Doing The Right Thing:

Negotiating risk and safety in child protection work with domestic violence cases

by

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A thesis submitted in conformity with the requirements for the degree of Doctor of Philosophy

Factor-Inwentash Faculty of Social Work
University of Toronto

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Abstract

The concepts of risk and safety are central to social work practice with survivors of violence against women, especially within the child protection system. Recent studies have highlighted how discrepancies between client and worker perceptions may create problematic conditions for developing effective intervention strategies (Dumbrill, 2006; Jenney, Alaggia, Mazzuca, & Redmond, 2005). In addition, tensions exist between movement toward improving worker-client interactions through collaboration and the use of standardized risk and safety assessments as a means of improving practice. The purpose of this research study was to explore how women’s narratives of domestic violence (DV), expressed within the context of child protection services (CPS), become translated into CPS workers’ assessments of risk and need for safety planning.

Using Grounded Theory Methodology (GTM), this qualitative study used focus group and interview data to explore how both workers and clients’ experiences of the process of risk assessment and safety planning influenced the course of the intervention. What emerged is that workers and clients held similar representations about the social construction/collective representation of woman abuse and the work of CPS. For both worker and client participants the concept of ‘doing the right thing’ presented itself as an over-arching theme. This theme implies that there is a perceived ‘right way’ of addressing DV cases within CPS work and enhances
understanding about the ways in which social workers and clients interact. These findings illustrate how narrative structures shape interactions that take place within the context of care and prevention, manifesting themselves in complex ways that can lead to misunderstanding the impact on children, the (un)conscious subjugation of women victims, and the absence of dialogue about the role of men in addressing DV at a system level.
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Chapter 1:  
Introduction, Background and Theoretical Framework

Introduction

The concepts of risk and safety are central to social work practice with survivors of violence against women (Goodkind, Sullivan, & Bybee, 2004; Gordon, 1988; Strega, 2006; Waugh & Bonner, 2002). Nowhere is the importance of these concepts more pronounced than in the child protection system. Due to amendments to the Ontario Child and Family Services Act in 2000, the issue of child exposure to domestic violence 1 (EDV) falls under the purview of child protection services 2 (CPS). As a result, there has been a 256% national increase in EDV referrals between 1998 and 2003, largely under the category of emotional maltreatment (Trocmé, Fallon, MacLaurin, & Neves, 2005). This increase has presented a challenge, not just in terms of the volume of cases, but also in terms of debates about the way in which CPS should respond to such cases. The reforms have also come at a time when child protection agencies have begun to emphasize risk reduction and adopted the use of standardized risk assessments as part of their model of practice (Collings & Davies, 2008; Dumbrill, 2006). CPS has been criticized for lacking guidance on the method and timing of child welfare interventions with cases of EDV (Edleson, Gassman-Pines, & Hill, 2006), in particular the lack of guidelines to address issues of risk and safety within this context (Strega, 2006). For example, violence against women advocates have raised concerns that the recommended risk assessment and safety planning strategies used by CPS workers may be contextually flawed (Alaggia, Jenney, Mazzuca, & Redmond, 2007). Even within child protection

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1 For the purposes of this thesis, all terminology used, whether it be ‘domestic violence’, ‘woman abuse’, ‘family violence’ or ‘violence against women’ refers to a gendered analysis of this issue, which holds that, based on available statistics, women are five times more likely than men to be the victims of reported spousal abuse (Statistics Canada, 2006) and to suffer more pronounced negative effects (Stark, 2007). The interchangeability of these terms in this thesis recognizes the differential use of terminology across sectors.

2 For the purposes of this thesis a distinction is made between the terms Child Welfare and Child Protection. According to Cradock (2004), although the terms are often used interchangeably, child welfare “is concerned with harms caused by society as a whole” and is the responsibility of all disciplines in society, whereas “child protection is concerned with the particular situations of particular children,” notably those who are living in environments “in violation of applicable statute” (p. 319).
agencies, concerns have been raised about the use of standardized risk assessment tools at the neglect of relationship-based work with clients (OACAS, 2001). Although central to intervention plans, the absence of knowledge about the process of risk assessment and safety planning with abused women and its efficacy is concerning (Goodkind et al., 2004). Knowledge of how subjectivity (the way an individual views and interprets the world around them) may influence the interaction between client and worker is particularly relevant, and recent studies have highlighted how discrepancies between client and worker perceptions may create problematic conditions for developing effective intervention strategies (Dumbrill, 2006; Jenney et al., 2005). In addition, tension continues to exist between the movement toward improving worker-client interactions through collaboration on the one hand, and the use of standardized risk and safety assessments as the means of improving current practice on the other (De Montigny, 2003). It is for this reason that exploring the experiences of both worker and client, as they interact during the process of assessing risk and safety, is critical.

The Problem: Rationale for the Study

Despite the pervasiveness of the concept of safety in assessing risk, relatively little is known about how mothers that are abused by their intimate partners and are involved with child protection services (CPS) perceive their level of risk and need for safety for both themselves and their children. Furthermore, how women’s perceptions compare to those of professionals working to assist them is of particular import to this study since the process of assessing risk and planning for safety generally involves an interaction between the two parties involved (e.g. workers and women). This is a process that Swift and Callahan (2009) have described as “a 'dance' between two parties with wildly different objectives in mind, although both may and probably do hope for the best outcome for the children” (p.160). Underscoring this potential for difference in perceptions is the knowledge that risk is inherently subjective and “deeply rooted in the social and political fabric of our society” (Slovic, 1999, p. 693). Although definitions vary within the child protection field, risk assessment has been defined as “a systematic collection of information to determine the degree to which a child is likely to be abused or neglected in the future” (English & Pecora, 1994, p. 451). Risk assessment is
considered to have four main objectives: 1) assist workers in identification of vulnerable children; 2) improve the consistency of service delivery; 3) determine service delivery priorities; and 4) assist with appropriate and effective service plans (English & Pecora, 1994). The dominant response to risk in domestic violence cases by CPS workers is to engage in the practice of safety planning with clients.

Safety planning has been defined as a process that “considers the possible risks if the woman stays in the relationship compared with the possible risks if the woman leaves the relationship” (Waugh & Bonner, 2002, p.283). However, the focus is often on leaving or ending the relationship as the ideal plan for safety. One of the most problematic aspects of child protection intervention with abused women is the lack of understanding amongst practitioners about what constitutes appropriate safety planning (Waugh & Bonner, 2002). For example, some women may feel that leaving an abusive relationship will not make them safer. Additional complications in the process may arise if, when faced with the threat (perceived or real) that they may lose their children if they do not leave, clients omit or change information about their situations and thus render workers incapable of making accurate assessments of risk and safety. Another challenge is that abused women may perceive their level of safety altogether differently from workers and either over or under-estimate risk by comparison. When discrepancies in perspective occur between professional and client, workers may begin to engage in the language of 'client dysfunction' and ‘mother-blaming’ whereby mothers are portrayed as minimizing the severity of the situation (e.g., ‘being in denial’) (Krane & Davies, 2000). Moreover, when workers and clients hold disparate views of the issues at hand (e.g., when women’s perceptions of their safety are challenged by workers), the therapeutic alliance may be disrupted and the effectiveness of an intervention may therefore be undermined (Dumbrill, 2006).

The challenge that lies ahead is to bring the subjectivities of mothers and workers together in the assessment of risk and in the subsequent development of intervention plans that come from the assessment. This challenge is both one of practice and of theory in the context of research evidence. As Williams and Popay (1999) argue, “research paradigms need to transcend this unhelpful dualism of 'bad system/good client' to look at
what both the system and the welfare subject contribute to the meanings and outcomes of interventions" (cited in Ferguson, 2003, p. 209). However, this advancement will occur only if the process of collaboration between workers and the abused women with whom they work is examined.

Throughout the literature, researchers overwhelmingly recommend the integration of the voices of abused women as mothers into the practice framework (Campbell, 2004; Chamberland, Léveillé, & Baraldi, 2006; Davies, Lyon, & Monti-Catania, 1998; Goodkind et al., 2004; Jaaber & Dasgupta, 2003; Krane & Davies, 2000, 2007; Radford & Hester, 2006). What is missing from the literature is a model of collaboration to inform this dialogue, leaving the voices of women silenced by the interpretations of CPS workers as they strive, largely in isolation, to make sense of a range of complex information when making critical decisions about children’s safety. The number of tasks involved only adds to the complexity. These include: incorporating and assessing women’s perceptions; interpreting those perceptions through the worker’s own worldview; considering the results of actuarial and individual risk assessment tools; coming to conclusions about risk and subsequent involvement; and finally, justifying the actions taken or lack thereof.

Little is known about how synchronized child welfare workers and mothers’ perceptions are with respect to safety in violent relationships, how this conversation unfolds, what "tools" are used for assessment (standardized or intuitive) and how both separate and mutual conclusions are reached in the helping context. Of particular interest is how the voices of women are translated into CPS workers’ subsequent interventions, which has prompted the need to explore the following research questions:

1) How are women’s narratives of domestic violence, expressed within the context of investigation, translated into child welfare workers’ assessments of risk and need for safety planning?

2) How do child welfare workers’ and women’s experiences of the risk assessment and safety planning process interact to influence the course of intervention?
Relevance for Advancement of Social Work Knowledge

The aim of this research was to explore issues of risk and safety from the perspectives of abused women involved with CPS in Ontario and their workers. By exploring how subjectivity on the part of both workers and mothers influences their interactions regarding risk and safety issues, a new level of awareness may emerge that can enhance CPS practice leading to more collaborative interventions with women in the interests of family safety. Understanding how risk perceptions overlap and diverge between women and CPS workers provides an opportunity to recalibrate social services and policies to become better aligned with the needs of abused women with children.

Background: Domestic Violence in Canada

In Canada, 15% of all police-reported violent incidents involve spousal violence (Statistics Canada, 2008). Although the number of reported incidents has been decreasing over the past decade, police-report data is difficult to use in gaining an accurate picture of the incidence of family violence (Statistics Canada, 2008). The 2004 General Social Survey (GSS) (as cited in Statistics Canada, 2008) which looks at general rates of victimization has found that only 28% of victims reported their experiences of spousal violence to the police, indicating that the problem may be more prevalent than we know. Although women continue to be the majority of victims of police-reported spousal violence (83%) (Statistics Canada, 2009) these numbers may also be misleading due to differences in rates of reporting between men and women and the survey methods used (e.g. police-report vs. general population surveys). The most comprehensive data on woman abuse to date has been provided by the 1993 Violence Against Women Survey (VAWS) citing over half of the women surveyed having experienced some form of sexual or physical abuse in adulthood (Rodgers, 1994). Furthermore, half a million children are estimated to be exposed to domestic violence every year in Canada (Johnson & Dauvergne, 2001). It is this involvement of children as potential witnesses and thereby victims of the violence occurring within the home that is the impetus for CPS involvement. Given mandatory reporting policies (regarding child exposure to domestic violence) within police services in Toronto, it is hypothesized that police-report data and
CPS data regarding domestic violence cases may be similar in terms of those families that come to the attention of the state.

The understanding within community and children’s services of the prevalence and impact of children’s exposure to domestic violence has matured in the last ten years, and is reflected in an expanded discourse on the issue in practice, policy development and academic scholarship that covers both the immediate impact of violence on families and its influence on children’s wellbeing and future health. While not every child exposed to woman abuse suffers immediate and long-term negative effects, such exposure increases the likelihood that they will exhibit behavioural and/or emotional problems (Jaffe, Wolfe, & Wilson, 1990; Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003). Each child is affected differently depending on the context in which they experience the abuse, their developmental stage and gender, as well as factors related to the violence itself (child’s proximity, duration of exposure, severity etc.) and the availability of caregivers or other support systems. These effects may manifest themselves in areas of emotional, cognitive, behavioural and social functioning (Jaffe et al., 1990; Wolfe et al., 2003). The sensitization of CPS to the issues related to domestic violence and its effects on children is the reason for legislative changes that have taken place across the country and has resulted in the need for child protection agencies to develop strategies to address this complex issue from the perspective of viewing domestic violence as a form of child maltreatment.

**Domestic Violence and Child Protection Services**

Over the past decade there has been a significant increase in reporting to child protection authorities of children who are exposed to domestic violence (Strega, 2006; Trocmé et al., 2005). However, critics of CPS involvement believe that the decision to operationalize the issue as child maltreatment has occurred without a clear understanding of how to address it through appropriate intervention with families (Edleson et al., 2006; Rivett & Kelly, 2006). The available literature maintains that not enough is known about the specific issues for these families to make generalizations about the well being of children who are living with domestic violence (Edleson et al., 2006; Kaufman Kantor & Little, 2003; Magen, 1999; Rivett & Kelly, 2006). Conflicting research about the
effectiveness of abused women as mothers (Hilton, 1992; Holden & Richie, 1991; Letourneau, Fedick, & Willms, 2007; Levendosky & Graham-Bermann, 2000, 2001; Levendosky, Leahy, Bogat, Davidson, & von Eye, 2006; Levendosky, Lynch, & Graham-Bermann, 2000; Varcoe & Irwin, 2004) only amplifies uncertainty about whether and/or what action is necessary or appropriate.

It is understandable that women have been the focus of most interventions for a number of reasons: 1) women are disproportionately represented as primary caregivers in our society and, 2) they also “continue to be more likely victims of police-reported spousal violence” (Statistics Canada, 2008, p. 12) making it more likely that they will be investigated by CPS as a result of police involvement. Furthermore, recent scholars have found that “women who leave their abusive partners shoulder the burden of responsibility for keeping their children safe” (Wuest, Ford-Gilboe, Merritt-Gray, & Lemire, 2006, p. 494). It is for this reason that understanding the role of child protection services is so important in assessing the social impact of domestic violence and formulating a policy response that is most likely to address the problem.

Theoretical Framework: Knowledge and Action are Socially Constructed

This study is informed by the sociological theories of Symbolic Interactionism and Social Constructionism, which argue that knowledge resides in the interactive human experience. An emphasis on understanding the process of meaning-making within the interaction as a point of practice has its roots in both Social Constructionism and Symbolic Interactionism which are the foundations of the grounded theory method of research and analysis, the chosen method of this project.

Herbert Blumer’s (1969) theory of Symbolic Interactionism has three main premises: 1) that human beings act toward things on the basis of the meanings those things have for them; 2) that the meanings of such things derive from social interaction with others; and 3) that these meanings are managed through an interpretative process that people use to deal with such things. Symbolic Interactionism also takes into account societal institutions (e.g., child protection agencies) and looks at how they are organized at the
point of interaction between the individuals who work within them and those who receive the services; an important aspect for the study at hand. Blumer (1969) points out that the power of symbolic interaction theory lies in the ability to exhaust all potential explanations for human interaction: “It embraces equally well such relationships as cooperation, conflict, domination, exploitation, consensus, disagreement, closely knit identification, and indifferent concern for one another” (Blumer, 1969, p. 66).

Constructionism, or Social Constructionism as it is also called, is a complementary theory that assumes reality is “constructed under particular conditions” (Charmaz, 2008, p. 402), thus bringing the context of interaction to the forefront of inquiry. In Ian Hacking’s (1999) words, constructionism takes into account

“various sociological, historical, and philosophical projects that aim at displaying or analyzing actual, historically situated, social interactions or causal routes that led to, or were involved in, the coming into being or establishing of some present entity or fact” (Hacking, 1999, p. 48).

The “knowledge required to rationalize techniques of social control in certain institutional contexts” (Hacking, 1999, p. 52) is an important component to consider and one of critical relevance to the context of child welfare services. In particular, Hacking (1999) draws attention to the social construction of child abuse and the significant impact this has had on “consequences in the law, and day-to-day social work, in policing the family, in the lives of children, and in the way in which children and adults represent their actions, their past, and those of their neighbors” (p.132). This view of child abuse as an area of investigation and intervention continues to be felt today and resonates within the data of this study, particularly in the framing of exposure to domestic violence as a form of child abuse. The theory of social construction has a long history in the approach to understanding social problems and in particular issues of domestic violence (c.f. Berns, 2004; Best, 1997; Loseke, 1992, 2003); however, in order to explore the evolution from theory into practice an additional framework is required.
The Just Practice Framework:

In keeping with the epistemological position that knowledge is socially constructed and interaction is critical, the Just Practice Framework (JPF) (Finn & Jacobson, 2003) is a contemporary social work approach that incorporates the theoretical base from several core theories (for example, ecological and structural theories that highlight person-in-environment issues) as well as the limitations of these theories (no singular theory is sufficient, in Finn & Jacobson’s (2003) view) into the development of a more inclusive approach to applied social work practice. In particular, this framework examines social issues through the lens of five thematic perspectives, 1) meaning; 2) context; 3) power; 4) history; and 5) possibility that are key in understanding the social construction of an issue, the role of individual subjectivity, and the resulting approaches to intervention (Finn & Jacobson, 2003).

**Meaning**: According to Finn and Jacobson (2003), “meaning is often defined as the purpose or significance of something” (p. 70) and the desire to make meaning is a universal feature of human nature. Thus, in order to understand the theoretical underpinnings that define domestic violence, child protection services, risk assessment and safety planning, one must examine how these concepts are applied in social discourse as part of meaning-making for all parties involved. Gee (2005) argues that “any proper theory of language is a theory of practice” (p. 8), which is particularly applicable to social work in that interventions are largely determined by how problems are framed. In this discursive context, risk assessment and safety planning would be seen as concepts with subjective, ‘situated meanings,’ assuming particular meanings within specific contexts (Gee, 2005), such as the context of child protection. For example, earlier labels of ‘child witnesses’ to domestic violence indicated that children had to see violence directly in order to be impacted by it and did not provide for children’s experiences of hearing violence happening or experiencing the household tension afterwards. This led to a change toward more inclusive terminology, i.e., exposure to domestic violence.

According to Blumer (1969), meaning is derived from the process of human interaction and “grows out of the ways in which other persons act toward the person with regard to the thing” (p .4). In this way, Symbolic Interactionism considers “meanings as social
products, as creations that are formed in and through the defining activities of people as they interact” (p. 5) and, therefore, as integral to understanding the process of interventions as well as the language used to frame these interventions.

**Context:** “Context can be thought of as the set of circumstances and conditions that surround and influence particular events and situations” (Finn & Jacobson, 2003, p. 70). In particular, social and political contexts influence the way a problem is framed and, inevitably, how interventions are designed as well as funded. For example, Jaaber and Dasgupta (2003) contend that the experience of domestic violence is only one part of a woman’s life and that it must be contextualized in terms of the greater social and community environment in which she lives. They argue that rather than seeing victims of violence as a social risk group in themselves (and as such, targeted for intervention), we ought to consider the oppressive cultural, legal and social norms within which this group resides (such as gender inequity) as social work’s focus for action. Ecological theory makes a valuable contribution in this regard, locating the issues of woman abuse, child maltreatment and risk assessment within specific contexts: micro-systems (individual), exo-systems (family and community) and macro-systems (social-cultural-institutional) (Bronfenbrenner, 1977). The way in which issues of domestic violence, risk assessment and safety planning are contextualized within the practice of child protection work is connected to the larger socio-political arena in which CPS operates.

**History:** Furthermore, the historical construction of child welfare services and of the rhetoric of ‘child saving’ has important ramifications for the development of services for women and children, as some of the roots of this discourse are still visible today. Social work has been slow to recognize and respond to the issue of violence against women and has historically “earned a reputation as uncaring, uninformed, and unhelpful to battered women” (Danis, 2003a, p. 178). While the field of social work has developed a multitude of responses to domestic violence over the past several decades, interventions continue to revolve around child-focused individual risk and protective factors that inform a directed assessment process and strategic safety planning (Lindhorst, Nurius, & Macy, 2005), to the neglect of more systemic level interventions such as addressing the status of women in society.
**Power:** Although Finn and Jacobsen (2003) consider a range of definitions of power in their analyses, the dominant theme is the capacity of others to restrict or in other ways produce intended or unintended consequences for some. Feminist theoretical frameworks emphasize the gendered aspects of domestic violence and deny the concept of gender symmetry, which proposes that relationship violence is perpetrated equally by, and with similar social consequences for, both sexes and calls for more gender-neutral approaches (Johnson, 2006; Stark, 2006; Straus, 2006). Proponents of a gendered analysis believe that violence against women occurs within a context of “sexual inequalities, the privileged access of perpetrators to victims, and the extension of control through social space” (Stark, 2006, p.1021) that is qualitatively different for women than it is for men. Although this is an area of extreme controversy, a closer analysis of the literature to date reveals that the context of inquiry is critical to how this issue is framed. The research that claims gender symmetry in domestic violence (Straus, 2004, 2006; Straus & Gelles, 1986) has been criticized for perceived methodological limitations due to homogenous samples and more specifically for emphasizing physical violence in domestic violence in the absence of context (Johnson, 2006; Kimmel, 2002). On the other side of the debate, proponents of gender asymmetry (Das Gupta, 2002; Swan & Snow, 2006) are plagued by criticism of their reliance on qualitative methods (Kimmel, 2002) and contextual analyses that are considered by some to lack scientific rigor (Straus, 2006). Others have argued that the research has not been measuring similar constructs and insist on the use of typologies of violence in relationships as a means of clarifying the issue (Johnson, 2006). Still others point out that intimate violence itself is gendered (Renzetti, 1999, as cited in Swan & Snow, 2006) and that the majority of intimate partner violence research has neglected to include all forms of violence (in particular sexual violence and violence by ex-partners) or to provide for the larger socio-cultural context in which violence occurs (Das Gupta, 2002; Kimmel, 2002; Swan & Snow, 2006). In short, the current state of research is practically ‘apples and oranges’ in terms of critical debate, with the two sides often comparing disparate data sources (e.g. population surveys and clinical samples) (DeKeseredy, 2000; Kimmel, 2002; Schwartz, 2000). What both sides do agree on, however, is that when it comes to the severity of violence, men are overwhelmingly responsible for the most severe and injurious forms of violence in relationships (Kimmel,
Interestingly, the gender symmetry debate has not yet been applied within the context of child protection involvement, and in the investigation of abused women’s mothering.

The Theory of Intersectionality is useful in this regard to explore the relationships among domestic violence, marginalization and women’s relationships with state structures (Bograd, 1999), to illustrate the variety of power differentials embedded in the issue of domestic violence, concepts of risk assessment and resulting CPS interventions. A critical feminist analysis of the approaches to risk assessment indicates that CPS work continues to rely on the social construction of ‘good-enough’ mothering, as opposed to holding both parents equally responsible for a child’s safety and wellbeing. This further illustrates the potential for such systemic approaches to “entrench oppressive relations of gender, race, and class in child protection practice with mothers” (Krane & Davies, 2000, p.35).

**Possibility**: Critical to the strength of the Just Practice Framework and its applicability to domestic violence and child protection is the provision of a mechanism for considering social change and an emphasis on reframing a critical analysis into hope for the future. According to Finn and Jacobson (2003), “possibility enables us to look at what has been done, at what can be done, and at what can exist” (p.71) particularly as it pertains to human agency and the ability to move through and forward. The following literature review will explore the issue of violence against women and CPS practice from the perspective of the Just Practice Framework (JPF), and in doing so will organize the literature and subsequent discussion around the five central components of that model.
Chapter 2: Review of the Literature

Current literature has neglected to provide a contextual analysis of risk assessment with battered women as a means of child protection investigation (Strega, 2006). Without a comprehensive understanding of the process of risk appraisal by women/mothers and how this impacts their safety planning, any policies or practice-based guidelines are bound to be inadequate. Furthermore, a better understanding of how child protection workers use this information in their own process of risk assessment to determine service provision requires detailed exploration.

The literature and research on risk assessment, safety planning and CPS intervention is explored as it pertains to the presence of domestic violence in the lives of mothers by examining the current state of the literature in the following four domains: (1) domestic violence and the social work profession; (2) domestic violence in the lives of women as mothers; (3) the involvement of child protection in cases of domestic violence; and, (4) the relationship between domestic violence, perceptions of risk (on the part of both women and CPS workers) and subsequent safety planning in relation to child protection involvement. This literature presents as multi-disciplinary in its content, drawing from the fields of social work, sociology, psychology, feminism and law. The theoretical foundations underpinning research and policies will be explored, and the knowledge to date interpreted using the ‘Just Practice Framework’ (Finn & Jacobson, 2003) introduced in the previous chapter.

Social Work and Violence Against Women

“It’s been almost 30 years since we began this movement. Where have y’all been?”
(Violence against women advocate speaking to social workers, Danis, 2003a, p. 215)

MEANING: Violence Against Women: The Politics of Naming

"The words we have are not always the words we need." (Ashcraft, 2000, p. 3)

Because violence against women has taken many forms and has gone by many names, it is important to devote some attention to how this issue has been labeled and framed within the social work perspective, since this occurs within an inherently epistemological
context. The topic has courted controversy over the past several decades, coloured greatly by issues of political power and gender inequality, as well as ideology. Yet, some issues have managed to persist such as the widespread adoption of the term ‘domestic violence’ over ‘woman abuse’ in the 21st century after having been contested by violence against women advocates in the 1980s and 90s. This term was seen as downplaying the role of gendered power relations in mediating violence and minimizing its importance in larger society; it inferred not only that this violence was a personal, private matter that occurred in the home, but also that the violence could be bi-directional, paving the way for the current controversies in gender symmetry research. As the knowledge regarding this issue has changed and expanded, so too have the terms used to describe this phenomenon.

CONTEXT: The Personal is the Political

“One of the problems of social work has been that its knowledge base is not synchronized with its value orientation.”

(Swift, 1995, p. 51)

One of the principal challenges in addressing violence against women within a social work framework is that it directly invokes the tension between individual vs. community work that has divided the field of social work for so long (Haynes, 1998). Although one could argue that all of the individual problems faced by social work today have a social context, the treatment of domestic violence in particular is unlikely to be successful if taken out of this context. It is the polarity between systemic and political approaches to this problem that lies at the heart of social work’s inherent failure to make the necessary connections to further the field’s reputation as one that is responsive to this issue. As Swift (1995) disparages, “child welfare work processes continuously operate to justify the current array of services, which are directed at changing people rather than addressing social ills” (p. 99).

Domestic violence continues to be addressed by various sectors working in silos with different mandates and epistemological frameworks, such as criminal justice, health care and social services, and child protection services in particular. What these sectors have shared is the struggle to develop appropriate and effective responses to the problem. Many have followed a similar trajectory from initially ignoring the issue, to participating
in victim blaming, to eventually coming to focus on perpetrator accountability and systemic interventions.

Social work’s response to the problem has largely been driven by positivist and post-positivist knowledge assumptions that lead to a ‘cause and effect’ approach to the problem of violence against women. These assumptions posit that inquiry is about explanation, with the goal of being able to predict and control a phenomenon (Guba & Lincoln, 1994). The beliefs that ‘truth’ is proven only in so much as it cannot be falsified and that knowledge is a foundation created by building blocks of discovery are the hallmarks of this knowledge paradigm that encourages generalization to cause-and-effect (Guba & Lincoln, 1994). Valued knowledge is that which can withstand the tests of conventional rigor, which rejects the influence of values and can be passed on to others through practical training and dissemination (Guba & Lincoln, 1994). Those who adhere to a post-positivist epistemological position have been, and continue to be, in positions of influence within major academic publication venues and funding bodies, which contributes to making this approach dominant in the field today and for much of the past 40 years. It is also a reason that social work has adopted so many of its principles in its scholarship.

HISTORY: We've Come a Long Way…Baby???

“Old-fashioned ways, which no longer apply to changed conditions are a snare in which the feet of women have always become readily entangled.” — Jane Addams

A discussion of the approaches of social work to any issue must also take into account the professionalization of the field that was occurring during the 1970s. One might argue that social work’s attempt to legitimize itself through professionalization has parallels to the abuse of women in that it has been characterized by male privilege and power. Social work was born out of the actions of women and historically has been dominated by women; however, the move to professionalize paralleled a corresponding move to take women’s volunteer-based services and place them within male-dominated, state sanctioned programs and agencies:

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3 As quoted on www.womenshistory.about.com
“The influx of men into social work during the 1970s was accompanied by other changes. Social workers intensified their efforts to: professionalize their ranks through training; raise their salaries; enhance their professional status; integrate the philosophical base of the profession; and organize themselves to pursue their interest through collective associations.” (Dominelli, 1996, p. 155)

Social work attempted to gain status by adopting the epistemological framework dominant at that time within the social sciences and human services sectors, “with its emphasis on reductionist logical-positivist rationality” (Sewpaul, 2005, p. 211). Dominelli (1996) further theorizes that it is because of social work’s female dominated composition as a profession that it has failed to achieve the ranks of other service professions such as law and medicine that are (or were) predominantly male. While this process alone could serve as the foundation for another paper, it is notable that this drive to professionalize was accompanied by social work’s rejection of feminist ideology as a means of obtaining professional credibility. This was one of the unseen costs of professionalization whereby social work as a profession became socially sanctioned and consequently adopted more mainstream political standpoints in order to preserve status and reputation.

It is perhaps ironic that these same forces effectively disenfranchised the Violence Against Women movement when shelters and similar women’s programs were provided with government funding, which resulted in a shift in shelter staffing (from survivors of abuse to professional social workers) and what was described as a “valuable opportunity for political empowerment [being] sacrificed in exchange for financial viability” (Westlund, 1999, p. 1053). Dominelli (1996) argues that it is this competition for scarce resources that contributes to the fragmentation of social work as a profession.

The terms *wife abuse*, *wife battering*, *wife assault* and *marital abuse* were among those widely adopted as a means of identifying the issue. In framing the issue using terms affiliated with social roles (e.g., wife) and social institutions (e.g., marriage) it was implied that violence was uni-directional and that it only occurred between husband and wife. It also clearly delineated the person to whom intervention should be directed;
viewing the woman as victim and her husband as the perpetrator. Viewing the problem in a linear manner, consistent with the post-positivist assumptions of cause and effect, inferred that women must have been contributing, in some way, to their own abuse. Without a sociopolitical context available, this view of women as contributing to their own victimization informed the lack of responsiveness to this issue and tilted the direction (and language) of intervention towards victim-, and in many cases, mother-blaming.

A clear example of changes in the social work stance towards domestic violence can be found in a study by Maynard (1985), who examined the views of 103 social workers involved with abused women – the dominant framework at the time was that an intact family was in the best interests of the child and women were held responsible for perceived domestic shortcomings and encouraged to make their marriages work. This is particularly telling when contrasted with the current framework that focuses on women leaving abusive partners as the only viable solution. Although they move the discourse in opposite directions, what both these approaches share is that responsibility still resides solely with the female victim.

The result has been a social work response that stated the problem as an individual one, within a good/bad dichotomy that clearly labeled one party as victim and the other as perpetrator, yet approached the issue with methods intended to encourage women to recognize the role that they were playing in their abuse and to develop coping strategies to deal with the problem. This, in turn, contributed to the lack of any alternative analysis to address the complexity of the issue.

POWER: Knowledge is Power

“Our own subjectivities are shaped, after all, by our practice...working differently means recognizing and using different kinds of power in the service of the client. It means recognizing how social meanings and choices are imported into the helping relationship and consciously bringing to that relationship alternative explanations and choices.”

(Swift, 1995, p. 185)

One cannot begin to conceptualize the issue of violence against women, nor the response of the profession of social work to it without considering the political, societal and
funding structures that influence it. This includes looking at the dominant landscape of
gender inequality that contributes to the power imbalance between men and women.
According to Bent-Goodley (2005), there are a number of risks to consider when
knowledge is constructed by those in power. They are as follows: 1) making faulty
generalizations from a limited population (i.e. domestic violence research began as
focused on white and poor women, only recently beginning to address cross cultural
issues); 2) circular reasoning, wherein standards and justifications are created to reinforce
a perspective and ignore evidence (such as qualitative research that speaks to women’s
experiences) to the contrary; 3) mystified concepts such as the “systemic institutionalized
manner in which knowledge is promulgated and the manner in which ways of knowing
become cyclical” (p.198) (i.e. inherently inequitable systemic problems); and 4) partial
knowledge, that emerges when incomplete information is considered factual without a
thorough analysis for diversity (i.e. ways in which domestic violence legislation has been
enacted with limited understandings of the applicability within and across diverse

A 1987 review of the literature on social work approaches to domestic violence found
that the dominant focus was on individual interventions rather than on a means of
“improving the service delivery systems and developing policies and programs that
address the social structural and sexist origins of the problem” (Davis, 1987, p. 306).
This review emerged at a time when social work had begun to adopt new language to
describe violence against women. Terms like spousal assault, battered women, family
violence and domestic violence were used, which expanded the scope of the issue beyond
the realm of marriage (i.e. wives) to women in general, while retaining much of the
erlier conceptualizations of women as victims. Although more inclusive, the focus
within the field was on providing means of supporting women in leaving abusive
relationships, based on the assumption that if the proper resources were in place women
would not remain at risk. The literature indicates a surge in research articles focused on
the attitudes and beliefs of service providers with an aim of better preparing social
workers to respond to the issue. This was exemplified by the emphasis on development of
tools such as assessments and screening methods designed to assist social workers with
their interventions.
It was during this period that Empowerment Theory gained purchase within the field, offering a means to ‘give power back’ to the victims of abuse. This was a principal theory guiding the social work approach to ‘battered women’ supported by a belief that domestic violence was about issues of power and control. The following quote illustrates the struggle to incorporate this theory into the mainstream post-positivist paradigms still in heavy use: “The empowerment perspective maintains that battered women are not victims of violence by choice and that given adequate support, resources, and opportunities, they will choose violence-free lives for themselves and their children” (Busch & Valentine, 2000, p. 93). Once again, the emphasis is placed on the women’s responsibility and pathology for engaging in relationships, only now the issue is reframed as one of ‘choice.’ This emphasis on choice, rather than truly empowering women, was simply placing ‘new wine in old bottles’ as women were recast as ‘informed consumers’ of services capable of choosing options that best suited their needs.

POSSIBILITY: Building the Base of Knowledge

“The most notable fact our culture imprints on women is the sense of our limits. The most important thing one woman can do for another is to illuminate and expand her sense of actual possibilities.”

Adrienne Rich  

What this focus on choice did accomplish was to demonstrate a need to understand the conditions in which a woman could be empowered, and in order to do this the voices of women had to be heard. The literature of the 90s shows a clear emergence of qualitative methods within the research conducted during this time, thus opening space for alternative paradigms to guide knowledge development and application. The widespread introduction of qualitative methods (and the resulting findings from the research where it was employed) presented problems with the dominant feminist perspective that held that patriarchy was primarily responsible for domestic violence. When it became clear that violence happened in the context of same sex relationships, beyond explanations of internalized sexism, homophobia and a culture of patriarchy, these theories were no longer sufficient to fully explain the phenomenon (Bograd, 1999; Gillis & Diamond, 2006; McPhail, Busch, Kulkarni, & Rice, 2007). Thinking about violence against women

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4 As quoted on www.womenshistory.about.com
as simply a political issue was soon viewed as too simplistic; however, such critical reflection did not draw the gaze of the field beyond the realm of the individual until the next decade.

It was in the 1990s that the conceptualization of a community response to ending violence against women first became fully articulated. Frustrated by the demands violence in families placed on the system, practitioners and researchers alike began looking for explanations beyond the individual to account for violence in relationships. But as the field began to embrace the idea of responding at the community level, so too it was a time when men were held accountable for their actions and the criminalization of domestic violence began – maintaining the focus on individuals. Criminalization of domestic violence was based on Social Exchange Theory (Blau, 1964, cited in Danis, 2003a) that posits human behaviour is largely based on rewards and punishments, and Social Learning Theory (Bandura, 1977), wherein behaviours are learned through social modeling, the result of which is often referred to as intergenerational transmission. Although the issue was criminalized, response from the justice system remained fragmented and a move towards mandatory criminal charging was established. However, this focus on the accountability of men began to draw criticism and some systemic ‘push-back.’ Drawing upon the research and knowledge generated during the previous decade, the 1990’s saw a new lexicon created that featured terms like intimate partner violence, violence in relationships and partner violence in order to reflect a more gender-neutral perspective on the issue and which in turn led to the proliferation of gender symmetry research.

It is incongruous that during this period of gender-neutrality, feminist theories would see a rise in use alongside ecological frameworks as the dominant discourse. This return of feminism brought renewed interest in the role of patriarchy as a force in society and its impact on women’s subsequent status and victimization (Danis, 2003b). The field was also characterized by recognition of the system-wide issues influencing how women who were experiencing violence at the hands of an intimate partner were utilizing various social, legal and health programs. Along with this came an awareness of the increasing diversity amongst the women that were appearing for service. This ecological approach
to the problem claimed to provide multiple perspectives on the issue by combining individual, sociological and socio-structural models in the framework to adequately link theories of causation with intervention (Dwyer, Smokowski, Bricout, & Wodarski, 1995). Complimenting the ecological framework, the Strengths perspective (Saleebey, 1997) became another widely used approach, which built on Empowerment Theory and viewed women as ‘clients’ and experts in their own problem solving. Although there was recognition of a wider system, these approaches still viewed the source of the problem and the solution largely in individual terms, whereby providing women with the right interventions and the right information was the way to ‘solve the problem.’ There did, however, exist a growing discontent with the conceptualization of the problem and resulting interventions, and a call for a post-modern approach to practice began to surface:

“In this vein, interventions for battered women, both legal and otherwise, should reflect a postmodern social work approach that not only respects the possibility or likelihood of this relational structure but also provides the time and fluidity necessary for self-guided resolution. Such a system should recognize that true empowerment for battered women is achieved not through obedience to the expectations of legal or social work advocates or models but through acknowledgement of the woman’s need to reconsider and re-evaluate the meaning of the trauma in a flexible time frame and a supportive environment”

(Mills, 1996, p. 267)

The thinking that has informed social work practice since the dawn of the new millennium has changed very little in terms of how domestic violence is understood and intervened with today. It has been postulated that the field may actually be losing theoretical ground (Pyles & Postmus, 2004) in its pursuit of a means to the end of this problem, by moving to a previously held position, rather than evolving from the current one. The terminology of this decade has attempted to resurrect the gendered aspect from years before by referring to “woman abuse,” but within mainstream services such as Child Protection and Children’s Mental Health, the gender-neutral domestic and family violence terms have remained.
Interventions continue to revolve around individual risk and protective factors that inform a contextualized assessment process and strategic safety planning (Lindhorst et al., 2005). Work by Burman, (2003) has examined the issue through the lens of the Stages of Change approach (c.f. Prochaska & Di Clemente, 1982) to move a woman through each stage towards leaving the abusive relationship – again, indicating individual pathology and interventions that continue to be about convincing women to leave. The field still remains committed to an approach that views women as architects of their own lives in relation to abuse and focuses more on helping women leave than on preventing the violence in the first place. Such changes would require an acknowledgement of the social nature of the problem, and thus, consideration of other epistemological perspectives, such as social constructionism and structuralism. These positions hold that the way in which society is dominated by patriarchal cultural values creates the context in which women, despite recent gains in education and career status, continue to be vulnerable to abuse at all levels in society.

Most notably, this decade will likely be remembered for having changed the face of social work practice by including reference to domestic violence as a form of child maltreatment in child protection legislation across Canada. It will also be noted as a time when the field began to shift its attention away from women on to children as the focus for intervention. Consequently, the majority of government funding in recent years has revolved around responding to the needs of children exposed to family violence. The emphasis is on training social workers to appropriately assess and intervene with children and thus ‘break the cycle’ of intergenerational transmission. However, this has not influenced the post-positivist logic that continues to seek a clinical cure for a societal ailment. Furthermore, the thinking behind this direction has also shifted towards models that are more informed by limited resource allocation, such as the risk assessment practices in child protection practice.

**Domestic Violence in the Lives of Women as Mothers**

“This is not to say that all women were considered perfect mothers. As was apparent in the case of single mothers, women who deviated visibly from the norms of maternalism, women who worked, drank, yelled, were dirty, remained unmarried – these women were
not only considered bad mothers, they were cast outside the boundaries of true womanhood. They were denied sympathy, let alone help.”  (Gordon, 1988, pp. 252-253)

MEANING: In Search of ‘Good-Enough’ Mothering

"She is a victim, but to maintain a position of the innocent victim she needs to act immediately [in relation to her children].”  (Scourfield, 2001, p. 84)

The scrutiny of women’s behaviour as perceived victims of woman abuse does not end at the individual level – they are often mothers as well, with the abuse of some women beginning with the onset of maternity. Within the Canadian context, The 1993 Violence Against Women Survey, a national survey of 12,300 women in Canada, found that 21% of abused women were assaulted during pregnancy with 40% of those women indicating onset of abuse at pregnancy (Rodgers, 1994). Therefore, mothering becomes an additional lens through which abused women are viewed. In terms of social work intervention, some theorists maintain that a key “focus of practice is the evaluation of mothering and maternal capacity;” in addition, “far from being an objective process, the scrutiny of maternal behaviour and its interpretation are activities which are shaped by prevailing cultural constructions of good enough mothering” (Krane & Davies, 2000, p. 38). Originally developed by Winnicott (1965), the concept of “good-enough mothering” refers to the ability of the caregiver to provide both a physical and psychological space to facilitate the development of the internal emotional state of her child, and has been equated with the notion of ‘good mothers’ as selfless and responsive nurturers. The way in which women are viewed as mothers is socially constructed and the way in which individuals and systems interact with mothers is a result of “the social and economic expectations we have of different family members in our kind of economy” and a reflection of “the personalized definitions of causation worked up in discourse, which implicate parents, particularly mothers, as the direct cause of their children’s suffering” (Swift, 1995, p.158). Meanings are also at play for women themselves, in that how their experience of violence impacts their parenting practices is “mediated in part by individual experiences and expectations regarding childhood, children, and child rearing - that is, by the mother's internal mental representation of herself, her child, and what constitutes appropriate caregiving” (Stephens, 1999, p. 733).
An emerging area of research exploration has been on the impact that domestic violence has on parenting and children. While offering an expanded view of the problem from previous research, studies on parenting nonetheless have continued to emphasize mothers, more than fathers (or dyads) as the topic of study, congruent with the dominant discourse of women as primary caregivers in society.

CONTEXT: The Impact of Domestic Violence on Mothering:

“It is important to locate the difficulties women face in these circumstances in a comprehensive understanding of the social organization of mothering and of the high expectations that are placed on women as mothers, because these elements influence both women’s identities and the conditions in which they perform their mothering.”

(Lapierre, 2008, pp. 459-460)

The impact that domestic violence has on parenting and children is an emerging and controversial area of research. Concerns in the literature have largely focused on the impact of domestic violence on women’s abilities as mothers while ignoring fathers and without adequately taking into account the context of these experiences. This has resulted in a polarization of study results with some findings focused on the detrimental impact of woman abuse on mothering (Buchbinder & Eisikovits, 2004; Casanueva & Martin, 2007; Casanueva, Martin, Runyan, Barth, & Bradley, 2008) and others finding few differences between abused and non-abused women’s mothering (Casanueva et al., 2008; Gordon, 1988; Holden & Richie, 1991; Letourneau, Fedick, & Willms, 2007).

Studies that have focused on the negative impact of domestic violence on mothering have provided much for professionals to consider when providing services for women and children. For example, research with pregnant women who had experienced domestic violence found that they “had significantly more negative representations of their infants and themselves as mothers” than women who had not experienced domestic violence (Huth-Bocks, Levendosky, Theran, & Bogat, 2004, p. 79). Further negative impacts to mother-child relationships may be realized by taking into account reports of women being hit while holding infants in their arms and their children being injured while trying to intervene and stop the abuse (Edleson, 1999a, 1999b; McGee, 2000). It is unclear and possibly immaterial whether the harm caused is channeled through the actual threat to the mother (due to the infants’ perception of harm to the mother), or whether the experience
of this harm directly impacts on the mother’s interaction with her baby (Osofsky & Fenichel, 1994). Given that young children are disproportionately exposed to domestic violence due to their developmental stage and the increased proximity to the mother (Bogat, DeJonghe, Levendosky, Davidson, & von Eye, 2006), the magnitude of this problem increases. Immediate effects on young children have been documented and include trauma symptoms, excessive irritability, sleep disturbances, emotional distress and other challenging behaviours that make parenting increasingly difficult (Bogat et al., 2006; Zeanah, Danis, Hirschberg, Benoit, & Heller, 1999). Given what is known about how caregiver experiences impact young children (Levendosky et al., 2006; Osofsky & Fenichel, 1994), it is reasonable to expect that caregivers experiencing abuse may struggle with issues of sensitivity, responsiveness, emotional availability and attunement – all issues that impact parent-child relations (Osofsky, 1997). These findings lead to concerns about the risk of intergenerational transmission of certain behaviours within families.

In addition, women who experience domestic violence may exhibit a number of behavioural and emotional states such as: alterations in regulation of emotions (e.g., experiencing explosive anger or uncontrollable rage), alterations in consciousness (e.g., dissociation and emotional numbing), and alterations in self-perceptions (e.g., shame and self-blame), all of which could have a considerable impact on a person’s ability to parent effectively (Levendosky & Graham-Bermann, 2001). These maternal concerns, however, transmit into childhood problems, as evidenced by the development of psychopathology in some children of mothers who report excessive stress connected to domestic violence (Appleyard & Osofsky, 2003), with more direct impacts detected in older children exposed to domestic violence (Edleson, 1999a; Holt, Buckley, & Whelan, 2008; McGee, 2000; Wolfe et al., 2003).

Concerns about women’s use of defense mechanisms to survive the experience of violence lend themselves to the belief that abused women as mothers may lack the ability to recognize danger towards themselves and their children and may also interfere with facilitating their children’s emotional recovery from negative events (Haight, Shim, Linn, & Swinford, 2007; Levendosky & Graham-Bermann, 2000). Buchbinder and Eisikovits
(2004) interviewed 20 Israeli women who attempted to stop the violence while remaining in the relationship with their abuser, and found that there was a tendency to blur boundaries between mother’s and children’s needs in a way that the authors felt was detrimental to children. They discovered that “children's interests became secondary to those of the mothers, who apparently did not see the use of child related justifications and the need to protect their children from harm as being mutually exclusive” (Buchbinder & Eisikovits, 2004, p. 361). It was determined that women had to come to a ‘turning point’ wherein they were able to recognize themselves as victims in order to begin to come to terms with the impact on their children. Furthermore, although these women indicated that they were aware of the level of risk involved in remaining in the relationship, they were unable to act on it immediately and their “behavior towards their children became a secondary concern to their own emotional safety” (Buchbinder & Eisikovits, 2004, p.362). They found that by blurring the boundaries between their own and their children’s needs, women often justified their preferred actions as being for the sake of the children. This dynamic led to “distortions in the shared interests of mothers and children [transforming the relationship] into a conflictual one in terms of needs, interests and mutual perceptions” (Buchbinder & Eisikovits, 2004, p.364). This is one of the reasons that social workers struggle with assessing risk in domestic violence cases; there is often a conflicting discourse about the ability of mothers to recognize and acknowledge their level of risk accurately (and, sometimes, honestly).

Researchers have also found that women who experience abuse from their partners frequently indicate that they see themselves as less effective and warm as parents, yet continue to be aware of their influence as parents and often “mobilize their resources to respond to the violence on behalf of their children” (Levendosky et al., 2000, p. 266), in particular by being more sensitive and responsive to the perceived needs of their children (Levendosky et al., 2000). The Canadian National Longitudinal Survey of Children and Youth (NLSCY), a 20-year study of a representative sample of Canadian children, was used to analyze longitudinally how parenting and exposure to family violence were related (Letourneau et al., 2007). This analysis by Letourneau and colleagues (2007) provided further evidence for the theory that abused women “compensate for exposure to violence in their parenting interactions with their 2-12-year-old children” (p. 649),
finding that “mothers of children exposed to domestic violence actually show a greater increase in positive discipline and less of a decrease in warm and nurturing behaviors compared to mothers of children not exposed” (p. 656) according to the instruments they used to measure such constructs. However, these effects were negated when factors such as maternal depression, social support and family dysfunction were controlled for. This only emphasizes the need to take multiple factors into consideration before making assumptions about women’s abilities as parents based solely on the presence of domestic violence. Furthermore, Holden and Ritchie’s (1991) seminal study found no differences between battered and non-abused women on a variety of parenting variables such as physical affection and reasoning, although they did find that abused women used more physical aggression, a finding which would benefit from further exploration. Mothers were also found to have engaged in a variety of protective strategies with their children during violent episodes by physically separating children from the violence; calling on social supports for help when violence seemed imminent; developing and using various ‘safety signals’ with their children to warn them of potential violence; and actively engaging in strategies to contain their partner’s behaviour (Haight et al., 2007).

Furthermore, some research indicates that once women and children are no longer exposed to an abusive living environment, issues around parenting and behaviour issues decrease significantly (Holden, Geffner, & Jouriles, 1998; Lapierre, 2008).

Given the variety of studies in this area, the importance of context is clear in trying to determine whether or not women are fulfilling the role of the ‘good enough mother’ to be considered acting ‘in the best interests’ of their children. Often CPS workers do not have access to the kind of information that would provide an adequate, in depth analysis of the risk factors and coping mechanisms being utilized, a factor that greatly influences their determination of risk and subsequent interventions.

HISTORY: The Struggle to Understand and Repair the Past

"No one who traces the history of motherhood, of the home, of child-rearing practices will ever assume the eternal permanence of our own way of institutionalizing them."

Jessie Bernard

5 As quoted on www.womenshistory.about.com
Over the years, various theories have been explored to explain how a parent’s own trauma history can translate into poor parenting practices and subsequent negative child behaviour outcomes. Social learning theory (Bandura, 1977), for example, would hypothesize that certain behaviours, (such as being violent in relationships) are learned by social modeling, leading to intergenerational transmission of abuse. However, given that not all children who witness abuse become abusers later in life, additional theories need to be taken into consideration, for example trauma theory, when accounting for the repetition of these patterns of interrelatedness. Trauma theory (Herman, 1992) is necessary to conceptualize the impact of traumatic events on psychological as well as physical functioning to understand the realm of interpersonal relationship difficulties that are inherent in dysfunctional family systems. For example, repeated traumatic experiences set off a complex set of psychological reactions (in both adults and children) such as hyper-arousal, numbing of emotions, dissociation and anxiety, all of which have ramifications when experienced within an interpersonal relationship.

More recently, ecological theory, first conceptualized by Bronfenbrenner (1977) as a means for understanding human development in the context of the environment, has been utilized to explain parenting behaviour, child maltreatment and the issue of violence against women (Belsky, 1984, 1993; Heise, 1998; Little & Kaufman Kantor, 2002). This theory is shaped by four environmental systems that interact with the specific issue being explored: the micro system (individual), the meso system (family), the exo system (community) and the macro system (social structures). Building on Belsky’s (1984) ecological model of parenting, which included accounting for factors such as social supports, parental developmental history and the characteristics of the child as influencing parenting positively or negatively, Levendosky and Graham-Bermann (2000) proposed an addition to the model that considered the impact of domestic violence on maternal mental health as yet another mediating factor. Furthermore, although often discussed at length in the context of women’s experiences of violence (Bograd, 1999; Burman & Chantler, 2005; Crenshaw, 1994; Kasturirangan, Krishnan, & Riger, 2004), the concept of intersectionality and its impact on women’s experiences of mothering remains largely absent from the literature. This is critical in that women’s experiences of mothering may occur in the context of multiple oppressions in addition to gender, such as
race, class and sexual orientation, that influence the power differential in the response of social services (Alaggia & Maiter, 2006).

POWER: The Need to Take Gender into Account

“By pitting the interests of the child against the interests of mothers rather than seeing them as interdependent, decisions are often made that limit women’s capacity to mother and children’s opportunity to be mothered.” (Greaves et al., 2002, p. 101)

This conflicting evidence about the impact of abuse on women as mothers has left feminist researchers in a bind between the ethics of science and the potential of controversial research findings to devalue an ideological or political viewpoint (Buchbinder & Eisikovits, 2004). As Buchbinder and Eisikovits (2004) point out, “research on abused women’s motherhood inevitably raises such questions of competing values and loyalties” (p. 359). The potential to lose political ground in a socio-political struggle may be perceived as a serious threat to social change. The need to recognize how gender inequity influences these research findings has been one approach to pursuing a politically responsible research agenda.

The theory of Gender Entrapment (Richie, 1995) is useful for recognizing the inherent power imbalance present in women’s lives in relation to men – especially within the context of abusive relationships and women’s experiences of mothering. This theory holds that women become ‘entrapped’ in unhealthy relationships and behaviours based on their marginalization in society as women and doubly, as mothers. Gender entrapment is a useful idea because it

“allows us to look at not just the effects of violence (harm to health) and what violent men do to entrap women and how women respond, but also the broader social, cultural and political context influencing how women see themselves as mothers and their partners as fathers.” (Radford & Hester, 2006, p. 29)

In addition, the Theory of Intersectionality (Crenshaw, 1994), which maintains that individuals may experience multiple oppressions in their lives based on gender, race and class is useful in considering the range of oppressions that women experience. According to Bograd (1999), "we exist in social contexts created by the intersections of systems of
power (e.g., race, class, gender, and sexual orientation) and oppression (prejudice, class stratification, gender inequality, and heterosexist bias)” (p. 276). Within this frame, it may be useful to consider the social construction of motherhood and the concept of ‘good enough’ mothering as yet an additional form of gendered oppression placed on women that exposes them to a host of other societal intrusions. It is in this way that “power [is] exercised through categorization” (Crenshaw, 1994, p. 113) wherein women are often held to a higher standard of parenting than fathers.

POSSIBILITY: The Importance of the Voices of Mothers

“But see I would welcome it, I would say come and help me get this idiot to stop doing this, help me get out of this situation, help my kids have a healthy environment. That would be me because I am much more concerned about that. But on the other hand you have to remember too, a lot of women who are abused often abuse their kids. So there is the worry about CAS finding all of that out and you lose your children. You know there is a lot of issues there.” Abuse Survivor (Jenney et al., 2005, p. 26)

In keeping with the utility of the ‘Just Practice Framework,’ searching for solutions to problems is the only possibility for change. Unfortunately, without further exploration to provide a window on the role that these experiences of abuse play in the context of women’s mothering, it has been difficult to prescribe options that might alleviate potential problems and assist victims of violence and their children. The research cited to date continues to be fraught with methodological limitations that hinder our ability to develop appropriate means of intervention. Major limitations of the studies on domestic violence and mothering consist of the use of self-report measures (Levendosky & Graham-Bermann, 2000) and retrospective interviews (Hilton, 1992), which points to the need for multiple sources of information as necessary for future research (Holden & Richie, 1991). In addition, clinical populations, small samples and low participation rates made the results of some studies questionable (Haight et al., 2007). Furthermore, the overall context of women and children’s experiences is one potentially key missing factor that would help professionals better understand the issues and would inform effective interventions (Levendosky & Graham-Bermann, 2001). For example, something that is not taken into account enough is the fact that women who are mothering within the context of domestic violence have the additional burden of having to try to compensate for the destructive parenting actions on the part of the abuser (Levendosky et al., 2000).
In addition, some studies do not distinguish between women who are currently experiencing abuse and those who have experienced the abuse in the past (Krane & Davies, 2002). Some researchers have criticized the studies in this area as being centred on deficits so that in effect more is known about “these women’s depression than their happiness, more about their difficulties as parents than their competencies,” which in turn influences our interventions accordingly (Sullivan, Nguyen, Allen, Bybee, & Juras, 2000, p. 55). Onyskiw and Hayduk (2001) used the NLSCY data set, designed to examine the impact of physical aggression on families, to address many of the previously cited limitations, still finding that “intrafamily aggression does influence children’s adjustment, and the postulated mechanisms of observational learning/modeling and disrupted parenting both appear to be involved” (p. 382).

Finally, the ability to use current research to inform clinical work has been limited by the paucity of research examining the diversity of mother’s experiences of parenting within the context of domestic violence, and particularly how women’s perceptions of risk and vulnerability for themselves and their children influence decisions around safety planning. In addition, social workers need to account for their beliefs about ‘good enough’ mothering and recognize how this impacts their work with women (Krane & Davies, 2007). Part of this work entails “recognizing their own social locations in relation to mothering” while exploring women’s own experiences of mothering in order to assist workers in understanding “how maternal subjectivity is affected by women’s experiences of violence” (Krane & Davies, 2007, p. 36). By understanding this experience, it is more likely that social workers may provide options to alleviate potential problems and truly assist victims of violence and their children.

**Domestic Violence and Child Protection**

“The intersection of single motherhood and child neglect shows that policy toward child mistreatment cannot be separated from a gender analysis of how child-raising is done. There has been a tendency in the recent decades of family-violence scholarship to assume that marital violence requires a gender analysis while mistreatment of children does not. That is not the case.”

(Gordon, 1988, p. 114)
MEANING: Defining Domestic Violence as a Child Protection Issue

"Putting your children first means co-operating"  
(Scourfield, 2001, p. 82)

Feminist post-structuralism maintains its analytical focus on women’s subjectivity and experiences (Weedon, 1997) and will be the lens through which the social discourse that defines domestic violence, mothering and state intervention will now be examined. Flowing from this theoretical perspective is an explicit emphasis on the concept of maternalism (the role of women in shaping social services for women) in understanding the current practices within child protection (Abrams & Curran, 2004). This theoretical framework maintains that a dominant discourse about what is considered appropriate ‘mothering’ is used to design and implement services for women and children, and that this discourse may be far removed from the experiences (and voices) of the very women these interventions are designed to serve (Curran, 2005; Koven & Michel, 1993).

Although CPS has a long history of working with families in which domestic violence is an issue, until recently this focus was not considered a child protection issue (Gordon, 1988). Currently, the debate around domestic violence and CPS involvement is a semantic one based on whether one considers children’s exposure to domestic violence as an individual form of maltreatment versus the presence of domestic violence as a risk factor for potential child maltreatment. In other words, now CPS delivery includes recognizing the need to address violence against the caregiver in addition to any concerns about children (Kohl, Barth, Hazen, & Landsverk, 2005). Recent research has determined that the child protection system response is largely contingent on whether or not the domestic violence occurs in isolation or with another form of child maltreatment (Black, Trocmé, Fallon, & MacLaurin, 2008). In this way, the context is extremely important for the determination of meaning and subsequent risk.

CONTEXT: Child Protection Legislation with Respect to Domestic Violence

“Child protection is constituted as a form of manufactured uncertainty.”  
(Ferguson, 1997, p. 225)
Since changes have been made to child protection legislation regarding domestic violence over the past ten years in Canada, a number of issues have arisen. On the positive side, legislation has sensitized workers to the issues, resulting in enhanced services for families, opportunities for increased community agency collaborations, and a clear message sent to the public that society does not condone domestic violence (Nixon, Tutty, Weaver-Dunlop, & Walsh, 2007). Consequently, however, abused mothers continue to be held solely accountable for violence that they cannot control, and risks to women and children are increased if intervention is inappropriate and has not taken relevant safety issues into consideration (Nixon et al., 2007). Strega (2006) points out the irony that, at the same time that exposure to domestic violence investigations are increasing, support services for women are decreasing (citing OAITH, 2003), creating an unbalanced and unsustainable system where issues are identified at a rate that exceeds the capacity to address them. She maintains that this shift in child protection ideology and policies risks maintaining and even increasing violence against women, claiming individual harms against women and children and “collective harms from the overt failure to hold abusers accountable” (p. 238). Similar struggles have been reported in the United States and the United Kingdom (Edleson et al., 2006; Rivett & Kelly, 2006).

There is much debate between CPS and violence against women advocates concerning the development of appropriate strategies for addressing this problem framed in concerns that women are now being investigated by child protective services in a way that differs from other issues of maltreatment (Beeman, Hagemeister, & Edleson, 2001; Jenney et al., 2005). For example, a comparison can be drawn in relation to the issues of child sexual abuse that emerged in the 1980’s, including:

"conflicting juvenile dependency and criminal court orders, issues involving credibility, evidence, and retraction, and divergent opinions about out-of-home placement. Obstacles to holding offenders accountable and theories of mother blaming often obscured a more thorough examination of the dynamics of child sexual abuse. After years of struggle, the mandated systems [police, courts, child protection] began to understand that through collaboration, they achieved more than they did individually and sequentially.”” (Friend, 2000b, p. 310)
The varied responses have resulted in a confluence of issues that include increases in domestic violence-related reports to child protection -- and the corresponding increase in work load that this entails -- and conflicts within and between sectors about how to develop a coherent response that adequately addresses a complex issue without creating unintended consequences that lead to further, not fewer, problems for child and maternal health and wellbeing (Alaggia et al., 2007; Beeman & Edleson, 2000; Beeman, Hagemeister, & Edleson, 1999; Beeman et al., 2001; Jaffe, Crooks, & Wolfe, 2003).

**HISTORY: Child-Saving, Maternalism and Social Work Practice**

“When child saving emerged in the late nineteenth century, it conceptualized both parents and children as humanist subjects who could be shaped into proper parents and proper adults. In the widely used gardening metaphors, they were often compared to plants to be straightened, trained, fertilized, and placed in proper soil.”

(Chen, 2005, p. 12)

It is useful to consider the origins of the child protection system when considering the current approach to intervention with abused women. Certainly, domestic violence is not a new construct, with the earliest records of ‘child-saving’ in the 1900s containing multiple references to the abuse of women and children (Gordon, 1988). Most important for this analysis is that the origins of social work were not driven by science per se but rather by social workers’ experience and knowledge of themselves as women and as mothers – the maternalism construct – which guided the “ideologies, practices and State building strategies employed by groups of late 19th and early 20th century female social reformers,” the work of whom significantly overlapped with social work (Abrams & Curran, 2004, p.434). It is argued “that middle-class white women drew on various beliefs concerning women's identities as mothers and caregivers to shape the course of welfare state development, to inform their direct interventions with women and children, and to justify their entrance into the public reform sphere” (Abrams & Curran, 2004, p.435). It is in this way that women began to take leadership in the social work field, particularly in child protection and other family casework (Abrams & Curran, 2004), which reinforced the traditional view of women as caregivers. Although maternalism is referred to as a historical construct, it is useful to think about what has remained in terms of the dominant discourse in child protection practice. Currently, women continue to
dominate the profession and rely on dominant discourses of mothering, motherhood and child-centred belief systems to intervene mostly with women (Callahan, 1993; Scourfield, 2003).

Ontario is currently one of six Canadian provinces where exposure to domestic violence is included in the formal risk assessment process used by social workers, the results of which can become grounds for child protection intervention (Strega, 2006). However, variation in legislation across the country proves to be an inherent problem with a system that is struggling with the need for universal definitions and divergent means of intervention. In Canada, child protection is a provincial responsibility with little or no federal tradition of intervention (Macintyre, 1993), resulting in the existence of 13 different child protection systems and a lack of unifying policies, language and protocols across the country. Even within provinces, systems struggle with differences in interpretations of the legislation (Alaggia et al., 2007). The mere existence of such legislation gives the impression that there has been an official ruling on framing the issue of domestic violence as maltreatment, which may contribute to the observed increase in reporting by a number of sectors (e.g. police, social services and healthcare) who have translated this legislation into internal policies of child protection reporting practices (Trocmé et al., 2005).

POWER: Considering the Power Differential

“The threat of coercion is always present.” (Fleck-Henderson, 2000, p. 337)

Despite the best intentions of CPS workers, the reality of the power imbalance between worker and client is palpable. Child protection is “vested with public authority: the power to investigate reports of abuse and neglect [and] the power to remove children from their homes” (Waldfogel, 1998, p. 104). In fact, as Fleck-Henderson (2000) says, “the CPS worker who strives to be empowering to a victim of domestic violence is implicitly in a paradoxical position” (p. 337). It is understood that domestic violence cases can often strain workers’ resources and even put them at risk from a problematic abuser (Aron & Olson, 1997). Furthermore, unlike advocacy services (like shelters for abused women and other community agencies), many abused women are involved with
CPS on an involuntary basis as the result of external pressure (such as police report) (Aron & Olson, 1997). The impetus behind these changes in child protection practice and the power of the state to intervene in domestic violence cases is the concern that children’s exposure to domestic violence may be a form of child maltreatment.

Numerous variables in the research, both methodological and theoretical, contribute to the difficulty of providing a definitive statement on whether children’s exposure to domestic violence is harmful enough to children to warrant the involvement of child protection. Within the literature there are three main areas of inquiry when considering whether or not exposure to domestic violence should be considered child maltreatment: 1) the impact of domestic violence on parenting; 2) the impact of children’s exposure to domestic violence; and 3) the co-occurrence of exposure to domestic violence and other forms of child maltreatment. One of the inherent difficulties in determining how domestic violence and child maltreatment are connected is the range of definitions, as well as several avenues of exploration in terms of the risks to children in these households (Black et al., 2008; Egeland, Jacobvitz, & Sroufe, 1988). As this is the issue that provides CPS with the power to intervene with women and children experiencing domestic violence, this literature is worth exploring further.

According to a number of studies, exposure to domestic violence in childhood, if not addressed early, can lead to a number of problematic psychological issues and behaviours, such as anxiety and aggression (Edleson, 1999a; Graham-Bermann, 1998; Holt et al., 2008; Jaffé et al., 1990) that continue into adulthood. For example, children exposed to family violence have an increased chance of being abused/or being abusive as adults, compared to their non-exposed peers (Jaffé et al., 1990; Wolfe et al., 2003). This concern is often referred to as intergenerational transmission, which involves individuals repeating behaviours that were learned from earlier role models, such as caregivers (Egeland et al., 1988). In considering the long-term impacts of witnessing domestic violence, several meta-analyses conducted over the past decade (Evans, Davies, & DiLillo, 2008; Holt et al., 2008; Kitzmann, Gaylord, Holt, & Kenny, 2003; Onyskiw, 2003; Wolfe et al., 2003) are in agreement over the finding that domestic violence has a negative effect on children and that children exposed to violence do experience more
difficulties than their peers. These findings also support Edleson’s (1999a) earlier review of 31 studies, which found that children exposed to violence consistently exhibited a range of behavioural and emotional problems when compared to their peers. In addition, these children had less secure attachments with caregivers, resulting in more difficulties with affect regulation (Das Eiden, 1999; Edleson, 1999b). Other researchers have suggested that children exposed to violence in their families have poorer health and experience more health problems compared to non-exposed children (Onyskiw, 2002). More recently, Holt and colleagues (2008) conducted an extensive literature review which confirmed the above findings and also suggested that these same children were at an increased risk of experiencing further adversities in their lives.

Some support was found for the theory that children exposed to domestic violence are more likely to commit violence after witnessing violence in their homes, in line with social learning theorists’ assertions that exposure to domestic violence in childhood may be transmitted to the next generation, thus continuing the cycle of violence through conditioning a new generation of abusers and victims (Cummings, 1998; McGee, 2000). Some, however, contend that such beliefs about intergenerational transmission have been based on data with methodological limitations (such as multiple construct definitions and lack of proven sequela), and that the evidence for intergenerational transmission should be viewed with caution (Newcomb & Locke, 2001). The impact of children’s exposure to violence manifests differently, depending on the child’s stage of emotional and cognitive development. For example, younger children may be considered at additional risk, given their proximity to the violence (younger children are more likely to be with the caregiver) and lack of developmental capacity to regulate feelings and cognitively process environmental information. Thus they are more dependent on cues from their parents to interpret the meaning of events (Rossman, Hughes, & Rosenberg, 2000). This has implications for concerns about the impact of domestic violence on parents and their capacity to respond to children’s emotional needs after such an event. Finally, others have found that, despite the risk factors, some children emerge relatively unscathed from homes in which violence between caregivers is a regular occurrence (Jaffe et al., 1990; Martinez-Torteya, Bogat, von Eye, & Levendosky, 2009). Again, a number of limitations remain to the current EDV literature. The evidence therefore suggests that
there is no simple, linear pathway between exposure to violence and negative social outcomes, but rather a more complex one in which there are many points for departure (i.e., protection and intervention) along the way. One of the areas for consideration is how a caregiver who is dealing with the experience of abuse may be impacted in terms of parenting ability, which is why the research that connects domestic violence with parenting outcomes is particularly important to consider.

The pervasive stress created within the context of a violent relationship increases the risk of attachment problems, harsh or abusive parenting, and overly permissive or neglectful parenting styles, all of which can ultimately impact the well-being of the child (Levendosky & Graham-Bermann, 2000; Levendosky et al., 2000; McGuigan, Vuchinich, & Pratt, 2000; Zeanah et al., 1999). McGuigan et al. (2000) found that when domestic violence is present in the first year of a child’s life, parents develop significantly more negative views of their children, which is particularly concerning given the evidence that parents who are involved in violent relationships are also at risk of maltreating their children (as determined by research showing a correlation between the two) (Edleson, 1999b; Osofsky, 2003; Tajima, 2001). Parenting under the adverse circumstance of domestic violence can lead to varied outcomes within the domain of parent-child relationships. For example, Banyard, Williams, and Siegel (2003) found that “higher rates of trauma exposure were related to decreased parenting satisfaction, reports of child neglect, use of physical punishment, and a history of protective service reports” (p. 334). In considering domestic violence as a form of trauma, studies have indicated that families experiencing domestic violence have higher rates of “maternal parenting stress” than non-violent families (Levendosky & Graham-Bermann, 2000, p. 27). This is particularly concerning given some evidence that interventions designed to prevent child abuse and neglect are less successful with mothers who are experiencing domestic violence (Eckenrode et al., 2000). A limitation of this research continues to be the predominant focus on the impact of domestic violence on women’s abilities as mothers, with little focus on fathers or dyads.

To date, a number of studies have found that child maltreatment and woman abuse do in fact occur in the same families, but the limitations of these studies do not allow
generalizations that would prove that there is a causal relationship; rather, the literature points to the need to look more closely at the multiple factors and characteristics that contribute to this overlap (Appel & Holden, 1998; Tajima, 2001; Wekerle, Wall, Leung, & Trocmé, 2007). Of those that identified the heightened risk of abuse for children in woman abusing families, many found that interventions designed to assist women in managing the stress of the abusive partner should be a focus of attention (Casanueva & Martin, 2007; McGuigan & Pratt, 2001). Of particular interest was the finding that despite child protection workers’ recognition that children were at greater risk in homes where both woman abuse and child abuse or neglect were occurring, they were no more likely to open those cases for ongoing services (Antle et al., 2007). Clearly this is an area that requires further exploration. Finally, none of the studies cited above contained any information about “the presence and behavior of male figures in the household,” which is another missing context that makes this literature inconclusive in many respects (Kelleher et al., 2008, p. 817).

POSSIBILITY: Variations in System Responses

“Risk can be best understood in terms of plural social constructions of meaning which are culturally framed.” (Houston & Griffiths, 2000, p. 2)

Within the context of risk, the methodological challenge is bisecting the relationship between correlation within the data and the way these inferences are applied to theories of causation. Although promising as a starting point, studies on the impact of child exposure are hampered by limitations in research methodology, such as study populations being drawn from problematic samples (e.g. women and children living in shelters or drawn from police reports); a lack of adequate comparison groups and the inability to match demographics and screen for the presence of co-occurring issues (such as child abuse) or account for context and duration of abuse (Appel & Holden, 1998; Black et al., 2008; Edleson et al., 2006; Hartley, 2004; Holden & Richie, 1991); or a reliance on self-report measures without adequate use of collatersals (Alaggia et al., 2007) and problems with measuring rates of prevalence and incidence for particular referent periods (Appel & Holden, 1998). Furthermore, a methodological framework that would clarify what exactly is being measured is missing, which reflects the lack of consistency in definitions.
of domestic violence, exposure, child abuse and its sequelae throughout this field of inquiry (Appel & Holden, 1998; Black et al., 2008). It is therefore not surprising that this lack of uniformity has led to discrepancies that, in turn, impede the various systems’ responses (built on the assumptions of uniformity) to the issue. Furthermore, most of the available research continues to ignore larger macro system factors (such as neighbourhood, including segregation and other forms of racial and cultural oppression) that could provide an additional means of understanding the issues involved and better inform policies and potential interventions (Tajima, 2001).

To add to the complexity of the matter, various sectors and systems define and respond differently according to their interpretations of the legislation on the issue of children’s exposure to domestic violence (Alaggia et al., 2007). Consistent with other systems issues (Edleson et al., 2006), there are problems associated with funding models within this sector, lack of communication, and the absence of an adequate gendered analysis of the issues that maintain a focus on women without holding perpetrators accountable. Without an expansion beyond this narrow interpretation, the likelihood of developing more supportive systems as opposed to more refined, individual-focused policies is remote.

However, Differential Response has recently been introduced as one of the most promising approaches to the complexity of domestic violence cases in child protection (Child Welfare Transformation 2005: A strategic plan for a flexible, sustainable and outcome oriented service delivery model, 2005). Differential Response involves customizing the service approach for each family on the basis of their unique needs. In particular, this approach embraces more community-based interventions, which emphasize both new and existing informal support systems for families (Waldfogel, 2008). Although still in its infancy in terms of evaluation, the ideology of customizing intervention to specific family needs seems to be a step in the right direction. The main framework for this model, however, relies on the ability to classify cases appropriately into relevant categories of risk and to determine the resulting interventions accordingly (Trocmé, Knoke, & Roy, 2003; Waldfogel, 1998, 2008). Such interventions may involve referring low risk families to community-based services or informal support networks,
instead of intensive clinical interventions. Preliminary research in this area is finding that the majority of domestic violence cases reported to authorities are not subjected to full investigation and are more likely to be referred to community-based services (Black et al., 2008). However, the success of this approach is dependent on the availability of effective community resources at the outset (Trocmé et al., 2003), not to mention the importance of being able to determine accurately a category of risk for each family (Waldfogel, 2008). As a result, the practice of risk assessment has become the focus of child protection work in general, but is particularly salient in cases of domestic violence.

Risk Assessment and Safety Planning:

"It is true that the legislated goal of child protection is child safety, but how this safety is achieved if the child's primary caregiver herself is unsafe has always been puzzling to me. It is also puzzling how the mother's safety can be assured if the person perpetrating violence against her and/or her children is so often left untouched by our interventions.”

(Edleson, 1998, p. 294)

MEANING: The Politics of Risk

“One of the most important features of social work - the social handling of risk - is also one of the least well understood.”

(Webb, 2006, p. 5)

Nowhere is the discourse of risk assessment and safety planning more evident than in child protection practices with families where domestic violence has occurred. What many of the approaches have in common is the desire to manage risk within the context of the safety of women and children. However, there are a number of difficulties with the assessment of risk, both for the professionals involved and the women whose lives such a categorization will impact. The risk literature has been plagued with a number of issues that make a thorough examination difficult, not the least of which has been the lack of clarity around the meaning of risk assessment. And certainly these definitions differ depending on the type of risk being assessed and the population they are designed to serve (for example, insurance risks differ from health risks which also differ from child protection risks).

There is also considerable debate in the traditional risk assessment literature about the origins of our human capacity to assess risk, for example whether or not cognition trumps
emotion or vice versa (Loewenstein, Weber, Hsee, & Welch, 2001; Slovic, 1999, 2000; Slovic, Finucane, Peters, & MacGregor, 2004). Still others would maintain that this debate can not be solved outside the context in which the risk is assessed (under duress or time constraints for example) and that all risk is dealt with in three main ways: 1) risk as feelings (our quick intuitive reactions to danger); 2) risk as analysis (logic and scientific deliberation – like an actuarial risk assessment); and 3) risk as politics (when mainstream or personal instincts and science clash, values and motivations become suspect) (Slovic et al., 2004, p.311). Examples of this can be found in how individuals conceptualize the risks to themselves from the presence of institutionally approved safety concerns (e.g. nuclear power, the use of pesticides). Finally, much of the research that has been conducted on risk assessment has been done with samples that make generalization difficult, if not impossible for particular sectors. In looking at how individuals conceptualize risk to themselves and others, much of the literature has utilized samples from the general public, and in some cases has targeted individuals with specific expertise (e.g. toxicologists, psychologists/psychiatrists) to look at specific perceptions of risks (pesticide use, early parole programs). These studies have not involved a clinical sample of the kind that might overwhelmingly be found in child protection caseloads, and in particular have not accounted for potential differences in the perceptions of risk for individuals with a known trauma history. Although there is a well-developed field of risk assessment in the domestic violence sector, it has largely been focused on lethality issues for offenders and is still considered in the early stages of scientific development (Kropp, 2008). This is just one of the reasons that risk assessment with domestic violence cases is a particularly difficult area in child protection.

There are similar difficulties in risk assessment inherent in the child protection context both at the level of definition, instrumentation and implementation, as well as individual worker reliability (Rycus & Hughes, 2003; Shlonsky & Friend, 2007; Shlonsky & Wagner, 2005). For example, individual differences amongst workers in terms of how they make decisions and the kind of information that they feel is most salient contribute to a variety of confirmation biases that continue to make actuarial models superior to clinical ‘gut instincts’ (Gambrill & Shlonsky, 2000). Although feminists have long focused on safety planning, Radford and Gill (2006) believe that “risk assessment can
direct professionals to consider the complexity of women's experiences of domestic violence when making decisions about how best to intervene” (p.379), opening up the possibility of providing assistance that goes beyond focusing solely on risk.

Critics of the child protection risk assessment approach, however, point to the focus on ‘transforming mothers’ by inspiring them to be protective rather than addressing the context of the domestic violence as being a risk that is beyond their control (Davies & Krane, 2006). This type of analysis looks at the macro level issues associated with “risk management” with the knowledge that “measuring risk and assigning cases to particular risk categories extracts families from the social and political context in which they live” (Strega, 2006, p. 239). For example, one of the issues that reflects a higher degree of risk is the maintenance of the relationship between the woman and her abuser, with much of the rhetoric in the domestic violence field focused on working with women to end relationships with abusive partners. This focus on leaving as a means of managing risk ignores the reality that leaving may actually increase the risk to the family (such as poverty and homelessness) and also increase the potential for femicide or further violence (Bell, Goodman, & Dutton, 2007; Hoyle, 2008; Humphreys & Thiara, 2003; Strega, 2006). Women may then find themselves in the ‘double-bind of child protection intervention’ of being told to limit contact with abusers, while being punished by the family court system as contributing to “parental alienation syndrome,” a term used to describe one parent actively (and maliciously) working to alienate the child/ren from the other parent (Gardner, 1992 as cited in Strega, 2006).

Women who remain in abusive relationships are often considered to be ‘failing to protect’ their children, yet paradoxically it is the woman’s desire to be a good mother that accounts for a third of women staying in, and more than half of women leaving, abusive relationships, indicating a conflict between our society’s values and goals (Hilton, 1992). It has been postulated that some women feel that staying with an abusive partner allows them to be more protective, rather than engendering further risk to the child from unsupervised access that may be granted during separation (Walker, 1992 as cited in Strega, 2006; Varcoe & Irwin, 2004). This perspective highlights how our current models of intervention continue to ignore two important pieces of domestic violence work:
perpetrator accountability and the belief in women’s abilities to accurately perceive and act on the risks to themselves and their children. This is supported by research that has illustrated how responses by child protective services within the context of lack of community support and programming are not helpful and that policies that render the state impotent run the risk of traumatizing families further and should be avoided (Edleson, 2006).

**CONTEXT: Risk Assessment and Safety Planning in Domestic Violence Cases:**

“Safety is not simple. Minimally it entails being free of violence and coercion. But safety goes well beyond and includes the ability to negotiate life's daily challenges without having decisions intruded upon and contravened by a controlling partner.”

(Hart, 1998, p. 5)

The emphasis on the calculation of risk and subsequent safety planning as the foundation of intervention has long been the focus of child protection services (Davies & Krane, 2006; Haight et al., 2007; Hazen et al., 2006; Houston & Griffiths, 2000; Humphreys, 2007; Krane & Davies, 2000; Waugh & Bonner, 2002). In fact, in the Ontario Practice Guide for Addressing Domestic Violence in Child protection (Ontario Practice Guide for Addressing Domestic Violence in a Child Welfare Context with a Focus on Woman Abuse, June 2007) the first four guiding principles involve addressing safety as a priority. However, what remains absent is an explicit statement about how ‘safety’ is defined or determined by workers – and whether or not women’s perspectives of risk and vulnerability in this regard are taken into account. This coincides with research with child protection workers that indicates that, of the 60% who engaged in safety planning, many had limited understanding of the dynamics of domestic violence and may not have engaged in effective or even appropriate safety planning when conducting it (Jones & Gross, 2000). One example of this disconnect is in the process of ‘counseling parents to protect’ without taking into account whether or not a woman has the necessary resources at her disposal to protect herself and her children in the first place (Jones & Gross, 2000, p. 364). Additionally, traditional safety planning practices have not acknowledged the context for mothers of parenting after separation (such as managing access, and heightened risks of abuse) (Hardesty & Campbell, 2004; Harrison, 2008).
Of further importance, research has found that views held by social workers about what causes and constitutes abuse determine the focus of intervention with women (Jones & Gross, 2000) and that often this focus is on women’s perceived deficits (contributing to abuse, choosing abusive partners)(Whitney & Davis, 1999). It is apparent that the social construction of the ‘appropriate victim’ is present and active in the child protection field and that when this informs the intervention approach, there is a risk that women’s experiences need to fit into institutional categories. These experiences are not unique to child protection workers; however, studies with shelter workers found that women who complied with the dominant discourse (those who were more likely to leave the abusive relationship) were viewed more positively and were likely to get the most help compared to those who remained with their abusive partners (O'Brien & Murdock, 1993).

Other research that examined both workers and young mothers’ shared goal of ‘breaking the cycle’ found that, although the goal was shared, the definition of the concept at the outset differed so much as to create significant barriers for their work together (Rutman, Strega, Callahan, & Dominelli, 2002). These findings complement those of another study that highlighted discrepancies between workers’ and mothers’ views about what constituted social support as well as appropriate safety plans (Shim & Haight, 2005). This finding suggests a need to examine the differences in how women and workers conceptualize risk and safety, in conjunction with developing strategies for addressing the risk.

In order to truly take context into account, Jaaber and DasGupta (2003) argue that “effective risk assessment must take into account the diverse social factors of a battered woman's life that impacts her choices and decisions” (p.12), including her experiences of the abuse, factors they refer to as ‘social risks.’ These social risks include both internal and external forces at work (such as family and cultural values) and can be broken down into three categories: 1) immediate personal risks (such as emotional and financial loss); 2) institutional risks (such as involvement by police or child protection); and cultural risks (such as issues involving race, class, religion) (Jaaber & Dasgupta, 2003).
It is remarkable, given the levels of use, that so little is known about the efficacy of safety planning, with only one real landmark study that has examined this issue with abused women in an attempt to provide a contextual analysis of the process (Goodkind et al., 2004). Goodkind et al (2004) found that, contrary to dominant assumptions, abused women were not passive in their experiences of the abuse and actively engaged in a variety of protective strategies for themselves and their children. It is perhaps not surprising that this study found no universally effective strategies and cautioned that what may reduce the risk for one woman may in fact increase the risk for another; ultimately, the context of each situation was critical (Goodkind et al, 2004). Two critical findings came out of this study in terms of future social work practice: 1) women who engaged in the most safety planning often still remained at highest risk due to characteristics of their abusers; and 2) women’s emotional well-being was directly related to how much they had to compensate for safety planning (the more a woman had to restrict her personal autonomy to stay safe, the more likely she was to experience depression) (Goodkind et al., 2004). This coincides with research showing that a woman’s appraisal of her own vulnerability and resulting powerlessness have a negative impact on her mental and physical well-being (such as depression and illness) and consequently on her capacity to protect herself and actively plan for safety (Nurius et al., 2003).

Overwhelmingly, the majority of research has found that abused women’s subjective perceptions of risk to themselves and their children are the most predictive of their chances of being re-assaulted (Campbell, 2004; Heckert & Gondolf, 2004; Weisz, Tolman, & Saunders, 2000). It is thought that women may have knowledge of immeasurable factors or may be particularly attuned to their partner’s patterns and behaviours (Campbell, 2004; Hart, 1998; Weisz et al., 2000) and that in such cases, this ‘intuition’ could prove invaluable (De Becker, 1997). However, when it came to lethality, many women underestimated their partner’s potential to kill them, quite possibly as a defensive, survival mechanism in itself (Campbell, 2004). Still others have found that victims of intimate partner violence may exhibit deficits in risk recognition ability in dating violence situations (Witte & Kendra, 2010). It has also been posited that “victim assessments are unidirectional in accuracy – that is, victims may be better at predicting when they are in danger than predicting when they are safe” (Kropp, 2004, p. 685). The
highest reliability came from combining results from actuarial risk assessments with women’s subjective perceptions, although most would recommend erring on the side of a woman’s experiences if she rates herself at higher risk than the objective measure (De Becker, 1997; Heckert & Gondolf, 2004; Shlonsky & Friend, 2007). More concerning is research that has indicated that when it comes to safety planning, some CPS workers viewed including the mother in intervention and safety planning “as either irrelevant or idealistic” (Whitney & Davis, 1999, p. 159). For child protection practitioners, this evidence invokes a need to collaborate with women in a way that builds trust so that a woman may feel safe enough to provide her complete analysis of the situation and not withhold information out of fear that being completely truthful may put her at higher risk via child protection authorities than from her abuser (Davies et al., 1998).

HISTORY: Social Work in a Risk Society

"you know risk is, I guess [is] one of those things that you can never consider enough."

(Social worker, quoted in Stanley, 2007, p.173)

According to Stanley (2007), risk has been an issue in the child protection field for the past 30 years and can be characterized by three distinct periods: 1) 1970’s was a period that focused on determining which children were at risk, and what/whom posed those risks; 2) followed by the 1980s and 1990s which saw a surge in the development of risk assessment tools and risk management rhetoric; 3) and more recently, a period of what he terms risk as ‘legitimacy’ wherein discourses of risk are used to “legitimize assessment decisions” and actions toward specific children and families (Stanley, 2007, p. 166). Other researchers have suggested that a fourth dimension has emerged, that of the social worker ‘as risk’ themselves in the context of protection of clients (McLaughlin, 2008; van den Hoven & Manders-Huits, 2008).

Slovic (1999) posits that “human beings have invented the concept of risk to help them understand and cope with the dangers and uncertainties of life” (p.690) and that subjectivity permeates any assessment of risk at every step along the way. He reminds us of the ‘experiential system of evolution’, wherein humans made decisions about life and death situations using only intuition and instinct (and probably some memory). He contrasts this to today and claims that with the increased control that humans have over
their lives they became more dedicated to finding ways of predicting their well-being, which is how logic historically overcame emotion in the realm of risk assessment (Slovic et al., 2004). Regardless, these “affective reactions to stimuli are often the very first reactions, occurring automatically and subsequently guiding information processing and judgment [thus] helping us navigate quickly and efficiently through a complex, uncertain, and sometimes dangerous world” (Slovic et al., 2004, p. 313). But emotions alone do not guide our actions; they work alongside our cognitions in what Finucane et al, (2003, as cited in Slovic et al., 2004) referred to as “"the dance of affect and reason" (p.314). This ‘affect heuristic’ is exactly what makes the assessment of risk such a complex matter, since the context of the situation as well as the persons involved interact in unique ways, a process that makes child protection work with domestic violence cases particularly complicated.

POWER: Risk is Gendered

“The negotiation of danger is in many ways the negotiation of power.”

(Mehta & Bondi, 1999, p. 79)

In the same way that abused women must consider power as it implies danger to them, social workers need to consider their use of power in purporting to make these same women safe. Although practitioners are well versed in the language of the oppression that their clients face, they are often not as aware of the ways they “impose their own ways of constructing reality” onto women (Peled, Eisikovits, Enosh, & Winstok, 2000, p. 21). For example, CPS workers’ actions in domestic violence cases have been found to be largely contingent on women being viewed as taking appropriate protective actions (e.g. leaving the abuser/limiting access to children) (Landsman & Hartley, 2007). In another example, women who were seen to ‘move frequently’ were judged as interfering with their child’s need for stability and consistency, without taking into account the frequent moves as a method of protection in the context of stalking or harassment from an abusive partner (Krane & Davies, 2000). It is in this way that the practice of risk assessment is particularly fraught with nuanced acts of power and control. The systems designed to improve our ability to protect children and determine appropriate case management strategies pertaining to risk are the same systems (within organizations) that
“may foster and reproduce often concealed relations of gender, race, and class” (Krane & Davies, 2000, p.35). Furthermore, the issue of intersectionality is also present in the context of risk assessment and safety planning as women’s social context, such as poverty, accessibility and social isolation, “increases women’s vulnerability to abuse, duration of abuse experience, and complexity of addressing abuse” (Powers et al., 2009, p. 1041).

Finally, an analysis of this power differential is incomplete without considering the reality that CPS intervenes largely with mothers and that abusive men continue to be invisible within the system (Strega, 2006). That said, it is also fitting to consider this gender analysis when accounting for the lack of involvement with abusive men as a function of the majority of CPS workers being female (70-80%) and also struggling with their position with men in society (Callahan, 1993; Fallon, MacLaurin, Trocmé, & Felstiner, 2003). In a similar vein it is interesting to note that women rate risks higher and see them as more problematic than do men, possibly because of gender, in that women are socialized to be hypervigilant around safety and caregiving in the context of motherhood, in addition to the reality that women are also more vulnerable to physical and sexual acts of violence (Slovic, 1999). As Slovic (1999) states, “the problem of risk conflict and controversy goes beyond science - it is deeply rooted in the social and political fabric of our society” (p.693). It is from there that social work must strive to make its mark.

POSSIBILITY: The Challenge for Social Work Practice

“Following the thinking of modernity, classes and programs call on a belief in rational approaches to problem solving: if we can just learn the right things, life will be better and safer...The educational approach individualizes problems and the required solutions to them, charges clients with the responsibility to help themselves through solutions that continually monitor their efforts and extend social control over them, while at the same time covering over the systemic issues that provide the context for the situations in which they find themselves in the first place.” (Swift & Callahan, 2009, p. 222)

By paying attention to the ways in which social workers have power over women in these situations, there is an opportunity to “derive a broader context for emancipatory practice, rather than a more one-dimensional vision of struggle against, and resistance to, the
imposition of oppressive power” (Tew, 2006, p.48). Kropp (2004) maintains that in order for risk assessment to be truly justified, or effective, it must be “remembered that there is no such thing as no risk in the context of spousal violence” (p.677). Even more important to this process is that the process of risk assessment,

“not be used to marginalize or minimize the concerns of those victims believed to be at lower risk: all spousal assailters are dangerous to some degree, and risk assessment does not allow us to rule out danger. Rather, it can inform us regarding the nature, form, and a degree of the danger.” (Kropp, 2004, p. 677)

In order to ascertain this degree of danger, collaboration with women is essential. This concern about risk assessments as ‘instruments of abuse,’ and the need to involve families in the process has been raised by other researchers as well (c.f. Goddard, Saunders, Stanley, & Tucci, 1999). The ideology behind creating such context-specific services to meet family needs is a strategy that combines the perspectives of both women and CPS workers in a meaning-making manner; exactly how the voices of women will be used to this end has yet to be determined. In particular, how subjective perceptions of risk and safety planning differ between mothers and child protection workers, and how this difference is operationalized in child protection interventions is critical in determining service outcomes. This consideration was the impetus for this study.
Chapter 3: Method and Design

“It does not help so much to say that if you count different things you will get different answers, for what you count depends upon your theory about what you are counting.”

(Hacking, 1999, p. 393)

Method

“...an approach which concerns itself with the meanings, definitions, and interpretations which are made by the subjects of the study has greater potential for depicting their world and priorities more accurately than methods which begin by preconceiving that world and its meaning”

(Mullens & Reynolds, 1982, p. 80 as cited in Basch 1987, p. 436)

Grounded Theory Methodology (GTM) is a particularly complementary method to the epistemological basis of the research questions, which focus on the interaction between worker and client experiences in determining case formulations in the area of risk and safety and are rooted in Constructionism and Symbolic Interactionism. The strength of grounded theory as an approach to this data is rooted in the ability to examine the “interactive nature of events” (Strauss & Corbin, 1990, p. 159). According to Wuest (1995), “grounded theory is a method of uncovering the basic social and structural processes of the situation at both the symbolic and interactional levels,” making it ideal for the current study (p. 127). According to Strauss and Corbin (1990), “grounded theory is an action/interaction oriented method of theory building” which is “directed at managing, handling, carrying out and responding to a phenomenon as it exists in context or under a specific set of perceived conditions” (p. 104).

GTM has evolved in recent years and Charmaz (2000) has differentiated two forms of grounded theory: objectivist and constructivist. She argues that objectivist grounded theory (c.f. Glaser & Strauss, 1967) follows the tradition of positivism and assumes a shared truth between researchers and participants that can be generalized. She maintains that these positivist leanings compromise the potential to address symbolic interaction between researcher and participants, and proffers Constructivist Grounded Theory as an evolution of the method to account for the social construction of experience (Charmaz, 2000). As a self-proclaimed Constructivist, Charmaz (2006) maintains that, “interpretive theory calls for the imaginative understanding of the studied phenomena. This type of
theory assumes emergent, multiple realities; indeterminacy; facts and values as linked; truth as provisional; and social life as processual” (p. 126). In addition, aspects of Grounded Theory complement feminist research principles about participant expertise, the value of subjective experience and “the contextual and relational context of knowledge” (Wuest, 1995, p. 128). Despite the evolution of GTM, many of its core components, such as coding, constant comparison and the use of memos remain unchanged. Charmaz (2000) breaks down the steps in Grounded Theory to include “a) simultaneous collection and analysis of data b) two step coding process c) comparative methods d) memo writing aimed at the construction of conceptual analyses e) sampling to refine the researchers’ emerging theoretical ideas and f) integration of the theoretical framework” (p. 510-511).

This study adhered to the principles of a Constructionist GTM (Charmaz, 2000, 2006, 2008) approach and has further added the complementary tool of Situational Analysis (Clarke, 2005a) as a means of deepening the analysis within a particular context. The process of Situational Analysis can be helpful in drawing out the information and assumptions that are involved in one’s research topic and understanding the context of the data collected, in particular to facilitate a process of addressing these pieces in what Clarke (2005b) describes as “terms of utility, partiality, theoretical sampling, and other criteria” (p.85). It also provides an opportunity to consider the potential “sites of silence” found in data and to explore ways in which these can be articulated (p.85). It requires a mapping process of the particular components that contextualize the situation of the research such as: Individual Human Elements/Actors (such as CPS clients and workers); Non-Human Elements (concepts of risk assessment and safety planning); Collective/Organizational/Institutional Elements (CAS, Justice, VAW sectors); and Discursive Elements (dominant discourse) that influence the research context and must be taken into consideration. This process is demonstrated in full in Appendix H.

This situational analysis exercise draws attention to aspects in the data that may need further exploration as well as those areas that are part of the researcher’s frame of reference, rather than in the data itself (such as larger socio-political discourses), which require consideration as the analytical process unfolds. Such reflective research practice
guided by the situation analysis framework or criteria provides the opportunity to visualize and explore connections to theory and theoretical positioning of the researcher relative to the data.

**Study Design and Data Collection**

**Study Design**

The study is the result of a combination of two studies: The first a research study designed to examine the Differential Response Model in Child Protection cases involving domestic violence (DRDV) (c.f. Alaggia, Gadalla, & Shlonsky, 2010) for which I served as a research assistant during my doctoral studies; the second designed by myself as a doctoral candidate.

The DRDV study was designed to examine the newly implemented model of Differential Response (DR) in child protection cases involving domestic violence. Differential Response is emerging as one of the most promising approaches to the complexity of domestic violence cases in child protection. This model attempts to classify cases into relevant categories of risk, and interventions are determined accordingly (Trocmé et al., 2003; Waldfogel, 1998, 2008), such as referring low risk families to community-based services rather than intensive clinical interventions. In the DRDV study quantitative data (such as client demographics and details of file openings, closings and classifications) were collected between November 2007 and April 2008 from all the cases investigated by Child Protection Services (CPS) in five child welfare agencies in Ontario, as a means of investigating the implementation of the Differential Response Model with domestic violence cases. In addition to the quantitative component, the DRDV project contained a qualitative part wherein former clients of the same five child welfare agencies were recruited to participate in individual interviews about their experiences of being investigated due to domestic violence concerns. As a research assistant on the DRDV study, I conducted 11 interviews with clients of CPS, using an interview guide that contained questions designed by myself that applied to risk assessment and safety planning within the context of CPS intervention (see Appendix C for the Interview Guide.)
I initiated and led the second component of the research, entitled “For Whose Own Good? The Construction of Risk and Safety in Domestic Violence Cases within Child Protection Services” (4WOG), in order to explore the process of risk assessment and safety planning with child protection workers specific to cases of domestic violence. In particular, I was interested in the process of interaction and developed an interview guide with questions that would obtain this from the worker’s point of view. To this end, I recruited 17 CPS workers (with representation from each of the participating CPS agencies) to participate in either a focus group (5 participants) or an individual interview (12 participants) to explore experiences of risk assessment and safety planning with clients when domestic violence is the presenting factor (see Appendix G for the Interview Guide). A further component was a question on both interview guides that elicited information about the various materials or resources workers used to inform their practice or gave to women as part of the intervention. These materials consisted of various tools workers used (such as actuarial risk assessments) and educational handouts/service brochures that were provided to women. These data were used as triangulation, to contextualize what individuals were saying about tools or approaches to safety planning or referrals with clients. Taken together these two studies comprised my doctoral research described here.

Sample and Recruitment:

Child Protection Services Worker Participants

In accordance with the research and ethics protocol for the 4WOG study, advertisements were posted via email within the same five CPS agencies that were targeted for the larger DRDV research study (see Appendix D for the Recruitment Poster). Although participants self-selected in the initial phase of data collection, additional participants came to the attention of the researcher through a ‘snowball’ effect with workers recommending and referring additional colleagues to the study. According to Charmaz (2006), the process of theoretical sampling involves “seeking pertinent data to develop your emerging theory” (p. 96), and thus deliberately sampling participants who would contribute to developing particular aspects or properties of nascent categories that would subsequently build theory. The categories only begin to evolve during the process of data
collection, as specific aspects or properties repeatedly present themselves. It then becomes necessary to pursue these thematic properties through theoretical sampling to ascertain their relevance to the developing theory. For example, in this study, after several participants mentioned the importance of supervisors throughout the process, supervisors were specifically sought to pursue this area of inquiry. As Charmaz (2000) maintains, “the aim of theoretical sampling is to refine ideas, not to increase sample size” (p. 519).

Sample and Recruitment:

Child Protection Services Client Participants

In accordance with the research and ethics protocol for the DRDV study, participants were initially contacted directly by the relevant child protection agency and offered the opportunity to participate in the study. This proved problematic as participants perceived CAS to be involved (despite assurances that they were not) because they were being contacted by them (a fair assumption under the circumstances) and did not consent to participate. In order to address this concern, the research team decided to recruit through a flyer posted in relevant Violence Against Women (VAW) agencies, which included a phone number and confidential voice mail for interested individuals. Participants were then contacted by the researcher and screened for the study criteria. All of the women had closed files with Children’s Aid and were considered to be living in safe environments at the time of the interview. After more than 8 months of recruitment, 11 women were selected to participate.

In addition to expected difficulties in trying to recruit such a group of women, who may have also experienced various barriers to accessing the study, the criteria were particularly strict for this population and created a fundamental challenge to study participation. For example, women were not eligible for the study if they had been investigated for another issue in addition to the domestic violence (such as substance abuse or child maltreatment). The sensitive nature of the study meant that women could not be targeted for theoretical sampling and thus we relied on a convenience sample of women who initiated their involvement in the study. Nonetheless, the final sample of
participants presented the full range of experiences sought. Many women who participated in the interviews came to the attention of CPS through Police involvement, while others entered CPS through other avenues, such as community services (see Appendices A, B and C for the Recruitment Poster, Information and Consent Forms and Interview Guide, respectively).

**Data Sources and Data Collection Procedures**

“If you want to know how people understand their world and their lives, why not talk with them?” *(Kvale & Brinkmann, 2009, p.xvii)*

Participants (clients and workers) were recruited and invited to take part in focus groups or individual interviews (depending on their preference) to discuss their experiences within the child protection system with specific reference to domestic violence cases. The original design involved conducting a minimum of one focus group, with 5-10 participants, in each of the five child protection agencies participating in the DRDV study, to ensure representation of the agencies. The focus group format was thought to provide an opportunity for participants to engage in discussion about their individual representations of meaning and potential areas of overlap. The preference was overwhelmingly for individual interviews, mostly due to scheduling issues and convenience for participants. However, one focus group was held in the early stages of the recruitment process and provided an opportunity to pilot the interview guide and to refine the order and wording of questions for subsequent interviews.

Although client and worker participants were interviewed separately, the interview guides contained similar questions designed to elicit subjective experiences of risk assessment and safety planning by both groups within their particular contexts (see Appendices for interview guides). As part of a Constructivist Grounded Theory approach, the questions attempted to solicit participants’ “definitions of terms, situations and events” in order to ascertain the implicit meanings and assumptions that were at work in the interaction *(Charmaz, 2006, p. 32)*. In addition, similar to the work of Wuest and colleagues *(2006)*, this study sought to address the limitations of interview data to illustrate how structural conditions impact on the processes of risk assessment and safety planning by sampling relevant documents for analysis. Such documents included
educational brochures, forms and assessment tools related to the practice of risk assessment and safety planning regarding domestic violence cases in child protection practice in Ontario. These documents were critical in understanding the structural and institutional processes that were referred to throughout the data collection process. In addition, the materials used to work with women were an important means of contextualizing the advice that clients were provided and the particular approaches and definitions of risk and safety that were present in the discourse.

Sampling was ongoing until theoretical saturation, “defined as data adequacy” through the repetition of patterns occurred (Morse, 1995, p. 147) and no new properties were emerging from the data. According to Morse (1995), saturation “involves eliciting all forms or types of occurrences, valuing variation over quantity” and derives from rich, detailed description as opposed to the number of occurrences (p. 148). A further aspect to this data set was the presence of what Morse (2001) terms ‘shadowed data,’ when participants speak of a generalized other, providing “dimensions of concepts, perceptions, behaviors, and opinions of others” (p.291) which deepen the richness of the analysis. A total of 23 interviews and one focus group made up the data set. The data were analysed individually and then at the point of interaction. In the case of the client data, no new codes were developed after the first 6 interviews and in the worker data, saturation occurred after 9 interviews, consistent with what other researchers have found when the sample is so specific (i.e., based on strict criteria) the research questions narrowly focused, and the interview data sufficiently rich (Guest, Bunce, & Johnson, 2006; Morse, 1995, 2000, 2001, 2007; Thomson, 2008).

Data Management and Analysis Procedures

The principal investigator conducted the focus group as well as all of the interviews, which were audio-taped, transcribed and then coded initially by hand and subsequently using NVivo 8 (a qualitative software data management system). To increase transcript accuracy, all meetings were audio-taped using two separate cassette recorders which had slightly different timing and meant that no data were lost due to cassette change over. In addition, each meeting was transcribed from the recording of one cassette and double-checked for accuracy using the second recording. This close involvement by the
researcher in all aspects of data collection and management is considered desirable in terms of familiarity and closeness to the data, which enriches the data analysis process. However, this involvement of the researcher requires a high degree of reflexivity to balance the risk of bias or “tunnel vision” (Charmaz, 2006, 2008; Clarke, 2005a; Cooper & Burnett, 2006; Mauthner & Doucet, 1998). It is for this reason that the following sections will be written in the first person.

Transcription as Method

“The transcription of a text always involves the inscription of context.”

(Bucholtz, 2000, p. 1463)

Bucholtz’s (2000) recognition that transcriptions are “not transparent and unproblematic records of scientific research but are instead created and politicized documents in which the researcher as author is fully implicated” (p. 1440) informed the reflexive approach to the transcription process and analysis. The transcription was recognized as a point of interaction with the data and I documented my thoughts about the process accordingly in a methodological journal. In Bucholtz’s (2000) words, “at the interpretive level, the central issue is what is transcribed; at the representational level the central issue is how it is transcribed” (p.1441). Bucholtz (2000) speaks to some of the specific issues with which I struggled, in particular the decision of how to handle ‘casual speech’ and the urge to commit ‘hygienic transcription.’ I also became aware of my hesitancy in punctuating my initial transcripts, recognizing the power of that act and the level of interpretation involved (Tilley, 2003). Understanding that manipulating text in significant ways by cleaning it up or making coherence that was not present was tampering with my data, I focused on accepting that “inarticulateness itself is part of the data” (Eakin, 2009). It brought to my attention the important role of the researcher in the research process, since “transcription is inevitably a creative, authorial act that has political effects, and many of these effects cannot be anticipated” (Bucholtz, 2000, p. 1461). Although I stayed as true to the original interview talk as possible in the initial transcriptions, the excerpts of text provided in this thesis have been altered for readability. For example, I have taken out utterances between words (such as ‘um,’ ‘er,’ ‘mmhmm’) that may be experienced as disruptive for the reader.
In keeping with the caution of Bischoping (2005), I have been mindful of having all participants represented in this final thesis. In keeping with the Constructionist and Symbolic Interactionism theoretical approach to the data, I adhere to the notion that transcripts are not neutral and that transcription is a subjective process (Lapadat & Lindsay, 1999). This requires the recognition that my theoretical positions inevitably appear within the transcript, and that the transcript itself is an interpretation since I am the one who decided what became committed to paper (Lapadat, 2000; Poland, 1995). As Lapadat (2000) so clearly illustrates, “the first steps toward reconstructing transcription are to acknowledge that assumptions drive method, method constrains theorizing, and one size does not fit all” (p.210). To account for this process, I have kept a detailed ‘audit trail’ of transcription decision points as a record of why I chose particular representations, as suggested by Lapadat (2000). In this way, the transcription process itself, formerly considered a necessary and mundane task, became dynamic and full of possibility. By providing this level of transparency within the process of transcription, I aim to strengthen the trustworthiness of the data (Tilley, 2003).

**Grounding the Data: Coding and Constant Comparison**

The data were coded using the process illustrated by Charmaz (2006) that begins with initial coding, analyses of data on a line-by-line basis, and evolving to focused coding, which takes the most frequent initial codes and categorizes them more precisely for fit and relevance within an emerging theoretical framework. Initial coding utilized invivo (found directly in the data) codes as much as possible before creating more generalized categories as part of the process of axial coding, “which relates categories to subcategories, specifies the properties and dimensions of a category, and reassembles the data you have fractured during initial coding to give coherence to the emerging analysis” (Charmaz, 2006, p. 60). According to Coffey and Atkinson (1996), coding provides the opportunity to link fragments to create categories of data that share a common thread. I have used coding to simplify or reduce my data as a means of managing it in ‘code-and-retrieve procedures’ (Coffey & Atkinson, 1996, p. 28). This reduction technique expanded my outlook on the data itself, facilitating the discovery of themes within a
theoretical context. In keeping with the grounded theory method tradition, I used the constant comparison method throughout the process.

The constant comparative method, originally conceptualized and developed by Glaser (1965) and incorporated into the constructionist grounded theory method by Charmaz (2000) is a complex process involving:

“a) comparing different people (such as their views, situations, actions, accounts, and experiences), b) comparing data from the same individuals with themselves at different points in time, c) comparing incident with incident, d) comparing data with category, and e) comparing a category with other categories”


This constant comparison method remains a classic feature of GTM (Glaser & Strauss, 1967), is a key component of saturation, and requires “looking for commonalities and differences in behaviour, reasons, attitudes, perspectives” as each new interview is added to the analysis to determine whether a new category is required to incorporate new findings (Boeije, 2002, p. 393).

Finally, Charmaz (2006) introduces another level of analysis that she terms ‘theoretical coding,’ a process that specifies “possible relationships between categories” already developed, which results in bringing the analysis to a level of integrated theory building (p. 63). The last part of the process involves memo writing on the part of the researcher, which entails linking theory with the emerging data. This iterative process assists the researcher in working through ideas that emerge from the data, and determining the final refinement of categories and course of analysis (Charmaz, 2000). This next step of mapping the data within the context of the existing literature and theoretical frameworks is an additional means of developing insight (Alasuutari, 1996) into the process of risk assessment and safety planning.

Writing As Method

Another feature of GTM is the continual use of filed notes and memos to expand ideas and develop concepts within the data. More than an administrative exercise, this constant
documentation is in fact part of the process of analysis as thoughts weave themselves throughout the process from beginning idea to fully developed theory. As part of this process I have kept a methodological journal, documenting all actions taken and decisions made; in addition I made notes throughout the interview process and made field notes afterwards to solidify thoughts or experiences that arose. Further to this, I made notes in the journal during the transcription of each interview and made expanded memos on ideas that came to me during the process or after being exposed to relevant materials that prompted thoughts about my data (e.g., workshops attended, literature read). After each round of coding in my analysis I went back to this journal and looked for convergence or divergence in my thinking and accounted for this. In this way, the material has come together over a lengthy process of engagement with the data, to strengthen the credibility of the work that has been produced. This continual writing is one of many methods of achieving trustworthiness in the data, but certainly not the only one.

Strategies for Rigor

One of the greatest criticisms of qualitative methods is the perception that it cannot meet the same standards of rigor available to the quantitative researcher (Padgett, 2008), however it is important to note that qualitative research does not strive to make generalizations to a larger population; but rather “to generate new insights” (Mohr, Fantuzzo, & Abdul-Kabir, 2001, p. 89). A number of strategies however, have been developed and are presented as evidence of trustworthiness (Lincoln & Guba, 1985). Lincoln and Guba (1985) identified four components of trustworthiness: Credibility, Transferability, Dependability and Confirmability. Each component lends itself to formulating activities that increase “the probability that credible findings will be produced” (Lincoln & Guba, 1985, p. 301). Some of these include: prolonged engagement, triangulation, negative case analysis, member checking, peer support/debriefing and keeping an audit trail (Lincoln & Guba, 1985). In addition, Kvale and Brinkmann (2009) note that the interviewer’s skill is an important component for trustworthiness of data and is apparent in the quality of the interview transcripts. An interviewer who frequently explores meaning within the interview, rather than imposing
their own interpretations of the data, enriches the findings. Given my ‘insider’ knowledge of the area of investigation, I was particularly mindful of clarifying areas that I thought I was already familiar with to ensure that I was not imposing my own interpretations onto the data. For the purposes of this study, I have focused on the methods of prolonged engagement, triangulation, negative case analysis, member checks and an audit trail.

Prolonged engagement is the length of time spent in the field of study that builds the researcher’s credibility in terms of understanding the topic of interest. In this case, I, as the researcher, bring over 15 years of experience working in the violence against women (VAW) and Children’s Mental Health (CMH) sectors. In particular, my experience in risk assessment and safety planning is substantial, including many years of working closely with child protection services. In addition, my involvement as a research assistant with the larger DRDV study provides a history of involvement with the key stakeholders (child protection services and the women they serve) to facilitate further access to the desired respondent population.

Triangulation, according to Denzin (1978, as cited in Lincoln and Guba 1985), is the use of different sources of data and in some cases theories to analyze findings. In this study, I utilized available documentation within child protective services (e.g., educational materials, client brochures) that would provide relevant information on how the concepts of risk, safety and domestic violence are constructed to support the research. Analytic triangulation was employed in the instance of phase one of the study, as data analysis was conducted with another researcher from the DRDV research team. In this instance, we both coded the data independently and then met on two separate occasions to determine that our codes were similar and exhaustive. Due to resource restraints, the worker data did not have the benefit of an independent coding however, the strong base in the data checking exercise of the client data provides support to the trustworthiness of this data as similar methods were used. In addition, my dissertation committee members were provided with details from the codebook and data excerpts as part of an extensive audit trail of how the worker codes evolved. Furthermore, the stories of others (e.g. shadowed data) in the data provided opportunities for matching shared experiences and were used to
illustrate the credibility and confirmability of the experiences described by participants. For example, the way in which the workers talked about apprehension was corroborated by the way in which the clients talked about how workers had approached the issue of apprehension with them.

Negative case analysis is the deliberate use of data that does not fit the rest of the collected data to determine whether or not the preliminary theory still holds (Lincoln & Guba, 1985). Negative case examples are provided throughout the analysis of findings. Member checking involves sharing the preliminary research findings with participants and noting their reactions to the accuracy of the way in which the data have been analyzed and the content construed (Lincoln & Guba, 1985). All participants in Phase two of data collection were invited at the point of entry into the study, to voluntarily participate in the process of member checking, which entailed sharing preliminary findings and soliciting feedback from participants. The feedback received from participants indicated that my findings were in keeping with their experiences. In addition, the researcher, as part of a larger study, will have had the benefit of peer support and debriefing of the research and analysis process with several team members and with her thesis committee.

Finally, constructing an audit trail requires that the researcher provide such detailed notes and journal entries throughout the process that another researcher would be able to replicate the process and comprehend the direction of the analysis and final conclusions of the researcher. To this end, I engaged in rigorous documentation of the entire research process, including a regular schedule of the logistics of the study, a personal reflexive journal, and a methodological account of the decisions made and analytic links created (Lincoln & Guba, 1985).

**Reflexivity**

“At the end of the day whether consciously/explicitly or not, we are in effect choosing a particular theoretical and ontological framework within which to locate ourselves, and through which to hear and analyze our respondents lives.”

(Mauthner & Doucet, 1998, p. 138)
“It’s all about relationship”; this common social work axiom reminds us that, regardless of the therapeutic technique employed, no intervention will be successful without personal engagement between clinician and client. It seems rather fitting to me to recognize that the concepts of self-psychology, prominent in my work, also have entry in the research world. Self-psychology (Siegel, 1996) emphasizes the aspect of the self of the therapist as it impacts on the work with the client; in a similar vein, the researcher is as much a part of the process as the research participants themselves, having a direct influence on the content of the interviews and the interpretations developed (Charmaz, 2006; Clarke & Friese, 2007).

While I began this journey with the focus on studying the interaction between worker and client, I have since discovered multiple levels of relationships at work manifest themselves in my research project, beyond the original dyad: worker and client; worker and organization; client and society; researcher and participant; researcher and data. Mauthner and Doucet (1998) claim that nothing is without an interpretative stance and they ask researchers to pay attention to the way in which they approach all aspects of data collection, from one’s sampling strategy to how researchers influence the direction (and ultimately the content) of interviews by focusing on specific trails of thought; probing for more information; and ignoring (or in some extreme cases, shutting down) other aspects of the conversation. Through these decisions, the interview itself becomes co-constructed (Mischler, 1986 as cited in Mauthner & Doucet, 1998). Mauthner and Doucet (1998) further write about how researchers ‘shape the interview’ by ‘following our own analytical thinking’ (p.124) and how this influences the interpretation of the text for meaning at a later point in the research. They also point out that, in spite of our best efforts to put the voices of participants in the forefront of our work, we ultimately fall short: “in deciding which ideas to follow-up we are undoubtedly influenced, whether consciously or not, by our own personal, political and theoretical biographies” (Mauthner & Doucet, 1998, p. 122).

I found this to be true within the analysis component of the work as well; that it was not always possible to remove my own interpretation from the context of the situation. Line-by-line analysis, though sometimes tedious and time-consuming, allowed me to stay
close to the data before preconceptions and premature analysis would completely
evelope my interpretation. I also became aware of the differences in how much ‘air-
time’ I was giving to particular participants in my write-up, recognizing my own biases in
terms of who was cited and who was not; something other researchers have cautioned
needs to be front and centre of the researcher’s awareness (Bischoping, 2005). Becker
(1998) notes that “all terms describing people are relational,” (p.132) and this is
particularly important when considering the context of this research. The use of the term
‘victim,’ for example, denotes a certain kind of individual and implies the way in which
that person is viewed and responded to.

When I initially proposed this research, I believed that the analysis of the two groups
would be completed as separate points of data, followed by exploration of ways to
integrate the findings in a meaningful relational way; however, keeping them apart was
impossible considering that I collected and analyzed the two groups of data concurrently.
I found myself using the constant comparative method immediately as I made
connections, comparisons and contrasts to the data that had already been collected as I
conducted new interviews. For example, the number of women talking about doing the
right thing kept bringing to mind all the times that workers talked about getting women to
‘do the right thing’ (and vice versa).

I strived to achieve what Kvale (1996) terms ‘perspectival subjectivity’ to be able to
approach the interviews from a different perspective and see multiple interpretations of
the meaning (Kvale, 1996). I found myself trying to understand how the women were
attempting to present themselves or make sense of their own narratives, and wondering
what a child welfare worker would think of the interview text and how the material
related to the literature in this area. At times I considered the possibility that this was the
first time some of these women had created a narrative about their experience with CPS
and how that influenced the production of that narrative (Funk & Stajduhar, 2009).
Chapter 4: Findings

Description of Sample

This study was designed to explore the interaction within the process of risk assessment and safety planning between child protection service workers and abused women within the context of investigation. To this end, two separate samples were sought: 1) child protection services workers; and 2) child protection services clients.

Child Protection Services Worker Participants

The sample consisted of a total of 17 participants (12 females and 5 males) from 5 child protection agencies (Family and Children’s Services of Leeds and Grenville (5 participants), Jewish Family and Child Service Toronto (2 participants), Native Child and Family Services Toronto (2 participants), Children’s Aid Society of Toronto (5 participants) and Catholic Children’s Aid Society Toronto (3 participants) with a high level of experience, the majority having more than 6 years in the field (12 participants) and no one having less than 3 years experience. The participants (17) had a range of educational levels, BA (3), BSW (8), CYW (1), and MSW (5) and work experiences (Screening/Intake, Family Service, Child Service, Community and Supervisory positions). Of this sample, 52 percent indicated they had not received formal domestic violence/woman abuse training. Of those who received training 41 percent had received training in both risk assessment and safety planning. All participants engaged in risk assessment and safety planning regularly, with more than half of the sample doing risk assessment and safety planning on a daily or weekly basis.

Child Protection Services Client Participants

The sample consisted of 11 women who self-identified as having been in an abusive relationship, as having a child under the age of 18 years and as having been investigated by child protection services for domestic violence. All of the women had closed files with child protection services and were considered to be living in safe environments (e.g., no longer experiencing abuse) at the time of the interview. The sample covered the range of possibilities for women’s entry into the system, including police report, the education
system, VAW services (e.g., shelter), the public health system and, in one case, self-referral. Their involvement with child protection services took place at some point in the last 5 years and all participant files with child protection services were currently closed. Four women had experienced less than a year of involvement, three women had been involved for 12-23 months, two women had been involved with CPS for 2-5 years and two women had over 5 years of involvement with child protection services.

The women ranged in age from 26-49 years of age, with a median age of 35 years. The participants in the sample had between one and four children, ranging in age from 2-33 years, although the children identified for the referred CPS file were all under the age of 16 years. The women were from a range of cultural backgrounds: four women identified as White; two as Aboriginal; two as Black; and one each as South Asian, Latin American and other. Almost half of the women (5) self-identified as an immigrant/refugee, having been in Canada from between 5 and 12 years. Three women identified as speaking a first language other than English. The majority of the women were on social assistance, with two working full-time and one on student assistance. Most of the women (8) earned less than $25,000 annually. Almost half of the sample (5) had a College/University education, two women had completed high school, and four women had completed grades 9-11.

**Summary of Findings: Thematic Analysis**

**Child Protection Services Worker Participants**

The child protection services workers who were participants generally agreed that risk assessment was more about the risk of the family becoming re-involved with child protection services than about being able to accurately predict a particular risk to a child or family. There was consensus that training opportunities were inadequate and that domestic violence cases continued to present specific challenges. The most notable challenge was that child safety and maternal safety (the majority of cases coming to the attention of child protection services are women being abused by men, although other types of violence are also cited) need to be taken into consideration together, which presents a challenge for an agency that is traditionally child-centred in its mission and
approach to intervention. All participants discussed the recent changes to the risk assessment process (i.e., child welfare transformation) and although their views and critiques varied, there was a general belief that situational context and the relationship between worker and client have been undervalued in these changes.

When engaging in risk assessment, workers explained that they typically relied on their clinical judgment and experience and found available risk assessment tools inadequate on their own. Safety planning was largely informed by materials from the violence against women (VAW) sector, which were not designed with the purposes of child protection practice in mind. Supervisors were seen by the participants as critical to the process, providing much of the in-service training and guidance around difficult cases, which could have positive or negative implications depending on a particular supervisor’s approach and knowledge about VAW and their tolerance level for risk. Because of the reliance on experience and clinical judgment, the approaches to the work varied widely; however, the following themes in relation to the research questions emerged as common across the participants:

**Assessing/Considering Risk**, the core approach in child protection work, requires workers to engage in a process of investigation in order to gain the necessary information to make decisions about risk and safety, and ultimately about the disposition of the case. The assessment of risk emerged as directly related to the amount of experience of the worker. The need for workers to obtain ‘good information’ led them to focus on **Engaging and Relating** with clients in an effort to build an alliance that would enable them to accurately assess the level of risk in order to do their jobs more effectively.

At this point in the process, it was revealed that some workers determined whether clients were ‘getting it,’ described as having insight into the issues and as being open to making change and taking action. Clients who ‘got it’ were considered to be **‘Doing the Right Thing,’** seen as cooperating with workers, for example following through on their requests. Participants explained that clients who were perceived as ‘Doing the Right Thing’ would often have their files closed with very little intervention. Clients who did not ‘get it’ in contrast, were approached with a process of
**Educating/Influencing/Persuading,** wherein the worker tried to help the client to perceive things from the worker’s perspective and move towards ‘Doing the Right Thing,’ which would then lead to the end of child protection services involvement. The ending of the involvement with clients was followed by the process of **Living with Risk,** another category that illustrated how workers engaged in talk that helped them ‘sit with’ or live with the decisions they made.

**Child Protection Services Client Participants**

The concept of **Considering Risk,** relates to women’s experiences of the consequences of investigation and the complex and multi-faceted aspects of disclosure for the women in the study. Within the investigation framework, the critical piece is the context of how women are **Experiencing the Workers** and more particularly, whether that relationship is experienced as beneficial. In order to mitigate risk, it becomes imperative that clients begin **Talking about Safety** and what it means to them, how it is achieved and whether women are able or are perceived to be **Doing the Right Thing,** in the eyes of the worker and the system. This ability to “do the right thing” appears to relate directly to how the system responds and then how women ultimately find themselves **Being Set Adrift and Living with Risk** as a consequence of feeling abandoned by the system.

**Theoretical Coding Summary at the Point of Interaction between Worker data and Client data:**

The quality of this data is very rich, with the themes described being present in the majority of the interviews. At this point in the analysis, the data were taken from thematic analysis to a level of abstraction that identified the relationships between the categories to lead to the final refinement of an overarching core category, ‘Doing the Right Thing.’ This core category is comprised of four sub-categories: Getting the Picture, Getting Connected, Getting Through, and Getting Out, to illustrate the process of interaction being worker and client during investigation (see Figure 4.1 for a visual illustration). Although the data are not delivered in a linear or chronological format of collection, the following findings have been formulated to provide a logical flow
matching the evolution of the client-worker interaction in the process of risk assessment and safety planning in child protection work cases.
CORE CATEGORY: Doing the Right Thing:

How workers and clients interact in the process of risk assessment and safety planning in child protection work with domestic violence cases.

Both workers and clients appear to be working within the confines of the social construction/collective representation of woman abuse and the work of child protection. Woman abuse and child protection work have been socially constructed within society (through media, social policy etc.) and all participants seem to draw on these ‘collective representations’ of what each term symbolizes; for example images of abused women as passive, innocent victims and child protection as being about the apprehension of children. It emerged through analysis that in this way, the workers and clients develop a shared meaning of what woman abuse is, what constitutes risk and safety with respect to domestic violence and what is considered to be the appropriate response to this issue by women and workers. In addition, the women and workers bring to their interactions the specific ways in which they personally understand the work of child protection services. This core category is made up of four sub-categories, all considered aspects of ‘doing the right thing’ when CPS and woman abuse intersect: Getting the Picture; Getting Connected; Getting Through; and, Getting Out.

SUB-CATEGORIES:

Getting the Picture

Getting Involved, Getting the History and Getting the Story: Assessing the Impact of Abuse and Risk of Re-Involvement

“How do we really know? ... you get a snapshot of these people’s lives, you get a bit of information, you see the clients a couple of times. I think I’d be irresponsible to say that there’s been times I haven’t missed risk.” (Worker #3)

This subcategory illustrates how CPS workers and clients interact in the process of investigation; with each trying to assess the risk of CPS involvement (and potential for re-involvement) from their own perspective. These interactions take place within a process of questions and answers that build a narrative for both worker and client.
Getting Involved

Both parties attempt to gauge their approach to one another based on how the client becomes involved with CPS (e.g., nature of referral), the client’s history of involvement with CPS, and how the client’s narrative accounts and perspectives of the abuse experience influence the way the worker perceives these. These components of getting involved, getting the history, getting the story and getting the message are taken into consideration in order get the picture of what is happening and ‘do the right thing’ in terms of decision-making that will lower the risk of re-involvement for both parties:

“Part of our jobs is to get as much information as you can right? ... I’ve got 30 days to you know to put it together – do I close this? … I don’t want to over simplify but it has to do with how you assess the situation - actually the questions you ask, the information you get, the responses you get, and you weigh all of that, what you get in terms of the answers in terms of the supports that the woman might have, or might not have. So you weigh all those things but you’re going by your gut feelings, your skills, experiences, I don’t know what else – I don’t have any magic, I can tell you that.” (Worker #10)

As clients become involved in the system, they attempt to interpret the level of risk involved in the investigation (such as having their children apprehended, or managing an abusive partner in this context) and they try to do the right thing for themselves and their children in this regard. What most of the women shared was an initial distrust of the system that appears to be most commonly caused by a general lack of knowledge about the process, which may contribute to unnecessary anxiety and negative experiences for clients:

“Anyway it was after that she finally said we’re actually here to investigate your husband, I’m like Oh, okay, well if you said that up front you know I wouldn’t have been quite so hostile.” (Client#1)

Many of the participants tailored the amount of disclosure about abuse that they provided to workers as a method of managing their perception of risk:

“I was honest, first I said no and then I said yes because my sister was sitting there telling me you know, you have to be honest because you know they can help you and that’s what I was thinking, they can help me. They convinced me that they could help me. But it didn’t turn out that way. They helped me to a certain degree and then I don’t know, just things fell apart little by little.” (Client #11)
“I said I’ve got nothing to hide from you … I explained the whole situation and - leaving out all the domestic violence issues…. (Client #1)

As the above comments illustrate, participants often struggled with how truthful they should be; presenting an outward appearance of cooperating with the investigation while having no intention of disclosing the violence, which was considered a form of self-protection from the consequences of intervention (risk of child apprehension for example). However, clients did appear to understand that this omission significantly altered the course of the intervention: “I mean I can’t entirely blame them because I didn’t tell them the truth, right?” For this participant, it was part of her own self-preservation, as she feared the ramifications from her abuser most of all:

“…as soon as I admit to something they now have to go through a process, and if that had happened? Then it wouldn’t have been ‘is he going to kill me?’ it probably would have been ‘he would have killed me’ so like, I’m not going to risk my life just, just so that they can have the truth. As awful as that sounds, my life is more important to me than their paperwork.” (Client #1)

This was important because women’s ideas about what constituted risk may have been seen differently by the professionals with whom they worked, inadvertently putting clients at further risk for more intrusive intervention. What became clear is that how women consider risk is often not in line with what outside professionals think:

“The thing is that women who are abused are more afraid of their abuser than they are of the law or of anyone else. You can put 10 cops in front of me and it won’t phase me… they won’t scare me as much as my husband does. And yet he’s never left a bruise on me.” (Client #1)

In one case, a woman reflects on the disconnect between her assessment of risk and her worker’s, and why she thought they were different:

“Just an emotional difference right? Feelings and emotions and family ties are different than when you are making the assessment, right? So what you see as a wife is different than of what you see the same situation as a social worker, as a caseworker.” (Client #3)

She went on to explain more fully: “some of the situations [worker] found it pretty violent and aggressive and I was at that moment seeing those situations more like, misbehaviour - I don’t know, or emotional problems…” In retrospect, she believes her worker was right and she was wrong in this regard but not at the time: “I remember at
that time thinking by myself - telling myself like she’s very concerned and she might be overreacting” (Client #3). In some cases, clients felt that workers were underestimating their degree of risk when they were the ones that reached out for help and in these particular cases the clients may not have fit the worker’s image of abused women:

“[Worker] said that he thought that we were at risk but then he didn’t do anything so then I would feel compelled to say that he didn’t understand the level of risk... or, did not care about the level of risk. He didn’t identify anything more than the fact that he knew there was a risk but he didn’t do anything to intervene – there was no intervention – at all.” (Client #2)

“...[Worker] asked if I’m safe and then interrupted and said okay I’m a strong person, and my interpretation was okay you’re strong you can handle it, deal with it” (Client #4)

The point of entry to the system was found to be important as each source of referral seemed to be associated for workers with a certain level of risk, for example, clients who referred themselves,

“I called [agency] under the guise that they would say that they got an anonymous tip? So that I didn’t have to worry about my own safety and let them come and investigate and I told them exactly what was going on and that’s how they got involved,” (Client #7)

were seen in a particularly positive light:

“That she’s reaching out herself. We would see that as a sign of strength. So if she’s calling Police, if she’s calling the Shelter, if she’s calling us and saying I want, you know if it’s coming from the victim then that’s pretty powerful and a real sign of strength so in terms of the risk assessment it would be seen as - I would see it as a positive.” (Worker #8)

“If they’re the ones calling us. I think the risk level for children is decreased with the quality of the relationship between the worker and the client. If the client feels trusting enough to call the worker at her most vulnerable point, or when the risk is the highest, then that’s when you’re going to be able to protect children. That’s when you know that the client is on board.” (Worker #11)

“I suppose it depends on the referral because it depends for me on the nature of the allegations and if the partner is living in the home. It’s one thing if she’s at a shelter, and it’s another thing if she’s at home and her partner lives with her and he doesn’t know about some disclosure she’s made that prompted the referral or however that’s happened right? So it really depends on the nature of the referral
and what the concerns are and I guess the degree of violence, I suppose, before I
determine how I’m going to go about making contact with her…” (Worker #6)

This willingness to think about women’s safety as part of the investigation process was
seen as an indicator that workers cared:

“...I do remember she asking me if my partner was there if [it] was okay at the
moment if she was feeling comfortable to talk to her at the moment or if she was
better for her to call at another time, and I think that’s what we did. She called me
later on during that week and at a different time so we were able to talk and set
an appointment in her office.” (Client #3)

This participant felt supported and cared about by her worker, that she had considered the
risk that the intervention might pose if the abusive partner was present to the point of
arranging the meeting in her office. This additional consideration was experienced by
this participant as being very thoughtful; illustrating the importance of the relationship
between worker and client as key to a positive experience.

Getting the History

History played a very important part in assessment of risk on the part of both worker and
client. Workers used client history as a means of ‘getting a feel for’ the perspective of
the client, determining “what they’ve been through in their life that maybe have led them
to be with somebody or stay with somebody that’s abusive” (CPS FG Participant). For
clients, an additional component was whether they had any prior experiences with CPS
on which they were drawing. Most often, exploring client history is the first step of an
investigation, which entails checking for prior contact with the child protection system.
Files that were coming to the attention of child protection services for the third and fourth
time were seen as particularly problematic and considered higher risk:

“Well definitely history. When we do risk assessments we’re forced to look more
at history throughout documentation, there are key questions that are asked so
that we don’t forget the history. But that is really, really important when you deal
with these chronic cases, in piecing together where the family’s at and predicting
how the family will be evolving in the next little while if, you know if they’ve gone
through three or four different children’s aid societies and they’ve moved around
and the history comes to us and you know that there have been like 10
investigations of domestic violence, you start to get a clearer picture of you know,
the type of family you’re dealing with.” (Worker #11)
The history often influences the way the interaction unfolds as illustrated by this focus group excerpt:

FGP1: well we end up getting so intrusive with the moms because they keep doing it and they’re really not realizing the impact on their kids even though it’s not about intent like you know they aren’t intentionally ...
FGP4: they just have no clue
FGP3: they can’t see it
FGP1: and we get so intrusive with them
Interviewer: What do you mean by that?
FGP1: Like we get really down on them. So like the first probably two times we go out on a new case of domestic violence we’re like, you know, you’re the victim and we recognize all that kind of stuff and how can we help you be safe and make changes for you, but then after like two or three times you’re like, “listen lady! You need to protect your kids and you’re putting - and you know we get, we take a much harder line because again we need to ensure kids are safe

One worker pointed out how this desire to help can also backfire on women later in terms of having received CPS services in the first place:

“... how we often help is by transferring the file, offering a worker to support but it still gets kind of – gets held against you. And it gets held against you maybe not in a very specific way but in a quick, “oh well there’s a past opening, it’s for DV” - it’s an implication that she’s not doing what she needs to do ...” (Worker #2)

This is supported by the following client experience:

“Well actually in the beginning they, they fought me like really tooth and nail because our past, my past was not very good. You know there was three different agencies and three points in my life where children were in care more than once ....so when you have a lot of children on protection orders they’re gonna fight you...” (Client #11)

Getting the Story

It was important for workers to try to get women’s perspectives on the abuse experiences, and for women it was important that workers heard their stories in order to understand the context of their lives:

“I always want to ask like, How do you feel? Like you know him best so you tell me what you think - so that’s how because I - what do I know? I’m not living her life. Like I’m just coming in. I’ve known her for 10 seconds and I’m supposed to
figure out how high of a risk she is at? She knows I’m sure a lot better than I do. Sometimes I see things that she might not see and - or she sees it but is too afraid to say it, or too afraid for something to happen because she’s afraid of the repercussions of that too right?” (Worker #6)

Some clients felt that the way that an investigation is conducted by child protection services was inadequate for truly assessing the ‘real story’ of what is going on in women’s lives, in particular they saw the needs of mothers and their children as being missed:

“You can come and invade my home and ask me invasive questions and look in my fridge and check my daughter – but that’s not doing anything. Because you can look at her and see that she’s fed and she’s got a smile on her face and there’s some basic things that are there but I’m telling you and she’s telling you some pretty serious things that have happened to us. Now what? Obviously food or shelter or my background is not a serious issue it’s what she’s seen, it’s what I’ve been through, now what? Now how do we come together and parent-child relationship properly – how do we do that?” (Client #5)

How clients themselves accounted for the experience of violence was extremely important and directly related to the course of intervention:

“When you have these types of clients and they minimize incidents and you know they try to correct whatever facts have been put out there, like if you go back over the incident and ask them more about it and they say, ‘well no it didn’t happen that way and police is lying and no, it was this neighbour that called because the children were yelling. It wasn’t me and it wasn’t my husband’, you know there’s still red flags there if you see a pattern of things that have gone on in this family where a lot of family conflict has happened and the woman is still denying it - that’s a red flag.” (Worker #11)

These excerpts illustrate how women’s narratives are taken by workers as a means of understanding the level of risk: “so it’s what I see, what it looks like, what they’ve said, story - and a risk assessment doesn’t speak to that,” (Worker #4) to assist them in the decision-making process. This sometimes conflicted with the requirement of workers to comply with the organizational mandate to utilize actuarial risk assessment as the only ‘right way’ to assess risk:

“The risk assessment that we have right now measures the risk that the family will come back to the attention of the society – it does not really – we don’t have any tools really that are approved to measure risk that perpetrator (for lack of a better word) or father or whatever – in most cases anyway – there’s no tool that
measures the risk to the woman that is something that we can use. ... the risk doesn’t really measure anything as far as I’m concerned. It’s just a bunch of like literally boxes and checkmark, checkmark, checkmark and to me, I don’t really see it helpful in measuring anything.” (Worker #6)

For example, one of the issues that makes risk assessment for workers and for women difficult is the differential emphasis placed on physical assault as opposed to more insidious forms of coercive control:

“...you know to go from the physical, to the mark that leaves, to the verbal because I mean verbal’s just as shocking for some folks right? And you go down to get to where the impact is which is really about controlling you know - do they, are they understanding that?” (FG Participant #5)

Although several participants believed that the involvement of their partners in the investigation increased their risk, most women felt that workers were missing the most important part of the investigation and only getting part of ‘the story.’ Many participants discussed the lack of involvement with their abusive partner by the child protection services as problematic, feeling that it implicitly put the onus/blame on themselves and not on him: “they put me on the hot seat, I felt like I was being abused, like I was abusing when I was being abused” (Client #2). They were left feeling responsible for managing their children’s continued relationship with an abusive parent: “Yeah, and it was all left in my lap” (Client #7). In several situations there was no contact at all by CPS with the abusive partner. Furthermore, several of the partners were still involved in some type of parenting capacity (e.g., access visits, about which women were particularly concerned:

“Yeah but because he was like what they classify [more emotionally abusive] – well according to what I told to the shelter and according to what was going on. It wasn’t like black eyes, police reports and big violence. Because of that she didn’t have a problem with him seeing my daughter.” (Client #8)

This participant sensed that the worker had no interest in talking to her partner who was deemed to be low risk due to the kind of abuse she suffered, even though there was regular access with the child. Another participant experienced her worker’s disinterest as related to her husband currently not seeing the children:

“I remember telling her why you no call my ex husband who’s going to see the kids in a couple of month? ... This conversation was previous to any court appears or any custody issues so at that point my husband wasn’t seeing the kids
so her answer was since you’re - the father is not involved with the kids; at the moment, I can’t give any recommendation to him.” (Client #3)

However, in this case, the father did begin having regular access shortly after the file was closed – leaving her feeling alone to manage those complex arrangements.

Getting the Message

All of the women in the interviews focused on what they perceived as child protection services’ power over them to remove their children and sometimes it was clear that they had been warned of the possibility:

“Well they say is possible that they may have to take the kids from me. If I choose to live with my abuser, because they can’t let the kids go through the emotional state that they’re in right now. So what I decide to do is to move out with my kids instead of choosing my husband over my kids, I move with my kids.” (Client #6)

The other issue that was evident was women’s decisions to protect themselves and their children from the threat of apprehension, decisions that may have been deemed by CPS as uncooperative, which would then directly increase the amount of involvement: “I closed the door in her face [yeah] and that’s what a lot of people do” (Client #11).

Some women continued to reside with their abusers after the initial investigation, not knowing exactly what had transpired between the worker and their partners:

“See they were supposed to talk to him and honestly I don’t know if they ever did because I never wanted to talk to him about it and he never said anything to me about them talking to him...” (Client #1)

The concepts of risk and safety planning become even more critical when women continue to live with their abusers, at which time talking about safety and women’s understanding of safety becomes particularly important. Finally, the following excerpt clearly illustrates that, despite the fact that risk assessment and safety planning have been formalized as separate processes, they remain inextricably linked:

“So, I understand that before someone can divulge traumatic experiences and truly terrifying scenarios in their life – they have to be safe. And they have to be safe from retribution. And, I’m sorry CAS coming and knocking on my door and sitting in my living room does not give me any shred of safety. All I view them as, if I say the wrong thing, my kids are gone, so until they recognize that the power they hold is really working against them in terms of honesty and find some solution, they’re not going to get honesty from women like me. And you know
what? For every one that they get an honest answer from there’s probably a hundred that they’re not going to. So you know, that’s, that’s scary.” (Client #1)

How workers utilize and interpret the information they gather emerged as largely a function of worker experience. Part of worker experience was their view that in order to obtain “good information” it was necessary to engage with clients and develop and maintain a relationship with them, for which building rapport with clients and establishing a level of trust was seen as the key:

“I think then the other piece that we can’t really put in is trust so you know you can’t get good information and assist somebody if there’s no trust and I think that’s a big issue for being a CAS worker. …” (Worker #2)

In that if you don’t have a relationship you won’t get the information you need to make a good decision, which leads to the next aspect of ‘doing the right thing’ in the process:

**Getting Connected**

Relating to Change: How workers and clients experience relationship as part of the process of intervention.

“I think women often feel re-victimized and that’s the big message that they get is that you know they call for support or they call for you know and then they’re getting again like the blame, the victimization again and again, so it’s that very fine balance between supporting and safety” (Worker #12)

This sub-category developed out of any reference made to the relationships between worker and client as critical to intervention. It includes understanding the perspective of clients and making an effort to connect or relate on a certain level in order to achieve cooperation or success for the intervention; to get women to ‘do the right thing.’ For some workers, this appeared to be a natural part of working with others and being able to have an impact on them:

“Well in domestic violence I find that its always the relationship that we have with the client, with the mom in this case - the stronger our relationship with the mom and the more we can understand her, understand her world through her eyes instead of imposing our view, we get them more on board. Once we can get that trust, then we can work together.” (Worker #11)
And for others, it was a structured part of the work, an ‘engagement phase of working with people’ (Worker #11) that had a strategic purpose to get the job of assessment done, and done well:

“I think probably to increase the comfort level for the client and because I think the more comfortable the client is, the more information I can retrieve from her. And the more information I get from the client, then I think the richer the assessment process will be...I know that building relations is important, that trust factor is important so, I think if the comfort level is high then I can just pull more information which will help with the assessment process.” (Worker #3)

This recognition that not all clients feel comfortable with their workers is supported by these comments:

“Yeah she was nice; I guess I was lucky. Because not everybody liked their workers. But she was nice. She was encouraging. She would you know pat me on the back you know, tell me I was doing a good job in spite of everything, in spite of being alone. So she was actually a good experience.” (Client #8)

“Ah, with her it’s almost unique experience. I really missed her and I don’t know why people are scared. I think because all the time I was in shelter I talked to the people in, like they should have children aid worker because without them I don’t think so we can do anything.” (Client #9)

This sub-category also illustrates the importance of how the clients perceive and experience the workers, and refers to whether they are seen as having the necessary experience to help them. This seemed to stem from a belief that workers were supposed to have a set of skills and knowledge from which women would benefit; workers who were seen as lacking the requisite experience were seen as problematic:

“So the first contact was a young woman just out of university, I took one look at her and I said I have a real problem with you sitting here. I said are you married? Do you have kids? Have you ever had anything bad happen to you in your life? You know, and you’re here to make a call on me? I said I have a real problem with the fact that you don’t even have kids and you’re working – like I understand that you have a university degree but you don’t have kids. And how can you sit in judgement of people and decide whether or not they’re good parents when you don’t even know what it means to be a parent?” (Client #1)

How workers determined their approach to engagement with clients was often based on the number of times the file had been previously opened, illustrating the influence of client history to the relational approach taken by the worker:
“I mean, the CAS is intrusive and understandably so. There are certain situations I think where we need to be intrusive. However, if it’s my first involvement, it’s not that bad, everything seems to be okay, I’m going to try to engage you before I like put the smack down...again it depends on the nature of the violence if it’s a client that I’ve had or that’s known to the society - well like three, four times - same thing over and over again, I am more blunt. Because at that point I’m the third worker that’s coming out - you know the drill...it is a bit more intrusive and we are a little bit more hard core... we’re not going to back down this time - like something has to change...” (Worker #4)

Although the concept of engagement was often cited as an important first step in all child protection practice, there was a particular emphasis with domestic violence cases, as workers considered the relationship as part of laying the groundwork for future involvement. The risk of re-opening was something that many workers alluded to as inevitable with domestic violence cases because “they’re always coming back” (Worker #1). Although other types of child protection cases may present some repetition, there was a general expression that domestic violence cases were particularly problematic in this regard and that the repetitive re-opening of these cases was one of the defining characteristics of domestic violence cases. This knowledge or belief that the case is likely to come back leads to a different service approach:

“I think in these kind of cases our role is different from you know the traditional protection role right? And I don’t see it as being the same type of service and so, my main objective is to build rapport with her, especially at that initial visit. Because I want her to feel that even if right now she thinks things are ok and there’s nothing dramatic that’s gonna change, and we’re gonna close the file, I want her to know that in 3 months or 6 months, I want her to feel comfortable to call me if there’s a problem - or use whatever resources I give her and to trust that those resources might be helpful to her if she needs it.” (Worker #6)

Here we begin to see the experience of the involvement as relational with basic rules of relationship evident, such as feeling respected, listened to and cared for: “I’m grateful that they actually heard me, heard my voice and listened to me,” (Client #11), especially evident in client cases that had been opened for a longer period of time. The opportunity for clients and workers to get to know each other over time appeared to lead to mutual respect that allowed for the acceptance of advice-giving and other forms of worker influence:

“she’s doing hard job, and she’s telling me what she think is right. It left for me to take it or leave it. But she was trying her best. She give me the best advice she
could. That’s - I can say for sure. I was very comfortable in talking to her. She were more like a friend to me than a worker to me, so I was very, very comfortable in talking to her. (Client #6)

Workers believed that engaging with the client was the critical point of the interaction and that clients had to be willing to do their part in the process as represented in this focus group excerpt about expectations for clients being cooperative with workers:

<table>
<thead>
<tr>
<th>FGP3: call us back</th>
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</thead>
<tbody>
<tr>
<td>FGP4: book appointments</td>
</tr>
<tr>
<td>FGP1: open the door</td>
</tr>
<tr>
<td>FGP4: I think anybody that kind of recognizes that they’re in a bad situation and follows through on what we’re requesting and does it for themselves too</td>
</tr>
<tr>
<td>Interviewer: What are some of the things you would request?</td>
</tr>
<tr>
<td>FGP1: Well I would even argue though that not even that they would recognize, but that they kind of like tolerate us - and so they humour us right?</td>
</tr>
<tr>
<td>FGP4: because you hope at some point that the light bulb is going to go off</td>
</tr>
</tbody>
</table>

All of the workers in the study talked about the importance of engagement and relationship with clients as the best means of being able to influence the course of the intervention. If they are successful, then women will “see value in our involvement…take advantage of some of our involvement, our services, our ability to help them” (Worker #11) and begin to ‘do the right thing’ as evidence that they have gained insight:

“Communication is a very big key in a relationship. I’ve looked at the agency [name] as a relationship, professional and personal, because I needed their support and I needed to actually show them that I can do the things that I needed to do. And if there’s no communication between a worker and a client, it don’t work.” (Client #11)

The relationship that was developed over time had a significant impact on women’s reporting positive experiences. It appears that in beginning to develop a relationship with women, some workers went out of their way to provide women with emotional and physical support in the way of tangible items that let the women know they understood what they needed and helped them to feel cared for. Women who had positive experiences with their workers reported receiving such things as bus tickets, gift baskets and financial assistance for necessities (e.g., a new crib).

“I mean she gave me the money she just wanted to see the receipt and the pieces in the house actually. So financially that was very helpful because a lot of times her dad doesn’t work, so he stays on social assistance and it was also good
having someone to check on me it was good to have to meet certain deadlines, because I haven’t been accountable to anybody for a very long time. Like I’ve been living on my own since I was 17... you know, I wish I had a mother instead, instead of children’s aid to answer to…” (Client #8)

This appears to have been an effective means of building trust in the relationship, a critical piece of engagement for these women, illustrating that meeting the basic concrete needs of clients is the first step to showing concern. As can be seen in the above excerpt, the client experienced her worker’s support as maternal, that she set important limits and boundaries. In a similar vein, workers were often seen as having access to knowledge that the women didn’t have, especially related to the well being of their children as evidenced by this mother’s comment:

“What if I don’t even know how bad it is? You should know how bad it is, I don’t. I’m not a child welfare worker – how do I know?” (Client #5)

After what this client perceived as her ‘missing’ the impact of the violence on her child, she began to question her own mothering skills. This questioning of one’s own ability to ‘see’ is echoed by another participant, “At the time, No – but once they say to me it open my eyes a little bit more...” In this case, the client credited her worker for helping her see her life differently:

“if wasn’t for children aid I wouldn’t get to understand and see my life the way I’m seeing it right now.... and she been burying it in my head to understand how much my life is value to me because at that time I used to tell her that my life valued nothing. So she tries to make me understand that my life do value something, just that I can’t see it because of the pressure that I’m in.”(Client #6)

There was often an acceptance (or expectation) of the worker’s expertise, and in several cases even after the case was closed, clients continued to seek out their workers for support or guidance. Although not all of their opinions were acted upon, some of their advice was seen as helpful and perceived as protective:

“I would watch out for some of the things she said about abusive guys in future relationships ... like she’d refer back to examples of other women a lot that she dealt with, she was especially worried about me being isolated in the Country ... she used to always tell me to watch out, not to be very isolated too much, try to you know have support ...” (Client #8)

Not surprising, the longer a client is connected to the same worker, the better the chances of developing a strong relationship with that person.
“Five years, same woman, all same - then I start to tell them everything then they said why you didn’t tell me before? Then I tell them you know I was so scared that time like I feel safe with them to talk about everything then my children aid worker she find out shelter for me.” (Client #9)

And in the words of one worker, long-term involvement is what clients need in order to get the full benefit of services:

“You need to actually be a long term client in order to actually get the services that you need, which is really sad right?” (Worker #3)

Not all experiences of workers were positive however, and criticism often related to relational aspects: “she could’ve been more um – I don’t know how to say these words, but caring? Like you know?”(Client #10) Interestingly, one of the women’s main criticisms of CPS was that they should have done “more” for clients. Despite not wanting their involvement in the first place, once they had open files, there seemed to be an expectation by clients, of receiving services that could have been made more beneficial:

“Well they could have not have made me and my daughter pay for what, what happened. They could have helped us more. Like came to our home and just like you said gave us pamphlets to go here, go there you know talk to her more often and give her more counselling, where to go…” (Client #10)

In this following narrative, the client makes a differentiation between workers who opened and closed her case in the past and one that kept it open for a while:

“I liked her a lot better, like how she dealt with everything, how she kept it open a little longer made me feel better – made me feel like she was looking into it because [child] is, is clearly like, you know affected by it.” (Client #5)

In one scenario, the participant advised that she wouldn’t want to reconnect with her worker in her current state, “because she’d probably be disappointed and all that,” referring to the fact that she was once again living in a shelter. This woman, still affected by the relationship with her worker, commented, “she used to give me a lot of encouragement, tell me I was doing a good job in spite of you know all the circumstances?” Further, she still kept the contact in mind to help get her through difficult periods, “just thinking of her words does help you know, when I’m being a bit hard on myself as a mom” (Client #8). These examples provide further support to the idea that some clients internalize the workers as caring about them. This experience of
the importance of relationship between worker and client is evidenced by the experiences of these two participants:

“relationship building is huge - empathizing, being honest. I’m often just a bottom line guy if and if I don’t feel that they are getting it, so to speak, I’ll just be honest. I’ll just let them know that, that I’m concerned that you’re not understanding the risk and so we will be involved to help you manage the risk and this is what it will look like. ... I mean my practice has changed over the years from probably being more directive and non-understanding, I’d even say insensitive, to more understanding, sensitive ...” (Worker #3)

“The support that I get from my workers now is guidance, understanding, compassion - direction you know? ... I believe a person needs to have an open mind about what that worker is suggesting not - back in my day I would think when they were making suggestions I thought they were just ganging up on me - that’s where the compassion part comes in. If a person can understand or try to understand what that person needs - then the support will follow... it’s a very helpful way to get what you want in your life and get to where your supposed to - where you want to be.” (Client #11)

To summarize, these excerpts make the connection between building relationships with clients, even in the negative context of multiple openings, and being able to effect some change; to eventually, ‘get through’ to each other on some level.

**Getting Through**

Understanding the Impact on Children, Developing Safety Plans, and Managing Contact with the Abusive Partner

“To let them know that we need to be on the same page, me being the parent I have the talent, we have to be on the same page or this relationship is not gonna work as a parent, and a client, as a client and an agency.” (Client #11)

This sub-category encompasses how CPS workers view the need to educate clients about the dynamics of woman abuse and the impact on children in order to influence them to ‘do the right thing’ with regards to acknowledging the impact of abuse and planning for safety. It is also about how women try to get through to workers what they need from them to assist them in dealing with the abuse they have experienced, survive and move on. The first issue that arises in the interaction is how workers attempt to make sense of clients making decisions that workers do not consider good choices (such as remaining in
the abusive relationship). It is also how they conceptualize the way they do their work, and how they understand why clients make the decisions that they do:

“…so you have to be really careful with how you approach those type of people because you want them to make a change, you don’t want them to feel bad …” (Worker #1)

“Some women are, you know, they might be lower functioning they may be not very articulate, and there may be no charges….often because the clients are so unskilled that it’s hard to even put it into words.” (Worker #2)

I think for a lot of women the abuse becomes normal for them. They don’t even realize they’re being abused. They think that their partner’s gonna change. For some reason they blame themselves for the abuse. It’s really deeply entrenched I find for a lot of women…” (Worker #3)

This is where the difficulty of the work becomes apparent as all workers talked about feeling frustrated and conflicted working with clients who aren’t doing what the worker would like them to do or do not see the problem similarly to the worker:

“I think it’s conflictual for a worker because you’re trying to be very empathetic with the Mom but the other part of you is like, just please, like wake-up!” (Worker #4)

“I think it’s because we live in a whole different society. We live so different, and I think sometimes, their perception of trauma, and things that they’ve seen in their life growing up, is so different than something I’ve seen. So for them it’s, you know, it’s normal. For me, it’s not. So to get someone to see my side of the story is so difficult sometimes.” (Worker #5)

One of the ways that workers justified the need to educate clients was the belief that they ‘knew better’ or had a more objective perspective:

“Well I think we’re able to provide an objective view outside view of what’s going on in the home when you’re in a situation I think the client has a really difficult time seeing that possibly their life is at risk and the safety of their children because they don’t see that other person objectively…what they end up thinking about when the person is not there is all the good times and well he’s a good dad and he’s a good provider but they don’t see the times where he’s held a knife to her throat or things like that. That’s not what they’re thinking about when he’s no longer in the home - they tend to focus on the good.” (FG Participant #4)

But not every worker felt they knew better than their clients:

“It’s hard for me to say you know in this case you should do that, and in this situation you should do that. It’s hard because not everybody comes from a western, white, Eurocentric idea about what violence is. Like who am I to say
your experience of violence, or that your experience of violence with your partner is the worst kind of violence you’ve experienced? Maybe he has a traumatic history, or history of violence being a victim. Maybe they’ve experienced violence on levels that I can’t even understand.” (Worker #6)

However, workers still participated in what was seen as the main goal of child protection work, to help mothers understand their risk (as the worker sees it) and comply with the actions workers believe are necessary in order to decrease risk to children, increase safety and eventually lead to less intervention:

FGP3: ... like with our agency and our mandate like we have no choice but to get more intrusive and we have to pretty much stay involved if we feel there’s a risk. So often times - I just had a really bad one - that she just was not getting it, not leaving, and you know doing what we wanted her to do - so we had to go for a supervision order so you know we do have to kind of - we don’t want to threaten them with court but we do, you know it ultimately could come to that
FGP1: because they’re the victim but they’re also like a perpetrator because they’re-
FGP3: continuing to expose the children
FGP1: continuing to put their kids at risk, it’s tricky
FGP3: it’s a hard line
FGP1: because you want to respect a woman and give her some help but after...
FGP3: after so much we can only do so much
FGP1: yeah you have to really put the needs of the kid ahead of the mom
FGP5: the child’s the client
FGP4: Yeah the child is the client

Workers often used available woman abuse resources:

“I usually refer to this, wheel – [the power and control wheel] I usually refer to that because as they go through it they can identify a lot of his behaviours and that’s why I can say this is a pattern, its common ... that’s why it’s important to be involved with professionals because we, they know this and they can identify it and they can help you too. It’s not, you’re not going crazy, you’re not a bad person, you’re not a bad mom, you’re not a bad wife. This is a problem with him and his behaviour and stuff and so, but I can’t go through everything so I always focus on [the wheel]and how the violence affects the kids you know.” (Worker #2)

As part of educating, workers would inform women of the process of involvement, what abuse looked like, how it impacted children and other issues in order to motivate women to make change. They would often provide information about the availability of resources to facilitate compliance, such as connecting women with counselling or shelters. There were a number of strategies employed, some of which were direct:
“I would tell them, ‘this is how the case closed, it scores high I said, so in thinking about your circumstances and what happens if this happens again - we’re going to come out and you’re probably going to score very high, which means that the level of intervention is going to become more intrusive…”” (Worker #1)

“Do you see how your child is? Explain these kinds of behaviours. You know, trying to put it all together for her? She wasn’t able to see it as being a problem. So to me that became really high risk. ...It was the hardest case I ever had because it was very difficult for me to work with mom to show her how risky having him in the home was.” (Worker #5)

What became clear throughout the course of involvement was that women understood, through the advice of their workers, that there were certain things they needed to learn in order to help themselves, such as 1) understanding the impact of the abuse on children, 2) developing safety plans, and 3) managing contact with the abuser.

Understanding the Impact of Abuse on Children

The needs of the children were important as all of the participants remarked on the amount of violence to which the children had been exposed; some participants advised their children had been exposed to “a lot of” domestic violence:

“Oh yeah, she’s seen and heard a lot, of like him coming in intoxicated and trying to fight with me. I try to keep her in her room but still – you can’t - you know, kids don’t always listen…”” (Client #10)

Others indicated their children had more limited exposure, “anything that happened between me and him was always at a time when the children were not present” (Client #1). Clients were often unaware of the impact of the abuse on their children until after CPS became involved (indicating the influence of the worker on changing their viewpoints):

“My daughter was depressed over my situation, I never know how depressed she was, but the school had noticed it. Because once she began crying in class, and when the teacher asked her what was going on she said her mom and dad is having problems. And when she looked down on her book to do her work instead of she seeing her work she could see my face and it crying. She could see my face crying and her dad abusing me.”” (Client #6)

In this excerpt there is reference to a child who appears to be exhibiting post-traumatic stress symptoms. When I clarified this comment in the interview it became clear that this woman’s daughter was actually experiencing some kind of flashback at school, evidence
of the severity both of the impact and the mother’s lack of awareness until the school contacted herself and CPS. In the following excerpt a mother laments her lack of knowledge about how her child may have been impacted:

“I should have known – I was definitely in denial. I should have known. ... the way she internalizes everything and she sees things and she takes it all in. She’s watching me, she’s watching everything and she takes it all in, ....I should have known, but I didn’t.” (Client #5)

Half of the participants indicated that they had not understood the extent to which their children had been impacted by their exposure to abuse, and that CPS workers were often the ones to bring this to their attention. However, the focus by CPS on the impact of abuse on children didn’t necessarily translate into workers recognizing that children may need further support such as counselling or other programs to help them deal with their experiences. Many participants felt that their workers could have done more for them in that regard. In two cases the mothers specifically requested counselling for their children but were discouraged from this direction, indicating a lack of understanding by the workers of the impact on the children:

“And I request counseling for my kids – and what the caseworker say that - giving the kids some counseling sessions will bring them the feeling of they were different and that there was something wrong with them.” (Client #3)

This participant was referred to counselling and went – but when she asked about her child getting help she was discouraged:

No, he’s very young for this. I talked to them for my son counselling because I want to make sure everything is okay because they are going [to] his house. He might don’t tell anything to me and maybe he can tell other people. But they said he is very young for this, now he is 7.” (Client #9)

Another client demonstrates that only through persistence was she able to ‘get through’ to someone to meet the needs of her child:

“I went in and I said I’m having a hard time with my son and he needs help and one worker - who was, as it turned out, was wrong- said that they don’t offer any help for children that are his age, that he’s too young. And then I went to somebody else and complained and that’s how I finally got into the Here to Help group – I got recommended to it.” (Client #7)

One participant felt very let down by the system and her observation that the CPS worker was ill equipped to deal with the impact of her child witnessing, which the participant
believed was a missed opportunity for intervention. Further, women talked about the impact of violence often resulting in child behaviour problems or other areas in which parenting challenges came to the forefront. There was recognition that children who were impacted developed behaviour problems that were difficult for the women to manage:

“When we first moved out my son started acting out really badly so I wanted to get him some help plus I wanted to get myself help in terms of - he was like striking out and chasing me around the house with a mop. And I didn’t know what to do. I don’t want to hit him and but I have to be able to stay alive and protect myself and not end up black and blue, so…” (Client #7)

In many cases, children were seen as the impetus for women leaving with the recognition that even the process of leaving is hard on children:

“Because it was hard on the kids every time, to go and come, go and come right? But in that meantime my kids were older and they begin to understand what was really going on, so when I actually leave is when he, he actually hit me in front of my son.” (Client #6)

**Developing Safety Plans**

Part of educating clients included talking about the need for safety planning. This entailed workers providing women with a number of suggestions to increase safety. It would appear that many of these suggestions came from the available VAW literature on the subject since there were similarities in all of the transcripts with respect to the content of a good safety plan:

“I think if mom’s not safe then kids probably aren’t safe so safety planning will be I think clear on what the risk is with the mom. Pulling in supports, whether it’s her family or community partners, like you know it can involve me, it could be going to a shelter, it could be changing the locks on the doors, it could be you know if Dad calls, tries to make contact with you call Police, call us, you know keep a cell phone on you - depends on how high the risk is…” (Worker #3)

Clients also made reference to standard approaches to safety planning that they had been provided:

“Well some of the recommendations, some indications of where to go, what to do in a case of a crisis, or phone calls, or packing suitcase, or have some money in a different place, papers…she gave me some phone numbers. Some phone numbers um, the rest were more like tips on how to let people know what was going on neighbours, what to do with the kids…” (Client #3)
“they were telling me a lot more ways about safety planning like what to do, and how to do it - like be on the alert all the time, be on the look out, stay out of the ...stay out of eyesight of my abuser and once I see him around where he not supposed to be contact the police…” (Client #6)

Although formally asked about safety plans, many women either had not been involved in safety planning (or did not recall doing so) with their workers, or did not consider the process helpful, in some cases, feeling it was unrealistic:

“In a case of violence and a crisis, its difficult to think to grab your kids and go to a safety place and get your suitcase and the keys and the papers and call the police and call your friends and all that, I don’t think it’s that much helpful in a crisis.” (Client #3)

Another participant explained that she failed to utilize her safety plan because she saw it as increasing her danger: “I didn’t use it, I was so scared, only my children with me at night, I was in taxi and I didn’t use it.” She went on to explain that child protection services questioned her about why she hadn’t used the cell phone provided to her in order to get help. She cited important reasons for not reaching out for help, stating “I don’t want more involved because all people are like already separate me from the community” (Client #9). This comment refers to how involving the police initially resulted in this participant’s exclusion from her community, something that was very difficult for her and seen as a negative result of her involvement with CPS. This is an example of how this one-dimensional concept of safety, (separation from the abuser) can become part of the systemic breakdown wherein women and workers are approach the issue from cross-purposes.

Understanding the multiple components of what makes a woman feel safe in her environment is needed in order to take all actions into account. There were instances in which women chose actions they perceived as increasing their safety, whereas from the perspective of the child protection or police system may have been seen as increasing their risk. The following excerpt is an example of a safety strategy that a woman believed was helpful to her, but which may have damaged her credibility according to the services designed to protect her (e.g., the police in this case) and which may in future, decrease her safety:
“I also knew that in order to protect myself in the long term there had to be some record with the police, otherwise I wouldn’t be believed... So, I went to the police I told them everything that happened and whatever scenario it was that night...when it got to the point of signing my statement I backed down and I said “no, I lied, there was nothing wrong” and I left.” (Client #1)

In this quote, the participant indicates that she sought assistance from the legal system and then recanted, an act that carries the risk of decreasing her ability to serve as a credible witness in the future. She explained that she feels safer having made the report even though she recanted because now there is a written record of the abuse on which she can rely, “but I knew, I’ve still got the record with the police because she had it all written down and I know she has to keep it, so I knew that, on that level, I was covered.” However the potential negative implications of this can be seen in other participants’ accounts of service providers treating them differently when they are not perceived to be following through:

“...the police said that it was my fault because I didn’t go through with his charges. So every time that I called them they would say, oh why are you calling for? Because you’re just going to, you’re not gonna go along with the charges, we’re tired of coming here [her house] and stuff like that.” (Client #10)

Clients indicated that safety plans were a good idea in theory but not in practice, and often differentiated themselves from the types of women that would need or benefit from have a safety plans:

“For most people I think it would. But for me it’s just would have been the natural, like I don’t think I needed a safety plan it’s just the way I would have run my life regardless.” (Client #7)

“I felt like I wasn’t as bad off as some of the women - like I seen women - I guess they were really like beaten and you know and they have like 3, 4 kids from the abuser and ... thankfully my ex wasn’t a stalker, wasn’t desperate, wasn’t obsessed with me or with his daughter it was ... I don’t get any bad vibes from him that I should be concerned or anything - as long as he sees his daughter and he goes to work...” (Client #8)

“For me, no. I don’t feel confident in the Police. I don’t feel confident in [agency]. Like you know I just feel like I’m going to be protecting [daughter] nobody else is going to because they didn’t protect me.” (Client #11)

Only one of the women respondents stated that having a safety plan made her feel safe:
“Even if they weren’t doing anything for me, even if I didn’t use them they were
making me feel safe….I didn’t need them really because I was with my mom, but
just in case because what if he came to the house? ….so those safety plans can
 kinda go – okay, well if he does this, I can do that and if this happens that will
happen and just make me feel better even though I never had to use them.” (Client
#5)

Some workers believed that engaging women in creating their own safety plans was also
a relational technique that increased the chances of the effectiveness of that plan:

“Because once we make the safety plan - like we would do it together - so we’ll
say this is how we’re gonna keep your kids safe. And I make it together. So me
and you, what are we gonna do together to make your kids safe and you safe?
What do you think needs to happen? And mom will be like well, I don’t know - so
I’ll be like, well, how about changing the locks? Okay. So we kind of do it
together, and I think they usually follow through with it.” (Worker #5)

Part of risk assessment and management involves planning for safety and ultimately
managing the risk of the ‘worst-case scenario’:

“Well I think the safety planning is trying to make sure that the worst case
scenario isn’t going to happen. That somehow she’s you know, in the most
dramatic sense, killed or harmed (laughs nervously) killed by her partner or the
kids are not killed by him…” (Worker #2)

There was also an understanding by some workers of the dynamic nature of risk and
safety and therefore the need for skill building that would increase client knowledge and
ability to keep themselves and their children safer:

“I think safety planning is ongoing and it changes. Life circumstances change,
people’s perspectives change so its building on a foundation, once you get the
client to understand some of the dynamics - what you see - and incorporate some
of what’s impacting their own decision making you build on that and the person
grows and gains more insight and that to me is safety planning. You don’t go
from A to Z without going through all the other letters, right?” (Worker #11)

There was some uptake on this message as illustrated by the statement of one woman,
who saw the value in the information she had learned and wished someone had provided
it to her earlier in her involvement with child protection:

“I think in society if we would have had more knowledge back then things might
have been a lot different for a lot of women, including myself, if I would have had
all the literature and all the information that I have today on domestic violence
and abusing, abusive relationships and certain signs it would have opened my
eyes you know?” (Client #11)
Sometimes part of educating or influencing a client involved the use of resources to lay the groundwork for future change. These resources would be used because they were seen as inherently useful, or as part of standardized practice:

“Because the reason why I give this domestic violence package is because that’s one of those standardized things that we should be doing with people so I just do it. Because, partly because I think it’s good to give people information but also because I kind of have to.” (Worker #6)

Some evidence of how laying the groundwork might actually work:

“After they were involved, after, I don’t know I kind of (sighs) before that I kind of just allowed it to happen, like I didn’t do anything to stop it with him. And after that I started fighting back and I think – I think just being aware of all the services that were out there, like I said it was enough to give me a boost of like personal power, I don’t know how else to describe it except that - that you know while maybe I wasn’t ready to get out of my situation at the time? It was like a stepping stone on the path…” (Client #1)

When workers felt they couldn’t be as direct in attempting to educate clients, they used stories of ‘other clients’ to illustrate concerns and negative consequences:

“I’ve seen situations where it hasn’t you know, the outcome wasn’t very positive, so I don’t want that to happen with you and your family. I think sometimes when I say those types of things they’re like oh things like that really happen? Yes, they do. Because they don’t really take it to that level, they don’t think it can escalate to that point.” (Worker #5)

Finally, workers were aware that they wouldn’t always be able to change clients and that this was an inherent reality in their work:

“I think that sometimes they don’t get it and you just have to, you have to just really try and explain it and you may not win, they may not get it and you know it may take two or three more instances or they just may continue to argue for the rest of their lives and that’s, you know you’ve got to balance it out.” (Worker #12)

This belief was always related to the attempt to convince women to leave an abusive partner; considered the most effective form of safety plan by workers.

**Managing Contact with the Abuser**

Throughout involvement, workers and women struggled to find ways of managing the participation of abusers in the process. When there was a direct expectation for women to end relationships with abusive partners, there certainly was the expectation that clients would manage the contact in a way that maximized safety for themselves and their
children. Clients also struggled with how to manage the contact with the father of their children, often wishing that CPS workers would be more involved in this. Decisions to leave or to stay and manage the danger were at the forefront of both workers and clients’ minds. There was recognition by some workers that involving women in the decision-making process was important for compliance, especially by supervisors who compared and contrasted the approaches of different workers to involvement:

“In the past the approach was more around going in really strongly around separation of the family. Like just insisting that for immediate safety there needed to be a separation and whether that was shelter or going elsewhere or so on. What I’ve learned is that that’s actually not a very effective way to intervene. It may be necessary at times for separation but in terms of a long lasting sort of follow-through that when you impose the solution on the family, when you come in saying this is exactly what needs to happen, there’s usually not buy in … it’s not their decision, they don’t own it and then they end up going back.” (Worker #8)

“It’s easy to sit on this side of the table and say this is what you have to do but if you don’t understand all of the implications, you know it’s like an onion of different layers, it’s not only about fear, it’s also financial, it’s also emotional ties, it’s loyalties, it’s guilt, it’s social expectations, cultural expectations it’s a whole different world than just seeing black and white – you have to move to a shelter and that’s the end of it – it doesn’t work that way. Even if you force a family to make that decision, if they’re not on board with you, I guarantee they’ll go back.” (Worker #11)

Finally, there was a realization that, “sometimes you get through and sometimes you don’t” (Worker #4) and that workers don’t have the power to make clients change their minds:

“a lot of my workers get discouraged when they’ve put a lot of time and effort and energy into the relationship with the client and trying to educate them and then they get dismayed when they see the client go back to the abuser.” (Worker #11)

“So I just kind of try to educate them that way. But other than that it’s very hard, for me at intake to try to change someone’s view, or try to make them understand my view. I still try! … sometimes they do, sometimes they don’t…” (Worker #5)

Part of the desire for clients to ‘get it’ is that this is the only way they will comply with the requirements that will enable the worker to close the file:

“We come along, we have that discussion with her you know? We hope that she gets it, more or less, and you close your file.” (Worker #3)
This concept of compliance, or following through on what child protection services workers recommend, is the ultimate goal of the intervention. Part of this method of influencing, was the messaging that women received from workers that leaving their partners is the desired action and that it will result in decreased involvement on the part of CPS:

“I don’t think she, the caseworker was giving me a lecture on what was better with me and my kids, but in a way she did it right? Because constantly she was telling me you have to leave; you have to make arrangements; it’s better for you if you are out of the situation; it’s better for your kids because of their safety; because of your safety.” (Client #3)

This participant pointed out that she saw a double standard in that CPS told women to leave abusers because they weren’t safe to have around children, but then weren’t concerned about those same children having regular access to the father without anyone else being around to protect them:

“If Children’s Aid Society gives the woman a set of rules how to raise a child and what to expose those kids when they tell you shouldn’t be in a abuse relationship you shouldn’t be having arguments with your husband so - but and then they tell you, you have to move on, fix your problems, try to do better for your kids but then who is looking after those kids on weekends? Right? Why aren’t they, on the weekends seeing what is the father doing with kids?” (Client #3)

However, this wasn’t the case for all participants. There seemed to be a point at which CPS would become more involved, depending on the perception of the woman’s continued involvement with her abuser. Some clients were given an ultimatum to leave the abuser or to risk apprehension. The participant in the following excerpt had left her abuser and after living in a shelter returned home to her partner:

“And that’s when children aid step in and they came to my home and they questioned me about it and they told me that if I want to live with my abuser is my choice, but they’re not gonna make the kids live with the abuser, they’re gonna take my kids away from me.” (Client #6)

They also told women what their expectations were regarding the ongoing contact:

“They said don’t let your husband in the house at all for the first year. Don’t have him like involved in certain issues” (Client #7)

“Yes, they said that. That I had to leave him and that he couldn’t come into the home anymore...” (Client #10)
Although always viewed as a last resort, all CPS participants mentioned the threat of potential apprehension in order to motivate women to comply:

“If I feel that the lady is minimizing...you know in some cases she needs to realize – sometimes there’s a difference of opinion on what they think the risk is - so I try and enlighten her, for lack of better words again, you know what we feel the risk is. Because we need for the victim to recognize what the risk is and for them to understand our - my view of what the risk is, because if the person’s not able to protect then, then we’re gonna have to assist...” (Worker #3)

“I ended up making some decisions based on what I thought was safe or what she needed and what her kids needed to be safe as opposed to what she needed and at first there was a lot of (makes gesture of her two fists banging together at the knuckles) she hated me at first I’ll tell you that much – it was to the point where I said to her, if you don’t go to a shelter tonight I’m going to apprehend your kids and I never, I really rarely do that ...” (Worker #6)

“And if they’re refusing, I mean even at my level, I’ve had to say you know we’re going to have to look at bringing the kids into care because the risk is so high if we can’t look at putting you and the children in a place – and that’s hard for me to do. And so I can’t even imagine what it’s like for her, right?” (Worker #7)

Although most women talked about the fear that their children would be taken away from them, this wasn’t the experience of every participant:

“Like they never put a threat, that you’re going to lose your son if you don’t leave, or anything like that.” (Client #7)

This worker relates the use of this strategy to a bigger systemic level of timing and lack of resources:

“... an intake worker going in has to make some decisions based on you know very limited time and information so I mean you know, do you make mistakes? And I mean that’s probably the worst thing to do is to remove a kid when you shouldn’t be, but I mean it happens you know. I mean hopefully it happens infrequently but it happens...you’re hopefully somewhat sensitive and focus on the child and hopefully the mother is too and you know you can come to some mutual agreement so - but when push comes to shove, I mean the bottom line is if you don’t feel this kid is safe then, the kid goes.” (Worker #9)

Sometimes getting women to comply with worker demands can be considered ‘quite a feat’ requiring considerable time and effort on the part of the worker:

“When we first got involved with her she was so immersed in her problem and had been so isolated that we had to take baby steps so safety planning for her at that moment we needed to educate her about what was going on how we saw it from the outside in. And when she started you know agreeing with us, you know
yes this is not right…. this is not safe for my children, this is not safe for me, I’m being emotionally abused, I’m being physically abused, then we moved to the next step, you know okay so what do you think would help?” (Worker #11)

All but one of the women interviewed chose to leave at some point, often more than once, indicating the challenge women face in terms of numerous transitions that make up the process of leaving. Leaving was certainly encouraged by the workers as a component of an ideal safety plan. Clients who were not seen as safe would remain in this ‘getting through’ phase of intervention, usually being referred to ongoing CPS services. Women who made plans to leave were considered clients that workers had been able to ‘get through to’ which lead to the next phase of ‘getting out’.

**Getting Out:**

Following through as the Ending of Relationships and the Closing of Cases

“I’m closing because we’ve met the criteria, we’ve covered our bases, we’ve covered our butts” (Worker#3)

The final category that emerged as a component of ‘Doing the Right Thing’ is Getting Out which illustrates the theme whereby clients are considered successful upon having ended abusive relationships and whereby CPS workers are considered successful when they close the case and move on:

“So with someone like that – who wants help from us and is - has everything kind of set out like what she wants to do and she’s constantly talking about how she wants her kids to be safe. How she doesn’t want the husband to be there... I will close something like that. Because mom obviously is not going to try to put the kids at risk because she’s worried about her own safety and she doesn’t want him around. And she’s called me to tell me he’s come around, she’s called the police when he comes around so - she’s following through. So we might close someone, someone like that. But the more serious ones, No.” (Worker #5)

The following client excerpt is a particularly clear example of this:

“That’s when children aid get more involved, because they came there like more than once they investigate on me...they had some serious conversation with me, asking me if I’m going to return home with this man? And what am I gonna do if I’m gonna take my life from here and move on or I’m gonna go back into the situation again, because it was the third time. That’s when I said no, I’m not going back – and I never did. And then once I get my apartment - I was living at the shelter for 9 months - and once I get my apartment they, worker came to my apartment, she visit me, she ask me if I was comfortable, if the kids was
comfortable and I said yes and she said now that you are by yourself, you’re not with your abuser now I can afford to close your file. That’s when she close my file.” (Client #6)

Clients were defined as ‘doing the right thing’ if, “she’s left the home, she’s got a transitional support worker, and she’s filed for custody” (Worker #4). And with that definition in mind, many were often given direction to leave their partners, go to a shelter, seek custody, get restraining orders and follow through on referrals for counselling:

“Like they wanted to make sure that he wasn’t coming to the home. I even went as far as to go to court to get a restraining order against him to get full custody - so I did all that just to prove to them that you know I – this man wasn’t coming back into my, our home.” (Client #10)

“I guess by my own fault, the file didn’t close sooner, if I had stayed in counselling and showed her that I was doing what I was supposed to do, probably she would have let me go sooner.” (Client #8)

Only one worker maintained that the advice routinely given to women wasn’t necessarily always in the best interests of the clients:

“Oh am I to say what’s going to be safe for you? I don’t know. Like how do I know what’s going to be safer?... sometimes there’s a pressure for women to be safe they have to go to a shelter. And not that like, obviously that will increase her safety in some ways, but that also changes her life dramatically too. I can’t expect that that’s the only thing that needs to happen to be safe. Sometimes I feel like that is, has been a, like a little bit of a push, like she needs to go to a shelter because you know I’m worried about her safety. Well if she’s not worried that or she doesn’t want to do that? I can’t, I shouldn’t force her to do that unless I really think in my heart of hearts that something is going to happen to her like tonight, or tomorrow or right like you know pretty imminently?” (Worker #6)

It emerged in one interview that the client’s attempt to follow through with doing the “right thing” became stressful when she was put on a lengthy waitlist at a community agency, resulting in her eventually giving up and not following through:

“I get tired, I just give it up, I give it up - I let it go. I think it’s too long they should have something in place where okay you need help this is a parent who’s reaching out. I want to do the right thing. I’m trying, and you’re gonna put me on a waiting list for a year? ” (Client #4)

Client’s who were able to ‘do the right thing’ were often cited as success stories:
“And that situation had a very positive outcome, we were able to return the baby to the Mom, the Mom did psychotherapy, she went to Elizabeth Fry, she did all the right things, she’s gained a lot of insight…” (Worker #11)

But success was not necessarily seen the same way by all parties:

“If you manage to get your client, the family to do what you are asking - say whether it’s counseling or not- and then they resolve and they get back together - when you thought that they might not even get to the counseling or get to the leaving and yet if they get back together they’ve taken steps... how do you say success or not right?” (FG Participant #5)

There was recognition that this safety ‘criteria’ does not always take into consideration the specific situation of individual clients and that some of the demands placed on women by child protection services may at times be unrealistic:

“We expect women to do all sorts of things that they’re completely incapable and unable to do. We can’t even do it as a Children’s Aid Society with our resources and force of law and things like that so how can we possibly expect you know a woman to do that?” (Worker #2)

It wasn’t always enough to simply be seen as compliant. Indeed, it was considered equally problematic if a woman was not seen as actually ‘buying in’ to the recommendations:

“Child welfare will say you know you experienced domestic violence, you need to be educated, you have to go to this 8 week course and you know failing that your husband can’t come back, and you know if you don’t complete what we tell you to do, we might just go to court and take you and have a supervision order on your family and so the client goes 8 weeks to this program which she’s not buying into because she doesn’t need it, she doesn’t see herself as a victim and then she cooperates because she completes the program. That’s not really a cooperative client.” (Worker #11)

This level of analysis of women’s internal motivation by workers wasn’t always present however, and workers often made decisions based solely on whether a woman was perceived to be following through on her worker’s recommendations. Regardless, these types of decisions influenced the trajectory of service:

“As long as we get them the supports like go counseling here, this is how you’re going to keep yourself safe by putting locks on the door, getting counseling, calling the police if he comes, and if I feel mom can follow through with that? Then I might close it. But if I feel mom is not going to follow through, then I won’t close it – I’ll send it off.” (Worker #5)
Being Set Adrift and Living with Risk

What happens next however, is paradoxical. Once a client ‘does the right thing’ the service is removed, regardless of the client’s wishes even though at the point of apparent safety, the risk may now be increased:

“Yeah I think we make it worse because if a woman has finally gotten to a place where she herself has called the and its instances where a woman has called the police or police have been called and she’s following up with him having been charged and she’s going against him and she’s doing everything she needs to do and what happens is when you’re doing everything you need to do, we pull out. So there goes your safety net, and so he is on bail conditions, which most guys don’t give a shit about, and realistically we’ve just increased the risk.” (Worker #4)

Regardless of efforts the worker may have made, there was an acknowledgement that workers only had so much influence on clients in the long run and that they needed to find ways of living with the risk that seems inherent in domestic violence cases: “I think there is always a degree of unsafety; you can never make somebody totally safe” (Worker #6). How workers make sense of the inherent risks involved with the work and the inability to be completely sure of the decisions they make is illustrated below:

“Like I mean do you make mistakes? Sure. Yeah, sometimes you miss something and or you know you give the person a break and you know you keep your fingers crossed, but see all of those things are mitigated by the circumstances in terms of support network and you know whose got eyes on these folks and so on. So you don’t just walk way and figure well you know let’s hope everything is good - there’s some, usually a rationale whether it’s good or not I mean, that’s a judgement, that’s what we have to do. Because again it comes back to that window, you only have - sometimes at Intake you only have one shot at it right? And if you can’t find something then you gotta move on because these people, you can’t keep going back and harassing them.” (Worker #9)

Clients described many mixed experiences and responses as a result of having their files closed by child protection services, from not knowing it was going to occur in the first place, to feeling set adrift or abandoned by the system which left women feeling that they had to manage living with risk on their own. Half of the participants advised that they wished their files had been kept open longer, or that while they were open, that they had received more assistance:

“I kind of questioned it a bit, I questioned her wait, wait, wait, like we’re, done? That’s it? Like I’m fine I don’t need any help I’m good I’ll get my own help – I can help myself. [Child] can’t. And that – if you see that I’m a victim and that I’m
dealing with this myself as strong as I may look, like have you never seen a victim before? Have you never seen the faces that we put on? How do you know I’m not crying myself to sleep at night and [child]’s watching that? Like, that’s any different than abuse she’s gone through! ... Keep it open just for the sake of keeping it open – just in case – just to keep it open!” (Client #5)

“as soon as I was out of the house, like within a week of me being out of the house, [child]’s child worker fired us. And I don’t think it was handled particularly well because I certainly felt adrift having all of a sudden going from having a worker – I understand that she felt that [child] was no longer going from having a worker – I understand that she felt that [child] was no longer at risk, because I wasn’t the parent that was the one that was putting him in any danger - but I still think like [child] had a relationship with [worker] and, I think it took a lot for [child] to get trust and I just don’t think it was right for them to just pull her like that and say, “okay you’re needs are done.” (Client #7)

One client simply refused to allow her worker to disappear from her life, even after the file has been closed for months:

“Yeah and when, whenever I need help, I just call her, if she’s not there after like when she came back, the same day she call me back. If I need any kind of help. Until now – she’s not my worker (laughs) but until now I don’t have anyone. Like only my Mom here and my brother, I don’t have anyone here. So whenever I need help I just call her.” (Client #9)

Part of the concern women raised in this regard consisted of the ongoing management of their own and their child’s relationship with the abuser, usually as part of custody and access issues. In many respects, the experience of CPS involvement does not change the issues with which they are left to deal:

“When they closed my case I said but it’s not closed because he still has a father and what’s going to go on with visitation and all those issues? And she goes, “We’re trusting you to, to deal with that and to decide what’s appropriate – you can work it out with your lawyer.” (Client #7)

“So I supplied her with the information that she needed for her job and then they leave - I’m still in the same situation, I’m still sitting in the same spot.” (Client #5)

Still others were in the complete dark about how their file was handled, with one participant never having any further contact after the first meeting, and another finding out, when she sought some financial support, that her file had been closed without her knowledge:
“- and that was it we never hear from them like after – I don’t know if I have a record – I don’t know what it is – it was just that period we never see them, hear from them after.” (Client #4)

“when I called them they said they couldn’t help me because I was no longer with, I was no longer what do you call it? [open file] open file and I said, Oh really? I didn’t know that (laughs)… they said that they were going to send me a letter to close my file and I haven’t received it yet, to this day.” (Client #10)

Some workers recognized this as a systemic issue as well, confirming the voices of many of the client participants:

“I think it’s a disservice we do. I do. I believe in what I do, don’t get me wrong. I just think there are a lot of issues with the system because CAS is so reactionary that it’s a point of crisis. So if you’re at a place where you’re at a point of crisis we go in, we intervene, we put in all the supports, you’re doing everything you need to do - everything seems okay - we pull out. But then what happens is we leave you and you’re alone and for a lot of women they need CAS to just monitor them.” (Worker #4)

Many participants talked about the threat of more violence in their futures, while others had to manage the ongoing intrusive thoughts and memories from the years of abuse they had suffered:

“And everything that happen to me it just keep replaying, replaying, replaying, and I can hear his voice in my ears over and over again, saying that he’s gonna – ‘Cause he’s gonna come after me, he’s gonna kill me, kill the kids and kill himself so the cops would never get him again…” (Client #6)

This is an area that is lacking in the available literature and current approaches to work with abused women, the idea that safety planning may be a life-long process. In particular, what emerges for women is the presence of the abuser in their lives, and the lives of their children as an open, endless, ill-defined ‘danger’ versus the way CPS appears to treat the situation in terms of episodic events; this disconnect is probably critical in terms of decision making. Clients’ comments about wanting CPS to stay involved to ‘stay on the safe side’ may indicate that the women aren’t convinced that they are safe in the same way that CPS is determining their safety. It may also indicate the importance of the relationship they have developed with that worker. In many ways, both clients and workers seemed to recognize the potential lifelong dance with risk that clients may be experiencing:
“So, despite what I do there’s still going to be a risk [yeah] however you cut it and that’s just the way that life goes like we can’t expect that these fathers, these husbands are just gonna get arrested and never have contact with their wife again and she’s gonna be safe forever. That’s not the reality of what happens.” (Worker #6)

“Well, he pushes boundaries constantly, you know he still, if I don’t keep my door locked he feels that it’s okay to just walk into my house. You know so he, now it’s passive aggressive, I’m still, I don’t trust him of course, never will and to me he’s still a very dangerous man. To me there is still, still a possibility that at any point in time you know things will change and he will attack me again.” (Client #1)

This aspect of living with risk is an awareness, that even when workers and clients are ‘Doing the Right Thing’ and ‘Getting Out’, it is still a very complex and difficult process in which the risk of the case coming to the awareness of CPS again is high. This concern is illustrated clearly by these focus group participants:

| FGP4: Yeah and, because the one thing we don’t want them to do is get back up either back up in the same relationship or start a new relationship that may end up as bad or worse than they’re coming from, …. | FGP2: And often their self-esteem is so low and they’ve been beaten down so badly that you how could they ever…. |
| FGP1: It’s all they know. | FGP2: It’s all they know and then it’s really hard getting out, they don’t deserve to get out |
| Interviewer: In general, how do those cases end up? | FGP2: opening again |
| FGP1: Reopening | FGP3: Reopening |
| FGP4: Reopening, like I’ve said the one that I’ve had has been opened I would say probably 7 to 10 times in the last 7 years and we’re going to transfer it again. And it’s a way of life unfortunately for some of these families, because they come from this, and it’s so hard to detach yourself from really what you’re so used to. You grow up in an abusive household, you know both sides have, so it’s really hard to to make that change because FGP3: it’s a way of life |

What the women and workers tended to agree on most however, is the notion that more efforts and services on the part of child protection services with these families are required to make change:

“I think there should be a minimum length of time they should stay in touch with you and if it – and that doesn’t have to necessarily mean home visits like but a phone call like, you know or something every month, “how are things going?” I mean that doesn’t take as much resources as having people come, like having to
go to your house and that way they could reassess – like they can assess or continue assessing whether or not it’s successful or whether there’s still child issues.” (Client #7)

“I don’t hate DV cases because I hate the people, I said I hate DV cases because they’re always coming back. And I said, it’s like we don’t, what are we doing that, what are we not doing that’s bringing these people in? ... I hate going out on a case that’s coming back for the third time in two years ... it just feels like we’re not getting anywhere.” (Worker #1)

“You know our case loads are high, our time is stretched, you know we’re closing cases probably when we shouldn’t be, so I think the whole – we have our connections with our community partners - there’s so many gaps in the system its crazy...We don’t have the time or resources for our clients. I think its pretty common knowledge, there’s no real political will for children, women; people. And until we get to that, I really think until we get that point I don’t know if we’ll ever really be able to assist families the way we’d like to.” (Worker #3)

In summary, the data revealed a core category entitled ‘doing the right thing’ that encompasses all of the sub-categories of interactions between workers and clients as they attempt to navigate the process of risk assessment and safety planning together with child protection investigations. These findings will be discussed in the next section in relation to the current state of the literature.
Chapter 5 : Discussion and Implications for Practice

“Doing the Right Thing”: Negotiating risk and safety in child protection work with domestic violence cases

“It can be claimed that there are two basic categories available for participants in social work settings, that is, the categories of a social worker and a client. This means that the participants constitute themselves in certain asymmetrical roles. The position of the social worker contains, for instance, mapping the client's troubles and delivering remedies and advice, whereas the client's role is to seek professional help, to provide information about his or her personal concerns and to receive help and advice.”

(Juhila, 2003, p. 30)

This study sought to explore how women’s narratives of domestic violence, expressed within the context of child protection investigation, become translated into child protection workers’ assessments of risk and need for safety planning. It also explored how both workers and clients’ experiences with the risk assessment and safety planning process influenced the course of the intervention. In the course of this investigation it was noted that workers and clients held a similar set of beliefs about the social construction/collective representation of woman abuse and the work of child protection that directly influenced the process of intervention. For both worker and client participants the concept of ‘doing the right thing’ presented itself in all interviews and provides an over-arching theme for understanding the research problem. This theme implies that there is a perceived ‘right way’ of addressing domestic violence cases within child protection work. Within this theme there were four sub-categories: 1) ‘getting the picture’ of the situation at hand; 2) ‘getting connected’ in terms of the relationship between worker and client; 3) ‘getting through’ in terms of worker and client both feeling that they had some impact on the process; and finally 4) ‘getting out,’ describing the process of ending abusive relationships and closing CPS files.

These findings provide understanding about the ways in which social workers and clients interact with respect to domestic violence (DV) cases within child protection work by illustrating how narrative structures shape the interactions that take place within the context of care and prevention. These structures manifest themselves in complex ways that can lead to misunderstanding the impact on children, (un) conscious subjugation of
women victims, and the absence of dialogue about the role of men in addressing DV at a system level. The following discussion explores the overarching theme of “doing the right thing” within the context of the research findings and contextualizes the study results within the literature to consider how individuals and institutions interact on issues of DV and the implications for practice.

The theme of doing the right thing was evident in the data as a goal for both workers and clients in their interactions throughout the interviews. Workers wished to do the right thing from the viewpoint of their perspectives of ‘good’ child protection practice, and women wanted to do the right thing in the eyes of their worker, but also for themselves and their children. These findings are consistent with earlier research, wherein individuals requiring support and those working within systems recognize that there are ways of ‘getting it right’ when it comes to interaction with services. This theme of ‘doing the right thing’ can be seen throughout the literature. Wuest and Merritt-Gray (1999) found that woman abuse survivors in their study referred to “going in the right direction” and “getting straightened out” as part of the process of benefiting from intervention (p. 123). Smith and Donovan (2003) cited court personnel as telling clients of CPS to “do what you're supposed to do” in order to get custody of their children back (p. 554). In another study, a CPS client is cited as saying, “you can't do it the way you want you have to do it the way they want. You have to do what you're told…”(Strega, Brown, Callahan, Dominelli, & Walmsley, 2009, p. 85).

Scourfield (2003) claims that, “to an extent, telling adult clients clearly where they are going wrong has become the dominant social work intervention” (p. 170). These examples emphasize how social workers and clients determine the ‘right thing’ in those cases in which woman abuse and child protection intersect. The present research compliments the current literature, particularly with the focus on how both workers and women reference social constructs of what constitutes woman abuse and clienthood, and how this directly impacts the assessment of risk and perceptions of safety in the data. The findings of this dissertation indicated several areas to explore with the goal of improving social work practice in child protection work with domestic violence cases: 1) to consider the impact of dominant discourse on current approaches and how these may be misaligned with theories of best practice; 2) to re-emphasize the importance of
therapeutic relationships in child protection practice; 3) to consider differentiating DV cases from other forms of child maltreatment, in particular the narrow view of what constitutes change - leaving the abusive relationship; and 4) to consider the silences in the current data set: the needs of children and the absence of abusive fathers.

1. Considering the Impact of Discourse on Current Approaches to Practice: Getting the Picture

“Social work is, then, a socially constructed activity.”

(Gregory & Holloway, 2005, p. 49)

Defining the Problem of Woman Abuse within Child Protection Work:

“What may seem esoteric and academic—the social construction of reality—has real implications for real women.”

(Loseke, 1992, p. 11)

These data lead to an exploration of how ‘Doing the Right Thing’ gets defined socially as well as institutionally. This concept of ‘getting the picture’ is important, because how CPS participants in this research formulated their explanations of the client’s problem appeared to directly influence the process and level of intervention. For example, in the current study, the manner in which the mother used language to describe her situation and how such language was interpreted (e.g., whether or not she was considered to be ‘getting it’ in terms of acknowledging rather than minimizing the severity of abuse), influenced the course of action the worker followed in providing an assessment of risk and vulnerability. This is consistent with other studies which found that “maternal response, as classified by the social worker, was one of the most influential factors in deciding whether family situations would be classified as child protection cases warranting further action” (Scourfield, 2001, p. 78). Swift (1995) suggests that workers “bring their subjectivities into work with clients, but leave them out of documentation” and simultaneously, “clients are required to conceal and distort subjectivity if they expect to benefit from agency resources” (p.189), a sentiment often reiterated in the data of this study.

It emerged that workers who had received specific domestic violence training approached these cases with a particular lens, or script for understanding what characterized families in which woman abuse and child protection intersect. All of the workers characterized
abused women in similar ways, usually using dominant ‘scripts’ from the violence against women sector, which is understandable since the violence against women sector has been behind the development of much of the training and resource materials currently used by child protection workers. These scripts focus on explanations about why violence against women occurs (e.g., patriarchal issues of power and control) and more importantly, justifications for why women remain in such relationships (e.g., societal expectations, lack of knowledge/options for leaving, dependency and fear). Although the recent approach to social work practice with woman abuse has included the provision of specific training to increase worker knowledge and effectiveness with domestic violence cases, Haaken (2010) notes that when we provide “scripts” for understanding why women stay in abusive relationships, the issue itself becomes “too narrowly scripted” (p.12) at the expense of good practice. These types of scripts have long been used to construct the identity of abused women. Loseke (1992) refers to the production of “checklists, inventories, and screening devices giving rules for how to recognize a battered woman” (p. 52), similar to the risk assessment and safety planning materials that workers referred to using in their work with clients. Loseke claims that these definitions then lead to ‘collective representations’ wherein the labels of ‘wife abuse’ and ‘battered woman’ come to signify “very specific contents, and that these specific contents furnish warrants for a particular type of social service” (Loseke, 1992, p. 3).

Workers are not the only ones who have been indoctrinated with this victim discourse; abused women themselves are also part of the society that provides these ‘collective representations’ through the media and other information networks such as support services (e.g., shelters, emergency services) that promote or collude with this shared understanding (Leisenring, 2006). Leisenring (2006) advises that these representations inevitably influence “battered women’s identity claims and contributes to their struggles with self construction and representation” (Leisenring, 2006, p. 314). Consistent with findings of others (Juhila, 2003; Leisenring, 2006; Wuest & Merritt-Gray, 1999), the women in the current study needed to take on the appropriate victim identity as a means of legitimizing their right to support from the system. Clients in this study were seen in a more positive light if they agreed with the workers’ view of the problem and were motivated to change and complied with suggestions of the workers, consistent with
Juhila’s (2003) work. The following excerpt from a shelter advocate in a recent study clearly illustrates the conflict in defining the issue:

“the women in the child welfare system and all the systems get told that if you just be the good victim or the good survivor, you will make it and the reality is two things. One is that even for women who fit this extremely–almost, because nobody really can fit it–stereotype of what a good victim or good survivor is–it's very difficult, even for them.” (Haaken, 2010, p. 153)

A particular example of this complex identity work is evident in this client participant excerpt, indicating that being a victim and being a survivor are often construed differently at the expense of client needs seeming to go unrecognized.

“– if you see that I’m a victim and that I’m dealing with this myself as strong as I may look, like have you never seen a victim before? Have you never seen the faces that we put on? How do you know I’m not crying myself to sleep at night and [child]'s watching that? (Client #5)

Thapar-Bjorkert and Morgan (2010) illustrate the downfall of this victim ideology (Best, 1997) in their research with victim service volunteers, arguing that

“institutional discourses can nurture embedded social norms that enable society to dissolve itself of any collective responsibility for tackling interpersonal violence. This is highlighted in institutional texts such as safety device literature, aimed specifically at women, which embodies institutional thinking” (p. 50).

This coincides with the noticeable absence in the client data about recognizing violence against women as a larger social problem as the women interviewed thought their problems were unique to them. Also evident in the current data was a lack of involvement with perpetrators on the part of the CPS workers and an emphasis on clients being able to ‘do the right thing’ as part of an expectation of ‘worthiness’.

There are a number of concerns related to this finding in terms of practice approaches to the work, notably the clear gender bias in that women are overwhelmingly the only ones
held to this standard of “worthy and unworthy” victims, “depending on the degree to which they were deemed responsible for their circumstances” and their ability to prioritize the needs of the only consistently worthy victim, their children (Greaves et al., 2002, p. 35). Overwhelmingly, the action deemed most appropriate by workers for clients, in order to be considered putting their children’s needs first, was to leave the abusive relationship, illustrating the reluctance on the part of workers to engage directly with the perpetrator in these cases.

It is important to consider where such representations of abused women originate. Berns (2001) believes that “analyzing popular representations of social problems is important because individuals draw on these sources when constructing their understandings of issues such as violence against women” (p. 263), and cites the media as the most influential source of information for shaping how individuals view themselves and the world around them. For example, undertaking a study of articles on domestic violence appearing in women’s magazines in 1999, Berns discovered that the victim continued to be held responsible for ending the abuse, particularly by being counseled to leave. Berns (2004) observed that within much of the media sources she examined the dominant theme was one of empowerment, with examples of women taking control of their lives by finding the solution within themselves. This focus on women’s empowerment ignores larger causes of domestic violence and distinctly neglects perpetrator accountability but continues to be the framework in use by CPS workers today. This situation was evident throughout the current dissertation findings wherein both workers and clients referred to the client making ‘choices’ which either increased or decreased the risk of abuse and making the ‘right’ kind of choices, such as reaching out for help, often being identified as a sign of ‘strength’.

One of the beliefs espoused by workers in this study was that clients were not able to recognize or appreciate the problematic aspects of their situations/relationships, similar to other findings of clients and abused women “as not being fully aware of what their own problem is” and of how “the worker’s job is to interpret, and treat, that problem for them” (Gregory & Holloway, 2005, p. 42). This was demonstrated by worker participants engaging in a process of ‘educating’ clients and client participants referring to being
‘educated’ by workers whom were perceived to ‘know better’. In order to educate the clients, workers relied on what Loseke (1992) terms ‘formula stories’ to inform their practice as well as to illustrate for clients how they might identify themselves as abused women:

“The wife abuse formula story is about violence not created by women; it is a story where men control women. The plots of responsibility and control simultaneously construct the characters of the battered woman and abusive man: she is a victim who is not the author of her experiences or her emotions; he is a villain who knowingly seeks and actively maintains control over all aspects of her life.” (Loseke, 2001, p. 118)

This concept of ‘formula stories’ is particularly applicable to the findings in this study, as the cases considered ‘ideal’ by the CPS workers (i.e., they followed a particular trajectory to be considered successful) were ‘classic’ formula stories of abused women; those where women were considered innocent, passive victims who worked hard to placate cruel and deviant abusers. In the ‘success stories’ workers and clients described well intentioned mothers who ‘didn’t know any better’ but who were assisted by helpful workers (who often went to great lengths to assist women) to leave the relationship and were currently living safe and (presumably happily) with their children and had their CPS cases permanently closed after a significant period of involvement.

These results emphasize that workers (and sometimes clients) continue to rely on narrowly defined scripts about the problem of woman abuse and that these formula stories significantly restrict the ability to obtain a realistic view of client situations. This is consistent with findings of Dunn and Powell-Williams (2007) who examined the existence of formula stories in the work of domestic violence advocates and found that social constructions of victimization used in work with abused women denied women agency, the very thing advocates were trying to impart. The negation of agency thus leads to “the phenomena of denial,” a particularly significant social construction because it presumes there is a reality advocates can access of which victims are unaware, thereby
creating a role for the advocate whose job becomes “breaking through” (Dunn & Powell-Williams, 2007, p. 989).

This was apparent in the findings of the current study, with clients portrayed as needing to ‘get it’ in order to be able to do the right thing and the sentiment that cases that keep coming to the attention of CPS are ones in which the worker has not been able to ‘get through’ to the client adequately enough to effect change. Also highlighted by clients was the way in which CPS workers approached this process of educating was critical to the development of a positive relationship. Similar to Lempert’s (1997) study, which illustrated that a fine line exists when engaging in the educating process with women, as her participants “wanted definitional assistance not definitional oppression” (p. 300), desiring help to make sense of their situations rather than being told what to do.

What evolved from this data set was an assertion that the main work of social work practice with abused women is in convincing them there is one problem with one solution, which is to leave. Women who admit to the abuse but are reluctant to leave are immediately suspect – this is when in the current study clients were seen as requiring education and influencing – because they “don’t know any better,” similar to social worker viewpoints elicited decades ago ( Loseke & Cahill, 1984). This finding points to a lack of progress made in terms of viewing abused women from a strengths-based rather than deficit-model perspective. This deficit perspective assumes women who remain in abusive relationships are lacking something (e.g., the correct cultural interpretation of the role of women) or some other resource that would facilitate leaving, rather than considering their skills of survival within those contexts as highly functional.

Even though Dunn (2005) recommends reframing victims as survivors to connote strength, that ‘strength’ is still defined as ‘leaving,’ which may unfortunately portray abused women through a deficit-model perspective with an emphasis on changing women’s perspectives of the problem. This is an issue not only within CPS environments; shelters, thought to be at the heart of women centred practice, have been “constructed as ‘reconstitutive milieus,’ as places concerned primarily with ‘consciousness raising’ and a place for ‘resocializing’ abused women” ( Loseke, 1992, pp.
32-33), further supporting the maternalistic approach taken by both VAW and CPS workers alike.

Lempert (1997) criticizes previous ‘theorizing about abused women’ as “deficient in accounting for woman's own social construction of their relationships” (p. 306) and challenges “conventional assistance models, in which the power to decide what constitutes help and support for abused women has remained largely in the hands of involved activists reacting to institutionalized violence against women” (Lempert, 1997, p. 307). The findings of the current study emphasize that this view remains true today, almost 20 years later. This is perhaps the reason many workers approached women as needing to be educated without first ascertaining the context and meanings of these experiences for them. By conferring this victim status, workers are provided with “interpretive instructions that dictate how a victim should be perceived” (Leisenring, 2006, p. 309).

Other researchers have found that the way in which the concept of the woman abuse victim is constructed directly influences the approach to intervention as well as the way in which women perceive themselves in society (VanNatta, 2005). Although this identification of victimhood opens access to a variety of resources, it may also involve constructing women in ways not consistent with their experiences (Reich, 2002). It became clear in this study that workers who subscribed to ‘formula stories’ used these scripts in the way they intervened with clients, not just to inform their approach but often as a way of illustrating to clients what abusive relationships ‘looked like’. This finding is similar to Reich (2002) who found that “practitioners often operated from their own biases of what a ‘good victim’ is” (p. 309). This might also be a place to consider a ‘formula story’ for good social work that is inferred from the concept of ‘doing the right thing’. Even the formula story for domestic violence however, is rife with complexity. While the abused woman is portrayed as “powerless, confused, and controlled” our interventions demand she be strong and independent enough to leave her partner; an untenable dichotomy (Loseke, 2001, p. 12).
Many of our systems of intervention depend upon these formula stories, thereby preventing an institutional response to domestic violence that “privileges and values the woman’s voice, narrative, and personhood” (Shearer-Cremeen & Winkelmann, 2004, p. 175). This study is important as it brings women’s experiences of risk assessment and safety planning within the child protection sphere to the forefront. When we rely upon institutional discourses to construct both the problem and the remedy, we determine the way in which the interaction unfolds between worker and client (Spencer, 2001) without considering the actual target of the intervention. Part of how individuals are constructed takes place in explaining the reasons that they engage in the behaviours that they do, which Mills (1940) termed ‘vocabularies of motive’ or ‘causal accounts’ (Bull & Shaw, 1992), and which is how both workers and women attempted to explain their actions within the interaction. Specifically, these ‘causal accounts’ explained behaviours deemed ‘undesirable’ such as when workers threatened to apprehend children, which was contextualized as being unpleasant but necessary in the best interests of the child. Similarly, clients who “lied” to their workers justified their actions as being in the best interests of protecting themselves and their children from perceived threats (aggravating abusive partners or having their children apprehended).

As revealed through analysis of the data, clients who were interviewed often attempted either to identify with or to differentiate themselves from the dominant discourse of what constituted an abused woman. This occurred through their descriptions of the abuse they had suffered which might be seen as validating their claims to victimhood or indicating why they were different and therefore not in need of the same level of support (e.g., safety plans) as ‘other’ women. In a similar vein, Berns and Schweingruber (2007) coined the term “stock victim” from their study of individuals with or without firsthand knowledge of domestic violence. They found individuals with limited experience “relied on more formalized, typical characterizations” (p. 247), similar to the current findings whereby workers routinely cited low self-esteem and ‘not knowing any better’ as reasons women remained in abusive relationships, in contrast to workers with more experience who tended to understand the complexity of the decision making process for clients. There are several problems with referencing this idea of the ‘stock victim;’ first, women may find themselves forced to accept identities which do not fit their experiences in order
to access the help they need; second, women may feel compelled to reject these ‘cultural scripts’ and find themselves without the necessary supports in order to obtain safety; and third, as Berns and Schweingruber (2007) suggest, simple frames for understanding complex social problems only shape “rigid and narrow solutions that ignore the complexity of the problem” and may actually increase risk (p. 258). Nixon and Humphreys (2010) emphasize the development of a violence against women framework that would adequately account for intersectionality and “contend that the dynamic nature of a social movement requires that framing messages are continuously revisited and readjusted in order to more accurately reflect the experiences of survivors of domestic abuse” (p. 139). Recognizing the influence of dominant discourse and redefining current approaches to domestic violence and definitions of risk and safety are clearly important if we are to make changes. Urek (2005) calls for caution to workers as they

“translate client stories and professional language, as these versions and their subsequent interpretations are crucial in several respects. First, they have a significant impact on client self-perceptions; second, they have real and actual power as professional opinion; and third, they are part of a social work discourse characterizing the social worker’s own position and that of social work in society” (Urek, 2005, p. 466).

This becomes critical at the point of CPS practice because DV cases were continually referred to by all of the CPS participants as being contextually different from other child protection cases. For example, neither the perpetrator of abuse, nor the child who is perceived to be in need of protection, is the first point of intervention; rather it is the caregiver of the child, the primary victim of the abuse. And it is the relationship with that caregiver that is seen as the most appropriate means of effecting change.

2. The Importance of Therapeutic Relationship in CPS Practice with DV Cases: Risk, Safety and Relationships

“Interpersonal encounters lie at the heart of risk work.”
(Davis, 1996, p.117, as cited in McLaughlin, 2008, p.98)
'Getting Connected and Getting Through’ were key aspects of the findings of this study, referring to the importance of the relationship between worker and client in order to enable effective social work practice. In particular, relationships were viewed as critical to adequately assessing risk and providing appropriate safety plans. Workers in this study were clear in stating that the only way to adequately assess risk was to have ‘the right kind’ of information, the kind of information that could only be obtained through the development of trust, which required good relationships with clients. This finding is consistent with the critique within the CPS literature that the risk assessment instruments are ineffective without workers having the time or resources to engage with clients to gather appropriate information for accuracy (Sullivan, 1998 as cited in Longlade, 1999) and that good risk assessment should involve a combination of “both empirical evidence (science) and practice wisdom (art)”(Cash, 2001, p. 821). Ironically, “risk assessments translate qualitative principles into quantitative scales” (p. 321) as workers essentially determine how to fill out actuarial forms from information gleaned from their interview (Cradock, 2004). Furthermore, some authors contend risk assessments may be more for the purposes of defending the actions of workers and institutions as opposed to ultimately keeping clients safer (Cradock, 2004; Parton, 1999). Although a more systematic and structured approach to risk (rather than a subjective one) is seen to have many strengths, it has been critiqued for not addressing how risk is socially constructed and “the role of power in shaping meaning” (p. 4) in this regard, echoing concerns that “risk assessment has become formulaic and mechanical” (Houston & Griffiths, 2000, p. 5). This was something remarked upon several times by CPS participants in the current study. Slovic (2000) maintains risk assessment is “inherently subjective and represents a blending of science and judgment with important psychological, social, cultural and political factors” (p. 411). More importantly, he believes that those who define risk also define the appropriate response to that risk, which is important given the findings of this study that indicated both workers and women found the traditional risk assessment process designed for CPS work inadequate in addressing the complexity of cases involving domestic violence. For example, workers understood that the risk assessment tool for CPS work was designed to indicate risk of recurrence of child maltreatment, a significantly different construct from the risk of the recurrence of domestic assault. Workers often referred to
being motivated by a fear of the “worst-case scenario” - that of clients being killed by an abuser - as these are the types of cases garnering the most media attention. The tools used to measure this risk, however (e.g., Ontario Domestic Assault Risk Assessment), are separate from CPS tools and most workers advised they were not equipped to use them.

Furthermore, workers expressed concern that the recent emphasis on risk assessment was an impediment to relationship building, echoing previous research that claims the shift to the risk assessment model has resulted in erosion of the core of relationship based practice (Howe, 1998; OACAS, 2001) when strong relationships remain key to conducting good risk assessments (De Montigny, 1995). Not only are relationships seen as important for accessing relevant information, as noted by the worker participants in the current study, the data emphasized that ‘cooperation’ from clients was critical to the course of intervention, another aspect of ‘doing the right thing.’ Similarly in Holland’s (2000) study, clients were judged on their “willingness to co-operate with the social work agency, willingness to accept concerns about themselves as laid out by the agency, and willingness to accept the assessment methods” (p.153). Workers in the current study, however, made an important distinction between those clients who simply complied with requests and those who were seen as truly ‘getting it,’ interpreted as clients sharing the same explanation for the problem as the worker. When these ‘causal accounts’ of the problem more closely matched the worker’s assessment of the situation, the relationship was experienced as more positive by the worker who decreased the level of intervention accordingly, similar to earlier studies (Bull & Shaw, 1992; Holland, 2000); again the relationship emerges as central to outcome.

Still, client accounts are not given the same weight as professional accounts in assessing risk. In this study, CPS workers relied more on collateral assessments of risk over clients’ own perceptions in terms of case planning and decision making, similar to other findings (c.f. Bell et al., 2007; De Montigny, 1995) but contrary to the risk assessment literature (Campbell, 2004; Weisz et al., 2000). Despite evidence that women are “more likely to be right than wrong” in their assessments of risk (Bell, Bennett Cattaneo, Goodman, & Dutton, 2008, p. 76), workers continue to privilege professional collateral reports over women’s own voices. White (2003) refers to this as a ‘Hierarchy of
Accounts’ (p.187) which has been found elsewhere (c.f. Greaves et al. 2002). Even client resistance strategies are categorized as those “caused by stress and trauma, delusions, cognitive impairment and patient deceptiveness” as a means of ‘rationalizing’ client actions workers do not consider appropriate (White, 2003, p. 196), leading to a more paternalistic/maternalistic approach on the part of CPS workers. For example, the client participants in this study were noted to resist abuse using a variety of strategies, from avoidance to direct confrontation including obtaining both formal and informal sources of support, behaviours that have been noted elsewhere (Sokoloff & Dupont, 2005).

Strategies were sometimes considered by the workers as increasing the level of risk (e.g., direct confrontation, not calling police), whereas the clients believed they were increasing their safety with these behaviours. This finding highlights an important distinction, given that safety planning was found to be of limited value for women who are not behaving in a way considered rational according to commonly accepted risk reduction criteria (e.g., avoiding abusers or seeking help) (Hoyle, 2008). Optimal risk assessment would be aimed at improving safety through opportunities for abusive men to change rather than simply targeting women’s behaviours (Hoyle, 2008). It has also been noted that thinking about safety needs to expand beyond simple prevention of physical harm and include “psychological safety and freedom from fear” to enable women and children to heal from their experiences of abuse and violence (Radford, Blacklock, & Iwi, 2006, p. 173).

Clients in this study struggled with attaining a feeling of safety even after ending the abusive relationship, which unfortunately according to the clients, often coincided with the closure of their CPS file. This experience of the loss of support is an important reminder that safety is best considered a continuum of service, rather than an event or point in time, as illustrated by the client participants in this study who discussed safety concerns as enduring aspects of their lives.

**When Leaving Means the Loss of Professional Involvement: File Closure and the Sense of Being Set Adrift**

According to the findings of this study, after the workers put much effort into building relationships with clients in order to gain trust and influence the change process, the clients experienced these relationships as abruptly terminated once they achieved the goal
of ending the abusive relationship and workers closed the cases. Workers confirmed this phenomenon, explaining that once children were considered to be in safe environments the mandate of the agency had been met and the file needed to be closed. This action is in direct conflict with recommendations/findings from the literature illustrating that social support is one of the most important resources for women trying to remain safe from violence. For example, DeVoe and Smith (2003) found many women were still at a point of crisis when entering the system and were looking for “assistance with decision-making about whether to return to the relationship, grieving the lost relationship, addressing complex feelings about leaving the fathers of their children, and dealing with the concrete realities of economic self-sufficiency and housing” (p. 290). Similar to the participants in the current study, these women did not feel they received sufficient or appropriate support. In fact, some considered social support to be a form of “coping assistance” (Thoits, 1986). As Goodman, Dutton, Vankos, and Weinfurt (2005) note, “for women who are battered, a social support network may operate directly to protect against future violence, or indirectly by enabling women to use resources and strategies more actively” (p. 315). In the current study, many client participants considered the CPS worker their sole source of social support. Similarly, Wuest and Merritt-Gray (1999) suggest that although for women survivors of abuse “help or support during the initial leaving process is vital, the struggle to sustain the separation and not go back requires even more support” (p. 111). They contend that withdrawing support for women too early may result in the loss of gains made up to that point. Such knowledge and recommendations emphasize the importance of workers keeping client files open longer in order for women to have sufficient time to develop confidence being on their own.

Re-Establishing the Importance of Relationship

"No matter what the theoretical model by which one human being attempts to be of help to another, the most potent and dynamic power for influence lies in the relationship." (Perlman, 1972, p. 150 as cited in Turnell & Edwards, 1999, p. 33)

The findings of this study emphasize renewed support for the importance of the relationship between worker and client in optimally intervening in domestic violence cases in child protection, while simultaneously bringing to the forefront the question of who the client really is or should be in these cases. The results indicated that the focus
continues to be on the mothers themselves. The women described a paradoxical experiencing of their workers as part authority figure and part therapeutic caregiver. The fact that women who initially had not wanted CPS involvement found themselves wanting more involvement after developing relationships with workers they perceived as nurturing and caring emphasizes the importance of the relationship. Such a call has been made before, for example during the early stages of child welfare transformation in 2000 by the Ontario Service Directors group. The Ontario Service Directors group issued a report that brought to the forefront the need to rebalance the assessment of risk with the engagement of clients in the work, specifically emphasizing a more clinical, broader approach which included workers having adequate time to connect with community partners, arguing that “child protection services cannot be provided in isolation” (OACAS, 2001, p. 1). The report cited a recent survey by the Children’s Aid Society of Toronto claiming “that protection staff are spending only 15 to 20% of their available work time in direct service with clients,” (p.2) which was perceived to be the norm for many other agencies (OACAS, 2001). Again they argue that time to engage with clients is necessary for proper risk assessment, claiming that “in the absence of knowledge of the family and their community, options to reduce risk are limited” (OACAS, 2001, p. 2). A partnership with the domestic violence survivor benefits child welfare in the following ways:

“a) safety planning for the child built on the assessment of her strengths, resources, prior safety planning efforts, and knowledge of the perpetrator is likely to be more efficient and more effective for maintaining the child’s safety and well-being; b) a partnership with the survivor means it is more likely the child can be maintained in his or her own home or the community with the primary caregiver; and (c) a partnership with the survivor is likely to provide child welfare with more and better information to continuously assess the safety and well-being of the child” (Mandel, 2010, p. 535).

A number of promising models have been suggested in the literature, ranging from such collaborative approaches as Differential Response (Conley, 2007; Waldfogel, 1998, 2008) to harm-reduction models of intervention (Shlonsky, Friend, & Lambert, 2007).
New directions include Safety Conferencing, a model of involving women’s formal and informal support networks to work together to co-construct a safety plan. This is a component of the successful family conferencing model currently in use in many child protection agencies (Pennell & Francis, 2005). Most importantly, collaboration efforts that take into consideration both short and long-term approaches to safety planning are likely to be the most effective (Bell et al., 2007).

The findings from this study emphasize a relationship-based partnership approach as particularly important, consistent with findings that indicate clients have three main responses toward workers: 1) being oppositional; 2) feigning cooperation; and 3) working collaboratively (Dumbrill, 2006). Although Dumbrill (2006) recognizes the potential for the Differential Response model, he points out that “this strategy rests on the premise that coercion and casework can be separated in child protection intervention” (p.35), something which his study, as well as the current one, did not support. In order for workers to address the power differential in their relationships with clients, researchers have called for increased reflexivity to attend “to their rhetoric of persuasion” (Hall & White, 2005) and for a revival of the use of self in social work practice (Mandell, 2008). Mandel (2008) argues, “attention to both dimensions—authority and care—is required in all social work interactions, focusing in particular on the field of child welfare, where an imbalance of power and vulnerability in the social work relationship is underscored” (p. 235).

Finally, regardless of the model of intervention, an important component of relationship is that it requires time and effort to nurture and to build, with limited resources an ongoing barrier for many workers. Consistent with the findings in this study, others have found that for CPS workers “heavy caseloads keep them from being able to support women in the way they may want or need to”(Humphreys, 2010, p. 511) and recognized the influence of “working environments that enhance or impede their work” (Henderson, 2001, p. 1299). Many of the workers in the study talked about the potential for the Differential Response model to improve practice, but without necessary changes to workload that would make it feasible, implementation has been slow.
The findings suggest spending more time and resources with clients would improve the quality of risk assessment and reduce the inevitability of recurrence (or case re-opening), considered the main goal of child protection work. This is consistent with earlier research indicating that engaging families in services reduces the likelihood of recurrence of maltreatment (DePanfilis & Zuravin, 2002). Costs associated with the long term nature of these cases may in fact be reduced in the long run by clients not feeling ‘abandoned’ before the desired changes can actually occur (the reason cases just keep coming back, according to participants). It would seem that even in a time of dire fiscal restraint, investing in the front end would be a good economic as well as a social investment. The current study findings indicated that workers who had previous experience with DV, especially those who had spent time working in the VAW sector before entering CPS work, spent more time with cases and deemed the outcome generally more successful, suggesting that specific skill building for child protection work with these cases would be a shift in the right direction. Finally, all of the worker participants in this study emphasized the importance of guidance and support from supervisors in this regard, suggesting supervisors must also receive the necessary training.

Client participants in the current study indicated one of the key areas for improving the working relationship between worker and client would be provision of adequate information about the process of investigation or intervention. This result is in keeping with Johnson and Sullivan (2008) who found that the more clients were informed about the process of CPS intervention, the less anxiety and distrust of the system they experienced and the more likely they were to cooperate. The woman participants expressed the desire to be treated as partners in the process of investigation and did not want to be concerned about the threat of apprehension; additionally, getting referrals and other tangible means of support increased the positive experience of intervention and has been found to make women safer (Goodman et al., 2005; Johnson & Sullivan, 2008).
3. Differentiating the Approach to DV Cases: Moving Beyond the Leave Ultimatum

“Many interventions for intimate partner violence are premised on the assumption that a woman must end her relationship with her abusive partner in order to improve her emotional well-being and decrease her experiences of violence. To date, however, few empirical studies have been conducted to evaluate this assumption.”

(Bell et al., 2007, p. 21)

The final component of the ‘doing the right thing’ concept was the process of ‘getting out’ which referred to the emphasis on leaving the abusive relationship as the optimal goal of safety, eventually resulting in the closure of the CPS file. All but one of the client participants had left her relationship at some point, often more than once, indicating the challenge women face in terms of numerous transitions that make up the process of leaving. Leaving was certainly encouraged by the workers as a component of an ideal safety plan and clients who attempted to remain with their abusive partners often experienced what has been termed the ‘Leave Ultimatum.’ This “Leave Ultimatum” is the result of CPS workers resorting to the threat of apprehension of children as the ultimate means of persuading women to get out of abusive relationships (De Montigny, 1995; Nixon, 2002). Every CPS participant in the current study was clear that the threat of apprehension (either implicitly or explicitly) was used to gain compliance from clients, indicating that concerns that fears of apprehension may keep women from engaging with help are not unwarranted (Bourassa, Lavergne, Damant, Lessard, & Turcotte, 2006; DeVoe & Smith, 2003; Holt et al., 2008).

Contrary to approaches to other maltreatment cases, the alleged perpetrator of the abuse of children in DV cases is often never directly engaged, which was certainly true of the experiences of many of the participants in the current study. Generally workers had contact with abusive men in less than a third of their casework. This finding emerged repeatedly in participant interviews wherein both workers and clients discussed women as the focus of intervention, specifically geared towards ending the abusive relationship, which is a very limited view of change. From where does this approach originate? In keeping with Loseke’s (1992) concept of the collective representation of wife abuse and
the use of formula stories to understand the phenomenon, once again there is a preconceived script for action: to leave the abusive partner. The findings of this study support previous research (Edleson, 1998; Holt et al., 2008; Stanley, 1997) indicating caseworkers continue to be focused on women’s actions in relation to the violence as opposed to working directly with the perpetrator himself, in particular focusing on the need for women to leave the relationship to prove they are being protective (Kaufman Kantor & Little, 2003; Magen, 1999).

The Leave Ultimatum is consistent with findings of several other studies (Douglas & Walsh, 2010; Enander, 2010) reporting women believe the system has been solely designed for those who leave and not for those who choose to stay (Grauwiler, 2008), which Enander (2010) holds, “invites the interpretation that if one has not left, one has accepted living with violence” (p. 21). The direction to leave is often “embodied in the direction to obtain a protective order” which in itself “makes a number of assumptions: that the woman can get an order, that the order will provide relief that will keep her abuser away, and that her partner will comply with the order” (p. 537). If the direction to leave is not followed, the client is then seen as uncooperative, which may lead to an increased level of intrusion on the part of the child protection agency. It seems even more ironic that these orders can actually place a woman at higher risk by forcing her to disclose her whereabouts to her abuser in order that he be legally restrained from going near her (Goodmark, 2010).

This ultimatum approach has been critiqued for failing to appreciate the dynamics of violence against women, in particular the complexity in terms of staying or leaving. There is a plethora of research demonstrating that staying may be safer than leaving for some women (Davies & Krane, 2006; Goodkind et al., 2004; Humphreys, 2007; Humphreys & Thiara, 2003; Strega, 2006), while other research has indicated that being apart from an abusive partner remains the best option (Sonis & Langer, 2008). One study suggests repeated leaving and returning actually heightens risk in some cases (Bell et al., 2007). Regardless, leaving an abusive relationship often takes a number of separations before a final ending, suggesting women who are in the early stages of leaving may be considered at a higher risk of returning (Martin et al., 2000). The findings of this study,
however, suggest that our current systemic response is set up to ‘punish’ women who come to the attention of CPS more than once (through increasing the level of intrusion) rather than considering multiple openings as a move in the direction of increasing safety. Martin and colleagues’ (2000) study raises the issue that clients may underestimate obstacles to leaving and workers who do not recognize this miss an opportunity to assist women to ensure success in ending the relationship. Workers who do not provide the option of working through degrees of ambivalence impede women from being able to address it later for fear of shaming themselves. These researchers recommend openly exploring and processing ambivalence as a best practice (Martin et al., 2000) which would emphasize the importance of the therapeutic alliance as highlighted by many of the client participants in the current study. The clients in the current study lamented the lack of supportive counselling which they felt would have helped them manage their situations. There were many similarities to the findings of Lempert’s (1997) study, wherein participants struggled with trying to obtain support from others while simultaneously not ending the relationship, reflecting “the failures of the binary model of abuse conceptualization, the either/or staying/leaving, to adequately capture the complexity of these intimate interactions” (p. 295). The importance of a larger social discourse in how women construct their own experiences of their abusive situations in relation to leaving has been recently highlighted (Baly, 2010). Additionally, “the focus on ‘exit’ implicitly holds women responsible for ending the violence in their relationship” and holds them accountable for future violence should they remain (Leisenring, 2006, p. 312), in the face of the knowledge that ongoing custody and access issues with children means that abusive partners are never entirely ‘left.’ Interestingly, Sanchez (1999, as cited in Dunn, 2005) critiques the idea of the “language of choice” in discussing abused women as it ignores the very real social and structural constraints upon women in our society.

It is clear from the results of the current study and others cited above that domestic violence cases constitute a different form of child protection case that, when measured against the standards of success in CPS work (non-recurrence), inevitably become problematic. The CPS workers were clear that the primary reason DV cases were considered difficult was the high rate of re-openings, leaving workers feeling frustrated
that interventions were rarely successful. If DV cases were approached with an acknowledgement that there could be multiple openings, however, perhaps an opportunity for prevention would emerge, one in which a collaborative approach between worker and client would be the focus.

**Working the System, Together:**

"Your choices are crap, crappier, and crappiest. So what are you going to choose?"

(Dunn & Powell-Williams, 2007, p. 999)

Both the women and workers in this study talked about ways they had to work within the confines of a bureaucratic system. For clients, there was a need to determine what the system required of them in order to navigate the system, either to access further services or to end their involvement with the agency. Clients talked about ‘begging’ for more services, to have their files kept open, or to access needed resources such as financial support or community referrals. Alternatively some clients spoke of limiting the amount of information they provided to the worker to prevent what they deemed to be the potential for more intrusive services. This finding is consistent with earlier research describing the process of “harnessing the system” referring to clients finding ways to access services to their benefit (Wuest & Merritt-Gray, 1999). Accordingly, “survivors needed to learn the language, procedures, criteria, and responsibilities of systems, institutions, and specific players, a task obstructed by inconsistent information, slow response, unpredictable or idiosyncratic actions, and geographical barriers” (Wuest & Merritt-Gray, 1999, p. 120). Workers in the current study understood the limitations of their work in terms of the fragmentation of services (e.g., intake to family service) and what that meant for the engagement of clients (e.g., passing the file from worker to worker interferes with relationship building). There were also incidences in the data wherein workers knowingly broke the ‘rules’ of service and provided extra support or advocacy for clients that they knew would ultimately benefit.

Lipsky (1980) claims the reasons for this disconnect between workers and clients is that workers face particular obstacles within bureaucracies. In terms of CPS work, participants talked about being involved with only a single component of each case (e.g., intake to family service) and not having any control over the outcome (e.g., the client
Furthermore, workers expressed frustration with not having a choice about using the risk assessments and other formulaic texts (e.g., safety planning documents), or not being able to control the amount or pace of their work (e.g., 30 day investigation time frames and other caseload expectations). These were some of the barriers to optimal service cited by the participants. Consistent with Lipsky’s (1980) concept of Street-level Bureaucracy, child protection workers are constantly forced to work within rules while simultaneously trying to be flexible in order to meet the needs of clients. Lipsky (1980) states that the “processing of people into clients, assigning them to categories for treatment by bureaucrats, and treating them in terms of those categories, is a social process,” and notes that clients “learn to treat themselves as if they were categorical entities” (p. 59). This process was evident in the way in which the client participants often referred to themselves as “an abused woman” and the way in which they seemed to understand how workers perceived them. Consistent with Lipsky’s (1980) theory, workers in the current study tried to convey their expectations to clients, almost supporting them in ‘working the system’ together so both the needs of the client and the institution could be met. Thus for example, several workers in this study kept cases open longer than their supervisors would have approved, or obtained resources not directly related to the job (e.g., CPS worker participants 9 and 6).

What these specific workers had in common was experience. An additional component of the particular challenge of child welfare practice is the worker’s skill-set. While CPS is considered complex and difficult work even for the most experienced workers, child welfare workers in Canada are often young and inexperienced. According to statistics from the Canadian National Incidence Study, 53% of workers are under the age of 34 and 55% of workers have less than 4 years of work experience (Fallon et al., 2003). Similar to the experiences of many of the clients in this study, participants in Douglas and Walsh’s (2010) study felt their CPS workers were “not equipped to undertake the task set for them” (p. 500). From the results of the current study, it may be postulated that experience gave some workers the knowledge and confidence in order to navigate the system in which they worked, in order to best meet the needs of the clients. More research in this area would be necessary however, to come to any real conclusions in this regard.
At the institutional level it is essential to recognize the impact of education and training on the development of social workers who may work with women who are abused in the context of child protection. Despite the prevalence of violence against women in society, social work programs globally continue to offer domestic violence courses only as electives, which means that many “MSW level practitioners may graduate without ever learning the etiology of this kind of violence or even appropriate interventions when encountering victims or survivors” (Postmus & Merritt, 2010, p. 313). Workers in this study who had participated in specialized training, or who had previous work experience in the VAW sector appeared to have developed a skill set that improved the interactions (from the perspective of both workers and clients), emphasizing engagement and recognizing the need for a longer term approach toward a positive case conclusion. Such findings support recommendations by Yoshihama and Mills (2003) to develop specialized training programs for CPS workers regarding the needs of abused women and their children.

Furthermore, studies on the work of child protection workers have found they become more oriented to task rather than process, for example focusing on “which services must be completed rather than on which goal should be achieved, and clients’ progress is assessed according to which services are completed rather than by which changes have occurred” (Smith & Donovan, 2003, p. 554), a hazard that may be particularly pronounced in complex cases such as domestic violence. The cases in this study that could be considered exemplary all had one thing in common, a therapeutic alliance between worker and client.


“We need to attempt to articulate what we see as the sites of silence in our data. What seems present but unarticulated?” (Clarke, 2005a, p. 85)

In accordance with Clarke’s (2005a) work, a discussion of the findings of this study is not complete without addressing certain significant silences in the data that speak volumes about the direction the field continues to take with respect to violence against women and
the issue of children’s exposure to domestic violence: the absence of children and fathers from the dialogue.

The Needs of Children

“If we were to think about workers talk about their practice as stories, children emerged as central and fairly well-developed characters, and mothers and fathers were secondary characters that were far more flat and in need of filling in.”

(Collings & Davies, 2008, p. 186)

Contrary to other studies that have found children to be the focus of workers, with parents playing secondary roles (Collings & Davies, 2008), workers in this study spoke mostly about parents at the expense of children’s voices in the text. This lack of the child’s presence may be as a result of the exclusive focus on domestic violence cases in this study as opposed to the range of child protection cases in Collings and Davies’ (2008) study. CPS practice has been criticized before, however, for focusing exclusively on parents (especially mothers) despite the rhetoric of a child-focused mandate (Scourfield, 2003). Cited as the main concern for workers, the data contained little information about how workers determined the impact of domestic violence on children, safety planned with them (or for them with caregivers), or referred children for additional services. Similar to other studies, findings of the current study indicate women were often told by workers their children were “too young to be affected” (DeVoe & Smith, 2003, p. 286), which might explain similar findings indicating fewer referrals were made for support services for children than were for mothers in DV cases (Alaggia et al., 2010). In particular, one study found the “lack of consistent information in the files regarding the safety and well-being of children, including the degree to which they have been exposed to violence, was alarming” (Hulbert, 2008, p. 232). Clearly, the focus for worker training needs to be on recognizing the impact of exposure to domestic violence on children and approaches to assessment and treatment to facilitate appropriate intervention and referral.

The Absence of Fathers

“Whether acknowledged or not, fathers who are caring, dangerous, poor, occasional, violent, strong, resourceful and alcoholic and who may have many other qualities, exist in the lives of women and children.”

(Brown, Callahan, Strega, Walmsley, & Dominelli, 2009, p. 30)
Consistent with previous research (Bingley Miller & Fisher, 1992; Brown et al., 2009; Milner, 1993; Risley-Curtiss & Heffeman, 2003; Scourfield, 2003), the current findings revealed that abusive partners remain largely uninvolved in the child protection process. Whether deliberately ignored or difficult to engage, all of the participants talked about the lack of father involvement in the process of investigation. These results support previous work suggesting CPS workers struggle with how to engage abusive men in their work and focus more often on mothers’ actions in order to reduce risk (Landsman & Hartley, 2007; Nixon, 2002; Strega, 2006). The reasons workers in the current study cited for not engaging with violent men were largely systemic in that they did not believe they had the leverage to contact men or make them engage in the work with them. Scourfield’s (2003) study suggests a deeper issue is at work with respect to how men are viewed by workers in both social and institutional discourse. His study found six constructions in this regard: men as threat; men as no use; men as irrelevant; men as absent; men as no different from women; and men as better than women. What is often forgotten is that much of the work at the level of investigation really is voluntary and more intrusive measures require court orders not easily obtained. There seems to be an assumption that men will not cooperate with such a voluntary process, an assumption for which there is yet to be evidence. Mothers continue to be the focus of intervention, and are often held to a higher level of accountability of managing their abusive partners than the systems themselves (Brown et al., 2009; Johnson & Sullivan, 2008), which becomes particularly concerning at the point of ongoing custody and access contact. The evidence of harm to children related to ongoing contact with abusive fathers is well documented (Harrison, 2008; Varcoe & Irwin, 2004). If the best interests of the child are really at the forefront of child protection practice, ignoring the involvement of abusive fathers may be the worst kind of intervention (Mandel, 2010). More concerning is research suggesting that knowing unsupervised access to children is a consequence may compel some women to remain in abusive relationships as an act of protection (Varcoe & Irwin, 2004). Furthermore, the current approach is largely focused on what is perceived as the protective behaviours of mothers when fathers are abusive, which may be misdirected, as research indicates that in such cases the protective behaviour of mothers does not actually predict recurrence of child maltreatment (Coohey, 2006). This lack of association is not
surprising, given the knowledge that abused women do not have control over the behaviour of their abusive partners. What remains evident from the findings of the current and other studies (Grauwiler, 2008) is the overwhelming lack of involvement of abusive partners in the process. Although CPS workers are often accused of not adequately addressing the issue of abusive partners (Strega et al., 2008), the findings in this study indicated that CPS participants were aware of the inadequacy of the system’s attempts to manage perpetrators and struggled with their own powerlessness in this regard.

“Doing the Right Thing”: Implications for Social Work Practice

“Making sense of practice requires examining the artfulness of performance, the context dependency of meaning, the historicity that opens up the possibility for the practice, and the reverberations for the future.”

(De Montigny, 1995, p. 35)

As has been discussed, the findings of this study indicate several main areas to pursue with the goal of improving social work practice in child protection work related to domestic violence case:

1. To consider the impact of dominant discourse on current approaches and work to change these practice approaches to be more aligned with theories of best practice;

2. Re-emphasize the importance of therapeutic relationships in child protection practice, providing additional resources for CPS workers to engage in longer term relationships with families experiencing domestic violence;

3. Consider differentiating DV cases from other forms of child maltreatment, in particular expanding the narrow view of what constitutes change (i.e., leaving the abusive relationship) to incorporate more pragmatic solutions to improving the safety of women and children (such as engaging with men to end abusive behaviours); and
4. Consider the silences in the current data set, comprising assessing and addressing the needs of children exposed to violence and the absence of work with abusive fathers.

These findings bring to the forefront the concerning matter that similar recommendations for change to CPS practice with domestic violence cases have been made in the past and have faced numerous difficulties in terms of implementation. Some of the barriers noted have been the need for additional training of CPS workers, conflicts between CPS and Violence Against Women (VAW) sector advocates, and an under-resourced and overwhelmed child protection system (Echlin & Marshall, 1995). Although many of these barriers may still remain within communities today, there has been considerable progress in that we are currently working in a time when more individuals are receiving domestic violence services than ever before. Opportunity awaits.

Limitations

This study has a number of limitations that must be considered in interpreting the findings. Firstly, the participants must be considered within the context of having volunteered to participate, possibly due to a particular interest or perspective towards the research, which may have influenced the findings. In addition, the particular location of the study and the diversity of the various CPS agencies involved, including institutional practices/philosophies, would not support generalizations, nor would this even be considered desirable (Kvale & Brinkmann, 2009). This exploratory study provides a rich starting point for future researchers to pursue more directed areas of inquiry.

Finally, the principal researcher came to the research with 15 years of work in the VAW and Children’s Mental Health Sector and although this provided a certain degree of ‘insider’ access and perspective, it may have impacted the context of the interviews. In particular, some of the CPS participants interviewed were familiar with the researcher from community trainings/networks, which may have influenced what they shared based on their own assumptions of her knowledge base or perspective, as well as the potential for future community involvement or other points of connection (e.g., potential for shared cases).
Other researchers have posited that when women believe that the focus of the research is on mothering, they may prioritize presenting themselves in a more favourable light and attempt to give positive meaning to their experiences (Irwin, Thorne, & Varcoe, 2002). This may explain how in these findings all the clients found a way to talk about their experiences in a positive light and certainly emphasized their good parenting. It also needs to be considered that participants may have attempted to present themselves well, thereby potentially altering the actual recollections of these experiences (Lindhorst & Padgett, 2005). Finally, the women who participated in this study were motivated to participate and were no longer experiencing abuse which may indicate significantly different views and experiences than women who are still residing in abusive relationships (Varcoe & Irwin, 2004).

Contributions

This research makes a number of contributions to the literature with regards to the current state of risk assessment and safety planning in child protection work with domestic violence cases. Current research in this area has focused on how community agencies view abused women’s experiences of child protection (Douglas & Walsh, 2010) and has addressed struggles between sectors (Beeman & Edleson, 2000; Beeman et al., 1999; Davies & Krane, 2006; Mandel, 2010; Schechter & Edleson, 1994). In addition, there has been research that has focused exclusively on women’s experiences (Haight et al., 2007; Johnson & Sullivan, 2008) or that of child protection workers (Fleck-Henderson, 2000; Friend, 2000a; Landsman & Hartley, 2007). The current study is the first to explore the perspectives on the interactions between both workers and clients in relation to risk assessment and safety planning with domestic violence cases. Furthermore, a limited number of studies have explored the process of safety planning with abused women (Davies et al., 1998; Goodkind et al., 2004; Hardesty & Campbell, 2004; Lindhorst et al., 2005; Radford et al., 2006; Waugh & Bonner, 2002), and the current research offers additional insight into the complexity of the processes of risk assessment and safety planning with abused women within the context of child protection practice.
Conclusions

“To fly, we have to have resistance.”

Maya Ying Lin

It is perhaps ironic that CPS may be in the best position to support women with an intervention that is not identified as a woman abuse service, but has a mandated focus on involvement with the child (Magen, 1999). Abused women may consequently be able to surreptitiously receive services that their abusive partner would not usually allow. In order to be helpful in this regard however, there are a number of recommendations from this study that could improve social work practice with DV cases in child protection services:

1. Workers need to recognize the complexity of risk assessment and safety planning and use them as a means of working with domestic violence cases more collaboratively. This means viewing the problem not as a simple one, whereby linear prescriptive models can hope to address the problem for each “case,” but rather in a manner that recognizes complexity, which seeks to find adaptive, dynamic models for intervention that considers evidence and self-report within a specific context relevant to each situation (c.f. Westley, Zimmerman, & Patton, 2006). The way we approach this work has the possibility to offer new concepts of constructive or protective power that will enable collaboration with women in the management of risk towards themselves and their children (Tew, 2006). Krane and Davies (2000) recommend social workers work closely with women to understand their maternal subjectivities in the experience of mothering in the context of violence, in order to intervene in mutually acceptable ways. In addition, exploring women’s interpretations of their experiences as a means of understanding how they approach their safety strategies through research has promise for addressing this issue (Liang, Goodman, Tummala-Narra, & Weintraub, 2005).

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6 As quoted on www.womenshistory.about.com
Although not specifically referred to in the current data, Johnson and Sullivan’s (2008) finding that clients wanted to “be credited for the things they did to protect their children” (p.255) would also be an important addition to best practice. For example, Mandel (2010) recommends that CPS assessments include what a mother does to “maintain her child’s routine, provide nurturance guidance, and attend to her child’s basic needs in the face of the batterer’s destabilizing, neglectful and abusive behaviors” (p.535). Such a suggestion is consistent with recommendations to change the current approach to risk assessment from identification of risk factors to a more positive frame “where the potential for success, not just failure, is calculated as a basis for decision making,” which would lead to more proactive approaches to intervention, such as mother–child support services (Greaves et al., 2002, p. 114). Strega (2006) points out that one of the most beneficial things workers can do is 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 perpetrators violence” (p.253). In reframing the situation from one focused on deficits as generated from a correlational assessment of risk to one based on strengths, workers may be able to represent risk in a new manner.

2. The CPS system of intervention needs to recognize that the therapeutic alliance relationship with clients is key to effective practice, particularly with DV cases, and must find ways to support this work. Such recognition has the potential to inform collaborative initiatives in an attempt to bridge the divide between understanding the dynamics of woman abuse within a context of child protection. To this end, a number of initiatives have been noted as helpful such as: community collaborations (e.g., the Children’s Aid Society/Violence Against Women collaboration protocol in Toronto); the establishment of domestic violence specialists within child protection organizations (e.g., domestic violence liaison workers, designated domestic violence intake teams); institution of cross-sectoral trainings with both child protection and violence against women sectors; the development of innovative fathering programs for men who expose children to domestic violence (e.g., Caring Dads program) (Edleson & Williams, 2006;
Scott & Crooks, 2004); and the introduction of differential response models in child protection, which have all shown promise (Alaggia et al., 2007; Edleson et al., 2006) in finding ways to engage with abused women in child protection practice. Similar to other areas of child protection work however, many of these initiatives are limited by the lack of structural support in the form of funding and other resources that are necessary for successful implementation. There is also the risk “that families not deemed ‘high risk’ are denied early intervention which might’ve promoted the welfare of the children concerned” (Gregory & Holloway, 2005, p. 48). The current study’s findings underscore previous research with respect to child protection practice with vulnerable populations; firstly, that CPS practice asks more of under resourced mothers than it does of fathers, and secondly, the importance of CPS not withdrawing interventions before the optimal goal is achieved; that of longer term prevention of risk and increasing safety (Callahan, Rutman, Strega, & Dominelli, 2005).

3. Workers lack the appropriate skills in assessment and intervention with children exposed to domestic violence, and require professional development in order to make appropriate referrals for services. Although there has been significant research to date about the impact on children of exposure to domestic violence, it has yet to be translated into direct CPS practice with children. This is in accordance with the findings of this study indicating that mothers continue to be the focus of this work and that, given the complexity of these cases, determining emotional impact on children continues to prove challenging for workers.

4. Workers also require the skills to engage with the perpetrators of DV in the name of child and mother safety. It became clear in this study that workers are generally not provided with training specific to managing cases of woman abuse in the context of the current model of intervention for child maltreatment. The Ontario Association of Children’s Aid Societies (OACAS) is currently piloting a curriculum to address this need, a promising development in addressing

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7 Where Woman Abuse and Child Safety Intersect: Best Practice Interventions for Keeping Children and Women Safe, OACAS, 2010
strategies for holding perpetrators accountable. Yet, in practice, holding perpetrators accountable for the abuse of women and children remains a challenge. Although researchers have been calling attention for more than ten years to the need to make perpetrators accountable, the progress to date has been minimal. Even recommendations that “identifying batterers’ behaviors improves risk and safety assessment, provides a context for understanding the survivors’ decision-making, and strengthens child welfare’s assessment of the batterer’s adverse impact on the child” has not yet led to any significant changes to practice (Mandel, 2010, p. 535). Recommendations continue to emphasize improving cross-sectoral training, ongoing communication and consultation as well as integration and coordination of services to address these issues (Beeman & Edleson, 2000). One promising approach is the “Safe and Together Model, which focuses on the full spectrum of safety strategies, beyond the standard involvement of police, criminal and family court and the ending of the relationship”(Mandel, 2010, p. 535). A more progressive approach would be to develop a model that emphasizes the importance of fathers in the lives of children and holds men equally responsible for their children’s wellbeing.

Finally, Berns and colleagues (2007) caution against the risk that “as social problems become ‘understood,’ the complexity (such as the influence of society on individual issues) of the problems is no longer discussed, policies are less likely to be improved because we ‘know’ what do, and less attention and awareness are built because we ‘now understand’ that issue” (p. 258). This is important, because despite decreases in police reported spousal violence and domestic violence homicide rates over the past ten years (Statistics Canada, 2009), there has been an increase in families accessing the myriad programs, services and interventions designed to address this issue. Many continue to cite the same barriers to service access and safety that have been identified over the past forty years.

**Future research**

Several themes that arose in the data set presented opportunities for more detailed exploration even though they were not included in the data. Four such areas emerged:
1. Women’s narratives of resistance. Although not directly questioned, client participants overwhelmingly volunteered stories that presented them as actively resisting their abusive partners, which has been cited elsewhere (Mohr et al., 2001) and would be an important area to pursue in terms of the role of these narratives.

2. Workers’ narratives about ‘good’ and ‘bad’ workers with respect to best practice in DV cases supported the concept that there is a ‘right way and a wrong way’ to do this kind of work, but warrants a deeper exploration of its own.

3. Workers’ personal experiences of abuse. Although not questioned about their own experiences, almost one quarter of the CPS worker participants volunteered information that they had personal experiences of DV. This may lead to an area of inquiry focused on how these participants may differ in their approaches to the domestic violence cases. Current research in the area has been inconclusive so far (c.f. Henderson, 2001; Yoshihama & Mills, 2003).

4. Exploring the Silences. That absence of the viewpoints of the children involved in these cases needs further exploration and would be an important avenue to pursue. In addition, research that brings to the forefront the voices of fathers who have perpetrated domestic violence and whose children are involved with CPS would also contribute to this developing field.

5. Exploring the presence of similar concepts (doing the right thing, the leave ultimatum) in violence against women settings.

This current study brought out the voices of women clients and CPS workers to examine current systemic responses and to contribute to an emerging literature and transformative practice initiatives. In pursuing these dual narratives, a tension was revealed that focused on both parties’ interests in doing the right thing, even if that definition was at times viewed differently between groups. Doing the right thing meant sharing certain details about engaging with ‘the other’ that reflected apprehension from both workers and clients, yet also hope that, in spite of challenges in CPS approaches to DV cases, positive
outcomes were possible. Indeed, there was much common ground revealed in the shadow of these differences, which provides hope for future research and action in this area. Through recognition of the narrative differences and the similarities between clients and workers with CPS work with DV cases, a more holistic and authentic picture of the challenges and opportunities emerges. Through the pursuit of these new lines of inquiry, social workers have an opportunity to enhance the ways in which complex concepts such as the risk for families who are experiencing domestic violence are understood and managed, creating better outcomes for women, families and communities in the process.
References


Not Unusual: Violence in Canadian Families (pp. 127-146). Waterloo, ON: Wilfrid Laurier Press.


Lapadat, J. C., & Lindsay, A. C. (1999). Transcription in Research and Practice: From Standardization of Technique to Interpretive Positionings. *Qualitative Inquiry, 5*(1), 64-86.


Appendix A: Recruitment Poster for DRDV study (clients)

Domestic Violence Research

- Have you previously been in an abusive relationship?
- Are you female and 18 years of age or older?
- Do you have children?
- Have you been involved with children’s aid in the past 2 years but not currently involved?
- Would you be willing to discuss your experiences in a confidential individual interview?

The Domestic Violence Project at the University of Toronto is seeking to understand the experiences of women who have previously been in an abusive relationship; have children and; have been investigated by the children’s aid as a result of the domestic violence. We are hoping that knowledge gained will be used to influence better responses to assist women in abusive relationships. If you are interested in participating in an individual interview, please contact the researcher at: (416) 946-3367 ext. 3. All messages are confidential. Please leave a message with your first name, and where and when you may be contacted. Participants will receive a $25.00 grocery certificate for their time.
Appendix B: Information Letter and Consent Form for DRDV Study (clients)

CONSENT FORM FOR PARTICIPATION IN PROJECT ABOUT EXPERIENCES WITH THE CHILD WELFARE SYSTEM

I understand that Tahany Gadalla from the University of Toronto, Faculty of Social Work is conducting a study to explore the experiences of former clients of child welfare agencies in terms of the services they received. I understand that the research has been sponsored by the Ministry of Children and Youth Services with the goal of improving services that clients receive.

I have read the Study Information Sheet and Consent form (or they have been read to me) and I fully understand the contents of the document and the expectations of the study.

I understand that I will participate in either an individual interview or a focus group with 6-8 participants that will last approximately 1-1.5 hours. I understand that the interviews and focus group meetings will be audiotape recorded. I understand that I can refuse to answer any questions I am asked and I may withdraw from the study at any time without explanation.

I further understand the potential benefits and risks associated with this study and I understand that the researchers will not reveal my identity and any information I provide will be strictly confidential.

All of my questions regarding the research have been answered to my satisfaction. I know I can contact the research investigators, whose phone numbers are on this consent form, at any time to answer any questions I may have about the study. If I have any questions regarding the ethics of this study, I can contact the University of Toronto Research Ethics Office at: 416-978-3165.
I understand that participation in this study is completely voluntary and that my decision to either participate or not to participate will have no effect on the child welfare agency where I’ve received services nor on myself. I further understand that I may withdraw my participation from this study at any time.

I voluntarily consent to participate in this study and I acknowledge that I have received a signed copy of the consent form and a $25 honorarium.

Participant’s Name: ____________________________________________________

Participant’s Signature: _________________________________________________

Date: ____________________________

Investigator’s Name: ___________________________________________________

Investigator’s Signature: ________________________________________________

FOR MORE INFORMATION PLEASE CONTACT:

Principal Investigator: Tahany Gadalla, Ph.D., MSc, MMath
Assistant Professor
Faculty of Social Work, U of T
Phone: (416) 946-0623
Email: tahany.gadalla@utoronto.ca

Co-Investigator: Aron Shlonsky, Ph.D.
Associate Professor
Faculty of Social Work, U of T
Phone: (416) 978-5718
Email: aron.shlonsky@utoronto.ca

Co-Investigator:

Ramona Alaggia, MSW, Ph.D.
Associate Professor
Faculty of Social Work, U of T
Phone: (416) 978-1923
Email: ramona.alaggia@utoronto.ca
DRDV Focus Group Guide

Introductory script: (First, review and sign consent forms) Thank you for coming today. We are trying to better understand the experiences of families like yours who have experienced domestic violence between parents and who have come into contact with the child welfare system. We are doing this to explore what is working, what isn’t working and why for families in your situation. Does anyone have any questions before we begin?

First, can we go around the room and introduce ourselves, first names only and please tell us the gender and ages of your children.

1. How did CAS (insert appropriate child welfare agency) become involved with your family?
   
   Prompt: What was happening in your family at the time?

2. Was the domestic violence the reason that CAS became involved with your family or were there other reasons as well? Please elaborate.

3. What were the first steps of this involvement and how did you experience their overall involvement with your family?

4. Did this involvement include your partner (e.g. the child(ren)’s father)? If so, how? If not, why not?

5. How long were you involved with CAS/are you still involved and for what purpose?
   
   Prompt: What is the nature of that involvement?

6. What does Risk Assessment mean to you?
7. Did you ever go through the process of risk assessment with your worker?

8. If yes, please describe that assessment.

9. What was helpful and/or not helpful? Can you give an example?

10. What does Safety Planning mean to you?

11. Did you ever go through the process of safety planning with your worker?

12. If yes, what was that process like? What was helpful and/or not helpful?

13. Did you and your worker agree on your (or your child/ren’s) level of risk and safety? Please elaborate.

14. Have you ever had to use your safety plan?

15. Has having a safety plan made you feel more ‘safe’? Could you please explain?

16. Were you referred to any follow-up services based on your involvement with CAS? If yes, what were those services?

17. Did you, your children, and/or your partner attend? Are you still involved with those services?

18. Were you provided with any written materials (pamphlets, handouts etc.) pertaining to domestic violence or the services you were referred to? Please describe.
19. Did you find the CAS services helpful to you and your family? Why or why not?

20. Are you in the same relationship, with the same partner that you were with when your family became involved with CAS?

21. What changes have occurred in your family as a result of your involvement with CAS or since your involvement with them?

Would you be willing to be called for a follow-up interview?

If yes, please leave a contact number with the researcher before you leave today.

Thank you for your involvement!
Appendix D: Recruitment Poster for CPS Workers

YOU ARE INVITED…

TO SHARE YOUR CHILD PROTECTION PRACTICE EXPERIENCES

FOR A STUDY ON RISK AND SAFETY ISSUES WITH DOMESTIC VIOLENCE CASES INVOLVED WITH CHILD PROTECTION SERVICES

Volunteers are being sought to participate in a doctoral research project designed to explore how child protection workers’ and women’s experiences of the risk assessment and safety planning process influence intervention.

Who can participate?

Any currently employed child welfare worker who has engaged in assessing risk and conducting safety planning with a client around issues of domestic violence. Please contact the researcher below if you wish to participate or have any questions.

What does participation involve?

• You are being asked to take part in focus group, or an individual interview (in person or by telephone at your convenience).
• You will be asked questions in relation to your experiences of working with domestic violence cases, in particular, aspects of risk assessment and safety planning experiences.
• Participation is voluntary and all information shared during the interview will be treated as confidential.

How do I find out more? To find out more about the study, or to volunteer to participate in an individual interview, please send an email to angelique.jenney@utoronto.ca or call 416-578-7163.
Appendix E: Information Letter for CPS Workers

INFORMATION LETTER AND INFORMED CONSENT FORM

For Whose Own Good? The Construction of Risk and Safety in Domestic Violence Cases within Child Protection Services

Investigator: Angelique Jenney
Supervisor: Faye Mishna, PhD
Factor-Inwentash Faculty of Social Work
University of Toronto
(416) 578-7163

Investigator: Factor-Inwentash Faculty of Social Work
Supervisor: University of Toronto
(416) 578-7163

Background & Purpose of the Research:

Little is known about how synchronized child welfare workers and mothers’ perceptions are with respect to safety in violent relationships, how this conversation unfolds, what "tools" are used for assessment (standardized or intuitive) and how this process influences the course of intervention. The purpose of this doctoral research is to explore the experience of both child protection workers and abused women in the process of risk assessment and safety planning to begin to contribute to the gap in this knowledge base. To this end, 30-40 volunteer CPS workers are being sought to obtain their relevant knowledge and expertise in this area.

Invitation to Participate in the Research:

You are invited to participate in this research project by attending a focus group where we will ask about your experiences with the process of risk assessment and safety planning with domestic violence cases in child protection work. In order to participate in this study you must:

1) Currently work (in any position) for one of the following listed child protection agencies: Catholic Children’s Aid Society of Toronto, Children’s Aid Society of Toronto Jewish Family and Children’s Services, Native Child and Family Services of Toronto, Leeds and Grenville Children’s Aid Society
2) Have engaged in the process of risk assessment and safety planning with an abused woman as part of a child protection investigation at least once.

Procedures:

Focus groups will take place at a neutral location (not your place of employment) at a time convenient to you and will include 5-10 participants from any of the above listed child protection agencies. You will be invited to share your experiences about the process of risk assessment and safety planning with domestic violence cases in your child protection work. The focus groups will last approximately last 1-1.5 hours. The focus groups will be audiotape recorded and a member of the research team will take notes to ensure an accurate record of what is said. There are no right or wrong answers to the questions raised in the group. Participation is voluntary and you waive no legal rights by your participation in this study. Your agency will not be informed about your participation.

In addition, you may also volunteer to participate in a process called ‘member checking’ wherein preliminary data analysis is shared with participants for feedback and confirmation of findings.

Voluntary Participation and Early Withdrawal:

Participation in this study is completely voluntary and you may withdraw from the focus group (or interview) at any time, without explanation or penalty. If you withdraw before the focus group is complete all information related to you will be destroyed. However, we will be unable to delete information gathered after the point of data entry as all identifying information will have been stripped from that data by that time. You can refuse to answer any questions during the focus group/interview that you do not wish to answer.

Risks/Benefits:

We will ask focus group participants not to reveal any information discussed within sessions to anyone outside the focus group; however we cannot guarantee this. There is a minimal risk that participants will not keep their agreement of confidentiality. There are some anticipated risks for focus group participants in professional roles. One risk is that of disclosing views that are not popular within the organizations in which they work or with their professional groups or other professional groups who do not share the same point of view. There is a risk that participants will disclose something in the group that they would rather others did not hear, in addition to the risk that they will hear material from other participants that may lead them to question their own practice. To guard against embarrassment and any negative outcome, identities of participants will be held in strict confidence. Also, because of the voluntary nature of the study, those professionals who perceive a substantial risk can turn down involvement in the research. Participation in the study is voluntary and anonymous and does not examine job performance or any other aspect that may jeopardize or affect participants’ employment.
Although there is no direct benefit to participants, you may indirectly benefit from the sharing of experiences with colleagues and by contributing to a growing knowledge base in this area.

Privacy & Confidentiality:

The investigator will take all the necessary steps to protect your privacy and confidentiality; however it is important to be aware that confidentiality can only be guaranteed to the extent permitted by law. In addition, confidentiality can only be maintained to the extent that all participants cooperate with the request to keep proceedings confidential. To protect your privacy, only the first names of participants will be used in the focus groups. When transcribing these focus groups, participants will be given pseudonyms which will not be linked with your real name or other identifying information. The tapes will be transcribed and checked as soon as possible after the interviews. Once the transcription is checked for accuracy, the audiotapes will be destroyed. Only the investigator will have access to the data. Consent forms will be stored in a separate locked filing cabinet, and all electronic files will be stored on a password protected computer directory in a locked office at the Factor-Inwentash Faculty of Social Work, University of Toronto. Only the investigator will have access to these files. All identifying information will be removed from the database, the data analysis and the final reports. Each participant is given a non-identifying code number. Focus group transcriptions will be destroyed at completion of the study. Data will be analyzed for themes and no individual will be identified. All data will be aggregated before publishing, which means that information will be presented in a way that does not identify any individual or agency. All copies, hard and electronic will be destroyed by the year 2015. When direct quotations are used, no identifying information will be included. You may receive a copy of the final report if you wish.

Compensation:

Depending on the time of the day of the focus group, participants will be provided with lunch or a light snack. Parking/TTC costs will be reimbursed.

Contact Person:

If you are interested in taking part in this research project, please contact the Investigator:

Angelique Jenney, Factor-Inwentash Faculty of Social Work, University of Toronto at (416) 578-7163

If you have questions about your rights as a research participant, please contact:

Rachel Zand, Health Sciences Ethics Review Officer

Ethics Review Office, University of Toronto

at 416-946-3389 or by email: rachel.zand@utoronto.ca
CONSENT FORM FOR PARTICIPATION IN PROJECT

ABOUT EXPERIENCES WITH RISK ASSESSMENT AND SAFETY PLANNING WITH DOMESTIC VIOLENCE CASES IN CHILD PROTECTION WORK

I understand that Angelique Jenney is a doctoral student from the University of Toronto, Factor-Inwentash Faculty of Social Work who is conducting a study to explore the experiences of risk assessment and safety planning with domestic violence cases in child protection work.

I have read the Study Information Sheet and Consent form (or they have been read to me) and I fully understand the contents of the document and the expectations of the study.

I understand that I will participate in either an individual interview or a focus group with up to 10 participants that will last approximately 1-1.5 hours. I understand that the interviews and focus group meetings will be audiotape recorded. I understand that I can refuse to answer any questions I am asked and that I may withdraw from the study at any time without explanation.

I further understand the potential benefits and risks associated with this study and I understand that the researchers will not reveal my identity and any information I provide will be strictly confidential.

All of my questions regarding the research have been answered to my satisfaction. I know I can contact the research investigator, whose phone number is on this consent form, at any time to answer any questions I may have about the study. If I have any questions regarding the ethics of this study, I can contact the University of Toronto Research Ethics Office at: 416-978-3165.

I understand that participation in this study is completely voluntary that I may withdraw my participation from this study at any time.
I voluntarily consent to participate in this study and I acknowledge that I have received a signed copy of the information and consent form.

Participant’s Name: ___________________ Investigator’s Name: ___________________

Participant’s Signature: ___________________ Investigator’s Signature: ___________________

Date: ______________________________

I would like to be involved in the process of member-checking, wherein I will be asked to review preliminary content/findings from the focus group data and provide my feedback. For the purposes of member-checking, I consent to being contacted in the future.

My preferred method of contact is: __________________________________________

(please indicate email, mailing address or phone contact information as preferred)

Participant’s Name: ___________________ Investigator’s Name: ___________________

Participant’s Signature: ___________________ Investigator’s Signature: ___________________

Date: ______________________________
Appendix G: Demographic Form and Interview Guide for CPS Workers

DEMOGRAPHIC INFORMATION FORM

Please answer the questions below in the space provided:

How long have you been working at the Children’s Aid Society?

☐ less than one year
☐ 1-2 years
☐ 3-5 years
☐ 6-10 years
☐ More than 10 years

What academic degree do you have? (check all that apply)

☐ BA/BSc
☐ BSW
☐ CYW
☐ MA/MSc (related discipline)
☐ MSW
☐ PhD (social work)
☐ PhD (related discipline)

What is your job title (Caseworker, Supervisor, etc.)?
What area within your agency do you work (Family service, Intake, etc.)

Have you received any formal training within your agency for Domestic Violence/Woman Abuse (DV) cases:

☐ YES  ☐ NO

If YES: Please check below if you have received specific training for:

☐ Risk Assessment with DV cases  ☐ Safety Planning with DV cases

How often do you engage in the practice of risk assessment and safety planning with domestic violence cases in your work? Please check one only:

☐ Rarely (annually)  ☐ Occasionally (monthly)

☐ Regularly (weekly)  ☐ Frequently (daily)

(Version date 04/20/09)
Introductory script: (First, review and sign consent forms) Thank you for coming today. We are trying to better understand the experiences of child protection workers when they engage in the process of risk assessment and safety planning only within the context of domestic violence/woman abuse (DV) cases. We will be asking you a number of questions about your experiences. If you don’t understand a question please don’t hesitate to ask for clarification. You do not have to answer any question that you don’t wish to. Do you have any questions before we begin?

(in the context of DV cases) What does Risk Assessment mean to you?

Prompt: How have you learned about Risk Assessment?

Did you ever go through the process of risk assessment with a client in the context of a domestic violence case?

What was that like?

What was helpful/not helpful?

(In the context of DV cases) What does Safety Planning mean to you?

Prompt: How have you learned about safety planning? (how do you do it?)

Did you ever go through the process of safety planning with a client in the context of a domestic violence case?

What was that like?

What was helpful/not helpful?

(are these formalized or unformalized processes?) (do you have a general sense of how to safety plan? Have you ever been instructed on how to safety plan?)

Have any of your clients (in the context of a DV case) ever had to use their safety plans?

Were they helpful? Explain.
Have you ever encountered DV case clients for whom you felt risk assessment and safety planning were unfamiliar concepts? How have you tried to explain it to them?

Did you feel that you could be completely honest/candid with your client when discussing their risk of future abuse and developing a safety plan? Why/Why Not?

Is there ever a time in your practice when you felt that your interpretation or assessment of risk differed from your clients?

Why do you think that was?

How did you manage that?

What was the final outcome? (prompt: was the client safe/unsafe?)

Did you ever midjudge the risk (higher or lower) in a DV case?

Please describe.

(prompt: where do you think you went wrong?)

Do you ever provide clients with written materials (pamphlets/handouts etc.) regarding domestic violence? Are there materials that you as a worker use for yourself – or that you have been trained with? Please describe.

In terms of risk assessment and safety planning in the context of DV cases, is there anything that we haven’t asked about that you think is important to mention?

Closing script: Thank you for taking the time to share your experiences with us, for those of you who have provided further contact information, we will be forwarding the study results to you in the future.

(Version date 07/29/09)
Appendix C: Demographic Form and Interview Guide for DRDV study (clients)

**DRDV Study**

**Demographic Form**

*Please note that the information you provide will be kept confidential and will only be reported in a summarized manner not on an individual basis. You may skip any questions*

1. **Date:** ________________

2. **Your age:** ________________

3. **What is your ethnic group or race (based on Statistics Canada 1996 Census)?**
   - White
   - Aboriginal (more detail?)
   - Chinese
   - Latin America
   - Arab/West Asian (i.e. Armenian, Egyptian, Iranian, Lebanese, Moroccan)
   - South Asian (i.e. East Indian, Pakistani, Punjabi, Sri Lankan)
   - Southeast Asia (i.e. Filipino, Indonesian, Japanese, Korean, Laotian, Vietnamese)
   - Black (i.e. African, Haitian, Jamaican)
   - Other ________________

4. **Are you or have you been an immigrant or refugee?**
   - Yes
   - No

5. **If yes, how many years have you lived in Canada?__________**

6. **Is English your first language?**
   - Yes
   - No
7. What language do you usually speak at home? __________________

8. What is your main source of income?
   1. Social assistance
   2. Full time employment
   3. Part time employment
   4. Multiple jobs

9. What is your annual household income? (Please include child support and financial aid)
   ○ Less than $15,000
   ○ $15-24,999
   ○ $25-40,999
   ○ $41-57,999
   ○ $58-80,000
   ○ Over $80,000

9. Please indicate the highest level of education you have completed.
   ○ Grade 0-8
   ○ Grade 9-11
   ○ High school or GERD
   ○ Some College/University
   ○ College/University Graduate
   ○ Post-Graduate
Appendix H: Situational Analysis

A Situational Analysis of the Situation

The process of situational analysis can be helpful in drawing out the information and assumptions that are involved in one’s research topic as well as for understanding the context of the data collected. In particular to facilitate a process of addressing these pieces in, what Clarke (2005) describes as “terms of utility, partiality, theoretical sampling, and other criteria” (p.85). It also provides an opportunity to consider the potential ‘sites of silence’ found in data and to explore ways in which these can be articulated (p.85). As part of grounded theory method, situational analysis of data collected supports a comparative exploration of client and worker discourse of safety in the context of domestic violence-related intervention. Using Clarke’s (2005) core criteria for situation analysis, the following components have emerged from the data:

**Individual human elements/actors:** CPS clients and workers are the actors and are positioned as the key players in the study, which is focused on the construction of risk and safety within child protection practice with abused women. Additionally, supervisors became a point of interaction as well as workers’ indicated that interactions with supervisors informed much of the decision making process of casework.

**Nonhuman elements/actants:** Concepts of risk assessment and safety planning as defined by the situation are key to the inquiry and play a significant role in how child protection work progresses. The concepts are derived from CPS and VAW discourse. The documentary materials collected (risk assessment tools, handouts and brochures for work with clients) contribute as a ‘nonhuman’ element to the analysis. As well, the Child and Family Services Act, The Domestic Violence Act (law prohibiting DV/child abuse) is an additional contextual element. In addition, where the work takes place is of importance; whether it takes place within the offices of CPS or the homes of the women themselves is relevant to the experience.

**Collective human elements/actors or Organizational/Institutional Elements** (Clarke and Friese, 2007): Children’s Aid Society, Criminal Justice and Family Court, and the Violence Against Women Sector comprise these elements. These larger social entities involve the
collective actions of multiple participants (police, lawyers, prosecutors, workers, victim assistance et) and compose the central elements of ‘the system.’ In addition how the media portrays victims of domestic violence, child abuse and even the work of child protection services is relevant – as is the image of social work as a professional body.

**Implicated/silent actors:** Abusive men are absent from the discussion entirely – only to be brought up as an area of conjecture (e.g., why they do it, level of lethality of risk to women or children) or need as a site for intervention (e.g., if we don’t intervene with men, we can’t keep women and children safe). These ‘silent actors’ are the principal reason for the risk assessment and safety planning in the first place. In both of the interview guides employed, the involvement of abusive men in the process is explored.

**Discursive constructions of individual and/or collective human actors:** What I refer to as *Victim Discourse*, or the dominant ways of talking about ‘acceptable’ and ‘unacceptable’ victim behaviour, is the principal focus of construction. This includes such stereotypes as how victims should look and behave which influences how ‘helpers’ work with them (Landsman & Hartley, 2007; Scourfield, 2001). For example, women who are ‘appropriately concerned’ about their safety, and engage in the discourse of ‘leaving’ the relationship (what a number of participants coined ‘*doing everything right*’) experienced more positive interactions with workers. Also how social workers and in particular how CPS workers were constructed in the general sense played a large part in how the women thought about/conceptualized the involvement as ‘threatening’ – “*they’re gonna take my kids away from me*” (#6).

**Discursive construction of nonhuman actants:** The concepts of risk assessment and safety planning have been constructed into formalized tools, which provide written processes for decision-making. These complex concepts have literally been reduced to check boxes on a single form, which are then ‘scored’ to evaluate risk. This may indicate something about the positivist world of child protection and the need to remove subjectivity from the interaction as a means of validation and the desire to remove the risk of human error.

**Political/economic elements:** References to child welfare legislation, or ‘the act’ (referring to the Child and Family Services Act) as a governing body that influences the rules of intervention, is part of the political and economic elements involved. References to old and new models of intervention (the now defunct Ontario Risk Assessment Model (ORAM) versus the introduction
of the Differential Response Model as of 2008) are made and judgments are given as to what is better for workers/families. Another theme that has arisen is the associated ‘costs’ of the ‘wrong’ kind of intervention (i.e., cases that just keep coming back).

**Socio-cultural/symbolic elements:** An overarching understanding of gender inequity emerges in the data and yet seemingly contradictory assumptions are made about the occurrence of violence against women. For example, beliefs about violence in other cultures and the representation that Canadian context is somehow superior (e.g., workers telling women that DV is not okay ‘here in Canada’).

**Temporal elements:** A complex set of temporal elements appears to be at work in the material, beginning with historical aspects of child welfare work and violence against women movements, but also grounded in current practice issues of managing the immediacy of crisis and workload issues that create a ‘time crunch’ for workers that make doing a ‘thorough assessment’ difficult. Women also spoke of the ‘timing’ of their involvement (e.g., ‘at the time, I didn’t think it was helpful’ or ‘I needed more time to get myself together to leave’). There are also futuristic references to ‘trajectories’ for how the case might unfold or the unknowns (e.g., trying to predict future occurrences of violence in order to accurately assess for safety).

**Spatial elements:** The question of safe spaces or ‘places of safety’ was a thread in terms of the discussion of intervening in homes versus offices, or the decision to shelter women as the only means of ascertaining safety. This may also be a place for the ‘here versus there’ discourse in terms of violence in other countries/Canada. References to physical versus psychological spaces of safety are also present in the data.

**Major issues/debates:** Much debate has taken place in the child welfare sector on whether child exposure to domestic violence should be considered a child welfare issue (Edleson et al., 2006; Magen, 1999) and, if so, how it should be approached. Participants (from both groups) often talked about questioning the system’s current approach to this issue. Workers questioned whether or not they should really be involved in the first place, and whether or not there should be another mechanism outside of child protection for this work. Clients shared similar concerns but in some cases highlighted concerns that child protection couldn’t do enough for them to keep them safe.
**Related discourses:** References to child protection practice as a culture (child saving discourses) as well as how society looks upon the issue of domestic violence (the competing realities of zero-tolerance discourse with actual prevalence and condoning behaviours). This is an interesting area of exploration – the idea of child-saving vs mother-saving – is one more powerful or less conflictual than the other – if defined as a child welfare issue then does that help account for why fathers/husbands are left out of the conversation?

**Other kinds of elements:** as found in the situation (Clarke, 2005a) This is where I put the relational aspects of the involved actors – the themes of ‘trust’ and ‘cooperation’ and ‘engagement’ would all be components of this element of relationship.

This situational analysis exercise draws attention to aspects in the data that may need further exploration as well as those areas that are in the researcher’s frame of reference, rather than in the data itself (larger socio-political discourses), which require consideration as the analytical process unfolds. Such reflective research practice guided by the situation analysis framework or criteria provides the opportunity to visualize and explore connections to theory and theoretical positioning of the researcher relative to the data.