires about the evening of the party. Rob tells her that he and Grace are “on track” and says that they don’t need any services. When Joan asks to speak with Grace, Rob says that she is not feeling well, but agrees to take Joan’s number so that Grace can call her back when she is able. It is a week before Grace makes the phone call to Joan. *[The initial framing of this case places both Grace and Rob to blame. Furthermore, the lag time in Joan’s initial and subsequent connection is not as conducive as what Grace might need to feel supported].*

Client: Grace	Child Protection Worker : Joan
I didn’t want to talk with her. When she called the first time, I just thought, “Oh great, here we go again.” I was trying to avoid calling her altogether for a few days, hoping the whole thing would just blow over. But finally Rob was just hovering over me until I ended up making the call, refusing to go to work until I did...I guess he just wanted to be there to hear what I had to say to that social worker.	
	I finally got a call back from Grace. I asked her a few questions about what happened the evening of the RCMP visit, and about why she was drunk around the kids, despite the conditions of our previous involvement.
I just told her that things got out of hand. That it wasn’t that big of a deal and that Rob and I both escalated with our behaviour. When Rob escalates he gets	

<p>loud, and when I escalate, I overreact. I had only had a couple of drinks and maybe I was buzzed but Rob was sloshed. But I guess it was both of our fault. I told her that I didn't usually let Rob in the house when he had been drinking.</p>	
	<p>I challenged Grace about her take on things. I told her that I didn't think that the way she and Rob were behaving was just "out of hand," but that it sounded like fairly serious family violence, which was not appropriate for her children to be around. I needed to make sure that she wasn't minimizing the violence between her and Rob and that she knew our stance that this was not appropriate parental behaviour. I reminded her about her report to the RCMP stating that he shook her and asked if she felt safe with him.</p>
<p>I kind of asked for it. I told Joan, "Yeah, I provoked him. I knew how to push his buttons and I did, just to get a reaction from him." I just wanted to agree with everything she was saying, I wanted to get her off my case and to get off the phone. Plus Rob was still waiting in the background. "Maybe I've made some bad choices, maybe I've let my kids see stuff they shouldn't. But yes," I told her, "I feel that me and my kids are safe. Things usually weren't as bad as they were that night." I told her I shouldn't tie up the line very long because Rob was waiting for an important work-related call. But then she told me that she wanted us to meet in person. With Rob. Ugh. We set up a meeting in two weeks, the only time we would have childcare and Rob free from work.</p>	
	<p>Grace and Rob came into my office. After introducing myself, I brought up the family problems that Rob and</p>

	<p>Grace had been having and asked them how things had been going since we talked on the phone. They both agreed that they had been working hard to iron out their differences and that they both get a bit “over the top” when they drink. Grace said that she didn’t know why we were making such a big deal out of a normal husband-wife spat. I went over the conditions of our last involvement and I again discussed the impact of family violence on the kids and made the referrals I thought they needed: “anger management” for Rob and continual alcohol counselling for Grace. Rob needed to learn how to manage his anger while he’s drinking and Grace needed to get a better handle on her drinking.</p>
<p>When we met with her, I just kept thinking how young she was. I mean, I bet she has never even had kids, she doesn’t even know what raising them is like.</p>	
	<p>I phoned both of the Grandmothers as collaterals. Alice said that she had also seen that things had been better, and Karen (Rob’s mother) said that her son had taken a lot of leadership in the parenting role with Alice in and out of alcohol counselling. I prepared to close the file.</p>
<p>Two months later, RCMPs phones in a report to MCFD: <i>Late Friday night Rob had called RCMP to report that he had been attacked by Grace. Upon arrival the officer noticed that Grace has marks on her neck—she alleges that Rob had choked her. She also was holding her wrist and said that it was twisted in their fight. Rob said that he was at a party and Grace “lost it” on him when he returned home. He showed the officer red marks on his chest, which he said were scratch marks. The children were present in the home and were awake when RCMP arrived, but Grace and Rob say they were sleeping during the fight. RCMP reports that there was evidence that both Grace and Rob had been drinking. Soon after the RCMP report, MCFD gets a call from an angry Rob. He claims he was attacked by Grace and has infected scratch marks on his chest to prove it.</i></p>	
	<p>The next morning I went out to see Grace. An after hours social worker</p>

	<p>had already gone to their home to make an immediate safety plan. Rob had gone to stay with his parents for the night and there was a no contact order on him. But I needed to let Grace know that if she saw Rob, there would be serious consequences—we would take the kids. So I went over the safety plan with her: he was not to come around the kids without our supervision, and she was not to be drinking, period. I was very clear. Grace needed to realize some of the consequences of her choices—about what she was exposing her kids to and her bad choices.</p>
<p>Joan arrived at my door and I just felt like I was being investigated all over again. She was like, “This, this, this! This is what you have to do.” She was just completely rude and made me feel like I was totally being judged. Yes, I know I’m not a perfect mother and maybe I shouldn’t have been drinking, but I would never try and hurt my kids. But she told me that they would rip them out of our home unless I followed all their rules.</p>	
	<p>Grace did say, “Yes, we don’t have the healthiest relationship” and that she struggles with her drinking. I said “This is about <i>you</i> keeping them safe. Rosey and Adam are <i>not</i> responsible for keeping themselves safe...<i>you’re</i> the parent. So what difficulty will you have with this?” I reiterated what we had agreed upon in the safety plan and what the consequences would be if those conditions were not met. Grace agreed and I left.</p>
<p>The Ministry’s restrictions were there but Rob just wasn’t listening to them. He didn’t want to follow the rules—and he didn’t. And he just used it as one more reason to act out towards me. I really</p>	

<p>didn't have much control because if he wanted to come around, he came around. I didn't want to aggravate him at all, so what was I supposed to do? And I knew that Joan had threatened to take the kids. But really, I didn't have resources to see Rob without them. I mean, yes she gave me a few bus passes, but what am I going to do about child care, and work, and balancing everything in between? And I knew about the safety plan and not having him come around. But when he knocked on the door and wanted in, I let him. Because in a roundabout way, doing what wasn't best for the kids was best because I didn't set him off. If I made any kind of report, then it would have just aggravated the situation with him. So it was pretty hard for me actually. I kind of felt stuck between a rock and a hard place because of the kind of guy my husband was.</p>	
	<p>Rob's anger management worker was sending us progress reports, letting us know that he was attending his meetings. But the contact that we had from Grace's alcohol counsellor indicated that she wasn't making all her appointments. Rob contacted us a couple of times about Grace's continued drinking, which I had a hunch about as well. So, I paid Grace an unannounced visit one afternoon to check up on her and to reiterate the conditions of the safety plan.</p>
<p>And yes, I slipped a few times with drinking. But the main thing is I'm an honest person. And that's what I told her. I would say, "Well, yes, this is what I did," and the things I was too scared to tell her, I didn't. You know, because otherwise my kids will be gone, right? But it wasn't major bad things. It was just small things that they would have made up into big. But, it was like they'd listen to Rob more than me, right?! Even after</p>	

<p>the fact that it was him that they were trying to get me away from. And I found out that Joan didn't even have kids! That really choked me. I thought, "How can she even think about taking my kids away when she doesn't even have any?!" I just felt very violated...and judged, a lot. And I felt stupid and, I was like, "Okay, obviously I'm not doing a good job." I knew what she was thinking.</p>	
	<p>Rob has been good about sending support money to Grace. Grace and Rob have decided to separate and after monitoring the situation for a number of months, we decided to close the file as there were no safety concerns.</p>
<p>When they got out of my life, then I basically did what I wanted to do. Which meant I basically wasn't getting hammered all the time around everybody, but I was still living my life the way that I wanted to live it. But also taking into the fact of what could happen—say if I was having a few more drinks and I was thinking "Okay, I'm getting pretty tipsy now" I would phone somebody and say "okay, can you come watch the kids." So yeah, I did still protect them in that sense still. Because I knew if I didn't and somebody happened to find out that they could just be snapped out. And Rob was still in the picture. He came around now and again to visit the kids. And as much as I knew he wasn't supposed to, it was nice to have the company and to have a break to grocery shop or whatever when my mom couldn't.</p>	
<p><i>One year later: Rob calls the Ministry and expressed his concerns about Grace drinking and using the money he had been giving her for the kids on booze. He emphasized that Grace has still been drinking regularly and that the kids have been upset about this behaviour. He advises the Ministry that Grace recently had a party with the kids present where a number of adults were drinking, including Grace. Kathy is assigned to the case as the child protection worker.</i></p>	
<p>Client: Grace</p>	<p>Child Protection Worker: Kathy</p>

	<p>I called Grace and informed her of the report that we had received from Rob. Grace indicated that she and Rob are still separated, but said she was expecting this call as Rob had threatened to report her to MCFD. Grace indicated that she has been avoiding alcohol and that she welcomed me to do a home visit if I needed to. I asked if the next day would be an okay time for me to come by and told her that I likely would need to make another safety plan with her. Grace agreed and suggested a time that worked with her schedule. Before the visit, I read the previous intakes on file. I had some big questions in my head about how Grace's case had been handled in the past. Clearly there had been some evidence of violence by Rob, but to me it sounded like it had been brushed off as an "anger management issue" and more to do with Grace's drinking than anything else. While it might be true that Grace hasn't made some great choices around alcohol use, I was curious about how this might have been over-addressed issue in the past. And amidst what was going on in her life, how had Grace created safety in her kids' lives?</p>
<p>When I talked to Kathy and she asked if she could come by for a meeting. I was like "Sure, I don't mind." I was kind of surprised she asked since the other workers just always showed up at my door, out of the blue. Not that I had a choice about her coming out, but it was nice for her to give me the choice. But it didn't change the fact that I didn't want anything to do with her. I got talking to a friend of mine who had Kathy as a social worker and they basically said: "That sucks to be you 'cause she's a really hard social worker to deal with." And I said "I don't care, I didn't do anything wrong</p>	

<p>and I don't have anything to hide and I just gotta do what I gotta do." So of course, when Kathy arrived I still gave her attitude. I didn't want to talk to her and I didn't want her in my house. I just didn't feel like I had the energy to stand up to another worker again. I told her that I didn't know what the Ministry had against me, that I had been trying to do good. But Kathy just stuck there and said, "It's okay. I understand Grace. I really understand your point and where you're coming from because of everything that's gone on before."</p>	
	<p>When I met with Grace, I could tell she was still really raw and afraid from everything happening. Not just between her and Rob, but having us at her door yet again. I think that she was preoccupied, thinking, "I don't know how this is going to go down. I don't know this person, I don't trust this person." I know that if I had a social worker on my doorstep, I would be afraid too. And that's something I keep in mind whenever I go visit a family. You always need to go into someone's home with the assumption that people don't feel safe. Because in reality, you're the social worker and you can remove their children. Trying to open a dialogue, I asked her about what she thought the report that Rob made was about.</p>
<p>I told her I didn't know why she was there. I mean, really, I was sure that there were a lot better ways for her to spend her time than investigating me. I mean, what about the mom down the street I always hear yelling at her kids? And even though we're not together, Rob has been good about supporting us and helping me with going back to school. But it's just every little thing for us that gets looked into. I told her that Rob was angry because I had refused to lend him</p>	

<p>some money and he had heard that my mother was trying to get me to go to the police to apply for another restraining order against him. And that “Yes, I had had a party. But I had sent the kids to Grandma’s.” I mean, they weren’t even <i>there</i>. It was nice to know that that seemed to make a difference to Kathy—she was actually interested in hearing about my side of the story.</p>	
	<p>Standing there, talking to Grace I noticed that a cupboard drawer in the hallway had been damaged. I asked about it and Grace said that she hadn’t expected Rob to get so upset looking for money she refused to lend him. “Usually,” she said, “he only behaves like that when he had been drinking.” So here was an opening and I wanted to know more about that—about what “like that” meant. And about how she knew when he was most likely to behave “like that.” What signs did she look for and how did she decide that he was safe enough or not to come into the house? And she said that she would just know from the sound of his car squealing up the driveway, how he slammed the door, how he approached her, that it was not going to be good... And then I asked her, “So what would you do when you knew that you were potentially unsafe?” And she said that she knew just not ask him certain questions. So Grace had a really keen sense of, what was safe, and what was not safe and how she was using that information to make her decisions. And when a client talks about that kind of thing, I want to do anything that I can to can be validating to their orienting to safety. To honour and respect them as a parent and jump on the potential to create more safety.</p>
<p>About the cupboard, I told her that Rob just lost his temper and that he gets a</p>	

<p>little worried about money sometimes. That he wasn't always like that. But Kathy was persistent and kept at it, kept asking questions. I was getting annoyed but that's what made me start to realize—I asked myself, “Why is she saying things the way she is, why is she asking me these things?” It all made sense once I really thought about it. I was really upset but it came to me that she was genuinely concerned with my kids' safety and not just here to tell me I'm a bad mom. She continued saying “My being here is not about your relationship, it's about your husband's behaviour to you and your kids' safety.” There were just some comments like that that gave me a different perspective and start to understand why she was asking what she was asking. Kathy seemed to take time to understand more than the other workers had.</p>	
	<p>After starting to get a better picture about Rob's violence, I asked Grace a bit more about her drinking, since it was a risk factor that seemed linked with the violence. She told me that most of her drinking (like the most recent incident Rob had reported) occurs when the kids are way at their Grandma's. So that was a great example of how she had created safety and I told her so. Grace said that she understands that if she feels overwhelmed she will drink. So we talked a bit about what makes her feel overwhelmed, how can we reduce that for her? And as we talked and as I asked her these kinds of questions, she seemed to present as being more able to open up about her struggles, changes she has made, and things she needs to do.</p>
<p>She didn't try to push me into admitting I had done wrong the way the other two workers had. I told her about Rob</p>	

<p>hanging around, about us trying to patch things up, about him wanting to borrow money and the fight that we had because of that. I tried to explain to her that I had slipped a couple of times with drinking and that I was thinking of wanting to getting back together with Rob, since I thought it would be better for the kids to have their Dad around. I know he's made a bad name for himself in the past, but he has been pretty clear that things are going to change. And I miss him and how much easier things are with the kids when he's around.</p>	
	<p>With more of her side of the story, more insight into some of the difficulties Grace was facing, and our first visit coming to an end, I made a safety plan with her. I was clear with her about our bottom line too: Rob needed to show us a commitment toward demonstrating non-violence and until he did that, he needed our supervision if he wanted to be around the kids. Also, knowing some the typical tactics abusive men use, I added "And if he does try and breach these rules and conditions, just punt him to me." As for the safety plan and her drinking, I wanted to make sure that it was something that was accomplishable for her. I said "So this is the safety plan we have. This is what I'm putting down. If there is anything else that you think would be helpful or if there is something that you don't agree with let's talk about that". So I remember getting her feedback was a key piece—and I try to do that because I want the client to co-opt into this because it's for them. So I asked her "What's a reasonable amount of alcohol for you to consume when the kids are at home and when do you know that it's beyond that? And what do you need to do? And how will you</p>

	<p>know when you get to that point? Are you able to tell that it's going to go further and what do you need to do?"</p>
<p>She didn't try to push me to abandon the relationship the way I had expected her to. Joan had tried to push me to leave Rob or the kids would be taken away. Kathy though didn't throw the book at me and say "This is what you're doing!" because she knew that I knew. She was just there as—I can't really say friend—but not just a "social worker." So I think that that is what helped me out with her, she was just really non-judgemental. Even with my struggles with drinking, she met me in the middle with the safety plan. Because it wasn't just, "Quit or just don't even do it." Like I said, she was</p>	

<p>just there, understanding me.</p> <p>Understanding that there's going to be times that a friend may come by and have a drink. And what am I going to say? "Okay kids, I'm going to get you a sitter because I'm going to have a beer now?" You know? And she said, "Okay, you can have a few and if you have any more than that then come up with something else".... We even wrote a list. It was like "Okay, with Rob, if we wanted to see each other, just don't have him around the kids." And I was like, "Okay, that's good, I can handle that." "Meet him outside, go for coffee, whatever. And don't bring him around." Whereas the other ones said "You can't see him, period." And it's like, "Well, he's the parent of Rosey too. What if I need to talk to him about stuff with the kids?" And as far as Kathy knew, it was none of her business whether I chose to spend time with him or not. It was just keep my eyes open and trust my instincts. So looking back, she gave me the opportunity to grow up myself I guess. And learn more about myself and my needs and how I can deal with it differently than I had in the past. So anyways, after we made a safety plan she said that she wanted to meet with me again after she talked with Rob.</p>	
	<p>When I talked with Grace, I could tell she was still a bit stressed and on guard, and with good reason considering what she had gone through. Whereas when first I met with Rob, he seemed quite willing to talk and actually quite charming. When I asked him about the incident with the hallway cabinet, Rob told me he just "lost control," that "things had gotten out of hand," but that he was getting on top of his anger. So I asked him: "So how is this anger management an issue in other areas of your life Rob?"</p>

	<p>And when he said that “No,” it wasn’t an issue, then I asked him, “So how is that you can control your anger at any other time, except when you’re with Grace? If you are really losing control, why is it only when you’re home alone with your wife?” I told Rob the way that I saw the differences between domestic violence and anger management, and then he got belligerent with me. I gave him a referral to a Family Violence Program, and he reluctantly signed the safety plan. And I told him that I would be happy to have him contact me whenever he wanted to see the kids.</p>
<p>I could tell that Rob really rubbed Kathy the wrong way and she could see right through him. And it was nice to have someone else who was like “Okay, I can really tell that this guy is a piece of work.” And you know, she didn’t let him manipulate her into thinking that everything was all me and I was the one that was being the bad guy all the time. I mean I felt like I didn’t really actually have to do much with her because I was like the “good end.” It wasn’t like I was in trouble. She gave me a bus pass, sorted out a way for me to get some paid childcare, just so I could take a breather once in a while, gave me some food bank stubs if I needed them—just some really practical stuff. So I think that it was the fact that she was actually on my side that made working with her easier.</p>	
	<p>I tried to think about the differences between how Grace and Rob were talking to me and what that meant. Grace always seemed a little on guard, stressed out, and somewhat protective of Rob whereas he was more able to talk about his behaviour. I wondered if she thought that she would get in trouble if she was more open about his behaviour? Because he is obviously</p>

	<p>not going to beat himself up for talking about his behaviour. So I think I'm assuming that there was less risk for Rob or Rob perceived less risk to himself as a result of talking about his behaviour as Grace perceived.</p>
<p>I think it took having Rob away more than usual and talking to Kathy and my friends to realize how bad things were between him and I. Because I did talk about things with Kathy and she would ask me questions that made me think, "Holy, I didn't even realize that." Like I thought that I knew what I was doing and I thought that I knew what was going on but it was more invisible to me because I was so deep into the situation. I didn't even realize half the things that were going on.</p>	
	<p>Grace told me that Rob had apologized to her a bunch of times and said, "If he's not drinking he's a nice guy." And so I said to her, "Yeah, but if he's a nice guy, how do you sort of couple that with he'll drink and then things will change. You know, is that okay?" So I think that she was still a little ambivalent and I think that maybe there were aspects of their relationship that were certainly positive for her and I think she still struggled with that. Of course, when somebody wants to get back together with a partner they're not going to remind them about all of their controlling and violent behaviours. And really, how would Grace know if Rob has or hasn't changed? Or if his apology is legitimate? And we talked about her previous supports and she identified that they hadn't worked for her. So I referred her to a different counsellor who I knew some past clients had really liked and who could talk with her about her struggles with drinking</p>

	<i>and</i> her relationship.
<p>In talking to Kathy it wasn't: "Well you can never be with this man or see this man, but this man has to recognize too, or be willing to be part of a solution so that you're both safe together." It just took her asking me questions and just making me feel that they were there to support me <i>and</i> my kids.</p> <p>But I never feared Rob I don't think. And yes he trashed a piece of furniture that was really valuable to me, but I never was actually afraid of him physically hurting me. When we were together, I was more afraid of him taking off with the kids or just destroying everything if I took off. I guess I was afraid of how little I would have if I did take off. How would I feed us? Where would we go to live?</p>	
	<p>In my background research on this case, I found out that prior to his relationship with Grace, Rob had also had been involved in two other cases in our office, both violence related—one with very serious assault charges. And I was pretty sure that Grace didn't know a lot about his past. So I told her. So even though I'm in a position of power, trying to speak to her as, I mean, in this case, a woman talking to a woman about being safe.</p>
<p>Kathy was really good about letting me know what was going on. Letting me know exactly what she was doing every step of the way and why. But also understanding that some of the choices I made were unfortunately not the right ones, but knowing that she couldn't tell me exactly how to live my life with my kids. Because she knew that I could see exactly what was going on in my life. As for stuff with Rob, I knew he had a history but I didn't think that it was <i>that</i> bad. But Kathy just came around and</p>	

<p>kind of like opened up a file on him—not in a legal way, but in a way that she could let me know a bit about his past. And she helped me out that way by basically letting me know how this guy was. Like a heads up on this is what he’s done and this is what’s written down. I found out that he’s even been charged with aggravated assault! But he just told me that he and his previous girlfriend fought a lot. Kathy just laid it all out for me. Like, “This is it, all right here. These are all is charges.” When she told me that it easier to be like, “Fine then, I won’t have him come around.” But there would still be sometimes where I felt like I just couldn’t say no to him. That it was safer for both me and the kids to say “Yes, have your five minute visit, and then get out of my hair.”</p>	
	<p>I hadn’t heard from Rob in a really long time and he had only made it to one of his Family Violence sessions. So the next time I talked with Grace I asked her about it. She denied that she had seen him, but I noticed her averting her eyes in a nervous way when she told me. I didn’t know if she was lying or not, but if she was, I know that lying can often be a pretty strong indicator that someone doesn’t trust me. I told Grace what I often tell clients. “Grace, I will be really honest with you,” I said. “The bottom line is I need to know that the kids are going to be safe. And right now, Rob isn’t doing anything to indicate that he’s engaging in working on his violence, so I can’t let him around the kids. But you know, I’m here because you are a family and you’re the mom and he’s the dad, and you have to be actively involved in this. I mean, I know you love your kids and you want to your kids to be safe and how do we make this work for you knowing that rules</p>

	<p>like these have to be in place? Because if his pressuring is too much for you to deal with, you need some help. Is there anyone else you can count on? Who else is in your life that has been supporting your and the kids' safety?" I called Rob about this too but I didn't get any returned call.</p>
<p>I think that if I didn't agree with and follow the rules, Kathy probably would have been pretty harsh. She probably would have come and done exactly what she was hired to do for the most part. So about Rob coming to the house, Kathy really pushed for me to stay at my Mom's for a while, just until things got sorted out. "Call your mom, Call your mom, Call your mom," and I was like, "Alright! I'll call my mom!" And it drove me crazy having to move back there, but it was actually a really good decision, in the end. Because my mom ended up doing a lot for me and now we talk almost every day.</p>	
	<p>Meeting with Grace, I noticed that there was just a body language—just her gradually being more comfortable with me being there. She was very much who she is. And she had a lot on her plate, and I knew that she was doing the best that she could. And I can't say 100% that she never lied to me, but my sense was for the most part was that she was being truthful to me.</p>
<p>After a few times of Kathy just always being there, I found I could really talk to her. I found out she had kids and she was a single mom as well. So I found I could more or less talk to her as a single mom who has kids and who understands where I'm coming from. 'Cause I'm not a perfect person and nobody is but I think that she had respect for me because she knew where I was coming from.</p>	

	<p>I told her I'm a mother. I am a very involved aunt, but I'm not a mother. But I felt like I had to tell her that so she wouldn't feel that here again is somebody who doesn't have a clue giving direction. So when she asked me, I felt that that was important to just say "Yes, I'm a mother" without providing details. Just to give her a sense that I might know something from a perspective that was valuable to her. That I could have compassion and empathy to her in a care giving role, rather than her getting caught up in "Well how the hell are you here to tell me what to do?" Because otherwise it becomes about me just enforcing the legislation and about me "not knowing" about what is really important to her. And I wanted to focus on Grace and her needs.</p>
<p>Maybe I've made some bad choices as a mother. Like seeming to choose some bad men—at least that's what I've been told in the past. But Rob's not all bad. But like Kathy had said to me, patching things up with Rob might seem like a good idea because he's been careful about showing me his good side. And I know that. I mean, that's what he was like when we first met. I used to walk away from unsafe situations before I met him Rob. I wouldn't take anything from anybody. But being in a relationship with him and then loving him seemed to change that. It made me vulnerable and it made it easier to fall into anything from him. Or maybe it was the way he could twist words around. I don't know. I guess with all of the things that happened, it slowly made me lose who I was. But now, I can remember who I was.</p>	
	<p>And I think that we spoke about her previous relationships and she made some comment like: "I don't have good choices in men." And I spoke to</p>

	<p>her, I said “Well tell me what the relationships were like at the beginning?” And she would say, “Well they were all fine.” And I would say “Why do you think they were fine?” And she would say “Well, you know, they were showing me their good side.” And I said, “Well, would they show you anything else if they wanted to be involved with you? So how much control do you think you had with that?” So getting her to that place where I think [she] understood, “Well, it’s not about me picking bad men.” There are these men in the community who she’s been involved with who are responsible for their own behaviours. And of course they’re not going to—on the first few interactions that she has with them—show them that they’re controlling and violent and so how would she know?</p>
<p>After a while of living with my mom I went back home. When I came back, home felt completely different than what it was when I left. I mean, it was pretty frightening. I wasn’t really sure what to do anymore and it put me in a really lost situation. I think realizing so much of what I didn’t before made me really upset. I thought “Oh my God, I thought I knew, but I didn’t”. It was pretty hard to accept this new perspective, but I got through it. I understood more about the safety that Kathy was trying to bring into my life. And I noticed that after living with my mom for a while, Rob was not as pushy about coming around.</p>	
	<p>Grace had lots of support from her family. In particular, her mom Alice really stepped up in helping out with the kids and I think that she was really clear about what the best interest of the kids were. And Rob actually started calling me about setting up some supervised access with the kids, which</p>

	<p>he hadn't done regularly. Not only that, but he also started going to the Family Violence Program again, and when I asked about him paying for it, he was pretty adamant that he wanted to pay for it himself and take it fully as his own responsibility.</p>
<p>Kathy was more on my side in understanding me and my needs. And even though I had attitude with her at the beginning, she could actually sit down and listen to me and know what I was saying from this position in life, without judging me. I mean I even cried in front of her. And I think that her listening was what really helped me come out of my shell. She was just more beside me, emotionally. You know, not just as a worker. When she would come out for a visit, it was always end up being longer than I think it was supposed to be. And you know, she came and would do all the paper work and we usually would end up sitting here and gabbing for a while. And that's what I <i>needed</i>. I didn't need someone to be like—all "professional," you know? Like to be more on the friend side and you know, just to sit down like two people having a conversation, instead of being "This, this, this, this this, this this, this this, this."</p>	
	<p>After a month of Grace being back home, she called me up and said that her and Rob wanted to come into my office for a visit. Apparently, they had been talking about getting back together. I again told Grace that it was not for me to say that she couldn't have a relationship with Rob, but that this is our bottom line. That if she was to continue a relationship with him, and if they were going to be together with a view to them moving in together in the future he needed to do his work and then we'd assess how far</p>

	they'd come.
<p>Rob had gone to the Family Violence Program a number of times and I really think he had changed a lot. He went to the programs on a weekly basis, and it kept him in check kind of thing. I noticed that he would start to get upset and then he would think about it and he would go with what he learned there when he went there. And it was weird, it was really, really surprising to me that it affected him and that he and that he opened himself like that. Because I didn't think he was going to. I thought he was just going because he had to but he came back from that and it changed everything. That one program was a really good program. I know that Kathy was sceptical though and I know that she was really concerned about us having a back-up plan and I totally agreed with it because I didn't want us to get into that situation again either.</p>	
	<p>When Rob and Grace came into my office I told them that our bottom line was that "If you see a future for you guys, if Rob is prepared to do his work, if he is able to demonstrate that he can stay non-violent for an extended period of time and your contact and interactions are positive and other people in the community can speak to that, then we can revisit this. But the bottom line is that all of that work will be for your benefit." And I think I spoke to her about, "What do you need to make you the best mom, the best person you can be. What do you think he needs? And Rob, what do you need to be the best Dad that you can be?" So it was that kind of conversation. It was about their development as people and their becoming a safe people if they were to be together.</p>
She didn't tell me what to do or <i>how</i> to	

<p>do it or <i>when</i> to do it. She gave me a lot of advice, and she knew that I was listening. And I didn't take it all in. I took what I needed and that was okay with her. I got to a point where wanted to make sure that nothing like that would happen again. But in the end I ended up just doing a lot of what the Ministry wanted me to do. I mostly agreed with them and I understood what they needed me to do and I did it...and I went along with them because I thought they were right. I knew that I needed that change. And I wouldn't have done a lot of that on my own because it's not something that I could have done.</p>	
	<p>Because Rob had this history, our position was that he couldn't be in the home with the kids unless he demonstrated that he is willing to do something about his violence, successfully completes a program dealing with his violence. And he did. After he had gone through the Family Violence Program and after I had checked in with family and other collaterals about where they thought he was at in terms of his violence so in the end, Rob and Grace did reunite. And there are always uncertainties when you close a file, but I knew that all I could do was to do my due diligence and set the family up with resources that might help them, and assess the risks again. And they seemed to be okay and I was actually very surprised how much Rob had stepped up and took ownership over his behaviour. He apologized to the kids and he is still seeking out counselling.</p>
<p>After it was all over, I came out feeling that I had more rights. I have started making my own safety plan, in case I ever have to deal with this again. I have been taking more courses so that I can be</p>	

<p>more independent. And even still, if I need something I can pick up the phone and call Kathy and be like “Hey, I need some information on this, or I need some help with this” and she would do it. And I know she does it even though technically I don’t have an open file and she could just tell me to shove off if she wanted to right? But she does it, and I appreciate it.</p>	
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Chapter Summary

Grace’s case is meant to suggest how clients’ willingness to co-operate and engage with their workers can shift when they receive responses that are validating, relationship-oriented, and encouraging for them to lead the way. The examples that this case is based on implied that these shifts can happen even when there has been a salient history of resistance to and unmet support from child protection authority. Grace, like the clients her character was based on, used a number of strategies to ward off the approaches from the perceived threats of all three of her workers. These strategies (such as avoiding contact with the protection workers, feeling angry, “minimizing” the violence, and giving a certain attitude) could fit the bill for describing Grace as a “resistant” client.

“Resistance” is a term that is commonly tossed around in the helping field which communicates that there is a lack of movement towards change or some level of noncompliance on the part of the client (Anderson & Stewart, 1983). It almost always refers to clients (as opposed to workers) and has tended to position client’s behaviours (and often their inherent selves) in a “negative” and “unmotivated” light. Grace’s character could be read as a “resistant” client and the focus of her first two child protection workers was on challenging Grace to confess to and remediate her behaviours,

which fit their assessments of being “risky” or in need of correction (for example, that *she* had made bad choices in men, that *she* was exposing her children to family violence, and that she was drunk around her children). Grace reacted to this blame in ways that were self preserving and quietly defensive: by complying with her workers in order to get them “out of [her] hair” and lying to avoid a situation where she was feeling judged for her “poor” parenting. In these ways and more, Grace’s character exemplified a mother who was highly motivated to keep her children safe but who, with her involvement with Joan, also was devoting considerable amounts of time and energy to resisting the judgement she felt was being directed towards her. The inclusion of these features in Grace’s narrative was meant to illustrate the increased load that can be placed on mothers (such as Grace having to defend herself from her partner *and* the threats that she perceived to her sense of stability, resources, children, and identity as a parent) when workers become overly focused on client’s immediately apparent deficits and less attentive to greater underlying risks. For example, Grace’s capacity and behaviour became more of a focus than Rob’s controlling agenda and the broader safety needs of Grace (i.e., safety within a helping relationship) and her children. Thus, not only was Rob’s continued manipulation not addressed by her first workers but Grace became more wary of subsequent professionals in her life—as exemplified by her resistance to Kathy, her last worker.

The slow reduction in Grace’s “resistant” behaviours with her last worker, Kathy, was intended to suggest how a worker’s caring, genuine and informed response can play a role in inviting a greater degree of willingness and trust. For example, there were several moments with Kathy where Grace could be described as again denying or

minimizing abuse. Often, protection workers have taken this as a warning sign that the client is not taking the violence seriously and/or is being irrational about the consequences of the violence. However, there are a number of understandable and legitimate reasons that clients like Grace “minimize” the violence they are experiencing and do not inform their workers of certain details (in this case example, Rob’s continued visits to Grace’s home). A very probably reason in this case is the very tangible risks that might result (both from the Ministry and from Rob) if Grace did disclose fully what was going on. For instance, Rob’s breach of the safety plan is a common way that mother’s like Grace are blamed for not ensuring safety. However, despite the fact that clients are intentionally not disclosing certain details, workers often have a hunch about what might be going on. Kathy took Grace’s fear, minimization of Rob’s violence, and her hunch that she was not being given all the facts as a sign that for whatever reason, Grace was not feeling safe, and was therefore not telling her the truth. And, instead of blaming Grace for “failing to protect” and adopting the “challenging” stance that Joan did to try and convince Grace that she was in fact abused and a victim of violence, Kathy drew on her knowledge that women who have experienced violence often benefit from increasing their safety. With this knowledge, she conceptualized that part of her job was not just to enforce freedom from violence and abuse but to be aware that she herself posed a perceived risk. With this awareness, Kathy was able to better position herself as safe, supportive and willing to be on the lookout for injustices that had gone on before and that clients like Grace are still sensitive and fearful for happening again. Kathy’s statement that she was there to work with Grace towards her children’s safety, acknowledgement of positive steps she saw Grace taking in keeping her and her kids safety, and taking time to

ensure that Grace was comfortable seemed to allow the space between them to be one where safety, more than defensiveness, were some of the ways that seemed to open up space for more collaborative interactions between Grace and Kathy. Within this space, Grace could tell Kathy about “real,” complex details, for example, talking about missing Rob and fearing some of the consequences that completely eliminating him from her life might entail.

It was not until the involvement of Kathy that the working relationship Grace had with her protection worker was one where cooperation and willingness began taking the place of resistance. The difference between the way Grace’s previous and last worker responded to her defensive and uncooperative behaviours points to the benefit of conceptualizing resistance not as something inherent or inside an individual, but more of a result of an interactional process between people. With this in mind, workers can start to find ways to create safety than they might not have otherwise done.

Chapter Six: Discussion and Conclusion

Through an analysis of the professional use and former clients' experiences of various practices, this study offers some understanding about how to work with women to facilitate a greater sense of safety and support. These understandings offer a complimentary perspective to the hefty amount of literature that details how child protection practices are not working for women who have experienced violence. Validation, attending to mothers' relational needs, and creating space for mothers to take the lead contributed to creating a greater sense of safety. I will begin by connecting the themes and descriptions of safety inviting practices with the existing body of knowledge laid out in the literature review. I will then briefly explore a number of the incongruities that emerged in this study that did not fit so neatly into the themes of "effective" safety inviting practice. Finally, I will discuss the strengths, limitations and future directions of this study.

Connecting this Study with the Existing Body of Knowledge

The experiences and utility of safety inviting practices described in this study align with three important ideas found in the existing literature on child protection practice and VAWDP. These include: 1) broadening definitions of safety, 2) conceptualizing reluctance/resistance as a useful indicator rather than an obstacle to safety, and 3) using relationships as part of effective interventions.

Broadening definitions of safety. Support in dealing with the physical risks of violence is a crucial but only partial way that service providers can offer effective help and protection to women who have experienced violence (Bostock et al., 2009). This study's findings support the suggestion that thinking about and attending to safety in

broader terms are useful ways for service providers to more effectively understand the complex and compounding risks faced by people who are exposed to violence (Bancroft & Silverman, 2002; Bostock et al., 2009; Davies, 1998; Radford et al., 2006). The cases from this study reflect the fact that a broader definition of safety includes psychological, social, emotional and financial safety, *in addition to* the concept of physical safety (which has often been erroneously prioritized in situations of violence). In particular, the practices that I thematically organized as “validating” reflect possible ways that workers practiced with expanded notions of what it means to be safe.

In their interviews, mothers often touched on a myriad of other risks (other than physical violence) that came with leaving (temporarily, permanently, or sometimes just contemplating leaving) their violent partners. These risks have been outlined in the literature and include poverty, unemployment, housing, parenting stress, and increased isolation (for example, Davies, 1998; Hoyle, 2008). In addition to alleviating some of the pressures that are often felt by mothers, the workers in this study who demonstrated abilities to attend to mothers’ practical needs, “fill gaps” created by changes to their relationships and recognize mothers’ concerns for her children validated her broader safety needs. This finding complements Johnson and Sullivan’s (2008) findings about the negative and unhelpful impact that dismissing mothers’ concerns for their children can have. For example, some of the experiences of “effective” protection in this study also involved how well workers validated women’s social and emotional experiences as mothers, a way of working that has been suggested as a central consideration in supportive child welfare practice but which is often “invisible” and goes “undocumented” (Davies et al., 2007, p. 32) (this facet is more fully discussed in the following section on

relationship as intervention). In particular, when workers inquired about their client's role and needs as a mother (for example, daycare, transportation, and other parenting needs), offered connections to support this role, and communicated that they shared her goal of looking out for her children's well-being, mothers seemed to feel more secure and supported in their working relationship.

These findings overlap with the assertion often found in solution-focused approaches—that positive relationships are more likely to develop when parents understand that a workers' focus is on the safety of the children in *collaboration* with them rather than safety in *opposition* to them. Working from a solution-focused perspective, Johnson and Goldman (1996) found that a solution-focused way of practicing is strongly related to bolstering a woman's self-determination and empowerment to make choices that are in line with her own interests. The examples from this study support Johnson and Goldman's (1996) findings about the positive impact of borrowing parts of solution-focused practice (for example, the importance of workers focussing on solutions and competencies rather than blaming clients for deficits and pathologies). However, this study also suggests that solutions and success are not necessarily dependent on workers' abilities to build women's "self-determination" or curiosity about a violence-free life but more towards capitalizing on what women are already doing to keep themselves and their children safe. Furthermore, this study indicates that rather than building on a mother's "capacity," extending her system of support (beyond what she can realistically support in isolation) seems to be especially helpful. As one woman said, "...if I would have had to do it all my own and figure out what to do, I would have just, I would have lost it." Thus, expanding the definition of

safety does not just mean conceptualizing the multiple types of safety but also can include distributing the responsibility for ensuring safety and providing validation that clients are not individually responsible for both preventing violence and ensuring safety.

Workers' use of power to reinforce safety and hold batterers accountable was another way that risks were distributed and safety was perceived to be fostered. Workers in this study talked about ways that their involvement and role in enforcing standards of safety enabled some of the blame and retaliation from the perpetrator of violence to be deflected away from the mother and instead attributed to "Ministry" authority. Protective interventions (such as changes in living arrangements and custody and access of children) can often heighten aggression from perpetrators of violence and this is especially true when mothers decide to separate from their violent partners (Statistics Canada, 2009). Violence after separation can often occur in ways that undermine the non-offending parent's role (Bancroft & Silverman, 2002; Hardesty & Campbell, 2004) and workers in this particular study talked about several ways that they could "take the pressure off mom" and support her multiple needs for safety. For example, workers talked about how their socially sanctioned roles in evaluating risk and enforcing safety plans could be used as leverage with violent partners who might be more likely to listen to their professional position than their partners. One worker talked about how this leverage provided mothers with a sense of "relief" that they had both a "legitimate" reason and a resource to support them in dealing with these situations and, furthermore, they did not have to "manage" in isolation. In another example, one worker told her client's ex-partner that she interpreted his refusal to pay some of the house-related bills as a form of continued means of undermining the mother's ability to provide a safe home for their children—after which

he then began reissuing payments. In other instances, workers talked about being “the bad news bear” or the ones to inform perpetrators of safety rules desired by the mother in order to take the onus off her. These examples illustrate how the psychological pressure of violence can be eased when workers enforce the standards of safety and use their authority to shoulder the responsibility for implementing the safety plan.

A broader view of safety calls on the ability of workers to welcome mothers’ knowledge of what her family needs for their overall safety as well as for their smaller, more day-to-day needs. Elements of this study support the importance of “taking the pressure off” mothers but also suggest that acknowledging and offering helpful resources to “fill the gap” that is left by changes to their relationship(s) is a much needed area of attention if mothers’ broader safety concerns are going to be considered. While the primary mandate of child protection is to ensure that the child is safe “enough,” this study highlights the skills that are beyond risk management that can be helpful in order to more fully and adequately protect mothers and children. This is consistent with, but more descriptive than, some of the most recent recommendations offered in MCFD’s *Best Practice Approaches* (2010): that children’s safety should be connected to mother’s safety whenever possible, that mother’s concerns and needs for support and safety should be discussed, and that mother’s strengths and strategies in safe parenting should be recognized as an important part of the assessment.

Conceptualizing reluctance/resistance as a useful indicator rather than an obstacle to safety. Mothers’ reluctance to disclose violence and/or seek support services has been a recurring concern in how child welfare policies impact service delivery for mothers (for example, Alaggia et al., 2007; Grauwiler, 2008; Johnson & Sullivan, 2008).

Every case within this study exemplified varying degrees of and reasons for mothers' reluctance and resistance, confirming these broadly defined behaviours as continued complexities in the arena of child protection. The results of this particular study also point to some of the ways that child protection workers conceptualize resistance and how this was reflected in their responses to clients.

Workers in this study who interpreted resistance as a useful indicator—rather than an obstacle to safety—evaluated and responded to clients' behaviours in ways that demonstrated an appreciation for their clients' experiences. For example, one worker talked about looking at clients' defensiveness as a “positive sign” that they are willing and able to protect their kids from the threat of Ministry removal. Similarly, workers in this study were able to articulate the usefulness of clients' resistance (for example, resistance as an indicator that the client might not feel safe and is therefore responding in a defensive way) and were also able to describe part of their professional responsibility as needing to create safety, not just from violence, but within their working relationship. One worker talked about speaking with her client as “a woman talking to a woman about being safe,” another talked about needing to both “acknowledge where [her clients] have created safety” to validate them as a parent and hopefully help them feel safe with her, and others noticed the importance of taking additional steps to empathize with mothers and to try and increase mothers' levels of comfort with them.

The interpretation of client's “reluctant” and “resistant” behaviours as indicative of useful responses to a lack of safety is not new (Hyden, 1999, 2005; Lempert, 1994; Wade, 2007a; Wade, 2007b) but this study offers some insight into how both mothers and workers respond to this way of thinking in a practice setting. When workers interpreted

resistance as helpful and positive—rather than hindering and negative—resistance became less of an objective problem and more subjective to the social and interactional influences for which they as workers were an integral part. This interpretation (which stems from considering social practices such as language) seems to shift workers' reactions to and understandings of mothers in this study and seemed to have bearing on how mothers responded to their workers. This is congruent with the emphasis that response-based theory places on how positive “social responses” can influence victims' increased sense of safety and recovery and, correspondingly, how negative “social responses” can influence victim's reduced sense of safety and distress (Richardson & Wade, 2009; Wade, 1997; Wade, 2007). In this study, mothers who perceived that their workers were validating them, attending to their relational needs, and/or creating space for them to some way “lead the way” also talked about feeling less “investigated,” “judged,” or “blamed” than they feared they would (or than what they experienced in the past). Receiving more positive reactions, client seemed to react in less “reluctant” and more “willing” ways to the point where some voluntarily re-engaged with their child protection worker. For instance, several mothers talked about repeatedly and voluntarily reconnecting with their workers (in a couple cases, even beyond their case closures) as someone who they felt could give them useful information or who could offer them a trusting place to “check-in”—contact that directly flies in the face of the “resistant” or “reluctant” reactions this work is so often assumed to evoke. Contrary to Grauwiler's (2008) findings that mothers sometimes view reliance on outside support as a waste of time and potentially threatening to the safety of their children, the mothers in this study accounted for interactions that seemed to point towards some significant and useful value

in the relationships they had with protection workers.

Scourfield (2007) has cautioned against associating the level of women's cooperation and compliance with their social workers as evidence that they are "good parents" who can adequately meet their children's needs (p. 82). This is an important point. Similarly, workers' ability to engage clients and maintain a relationship that is void of reluctance or resistance should not be used as an indicator that they are "good workers" who can adequately meet the needs of their clients. In a number of examples, mothers' reluctant or resistant behaviours were not necessarily indicative that workers were doing something wrong but that clients needed something different than what they were providing. A confrontational attitude, for example, was one mother's way of reacting to her worker before her worker confirmed that she was not being directed by the "negative story" that had influenced this mother's past protection workers. In another example, a mother who was particularly resistant to the way her worker responded to her still talked about how a number of her safety needs were met as a result of her protection involvement. In this case, her resistance to the violence she faced and the Ministry involvement became a useful foundation for her to become "stronger" and more decisive about what she wanted. According to her account, certain aspects of her situation that she previously did not see (for example, the multiple forms of violence her husband used), suddenly became more visible as she became less "deep" within it. And despite the fact that her affinity for her worker did not change, she surprisingly said that she eventually understood and agreed with "everything" that the worker did. Nevertheless, she held onto her resistance and anger, attributing it to her worker and also seeming to connect her with her newfound clarity about the unjustness of her being in that situation ("I got mad at the

[worker], the situation, the whole thing...I knew I shouldn't be there to begin with"). In this case, resistance seemed to propel her towards the change she wanted but which she hypothesized would not and could not have done on her own. This case exemplifies how "positive" outcomes do not necessarily always come out of positive worker-client relationships. While these ends are positive, the means to achieve them through another avenue other than depending on clients' use of resistance and reinterpretation needs to be considered. The use of relationship as an effective intervention "technique" adds to the discussion of what is valuable and necessary to working with clients in child protection practice.

Using relationships as part of effective interventions. While "good" protection work practice does not always mean "happy endings," there has been considerable weight given to the value of pursuing relationships and partnerships with clients at "the 'front end' of the child protection process" (Turnell & Edwards, 1999, p. 9). When the value of relationship is considered, prevailing reductionist, procedural, and narrow trends towards understanding clients' behaviour can begin to be challenged and a shift towards practice that is more "effective," sensitive, empowering and embracing of complexity can be encouraged (Ruch, 2005). The results of this study suggest that safety inviting practices might be conducive to fostering working alliances and positive experiences of protection work practice. These findings add to the importance of considering relationship-based practice in child protection practice and supports the idea that working in this way is not only valuable to clients but are also seen as valuable from workers' perspectives.

Working in a relationship-based manner overlapped many of the subthemes that I explored through the data analysis—supporting the person as someone beyond their

position as a Ministry client, offering an understanding, compassionate tone, being curious, and seeing clients as “worth doing business with.” In particular, workers’ ability to support their clients’ position and experience in their mothering role seemed to carry considerable weight in this area. This aspect of this study has some considerable overlap with the previous literature that has explored how this line of work could benefit from focusing more attention on women’s subjective experiences both of motherhood and of domestic violence (Davies & Krane, 2006; Davies et al., 2007; Lapierre, 2010). For two of the women I interviewed, their worker’s sharing or not sharing a common experience of mothering was a significant turning point in deciding whether or not they would listen or more fully cooperate with the protection mandates presented to them. The workers I spoke with also reflected on the importance that they perceived in disclosing to their client at least some aspect of themselves in a mothering role. For professionals whose role is assessment and evaluation of parenting, gaining legitimacy in the eyes of parents they are working with seems to happen more readily when they can more fully embody the ideas they are promoting—theoretically, emotionally, and practically.

These findings speak to the importance of relationship-based practice and are also very similar to those found by de Boer and Coady (2007). In their study, de Boer and Coady (2007) suggested that despite the potential for contentiousness and conflict in child protection practice, a way of working that “stretches traditional professional ways-of-being” is both possible and helpful in child protection practice (p. 38). de Boer and Coady’s (2007) work, which also looked at worker-client dyads, described a list of humanistic attitudes, “soft, mindful” actions, and “judicious uses of power” that built “good” relationships with clients. This study expands these results to cases where the

central issue is VAWDP. Heather and Dianna's cases attest especially to the use of relational practices. Dianna's long history of negative experiences and defensive reactions with case workers were changed dramatically in a relatively short period of time after beginning a relationship with one exceptional worker. Heather perception of her worker as a "friend" or "ally" co-existed with a knowledge of her worker's ability to hold some significant power, both against her ex-partner but also against her if she did not adhere to the conditions that were laid out. In addition, some worker-client relationships were able to persist past file closures, which challenge the assumptions that this work is too intrusive to have any long-lasting relational outcomes. In other examples, workers who took the time to establish a person-to-person, comfortable presence (such as playing with children and casually chatting) made a difference in their willingness to engage with them. Building positive relationships may have several implications, but perhaps one of the most significant impacts of working in this way was that it indirectly communicated that the mother was not the source of investigation but someone whose children the worker had a genuine interest in protecting. In these ways, the possibility for worker-client relationships to act as a building block to safety is expanded and lead to opening up permission for workers practice in ways suggested by Bockstock, Plumpton, and Pratt (2009): to side with women in empathetic, understanding ways, offering common bonds through sharing personal experiences, and providing appropriate help and resources to increase victim's sense of safety.

This team took more leeway and had more support than what is "typical," to bend structural boundaries that have generally restricted a more relationally "friendly" type of interaction. Not only did they have a supportive, collegial context that is closer to what

Ruch (2005) describes as fostering more opportunities to practice in relational and reflective ways, but they also had been thinking and participating in training that was further supported them creating safety within relationships. The thematic elements that emerged from this study's analysis of what workers and clients talked about as "good" or useful practice highlights the importance of care and support that is not only useful in nurturing worker-client connections, but also beneficial in terms of expanding on perceptions of safety.

Examining Incongruities

The themes from this analysis largely tell a positive story of how "good" practice fosters alliances. In addition to "effective" elements of practice, I noticed that these cases were riddled with incongruities. While I do not believe that these incongruities challenge the words or worth of what this study's participants talked about, I do believe that these discrepancies provide some evidence of the complexity of this practice and insight into the misalignment of working under a risk-focused mandate in safety-inviting ways. I will discuss how these incongruities showed up in two central ways: 1) in the differences in how workers talk with and about clients versus how clients are documented in case files, and 2) between the perspectives of what workers and clients defined as "good" or "effective" versus "negative" or "ineffective" practice.

Differences in how workers talk with and about clients versus how clients are documented in case files. Case files are primarily written and read by CPWs to document events, keep track of details, and guide worker's decision-making about a case. The standardization of a case file layout provides a way to increase efficiency for workers who are familiar with knowing what are "pertinent" details to include and what sections

to refer to when looking for certain types of information. In these ways, files become useful tools for professionals. However, the results of this study suggest that their current format may create some misalignments with some of the practice suggestions about how to restore safety to victims.

The misalignments between case files and worker-client dialogue are not surprising when one looks at the format of files. Current assessments for safety are by and large geared towards talking about risk—this is not too surprising considering the primary document for assessment is called the “risk assessment,” rather than the “safety assessment.” Thus, the lens of the worker must be oriented towards dangers and deficits if they are to “properly” fill these assessments out. A case file format that does not allow much flexibility in how clients are portrayed can arguably lead workers to think in a certain way and represent a certain type of “truth.” For instance, files where domestic violence is a concern are most often filed under the mother’s name and not the name of the batterer. Furthermore, the way the risk assessment is constructed does not easily remove victims from a blaming position or include separate assessments for each parent. For the risk assessment section that rates the parent’s “Intent and Acknowledgment of Responsibility” for the protection concern, a low risk rating option implies that the non-offending parent—the victim of the violence—has a role and responsibility in the violence. In particular, one of the “appropriate” categories is that the victim “understands role in the abuse/neglect and accepts responsibility.” Furthermore, a number of risk assessment categories (such as “Family Identity and Interaction,” “Family Violence,” and “Severity of Abuse/Neglect”) invite workers to rate and write about violence in broad ways that could minimize both the responsibility of the batterer and the resistance of the

victim. Richardson and Wade (2009) have found that practices that focus on victim's responses allows a better identification and construction of victims' resistance, which in turn contest accounts of pathology, passivity, and victim blaming discourses. The format of a case file arguably encourages practices that do the opposite of this.

While it is imperative that workers are closely aware of and attending to the existing or potential risks clients and their children face, the risk-oriented format of files encourages workers to include only risk-oriented descriptions within the file. If a client has an additional intake, the previous risk-laden details may provide subsequent case workers with a template for their current interpretations. Given that mothers in this study expressed feeling supported and more willing to participate in protection interventions when they knew that workers did not *only* focus on the risks they faced but also saw a story that supported their strong side as capable, worthy parents who did not deserve blame for the behaviours of their partner, making space in files for details beyond risk has many merits. However, there is currently only a small section at the back of the risk assessment form to describe these strengths, and using the case files from this study as an example, it is often left blank. If there is something included in this section, it is located at the back of the file. This seems to render these details as a token afterthought of strengths and also does not adequately connect these details to saying something meaningful about how the strengths might impact the risks listed on the previous pages. The files from this study exemplified some ways that workers would imbed descriptions of strengths (including client's resistance to the violence) within various risk categories—adding much needed detail, texture, and alternative perceptions to the risk-laden risk assessment. However, it is very possible that these inclusions could be a result of these

workers' additional training. With workers' necessary reliance on case files, the lack of space that is currently offered to document "strengths" is a significant gap. If recognizing and partnering with client's signs of safety, strengths and other details that paint a fuller picture of them are to be true priorities, they should not only be attended to as important elements of face-to-face practice, but also should be necessary requirements within formal case documentation.

Closing letters also seemed to represent a tone or language that contradicted some of the face-to-face practices. The language in the closing letters for the cases in this study could be characteristic of what Richardson and Wade (2009) refer to as "negative social responses" or responses that are ineffective at offering support, agency, and dignity to victims. Although many of the direct practices workers and clients talked about in this study were seemingly useful to experiences of safety, the tone of the closing letters and warnings of taking "more intrusive measures" were sometimes foreboding and often void of reassurance that the violence was not the fault of the mother. Richardson and Wade (2009) have found that negative social responses can not only significantly contribute to victims lasting distress and self-blame about the abuse, but can often be more distressing than the violence itself. While the former clients in this study did not refer to the closing letters in their interviews with me, the letters stood out in ways that seemed to contradict some of the softer practices that were talked about as being so helpful. Giving clients (particularly those who are survivors of violence) such heavy warnings in closing letters (which are often their last point of contact with their workers) seems to be a considerably risky move on the part of the worker. Thus, not only could closing letters jeopardize client's trust that reconnecting with child protection in the future would be a safe and

supportive option, but they gives a tangible statement that encourages an avoidance of child protection authorities in the future.

Between the perspectives of what workers and clients defined as “good” or “effective” versus “negative” or “ineffective” practice. In addition to the differences between how workers spoke about clients in voice versus text, there were also differences in the way workers and clients defined “good” or “effective” practice versus “negative” or “ineffective” practice. On the whole, what workers and mothers indicated were “effective” or “ineffective” practices were congruent and these are described in the thematic analysis. However, the *way* these practices were described differed in the confidence level that workers and clients conveyed when talking about them. In particular, clients seemed to carry greater readiness, eagerness or certainty in talking about the benefits of friendly relationships, while workers shied away from this. Whether this was because workers were not certain they wanted to share this information or whether they questioned the value of it as inclusive of their “professional” competencies, are unanswered questions that make this an interesting aspect of the incongruities of this study.

Feeling emotionally supported by their worker was of paramount importance to the mothers of this study. When mothers felt that their workers genuinely cared about them, did not judge them, were “on their side,” and respectfully empathized and connected to them as a person, they talked about their experience of their Ministry involvement in generally positive and appreciative terms. Drake, Ribner and Knei-Paz (cited in de Boer & Coady, 2007) have similarly noticed that clients more often have negative experiences with social workers who are more ‘professional’ (distant, superior,

and formal). However, while mothers in this study talked with certainty about these being “right” or “just” ways for workers to treat them, there was also an element of surprise in being treated this way, suggesting that “poor” practice was the more common expectation or experience in the past. For instance, a couple of the mothers talked about knowing that these ways of being for their workers were generally considered to be outside of the realm of what is typically thought of as “professional” child protection skills. One mother even requested that the tape be turned off while she told me an anecdotal story about the way her worker helped her in a financial advising capacity, which she felt was indicative of her worker stepping beyond what she “should” have but which, according to this mother, was one more point in her favour. Yet, it was these “out of bounds,” professional skills that for the mothers of this study, made all the difference. This is interesting for a couple of reasons: one, it welcomes the use of personal connection, compassion and time to build these types of alliances and, second, it suggests that even though these qualities are very welcomed by mothers as service users, these relational, connective abilities and softer ways of being do not fit the perception of the quality of connection mothers expect to have with child protection workers.

Workers also talked about knowing that connecting on a personal, more emotional level carried some significance in their success for building an effective working alliance with the mothers they worked with. Listening, validating, providing non-judgmental support, and sharing experiences about parenting were some of the themes that workers talked about and that overlapped with what clients felt were important competencies of a worker. However, the style in which workers talked about these skills came with a little more hesitancy and uncertainty when acknowledging the appropriateness of these skills

and at times they were details that came only from the client's side of the story. One worker told of another worker who stored a mattress for her client in her garage; a client told how her worker made significant adaptations to her schedule so she could better fit a her schedule and occasional transportation needs as a single working mother; several workers have continued contact with their clients, even though they are not officially on their case load. The way these workers talked (or avoided talking about these moments) is not unlike the "sheepish" and "apologetic" reactions that de Boer and Coady (2006) observed in workers who talked about connecting families through small talk, self-disclosure, informal mannerisms, or going the "extra mile" (p. 40).

These issues speak to the personal/professional line that workers walk and the balance between practicing from a place of care but also needing to use their professional oversight to decide what are appropriate relational positions to take. Considering the value of relationships in this context sparks ethical questions about a child protection worker's role: Is it right for workers to engage with mothers (and any other client) in ways that creates a working alliance that could potentially be used "against" them (for example, child removals)? Arguably, any other person in a professional role (for example, doctors, teachers, counsellors) carries the same duty to report a protection concern, but the role of a Ministry endorsed protection worker is distinctly different since they have immediate (and less contested) access to the legislated authority, support from the public body, and proximity to the resources needed to immediately act out the protection mandate. Furthermore, if the quality of the support offered by the protection worker is so high that the client does not feel a need to seek out or follow referrals to alternative resources, they might be at greater risk of isolation following a sudden shift in

their case management. For instance, reconstructing the supportive role that worker played might prove to be difficult and finding alternatives during a time of stress, and may add further strain. These issues carry no easy answers. However, as the workers and mothers of this study emphasized, honesty about power and mandates is not only appreciated, but also necessary for clients to make a choice about whether or not to trust their worker, in deciding what to tell them or how much they are willing to commit to the working relationship.

Strengths, Limitations and Future Research

Strengths. There has been very little research that has looked at how specific elements of child protection work are practiced and perceived by both workers and clients. By examining how practice ideas (specifically solution-focused, response-based and relationship-based) are translated into practice experiences, this study tackled a much needed area of study. Thus, in doing so, this research contributes to a greater understanding of how core themes of practice with VAWDP cases are conceptualized and suggested as effective by workers and clients. The themes that stood out in this study could be used by local child protection offices to interpret and evaluate their own practice approaches. Ministry workers from the team could use these data as the basis for discussing the quality of and future directions for their practices. Furthermore, Grace's narrative and other telling elements from the words of this study's participants could be shared with other protection workers, either in a training or professional development context. Traditionally, policy and practice recommendations have been dominated by negative and dysfunctional aspects of protection work; this study was motivated with the desire to highlight previously neglected positive and functional elements of practice.

Limitations. Siedman (1998) suggests that the shaping and “theorizing” of participants’ stories is inherently limited, and the results of this study carry some of these limitations. For one, Siedman (1998) points out that stories or narratives provide a small slice of experience from one’s life and are based on a brief interaction with a participant and their world. Two, Siedman reminds us that we need to bear in mind that we are not individually making truth, but interpersonally crafting it and therefore must be tolerant of uncertainty when we interpret our “findings.” There is definitely a level of uncertainty that I feel came with my position as an interviewer. The child protection professionals could have answered questions in the interview with the assumption that certain practices were “good” and therefore more worthy of being of interest to myself as the researcher, leaving other practices less elaborated upon. And although I told the previous clients who were interviewed that I was not affiliated with the Ministry and that their interviews would be kept confidential, there might have still been some uncertainty about these conditions that could have influenced what they said or how they said it.

It is also important to note that the “findings” gained from this research do not represent static, conclusive, or fixed interpretations of the experiences of Ministry clients and child protection workers. My interviews in this study occurred some length of time after the cases were closed, and as such there was a considerable amount of time that workers and clients could have reflected on these cases, gone through self or vocational-directed training, or remembered certain details in selective ways. Thus, these differences in talk and written text about the practices in this study could very likely have been infused with reflexive changes in practice ideologies and modalities. Furthermore, this study involved a limited number of local cases to describe an array of child protection

worker-client interactions and it has not produced a causal or generalizable recipe for “creating” safety.

One of the larger forms of uncertainties of this study’s findings stems from the sample selection. This study’s small sample was not an accurate representation of the child welfare client base, as three of the mothers identified themselves as being a visible minority (two Aboriginal and one East Indian). This sample over-represented the Aboriginal and visible minority population for investigative cases of substantiated and suspected child maltreatment (Blackstock & Trocme, 2005). Despite this overrepresentation, this study did not explore how the experiences of current and historical inequitable access to supportive resources and/or community connections could contribute to increased risk for aboriginal/minority populations or if worker’s practices differed with these cases.

Finally, because my research and personal interests tended to draw out descriptions that focused on the interactions between workers and mothers, I did not pursue in depth how protection workers used the law to protect their clients and how clients experienced their worker as legally advocating for them. Despite the fact that the participants of this study did not highlight workers’ use of legislation as one of the more important themes of safety inviting practices, protecting and supporting mothers through legislation has considerable merit and is well worth considering.

Future research. Further study would benefit from more fully exploring how workers use the legislation (for example, CFCSA Section 28 as described on page 40) as a tool to protect mothers in “domestic violence” cases and also how they collaborate with police to do so. The focus of this study was on the adult female victims of violence. More

research on work with the victims is necessary and can serve to give credit to women as valuable resources for their and their children's safety and for informing child protection practice. However, future research is still needed to look at how protection workers engage those who are responsible for violence. It has been stated repeatedly that much of protection work is still focused on women because it is often safer and easier than working with the offenders of violence. Women tend to be more consistently connected to their children than their battering partners are and their partners are also not always the fathers of the children. Additionally, because those who are doing the protection work are also often women, they have their own safety needs as the more vulnerable gender when working with clients. Because of these (and other) factors it should also be considered that it is often difficult for protection workers to engage violent offenders, especially if they are not (or have no interest in) playing a parental role. Furthermore, even though protection services are mandated, there has to at least be some buy-in by the perpetrators of violence. If the male partner is not interested in seeing the children or if they claim that they are uninterested for the sake of waiting for the investigation to blow over, it is incredibly difficult to work with them on safety plans, risk assessments, or any sort of interview. Engaging partners and holding them accountable for their risks, while also paying attention to ways that respect their needs and wants, is something that is in much need of further attention. A similar study focused on worker-father dyads would be of great benefit to informing this line of work. Furthermore, the way in which Ministry workers engages with other service providers is essential, if moving towards collaboration continues to be at the forefront of Ministry goals.

Chapter Summary

The child protection system in BC (MCFD) represents a coordinated and socially sanctioned way of responding to victims of violence and their families. However, there are widespread opinions that state that much of child protection practice is permeated by a culture of fear and distrust (Davies & Krane, 2006), which is an “ill-suited” context to building trust and engagement with clients (Stanley et al., 2010). It is thought that clients who are approached by workers in this context where decisions about their children’s safety become more to do with mother’s compliance to worker’s interventions and rules than they are about real change or willing co-operation become resistant, angry, or volatile (Davies & Krane, 2006). This is concerning, since social responses to victims of violence can carry significant weight with regards to victims’ distress, recovery, and their overall sense of safety (Bostock et al., 2009; Wade, 1997; Wade, 2007; Richardson & Wade, 2009). Thus, despite the fact that child protection services do not have a therapeutic mandate and the working relationships that form between workers and clients are different in tone, feel, motivation, and power than any formal therapeutic alliance, they carry considerable responsibility in how they respond to clients who have experienced violence.

While aspects of fear, distrust, incongruities, and other threats to “good” practice were still present in this study, as a whole, the practices of the specific child protection team that I explored emphasized the importance of cultivating care and alliances between protection workers and mothers who were exposed to violence. These practices were supportive beyond the immediate safety needs of mothers, well suited to fostering trust and engagement, and even capable of dispelling some longstanding fears. The results of

this study suggest that the ways that child protection workers conceptualize safety, resistance, and relationships can lead to fostering alliances with mothers who have experienced violence.

Chapter Seven: Recommendations

This brief and final chapter includes some suggestions about how this study might lend itself to more broadly informing how child welfare responds to people who have experienced violence at the hands of their domestic partners. I have divided these recommendations into two main areas: policy and procedural changes and specializing training and supervision. I tentatively pose these recommendations with the hopeful assumption that they might help practitioners and the protection system as a whole to better accommodate the complex demands of these cases.

Policy and Procedural Recommendations

- 1) If risk assessments are continued to be used in these cases, it would be beneficial to have them revised to include mandatory documentation of what women are doing to resist harm and maintain safety for themselves and their children, as well as a description of what they are contending with in their social context.
- 2) The language currently used in risk assessments is in serious need of evaluation. The review by this study revealed that risk assessments, with respect to cases where VAWDP is a concern, currently contain a number of problematic ways that a protection concern is defined and how blame might be misplaced within a family. This is especially so with regards to the categories of risk that can mutualise the violence. For example, the category where workers are to rank the severity of “Family Violence” is not separated for distinguishing the actions of the female or the male party, unlike other sections in the risk assessment that do make this division (for example, the category for “Alcohol and Drug Use”). This language does not only not serve to adequately capture the victim’s resistance, but assumes that the violence is within (and perhaps perpetuated by) the

family dynamic.

3) More follow through needs to be given to putting some of MCFD's *Best Practice Approaches* (2004; 2010) in action. For example, regarding safety planning, the *Best Practice Approaches* state that "[m]ost mothers have developed ways to keep themselves and their children safe, but may not have formalized this plan. Ask the mother what she has done in the past to keep herself and her children safe" (MCFD, 2010, p. 51). Few safety plans in this study reflected a thorough elicitation from mothers about her pre-existing strategies for safety, and this could have significant value, even if it is only to communicate to the mother that the worker views her as a capable and active partner in safety.

4) The way closing letters are written would benefit from critical evaluation to avoid language that places the onus of the investigation on the women (when their partners were the perpetrators of violence) and which could evoke fear of future Ministry involvement.

5) Policies that encourage workers taking the time to partner with and ally themselves with mothers who have experienced violence may have longer term outcomes such as increasing client willingness, cooperation, and overall sense of support.

Training and Supervision Recommendations

1) Workers who engage with cases where VAWDP is a primary concern need to have demonstrated an expertise in not only identifying violence and understanding the dynamics, tactics, and response to violence, but also in understanding how their practice approaches can partner with or repel, and respect or infringe on the dignity of people who have experienced violence.

2) A strong and explicit model of team leadership and clinical supervision is essential if workers are to be supported in developing and maintaining their skills, reflecting on their practices, and confronting not only violence, but also policies and practices that may put victims at increased risk.

3) Increased emphasis needs to be paid to workers' development and maintenance of "softer," relationship-based skills if blame and judgement are to be avoided and collaboration and validation are to be encouraged in protection work with mothers who have experienced violence.

Chapter Summary

The results of this study suggest a number of future directions in policy and practice changes, training, and supervision that could allow for some much needed shifts in how child protection workers partner with mothers who have experienced violence by their domestic partners. If practices that can be described as supportive and safety inviting are to take a stronger hold and become more legitimate in the way workers respond to mothers who have experienced violence serious thought needs to be given to some of the hurdles in the current system. The time taken and practices exemplified by the child protection professionals in this study point to a number of ways that practices can foster alliances and shift the ways that mothers experiencing violence are engaged with.

References

- Alaggia, R., Jenney, A., Mazzuca, J., & Redmond, M. (2007). In whose best interests? A Canadian case study on the impacts of child welfare policies in cases of domestic violence. *Brief Treatment and Crisis Intervention, 7* (4), 275–290.
- Anderson, C.M. & Stewart, S. (1983). *Mastering resistance: A practical guide to family therapy*. New York, New York: Guilford Press.
- Bancroft, L. & Silverman, J. G. (2002). *The batterer as parent: Addressing the impact of domestic violence on family dynamics*. Thousand Oaks, CA: Sage Publications.
- Bancroft, L. & Silverman, J. G. (2004). Assessing abusers's risks to children. In P. G. Jaffe, L. L. Baker, & A. J. Cunningham (Eds.), *Protecting children from domestic violence: Strategies for community intervention* (pp. 101—119). New York, New York: Guilford Press.
- Bates, R. M. (2005). A search for synergy: The child and youth care educated child protection worker. *Child & Youth Care Forum, 34* (2), 99-110.
- BC Association of Specialized Victim Assistance and Counselling Programs, BC Women's Hospital, BC Institute Against Family Violence and BC/Yukon Society of Transition Houses. (2000). *Developing a dialogue: A preliminary discussion paper on child protection issues in cases involving violence against women and children*. Retrieved from http://www.endingviolence.org/files/uploads/DevelopingaDialogue_0.pdf
- Berg, B. (2007). *Qualitative research methods for the social sciences* (6th ed.). Toronto: Allyn & Bacon.

- Berg, I. K., & de Shazer, S. (1993). *Making numbers talk: Language in therapy*. In S. Friedman (Ed.), *The new language of change: Constructive collaboration in psychotherapy* (pp. 5—24). New York: Guilford.
- Blackstock, C. & Trocme, N. (2005). Community-based child welfare for aboriginal children: Supporting resilience through structural change. *Social Policy Journal of New Zealand*, 24, 12—33.
- Bostock, J., Plumpton, M., & Pratt, R. (2009). Domestic violence against women: Understanding social processes and women' experiences. *Journal of Community and Applied Social Psychology*, 19, 95—110.
- Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77—101.
- British Columbia Government. (1996). *Child, family and community services act*, R.S.B.C. 1996 c. 46. Victoria, BC: Crown Publications, Queen's printer.
Retrieved from http://www.qp.gov.bc.ca/statreg/stat/C/96046_01.htm
- Cahooney, C. (2007). What criteria do child protective service investigators use to substantiate exposure to domestic violence? *Child Welfare*, 86 (4), 93-122.
- Canada. Department of Justice (2008). *Canadian criminal code* (R.S., 1985, c. C-46).
Retrieved from <http://laws.justice.gc.ca/en/ShowFullDoc/cs/C-46///en>. Canada: Minister of Justice.
- Canada. Health Canada. (2002). Violence against women: impact of violence on women's health. Ottawa, ON: Author. Retrieved from http://www.hc_sc.gc.ca/
- Child Welfare Act Alberta, S.A. 1984, c. C8.1.

- Coates, L., Todd, & Wade, A. (2000). *Four operations of discourse: A framework for therapy, research, and community action*. In coming to terms with violence: a response-based approach to therapy, research, and community action (Allan Wade). [Handout package for Therapeutic Conversations 8], Victoria, BC.
- Coates, L. & Wade, A. (2004). Telling it like it isn't: Obscuring perpetrator responsibility for violence. *Discourse and Society*, 5 (2), 191-205.
- Coates, L. & Wade, A. (2007). Language and violence: Analysis of four discursive operations. *Journal of Family Violence*, 22(7), 511-522.
- Cook, S. L., Woolard, J. L., & McCollum, H. C. (2004). The strengths, competence, and resilience of women facing domestic violence: How can research and policy support them? In K. I. Maton, C. J. Schellenbach, B. J. Leadbeater, & A. L. Solarz (Eds.) *Investing in children, youth, families and communities: Strength-based research and policy* (pp. 97-115). Washington, DC: American Psychological Association
- Cooper, S. (2002, February 23). Child Welfare Time Lost on Paperwork, Report Says. *Globe & Mail* (Toronto): pp. A1.
- Cory, J. (2006). *Best practices approaches: Child protection and violence against women: A curriculum for child protection workers*. [Training curriculum]. Victoria, BC: Ministry of Children and Family Development. Retrieved from <http://www.bcwomens.ca/NR/rdonlyres/8D65CADE-8541-4398-B264-7C28CED7D208/29712/VAWCurriculumforChildProtectionWorkers.pdf>.
- Davies, J. (1998). *Safety planning with battered women: Complex lives/difficult choices*. London: Sage Publications.

- Davies, L. & Krane, J. (2006). Collaborate with caution: protecting children, helping mothers. *Critical Social Policy*, 26 (2), 412-425.
- Davies, L., Krane, J., Collings, S., & Wexler, S. (2007). Developing mothering narratives in child protection practice. *Journal of Social Work Practice*, 21 (1), 23-34.
- Dawson, K. & Berry, M. (2002). Engaging families in child welfare services: An evidence-based approach to best practices. *Child Welfare*, 21 (2), 293-317.
- de Boer, C. & Coady, N. (2007). Good helping relationships in child welfare. *Child and Family Social Work*, 12, 32—42.
- Dobash, R. E. & Dobash, R. P. (1992). *Women, violence, and social change*. London: Routledge.
- Douglas, H. & Walsh, T. (2010). Mothers, domestic violence, and child protection. *Violence Against Women*, 16 (5), 489-508.
- Dullea, K. (2005). Women shaping participatory research to their own needs. *Community Development Journal*, 41 (1) 65-74.
- Echlin, C. & Marshall, L. (1995). Child protective services for children of battered women: Practice and controversy. In E. Peled, P. G. Jaffe and J. L. Edleson (Eds.), *Ending the cycle of violence: Community responses to children of battered women* (pp. 170-185). Thousand Oaks: Sage.
- Emerson, R. M., Fretz, R. I., & Shaw, L. L. (1995). *Writing ethnographic field notes*. Chicago: University of Chicago Press.
- Fleck-Henderson, A (2000). Domestic violence in the child protection system: Seeing double. *Children and Youth Services Review*, 22 (5), 333-354.

- Fowler, D. N. & Chanmugam, A. (2007). A critical review of quantitative analyses of children exposed to domestic violence: Lessons for practice and research. *Brief Treatment and Crisis Intervention*, 7 (4), 322-344.
- Friend, C. (2000). Aligning with the battered woman to protect both mother and child: direct practice and policy implications. *Journal of Aggression, Maltreatment & Trauma*, 3 (1), 253-267.
- Grauwiler, P. (2008). Voices of women: Perspectives on decision-making and the management of partner violence. *Children and Youth Services Review*, 30, 311-322.
- Haight, W. L., Shim, W. S., Linn, L. M., & Swinford, L. (2007). Mothers' strategies for protecting children from batterers: The perspective of battered women involved in child protective services. *Child Welfare*, 86 (4), 41-62.
- Hardesty, J. L. & Campbell, J. C. (2004). Safety planning for abused women and their children. In P. G. Jaffe, L. L. Baker, & A. J. Cunningham (Eds.), *Protecting children from domestic violence* (pp. 89-100). New York: The Guilford Press.
- Hovarth, A. O. (2001). The alliance. *Psychotherapy*, 38, 365-372.
- Hoyle, C. (2008). Will she be safe? A critical analysis of risk assessment in domestic violence cases. *Children and Youth Services Review*, 30, 323-337.
- Humphreys, C. (2007). Domestic violence and child protection: exploring the role of perpetrator risk assessments. *Child and Family Social Work*, 12, 360-369.
- Hyden, M. (1999). The world of the fearful: Battered women's narratives of leaving abusive husbands. *Feminism & Psychology*, 9 (4), 449-469.

- Hyden, M. (2005). 'I must have been an idiot to let it go on': Agency and positioning in battered women's narratives of leaving. *Feminism & Psychology, 15* (2), 169-188.
- Jaffe, P. G., Baker, L. L., & Cunningham, A. J. (2004). Purpose and overview. In P. G. Jaffe, L. L. Baker, & A. J. Cunningham (Eds.), *Protecting children from domestic violence* (pp. 3-7). New York: The Guilford Press.
- Johnson, C. E. & Goldman, J. (1996). Taking safety home: A solution-focused approach with domestic violence. In M. F. Hoyt (Ed.), *Constructive Therapies: Volume 2* (pp. 184-196). New York: Guilford Press.
- Johnson, S. P. & Sullivan, C. M. (2008). How child protection workers support or further victimize battered mothers. *Journal of Women and Social Work, 23* (3), 242-258.
- Kaysen, D., Dillworth, D., Simpson, T., Waldrop, A., Larimer, M. E., & Resick, P. A. (2007). Domestic violence and alcohol use: Trauma-related symptoms and motives for drinking. *Addictive Behaviors, 32* (6), 1272-1283
- Keuhl, B. (1993). Child and family therapy: A collaborative approach. *The American Journal of Family Therapy, 21* (3), 260-267.
- Krane, J. (2003) *What's Mother Got to Do With It? Protecting Children from Sexual Abuse*. Toronto: University of Toronto Press.
- Krane, J. & Davies, L. (2000). Mothering and Child Protection Practice: Rethinking Risk Assessment. *Child and Family Social Work 5*(1), 35-45.
- Lambert, M. J. & Barley, D. E. (2001). Research Summary on the therapeutic relationship and psychotherapy outcome. *Psychotherapy, 38* (4), 357-361.

- Lambert, M. J. & Ogles, B. M. (2004). The efficacy and effectiveness of psychotherapy. In *Bergin and Garfield's Handbook of Psychotherapy and Behavioural Change*, 5th edn. (Ed. M. J. Lambert), pp. 139-193. New York: Wiley.
- Lapierre, S. (2010). More responsibilities, less control: Understanding the challenges and difficulties involved in mothering in the context of domestic violence. *British Journal of Social Work*, 40, 1434–1451.
- Lempert, L. B. (1994). A narrative analysis of abuse: Connecting the personal, the rhetorical, and the structural. *Journal of Contemporary Ethnography*, 22 (4), 411—441.
- Loseke, D. (1992). *The battered woman and shelters: The social construction of wife abuse*. Albany: State University of New York Press.
- Magen, R. H. (1999). In the best Interests of Battered Women: Reconceptualizing Allegations of Failure to Protect. *Child Maltreatment* 4(2), 127–35.
- Maier, H. W. (1991). An exploration of the substance of child and youth care practice. *Child and Youth Care Forum*, 20 (5), 393-411.
- Mears, D. P. & Visher, C. A. (2005). Trends in understanding and addressing domestic violence. *Journal of Interpersonal Violence*, 20, 204-211.
- Ministry of Attorney General & Ministry of Public Safety and Solicitor General. (2004, March). *Policy on the criminal justice system response to violence against woman and children. Part 1: Violence against women in relationships* (pp. 1-25). Victoria, BC: Author. Retrieved from http://www.pssg.gov.bc.ca/victim_services/publications/policy/vawir.pdf

- Ministry of Children and Family Development (MCFD). (2004). *Best practices approaches: Child protection and violence against women* [Guidance and information manual]. Victoria, BC: Author. Retrieved from http://www.mcf.gov.bc.ca/child_protection/pdf/cp_vaw_best_practice_2004-07-22.pdf
- Ministry of Children and Family Development (MCFD). (2007). *B.C. handbook for action on child abuse and neglect: For service providers* [Handbook]. Victoria, BC: Author. Retrieved from http://www.mcf.gov.bc.ca/child_protection/pdf/handbook_action_child_abuse.pdf
- Ministry of Children and Family Development (MCFD). (2010). *Best practices approaches: Child protection and violence against women* [Guidance and information manual] BC: Author. Retrieved from http://www.mcf.gov.bc.ca/child_protection/pdf/best_practice_approaches_nov2010.pdf
- Ministry of Children and Family Development (MCFD). Representative for Children and Youth (RCY) (2011, April 4). *News release: New protocol ensures voices of children and youth are heard*. Victoria, BC: Author. Retrieved from http://www2.news.gov.bc.ca/news_releases_2009-2013/2011CFD0016-000328.htm
- Ministry of Public Safety and Solicitor General (2010). *UPDATE: B.C.'s domestic violence action plan*. BC: Author.

- Ministry of Public Safety and Solicitor General, Ministry of Attorney General & Ministry of Children and Family Development. (2010). *Violence against women in relationships policy*. [Policy]. BC: Author.
- Moles, K. (2008). Bridging the divide between child welfare and domestic violence services: Deconstructing the change process. *Children & Youth Services Review*, 30 (6), 674-688.
- National Coalition for Child Protection Reform. (2007). *When children witness domestic violence: Expert opinion*. Alexandria, VA: Author. Retrieved from <http://nccpr.info/when-children-witness-domestic-violence-expert-opinion/>
- Nixon, K. L., Tutty, L. M., Weaver-Dunlop, G., & Walsh, C. (2007). Do good intentions beget good policy? A review of child protection policies to address intimate partner violence. *Child and Youth Services Review*, 29, 1469-1486.
- Platt, D. (2007). Congruence and co-operation in social workers' assessments of children in need. *Child and Family Social Work*, 12, 326-335.
- Pyles, L. & Postmus, J. L. (2004). Addressing the problem of domestic violence: How far have we come? *Affilia*, 19, 376-388.
- Radford, L., Blacklock, N., & Iwi, K. (2006). Domestic abuse risk assessment and safety planning in child protection—assessing perpetrators. In C. Humphreys & N. Stanley (Eds.) *Domestic violence and child protection: Direction for good practice* (pp. 171-189). London: Jessica Kingsley Publishers.
- Representative for Children and Youth. (2009). *Honouring Christian Lee—no private matter: Protecting children living with domestic violence*. [Report] Victoria, BC: Author.

- Richardson, C. & Wade, A. (2009). Taking resistance seriously: A response-based approach to social work in cases of violence against Indigenous women. In S. Strega and Sohki Aski Esquao (Jeannine Carriere) (Eds.), *Walking this path together: Anti-racist and anti-oppressive child welfare practice* (pp. 204-211). Winnipeg, Manitoba: Fernwood Publishing.
- Rose, L. (1991). On being a child and youth care worker. *Journal of Child and Youth Care*, 6 (4), 161-166.
- Ruch, G. (2005). Relationship-based practice and reflective practice: Holistic approaches to contemporary child care social work. *Child and Family Social Worker*, 10 (2), 111-123.
- Ruch, G. (2010). The contemporary context of relationship-based practice. In G. Ruch, D. Turney, and A. Ward (Eds.), *Relationship-based social work: Getting to the heart of practice* (pp. 13—28). Philadelphia, PA: Jessica Kingsley Publishers.
- Scourfield, J. B. (2001). Constructing women in child protection work. *Child and Family Social Work*, 6, 77-87.
- Seidman, I. (1998). *Interviewing as qualitative research: A guide for researchers in education and the social sciences*, 2nd ed.. New York: Teachers College Press.
- Seligman, M. E. P. (1975). *Helplessness: On depression, development, and death*. San Francisco: Freeman.
- Shlonsky, A., Friend, C. & Lambert, L. (2007). From culture clash to new possibilities: A harm reduction approach to family violence and child protection services. *Brief treatment and crisis intervention*, 7 (4), 345-363.

- Sinclair, S. L. (2007). Back in the mirrored room: the enduring relevance of discursive practice, *Journal of Family Therapy*, 29 (2), 147-168.
- Stanley, N. (1997). Domestic violence and child abuse: developing social work practice. *Child and Family Social Work*, 2, 135-145.
- Stanley, N., Miller, P., Foster, H. R. & Thomson, G. (2010). *Children and families experiencing domestic violence: Police and children's social services' responses*. London, UK: National Society for the Prevention of Cruelty to Children.
- Retrieved from
https://www.nspcc.org.uk/Inform/research/findings/children_experiencing_domestic_violence_report_wdf70355.pdf
- Statistics Canada. (2001). *Family violence in Canada: A statistical profile*. Ottawa, ON: Canadian Centre for Justice Statistics. Retrieved from <http://dsp-psd.pwgsc.gc.ca/Collection/Statcan/85-224-X/0000185-224-XIE.pdf>
- Statistics Canada. (2006). *Measuring violence against women: Statistical trends 2006*. Ottawa, ON: Canadian Centre for Justice Statistics. Retrieved from <http://www.statcan.gc.ca/pub/85-570-x/85-570-x2006001-eng.pdf>.
- Statistics Canada. (2009). *Family violence in Canada: A statistical profile*. Ottawa, ON: Canadian Centre for Justice Statistics. Retrieved from <http://www.statcan.gc.ca/pub/85-224-x/85-224-x2009000-eng.pdf>
- Statistics Canada. (2010). *Family violence in Canada: A statistical profile 2010*, Ottawa, ON: Canadian Centre for Justice Statistics. Retrieved from http://publications.gc.ca/collections/collection_2011/statcan/85-224-X/85-224-x2010000-eng.pdf

- Strauss, A. L. (1987). *Qualitative analysis for social scientists*. Cambridge, UK: Cambridge University Press.
- Strega, S. (2005). The case of the missing perpetrator: Improving child welfare interventions when mothers are being beaten. *Envision: The Manitoba Journal of Child Welfare*, 4 (1), 23-42.
- Strega, S. (2006). Chapter 9: Failure to protect: Child welfare interventions with men who beat mothers. In C. Vine and R. Alaggia (Eds.), *Cruel but not unusual: Violence in Canadian families* (pp. 237-266). Waterloo, ON: Wilfred Laurier Press.
- Strega, S (2009). Chapter 8: Anti-oppressive approaches to assessment, risk assessment and file recording. In S. Strega and Sohki Aski Esquao (Jeannine Carriere) (Eds.), *Walking this path together: Anti-racist and anti-oppressive child welfare practice* (pp. 142-157). Winnipeg, Manitoba: Fernwood Publishing.
- Todd, N. & Wade, A. (2003). Coming to terms with violence and resistance: From a language of effects to a language of responses. In T. Strong & D. Pare (Eds.), *Furthering talk: Advances in the discursive therapies* (pp. 145-161). New York: Kluwer Academic Plenum.
- Turnell, A. & Edwards, S. (1999). *Signs of safety: A solution and safety oriented approach to child protection*. New York: W. W. Norton & Company.
- Wade, A. (1997). Small acts of living: Everyday resistance to violence and other forms of oppression. *Contemporary Family Therapy*, 19(1), 23-39

- Wade, A. (2007a, May 12). *Coming to terms with violence: A response-based approach to therapy, research and community action*. Hand-out package for Therapeutic Conversations 8, Vancouver, BC.
- Wade, A. (2007b). Despair, resistance, hope: Response-based therapy with victims of violence. In C. Flaskas, I. McCarthy, and J. Sheehan (Eds.), *Hope and despair in narrative and family therapy: Adversity, forgiveness and reconciliation* (pp. 63-74). New York, NY: Routledge/Taylor & Francis Group.
- Wade, A. (2008). *Response-based practices*. Conference Presentation: Child and Youth Care in Action. Victoria, BC: UVic.
- Walker, L. E. (1979). *The battered woman*. New York: Harper & Row.
- Walker, L. (1984). *The battered woman syndrome*. New York: Springer.
- White, J. (2007). Knowing, doing and being in context: a praxis-oriented approach to child and youth care. *Child and Youth Care Forum*, 36, 225-244.
- World Health Organization. (2005, November 24). *Landmark study on domestic violence: WHO report finds domestic violence is widespread and has serious impact on health*. Retrieved from <http://www.who.int/mediacentre/news/releases/2005/pr62/en/>
- Yin, R. K. (1994). *Case study research: Design and methods, second edition*. Thousand Oaks: Sage.
- Yin, R. K. (2003). *Case study research: Design and methods, third edition*. Thousand Oaks, CA: Sage.
- Young, M. E. (2005). *Learning the art of helping: building blocks and techniques, 3rd Edition*. Upper Saddle River, NJ: Pearson Education, Inc..

Appendix A

Continuum of Analytic Categories for Describing Practices Theorized to Invite Safety
versus Practices Theorized to Invite Risk

Practices that Invite Safety	←—————→	Practices that Invite Risk
<ul style="list-style-type: none"> * Non-offending parent’s resistance to violence is acknowledged * Ministry intervention is validating to non-offending parent’s needs * Safety plan is made that supports needs and encourages the input of mother and children * Client gives input for change/“leads the way” * CPW supports non-offending parent to maintain pre-existing (and develop new) ways of keeping herself and the kids safe * Non-offending parent is supported in keeping her children * Safety goals are on a continuum and allow for closer approximations towards safety * CPW views the violence as unidirectional, deliberate, and strategic * CPW comes from a place of curiosity * Timing of CPW’s response/intervention is consistent with the victims’ needs for safety * Relationships are reliable, engaged, and constructive 	<ul style="list-style-type: none"> * Non-offending parent is blamed for violence and “failing to protect” * Ministry intervention is punitive to non-offending parent * No Safety plan or safety plan doesn’t acknowledge mother’s needs or input * Worker imposes the direction of change * CPW judges non-offending parent for attempts at safety, parent isn’t encouraged towards building safety * Children are apprehended from both parents, including the non-offending parent * Safety goals are discrete and do not allow for incremental change * CPW views the violence as relationship or marital problems * CPW comes from a place of blame * Timing of CPW’s response/intervention doesn’t validate the seriousness of the violence * Relationships are distorted, unengaged and tenuous 	