The Discursive Construction of Gendered Attributions of Blame for Child Sexual Abuse: 
A Feminist Critical Discourse Analysis of Maternal Failure to Protect in 
Child Welfare Policy and Practice

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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2015

Abstract

Nonoffending mothers of children who have been sexually victimized have historically borne the burden of blame in professional and public discourse. Notwithstanding strong empirical evidence to the contrary, attributions of maternal culpability for the inception and maintenance of abuse dynamics have been socially manufactured through hegemonic paradigms of deficient mothering. While insinuations of conscious or unconscious maternal collusion may have dissipated since early psychoanalytic and family systems eras, the legacy of mother-blame lives on in present day child welfare policies and practices through the ideologically- and institutionally-entrenched doctrine of failure to protect.

With the intent of unearthing gender-based power asymmetries in contemporary child welfare system responses to child sexual abuse, this doctoral study applied feminist critical discourse analysis to investigate discursive constructions of blame and failure to protect, as enacted, reinforced, and resisted through the powerful language of child welfare policy and practice texts. In this multimodal, problem-oriented, social advocacy approach to critical social science research, descriptive, interpretive, and explanatory analyses of semiotic data were conducted to expose transparent and opaque orders of discourse that legitimate particular relations of power and authority in child welfare operating to the detriment of women and children.
Anchored in neoliberal modes of governing, child-centric notions of best interests, and hierarchical structures of power, this study uncovered dominant ideologies of gender and motherhood that function to construct women as the embodiment of sexual abuse risk, target of scrutiny and blame, and primary agent of change. Judged against naturalized schemas of good mothering in isolation of subjective lived experiences, social locations, and material conditions, failure to protect standards have an inherently disproportionate and troubling effect on women, particularly marginalized women who endure intersecting sources of oppression and adversity. Consequent formulations of child sexual abuse as a corollary of maternal inadequacies and defective instincts wrongly, albeit effectually, deflect the gaze away from sexual abuse perpetrators, nonoffending fathers, unresponsive institutions, and profound social injustices. Mothers are fundamental to the collective goal of promoting children’s safety and recovery in the aftermath of sexual abuse. Prevailing child welfare narratives that blame and shame paradoxically impede maternal capacities for support and protection and, thus, compromise children’s best interests.

Gendered child welfare discourse has proven itself to be remarkably impervious to change. This study effectively problematized and destabilized its stronghold on child welfare policy and practice by unmasking and denaturalizing the ideological content of textually mediated discourses, building a persuasive case for social and institutional reform grounded in a solid epistemic and evidentiary foundation, and proposing progressive avenues for discursive resistance, negotiation, and transformation.
Dedicated to my mom
a kind, compassionate, beautiful woman
who I lost as this doctoral journey was coming to an end
I love you and miss you deeply
Acknowledgments

Foremost, I would like to express my sincere gratitude to my doctoral supervisor, Dr. Ramona Alaggia, for her invaluable mentorship and endless encouragement; to my dissertation committee, Drs. Barbara Fallon, Ann Fudge Schormans, and Delphine Collin-Vézina, for their wisdom, thoughtfulness, and inspiration; and to my internal/external examiners, Drs. Tara Black and Simon Lapierre, who gave generously of their time and insights during the final stretch. A heartfelt thanks are also extended to all of my dedicated colleagues and friends at the University of Toronto, Hospital for Sick Children, and Ontario Network of Sexual Assault/Domestic Violence Treatment Centres.

I was privileged to have been awarded a Joseph-Armand Bombardier Canada Graduate Scholarship from the Social Sciences and Humanities Research Council, as well as funding support from the University of Toronto and Hospital for Sick Children, for which I am very thankful and without which this opportunity may not have been possible.

It goes without saying that I am deeply grateful for, and forever indebted to, my dear family and friends – too many to name without inevitably leaving someone out – for their boundless love and support along a doctoral path marked by profound loss and personal growth.

Finally, a special thanks to the Children’s Aid Society for opening its doors and databases for this critical research. I especially want to acknowledge and express my appreciation of frontline child protection workers for their incredibly important, yet often thankless, efforts to protect our most vulnerable children under the most challenging of circumstances. And most significantly, to child sexual abuse survivors and their resilient mothers who do what they can in the face of adversity, I extend my compassion and hope for change.
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Acronyms and Symbols

Canadian Association of Social Workers................................................................. CASW
Child and Family Services Act.............................................................................. CFSA
Child protection services...................................................................................... CPS
Child sexual abuse............................................................................................... CSA
Children’s aid society(ies)....................................................................................... CAS(s)
Critical discourse analysis..................................................................................... CDA
Family and children’s services.............................................................................. FACS
Family service worker........................................................................................... FSW
Intimate partner violence....................................................................................... IPV
Ministry of Children and Youth Services............................................................... MCYS
Ministry of Community and Social Services........................................................ MCSS
Number.................................................................................................................... #
Number of subjects in total or partial sample......................................................... N or n
Ontario Association of Children’s Aid Societies..................................................... OACAS
Page number(s)......................................................................................................... p(p)
Percent (fraction of 100)........................................................................................ %
Posttraumatic stress disorder................................................................................. PTSD
Public Health Agency of Canada............................................................................ PHAC
Versus...................................................................................................................... vs.
World Health Organization...................................................................................... WHO
CHAPTER 1
INTRODUCTION AND STUDY FOCUS

1.0. Maternal Blame and Failure to Protect in Child Sexual Abuse: An Introduction to the Problem

The conceptual lenses through which we attribute blame and responsibility for the occurrence and prevention of child sexual abuse (CSA) are socially constructed and, therefore, reflective of dominant sociocultural ideologies and hegemonic discourses. Nonoffending mothers of children who have been sexually victimized have historically borne the burden of blame by child welfare, criminal justice, medical, and mental health systems, domains in which the social work profession has assumed pivotal roles. Irrespective of strong empirical evidence to the contrary, traditional theoretical explanations for, and institutional responses to, CSA implicitly and explicitly manufacture assumptions of maternal culpability for the inception and maintenance of abuse dynamics through discursive notions of complicity and negligence. While insinuations of conscious or unconscious maternal collusion may have dissipated some since early Freudian psychoanalytic and family systems eras, the legacy of mother-blame lives on in gendered child welfare policies and practices through the contemporary doctrine of failure to protect. Formulating CSA as a consequence of maternal inadequacies and defective instincts wrongly, albeit effectually, shifts the locus of accountability away from the perpetrator committing the offence and the fundamental power asymmetries endemic to our society that sanction its existence.

1 For the purpose of this thesis, the term nonoffending mother refers to a biological or nonbiological female primary caregiver of a child who has experienced sexual abuse by someone other than her. This language has been widely adopted by CSA researchers, investigators, and clinicians. Comparable labels, such as nonabusing parent, have been critiqued for obscuring the family’s support needs, the complexities of the parent-child relationship, and gender role differentiation (Hooper & Humphreys, 1997).
Deep-seated mother-blaming discourse in the child welfare system has serious and widespread consequences – psychological, social, familial, and legal. Following the disclosure or discovery of CSA, nonoffending parents, namely mothers, are confronted with a host of instantaneous and simultaneous tasks. Often within the context of intense emotional upheaval, competing allegiances, and conflicting cultural influences, they must assess the credibility of the abuse allegations, evaluate the consequences of life-altering decisions, locate and access numerous resources, and navigate complicated institutional and bureaucratic systems. With little to no engagement of nonoffending fathers and perpetrators, immediate and ongoing risk reduction plans imposed by child protection services (CPS) are largely dependent upon the demonstrated protective faculties of mothers. Capacities are then judged against ideological constructions of good mothering that do not always reflect the subjective lived experiences of women, particularly those who endure intimate partner violence (IPV), social isolation, impoverishment, ethnoracial discrimination, or other intersecting oppressions. Robust empirical research suggests that the manner in which mothers respond in the aftermath of CSA is highly predictive of child outcomes across the lifespan (Elliott & Carnes, 2001; Knott & Fabre, 2014). Encounters with blame in the face of unrealistic and overwhelming expectations, however, have the potential to impede maternal capacities for support and protection and, thus, compromise child safety and recovery. The security and well-being of children are fundamentally dependent upon the quality of care extended to their mothers – mothers who, at times, bear an ethic of simultaneous idealization and condemnation by the very institutions entrusted to help.

With the intent of unearthing gender-based power asymmetries in contemporary child welfare discourse, this doctoral study applied feminist critical discourse analysis (CDA) to interpretively investigate discursive notions of maternal blame and failure to protect in cases of childhood sexual abuse, as constructed, reinforced, and resisted in the child welfare system. In the tradition of critical social science research, the overarching objective of this study was to build a credible case for progressive social change grounded in an alternative discourse by exposing the ways in which dominant ideologies of gender and motherhood discursively manifest in the
language of Ontario child welfare policy\textsuperscript{2} and practice texts to unfairly hold nonoffending mothers solely accountable for child protection, then impugn them for failing to measure up to idealized standards, while simultaneously deflecting the gaze away from sexual abuse perpetrators, nonoffending fathers, unresponsive institutions, and structural inequalities.

\textbf{1.1. Child Sexual Abuse: An Overview of its Significance and Scope}

The use of children for sexual purposes has existed in diverse forms across cultures throughout all historical epochs with varied degrees of public and private acceptance and rejection (Kahr, 1991; Seto, 2008). It was not understood as a social problem demanding state intervention, however, until relatively recent times in Western civilizations. The Standing Senate Committee on Human Rights (2011) declared the sexual victimization of children to be a pervasive and deeply rooted reality in Canadian society that requires immediate strategic action on a national level. While there is no universally adopted working definition of what signifies a sexually abusive act toward a child, among the most commonly cited conceptualizations of CSA garnering some degree of international consensus is that constructed by the World Health Organization (WHO, 1999):

\begin{quote}
Child sexual abuse is the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person. This may include but is not limited to: the inducement or coercion of a child to engage in any unlawful sexual activity, the exploitative use of child in prostitution or
\end{quote}

\textsuperscript{2} The term \textit{policy} is applied broadly to encompass child welfare legislation and policies, including practice standards and policy directives, recognizing that they are interrelated yet functionally discrete.
other unlawful sexual practices, the exploitative use of children in pornographic performances and materials. (pp. 15-16)

Despite the cultural relativity of CSA, this broad characterization captures the key elements of informed consent, infringement of societal laws or taboos, the nature of the relationship and power differential between the child and perpetrator, and intention. With a child protection mandate as its focus, the Ontario Association of Children’s Aid Societies (OACAS, 2006) offers a similar yet narrower prescription of sexually abusive acts toward children:

Abusive sexual activity/exploitation includes, but is not limited to, any sexual contact between a child and caregiver, or family member or community caregiver having charge of the child regardless if the sexual contact is accomplished by force, coercion, duress, deception, or the child understands the sexual nature of the activity. Sexual activity may include sexual penetration; sexual touching; or non-contact sexual acts such as exposure, sexual suggestiveness, sexual harassment or voyeurism. (p. 24)

Missing from both definitions, however, is emphasis on the fundamental violation of human rights and dignity inherent in all forms of sexual victimization of vulnerable children, and the unequal macrolevel gender- and age-based power relations that create and sustain the social order in which it can thrive.³ The trauma associated with CSA can have deleterious effects on children’s neurobiological, psychoemotional, behavioural, and social development and adaptation over the life course (Hillberg, Hamilton-Giahritsis, & Dixon, 2011; Kendall-Tackett, Williams, & Finkelhor, 1993; Putnam, 2003), as well as a detrimental impact on parental, particularly maternal, mental health and well-being, coping and caregiving capacity, and social and material resources (Elliott & Carnes, 2001; Knott & Fabre, 2014). Moreover, exposure to sexual victimization is commonly experienced concurrently with other childhood adversities,

³ This analysis focuses on intrafamilial CSA (committed by a person within the family system, blood or relation) and extrafamilial CSA (committed by someone outside of the family system, but in a caregiving role at the time) by male perpetrators, recognizing the unique dynamics of other forms of sexual exploitation, such as child sex trafficking, tourism, prostitution, and pornography.
giving rise to cumulative trauma sequelae (Afifi et al., 2014; Cyr et al., 2012; Felitti et al., 1998; Finkelhor, Ormand, & Turner, 2009; Finkelhor, Turner, Shattuck, & Hamby, 2013).

Accurately quantifying the scope of CSA is a difficult task due to the shame, secrecy, and stigma commonly associated with this form of abuse and consequent underreporting, as well as a myriad of research methodology and surveillance challenges (Collin-Vézina, Daigneault, & Hébert, 2013; Fallon et al., 2010a; Lyon, 2007). According to national and provincial child welfare incidence data, there were an estimated 2,607 (0.43 per 1,000 children) substantiated investigations with sexual abuse as the primary category of maltreatment in Canada (Public Health Agency of Canada (PHAC), 2010) and 771 (0.32 per 1,000 children) in Ontario (Fallon et al., 2010b) in 2008. Statistics derived from official child welfare referrals offer important information; however, incidence studies generally only capture maltreatment perpetrated by a caregiver that has been reported to, and substantiated by, CPS during a restricted period of time, thereby grossly underestimating the true extent of abuse for several reasons. First, the overwhelming majority, up to 90 percent, of CSA cases never reach the attention of authorities (London, Bruck, Ceci, & Shuman, 2005; Smith et al., 2000). Second, sexual abuse of a child by a parent occurs in the minority of cases as the majority of perpetrators are acquaintances or someone else known to the child (Berliner, 2011), therefore not falling under the mandate of CPS. And third, there is often insufficient evidence to substantiate abuse from a child protection standpoint given that there is typically little or no independent corroboration of its occurrence beyond the child’s statement (Lyon, 2007; Lyon & Ahern, 2011). In fact, CSA allegations are the least likely to be substantiated among all maltreatment typologies. To add perspective, 71 percent of all investigations involving exposure to IPV as the primary form of maltreatment in

---

4 Inconsistencies across epidemiological sources relate to variations in data collection methods (official reports vs. population surveys), operational definitions of abusive behaviours (contact vs. noncontact, age of consent, activity between children), and sample characteristics (intrafamilial vs. extrafamilial, specific vs. combined age cohorts).

5 Substantiation requires the balance of evidence to indicate that maltreatment has occurred (PHAC, 2010).

6 Incidence rates of CSA, in conjunction with other maltreatment types, were relatively low. Rates of CSA involving caregiver inability to protect were not reported in either of these studies due to low frequency. Based on previous national incidence data, it was estimated that four percent (n = 1,643) of substantiated neglect investigations involved failure to supervise (sexual) in 2003 (Roy, Black, Trocmé, MacLaurin, & Fallon, 2005).

7 According to police-reported crime statistics that also include noncaregiver offences investigated independently by police, there were 3,968 substantiated sexual violations against children in Canada in 2012 (Perreault, 2013).
Canada in 2008 were substantiated (Fallon, 2014), compared to only 26 percent of those with CSA as the primary maltreatment form (Lefebvre, Van Wert, Fallon, & Trocmé, 2012), in large part due to the absence of a credible disclosure or other confirmatory evidence.

As proposed in Summit’s (1983) seminal model of child sexual abuse accommodation, disclosure is conceptualized as a process characterized by secrecy, fear, denial, and incremental disclosures over time, which can be retracted and reinstated. Although the scientific grounding of certain aspects of Summit’s theory has been challenged (London et al., 2005), empirical evidence supports the notion that nondisclosure and delayed disclosure of CSA are, indeed, common among victims (Alaggia, 2004; Hébert, Tourigny, Cyr, McDuff, & Joly, 2009; Hershkowitz, 2006; London et al., 2005, 2007; Lyon, 2002, 2007, 2011; Smith et al., 2000). The modal rate of sexual abuse disclosure in childhood is approximately one-third (London et al., 2005), suggesting that children’s capacity or readiness to tell may be inhibited by various developmental or motivational barriers. The unsettling reality of these disclosure patterns is that, without a victim statement and firm grounds to intervene, children may be left in unsafe environments and denied therapeutic intervention to address the adverse effects of trauma.

In light of the frequency of nondisclosure during childhood, self-report victimization surveys of representative population samples offer a more accurate reflection of true lifetime prevalence of CSA. They are not, however, without shortcomings. Although prevalence surveys are much more likely to identify former victims who effectively evaded detection by authorities, problematic data collection methods, poor questioning techniques, deficits related to recall memory and reporting accuracy, and social desirability effects may result in erroneous

---

8 Children’s inability or reluctance to disclose sexual abuse is understandable, particularly in the context of cognitive and communicative limitations, shame, and fear of negative consequences. While CSA disclosure research does not yield a coherent picture, some of the factors shown to be predictive of nondisclosure and delayed disclosure include unsupportive caregiver response (Azzopardi, Madigan, & Kirkland-Burke, 2014; Hershkowitz, Lanes, & Lamb, 2007; Lawson & Chaffin, 1992; Lippert, Cross, Jones, & Walsh, 2009), younger age of the child (Azzopardi et al., 2014; Hershkowitz, Horowitz, & Lamb, 2005; Pipe et al., 2007; Smith et al., 2000), and close relation with the perpetrator (Hershkowitz et al., 2005; Pipe et al., 2007; Smith et al., 2000), among others.

9 For example, the random-digit-dialing techniques relied upon in most large-scale survey methodologies exclude individuals without a residential telephone number, including those who are homeless, incarcerated, and admitted to treatment centres. In other words, highly vulnerable segments of the population with proportionately higher rates of CSA remain unaccounted for (Cromer & Goldsmith, 2010).
estimations. The Badgley Royal Commission Inquiry, the first grand-scale, retrospective, random survey research of its kind in Canada, found that an astounding one in three girls and one in six boys experienced an unwanted sexual act (Badgley et al., 1984). Though dated, the findings of this groundbreaking study drew attention to the inadequacy of Canadian laws to protect children from sexual offences, resulting in significant legislative reforms and important shifts in public and professional discourse. To date, it remains our only source of nation-wide CSA prevalence data. More recently, two Canadian province-based surveys found that 22 percent of women and less than 10 percent of men reported a childhood history of sexual abuse (Hébert et al., 2009; MacMillan, Tanaka, Duku, Vaillancourt, & Boyle, 2013), while an American nation-wide survey of 17-year-olds showed that 11 percent of females and less than two percent of males were exposed to sexual abuse by an adult in their lifetime, with rates among girls rising significantly in later adolescence (Finkelhor, Shattuck, Turner, & Hamby, 2014). Highlighting the international scale of the problem, a comprehensive meta-analysis of 217 studies published globally between 1980 and 2008, including 331 independent samples with 9,911,748 subjects in total, estimated world-wide CSA prevalence to be nearly 12 percent (118 per 1,000 children), with substantial gender differences emerging from self-report data (164 - 197 per 1,000 girls, 66 - 88 per 1,000 boys) (Stoltenborgh, van IJzendoorn, Euser, & Bakermans-Kranenburg, 2011). Alarming international figures were confirmed by another meta-analysis of 55 publications between 2002 and 2009 from 24 countries, which revealed CSA prevalence rates ranging from eight to 31 percent for females and three to 17 percent for males (Barth, Bermetz, Heim, Trelle, & Tonya, 2013).

Whereas there was an exponential increase in reports of CSA in the late-1980s and early-1990s, American data suggest a substantial and steady epidemiological decline since the mid-1990s (Finkelhor, Jones, & Shattuck, 2011; Finkelhor, Turner, Ormod, & Hamby, 2010). This trend parallels declining incidence rates of substantiated CSA in Canada, although statistics from victimization surveys and police databases conflict (Collin-Vézina, Hélie, & Trocmé, 2010). Though subject to some debate, there is convergent empirical evidence to support a bonafide

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10 A notable exception is the increased number of police-reported offences involving child luring through the Internet in recent years (Loughlin & Taylor-Butts, 2009).
decrease in CSA, as opposed to a decline solely attributed to changes in reporting patterns or investigative procedures (Finkelhor & Jones, 2012; Sedlak et al., 2010). Several hypotheses for this downward trend have emerged, including shifting economic conditions, increased agents of social intervention, effective prevention and intervention efforts, a rise in psychiatric pharmacology, evolving sociocultural norms and awareness, more aggressive policing and offender incarceration, and improved surveillance and detection via technological advances (Finkelhor & Jones, 2004, 2006). Such theories, while emanating from an American context, likely translate well to explain epidemiological patterns in Canada. While the true magnitude of CSA is uncertain, the scope of the problem remains critical for this highly vulnerable group of child victims, their families, and the social fabric of society at large.

1.2. Motherhood and Mother-Blame: Understanding Ideologically-Laden Constructs

The social institution of motherhood is a simultaneously glorified and condemned gender-based construct that has been extensively deconstructed in feminist scholarship, both theoretically and empirically (Arendell, 2000; Chodorow, 1978; Chodorow & Contratto, 1982; Hays, 1996; Rich, 1976). In most Western societies, the socially construed standard of mother as the intrinsically capable and devoted primary caregiver, nurturer, and protector reflects an idealization of women (as mothers) that draws upon heteronormative discourses ubiquitous to our cultural ideology. Motherhood occurs within the private institution of family, the self-contained social unit fundamentally responsible for the production and rearing of children. In its traditional patriarchal form void of cultural variation, the nuclear family signifies a ‘natural’ division of labour based on biology, wherein mothers are obligatory caretakers and fathers are discretionary caretakers but primary economic providers (Silverstein, 1996). Rooted in the material relations of patriarchal capitalism and sexist ideology, the endless, unpaid, and sometimes isolating domestic labour that goes hand-in-hand with mothering remains largely unrecognized and undervalued by society. This gendered divide extends to the paid workforce

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11 This is not, however, a universal phenomenon. For example, a study of 186 diverse societies across the globe showed that mothers were primary caregivers in less than half, a rate that dropped to less than one-fifth beyond infancy (Braverman, 1991).
where doubly burdened females, though participating in vast numbers, are generally segregated in lower status occupations and earn lower wages than male counterparts for equal work (Ferrao, 2010; Williams, 2010), while simultaneously maintaining the bulk of unpaid childcare and household responsibilities (Milan, Keown, & Urquijo, 2011).  

Hegemonic schemas of mothers as intuitively all-knowing and all-sacrificing have become taken-for-granted assumptions for which women are valued and against which women are judged. Needless to say, there is a disjuncture between mothering ideology and women’s subjective realities. The ‘good mother’ – ‘bad mother’ paradigm manufactures the conditions under which mothers who do not embrace and achieve unattainable societal standards are condemned. Chodorow and Contratto (1982) suggest that the dichotomous idealization of mother and blaming of mother are two sides of the same universalistic belief in the all-powerful mother. Both validate gender role traditionalism and promote sex-stereotyped parenting. Mother-blame is a longstanding and deeply entrenched gendered discourse that is interwoven throughout all aspects of life, whereby women are socially prescribed sole responsibility – morally, socially, and legally – for the behaviour, health, well-being, and safety of their children from the moment of conception into adulthood, and consequently shamed and blamed for perceived failures over which they may have little control (Caplan, 1998, 2000, 2002; Davies & Krane, 1996). Mother-blaming propagates ‘momism,’ a term originally coined by Wylie (1942) to refer to overprotective and domineering maternal behaviours, and later reframed by Caplan (2000) as an oppressive gender-based prejudice toward women that parallels other ‘isms’ (e.g., racism, sexism, classism) serving to perpetuate the unequal distribution of power and resources in a patriarchal society. Naturally, hand-in-hand with mother-blaming is a social taboo against father-blaming (Caplan, 2000).  

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12 For example, in 2008, Canadian women earned a total annual income of $30,100, whereas men earned $47,000, on average (Williams, 2010). The gender gap in wages is observed in both professional and nonprofessional occupations. Women with children earn 12 percent less, on average, than women without children, despite other factors being equal (Zhang, 2009). Moreover, women reported spending an average of 50.1 hours per week on unpaid childcare in the home in 2010, a figure more than double that of men (Milan et al., 2011).
Ideological constructions of motherhood (and fatherhood) are historically and culturally contingent, yet the good-bad mother binary seems to have endured progressively evolving relations of gender and power. Mother-idealizing and mother-blaming narratives remain pervasively embedded in present day popular culture, common language, media representations, family systems, public and professional attitudes, and institutional discourses. Supported by the underlying assumptions of maternal responsibility and inadequacy, the everyday problems experienced by children continue to be linked to the social locations and emotional states of their mothers – their poor mothers, their employed mothers, their single mothers, their unstable mothers, their selfish mothers. This was illustrated in a review of 125 articles published in scholarly clinical journals through the 1970s and 1980s showing that mothers were considered blameworthy by mental health professionals for 72 distinct childhood adversities, both organic and social, ranging from schizophrenia to incest (Caplan & Hall-McCorquodale, 1985). Mother-blaming rhetoric and father invisibility have remained prevalent in core foundation social work curricula, professional practice models, and research (Ruffalo, Sugamele, & Taylor-Brown, 1994; Shapiro & Krysik, 2010; Strug & Wilmore-Schaeffer, 2003; Walmsley, Strega, Brown, Dominelli, & Callahan, 2009). Though considerable advances have been made, the problem certainly persists in slightly more insidious yet equally harmful forms.

Infiltration of mother-blame discourse in lay and professional conceptualizations of responsibility for the sexual abuse of children has stood the test of time (Bolen, 2003; Breckenridge & Baldry, 1997; Carter, 1999; Corcoran, 1998; Davies, Collings, & Krane, 2003; Davies & Krane, 1996; Krane, 1997, 2003; Krane & Davies, 1995, 2000; McLaren, 2013; Risley-Curtiss & Heffernan, 2003). When mothers are positioned as children’s natural primary caregivers and protectors, CSA is inevitably deemed the result of inadequate maternal care and protection by extension. The perpetual myth of the all-knowing and all-powerful mother, who instinctually ought to know when sexual abuse is occurring and ought to be able to stop it, permeates child welfare policies and practices (Carlton & Krane, 2013). While the nature of blame may have shifted over the years from claims of collusion and complicity to judgments of failure to protect, nonoffending mothers continue to be held accountable for the violent actions of men. These unreasonable expectations fail to take into account the challenging
circumstances of women’s everyday lives, often characterized by poverty, violence, conflicting priorities, limited social supports, and the debilitating effects of trauma, not to mention highly effective perpetrator tactics to conceal crimes and silence victims. This is further complicated by the reality of competing, sometimes divergent, needs and interests of women and children.

In addition to undermining the enjoyment and rewards of motherhood, the burden of these social liabilities are internalized by individual women, who perceive themselves as failing to live up to daunting standards, consequently changing their self-concept and manifesting in the form of guilt, shame, and self-blame. Paradoxically, the practice of blaming mothers renders them powerless, while simultaneously assuming an omnipotent ability to protect. In their quest for a meaningful narrative to help make sense of their experiences, blame attributions by survivors of CSA, often devoid of contextualization within broader explanatory frameworks, are also shaped by fantastical maternal stereotypes of perfection against which “human limitation may seem deliberate betrayal” (Hooper & Humphreys, 1998, p. 573). Maternal scapegoating not only allows for the role of nonoffending fathers within the family system to go unnoticed and child sex offenders to remain unaccountable for their actions, but also for root causes of social problems to continue unexamined, thereby maintaining the status quo, reinforcing unequal power relations, and cultivating risk at the expense of vulnerable children.

1.3. Maternal Failure to Protect and Paternal Absence in Gendered Child Welfare Discourse

Child welfare systems in Canada, like most Western nations, are residual in nature and mandated through statutory laws that define the extent of state intervention into the private sphere of the family when socially prescribed standards of acceptable care, parental behaviour, and child development trajectories are not satisfied (Cameron, Freymond, Cornfield, & Palmer,

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13 Child welfare system broadly refers to the network of policies, services, and courts concerned with the welfare of children. Child protection system, which is part of the child welfare system, more narrowly refers to the agencies mandated to investigate and intervene in reported cases of child maltreatment. The common aim of both is to safeguard children from harm and risk of harm.
2007). In this neoliberal, threshold approach, such a determination, in the province of Ontario for instance, involves assessment of substantial risk to the child’s health or safety. Regardless of the nature of the allegation, the state mandate to protect children from harm, and risk of harm, oftentimes demands a judgment of parental capacity to protect. Because gender biases are pervasive in child welfare policies and practices (Featherstone, 2006; Krane & Davies, 2000; Risley-Curtiss & Heffernan, 2003; Scourfield & Coffey, 2002), parental capacity to protect tends to be synonymous with maternal capacity to protect. The criminal justice system convicts and incarcerates a minority of sex offenders, even when there is sufficient evidence to substantiate abuse from a child protection standpoint. For example, it was estimated that only 38.5 percent of reported child sexual exploitation offences in Canada in 2002/2003 resulted in a criminal conviction, of which only two-thirds received either a custody or conditional custody sentence as the most serious sentence (Latimer, 2005). Hence, when there are insufficient legal grounds to remove perpetrators from victims’ environments, as holds true the majority of the time, the burden of protection is routinely placed upon CPS, then delegated to primary nonoffending caregivers – in other words, delegated to mothers.

The socially construed notion of failure to protect is indoctrinated in paternalistic child welfare and judicial discourses, and most commonly enacted in cases of IPV and CSA (Strega, Krane, Lapierre, Richardson, & Carlton, 2013). Failure to protect is a widely adopted ‘commonsense’ principle grounded in the conventional belief that parents have a duty to protect their children from avoidable harm. It follows, then, that those who fail to fulfill their duty, regardless of social context, are considered as responsible for the resulting harm that comes to the child as the third party who directly inflicted the harm. Although there is variation across legislative jurisdictions, CPS substantiation of failure to protect in the context of CSA generally involves: 1) a determination of sexual abuse by omission, in which a caregiver knows or should know of the risk of CSA, yet continues to allow the offender access to the child or fails to take reasonable action to protect; or 2) supervisory neglect, in which a caregiver allows a person unsupervised

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14 Child sexual exploitation offences included child sexual abuse, child pornography, and child prostitution. This conviction rate was significantly lower than the general conviction rate of 60 percent for all offences and 50 percent for violent offences during the same time period (Latimer, 2005).
access to the child when she knows or should know of his history of sexual abuse (Coohey, 2006). Judgments of failure to protect are, thus, immersed in the concept of risk aversion, a fundamental organizing principle in child protection practice (Swift & Callahan, 2009). The criteria applied in making such determinations, however, have weak scientific grounding and lack clear operationalization and consistent application (Shadoin & Carnes, 2006). Theoretically speaking, caregivers of all sexes can be accused of, and deemed liable for, failing to protect from a child welfare perspective. However, fathers are rarely, if ever, held to the same standard as mothers in practice. Grounded in prevailing motherhood and mother-blaming discourses, the gendered doctrine of failure to protect is consistently disproportionally applied to women, with particularly harsh effects on those who are poor, Aboriginal, and otherwise racialized (Leonard, 2013; Maiter, Alaggia, & Mutta, 2013).

Under the circumstances of time-sensitive child welfare decisions, all with serious and lasting repercussions, comprehensive evaluations of maternal responsiveness and capacity to protect are, at times, substituted with abrupt judgments based on brief and superficial encounters. Tacitly influenced by dominant assumptions of proper mothering, value-laden assessments by child protection workers tend to stringently dichotomize mothers as good or bad, warm or cold, protective or unprotective, without adequate consideration of the cultural variations in mothering, socioeconomic conditions, and overwhelming responsibilities thrust upon them in the aftermath of CSA. With the child’s immediate safety at the forefront, there is little tolerance for the risk presumed to be inherently associated with vacillation in maternal belief, support, and protective action in the wake of disclosure, despite ambivalence being a normative response for many women (Bolen & Lamb, 2004), especially in the context of acute psychological distress, threats of violence, and scarce resources. In addition to terminating contact with, and controlling the conduct of, the sex offender, Davies and Krane (1996) bring attention to the challenging, and often invisible, tasks involved in maternal protection from CSA (re)victimization, such as securing housing, income, childcare, transportation, medical care, and mental health treatment. Judgments of what a reasonable and rational mother should and would do to protect her child tend to be cast in isolation of emotional and material circumstances.
Particularly troubling is the pervasive lack of purposeful engagement with fathers throughout the child welfare process, regardless of whether they are perceived as a resource and/or risk to children and mothers (Alaggia, Gadalla, Shlonsky, Jenney, & Daciuk, 2015; Farmer & Owen, 1998; Maxwell, Scourfield, Featherstone, Holland, & Tolman, 2012; Scourfield, 2003; Strega et al., 2008; Zanoni, Warburton, Bussey, & McMaugh, 2013). In their connection of maternal blame and paternal absence in child protection, Strega et al. (2008) argue that “blaming mothers while ignoring fathers is so deeply embedded in child welfare discourses and practice as to be more or less routine” (p. 712). This is peripherally supported by national (PHAC, 2010) and provincial (Fallon et al., 2010b) child welfare incidence studies in which women, mostly biological mothers, comprised greater than 90 percent of all primary caregivers in substantiated maltreatment investigations, irrespective of whether it was a single- or two-parent household. When child welfare risk assessments and safety plans narrowly focus their gaze on mothers, responsibility for protection falls squarely on their shoulders, while potential sources of paternal risk go unobserved and opportunities for paternal support go untapped.

1.4. Summary of Thesis Rationale, Intent, and Structure

The social work profession has historically been at the forefront of protecting the welfare of children through frontline practice, capacity building, knowledge production, and social activism. The relationship between women (as mothers) and the child welfare system, however, has been burdened with tension, acrimony, and mistrust. As this doctoral dissertation will demonstrate, discursive constructions of motherhood, mother-blaming, and maternal failure to protect, all grounded in gender-based power asymmetries, remain systemically-entrenched in contemporary child welfare responses to the sexual abuse of children. The potential ramifications of gendered child welfare discourse are perilous and, thus, demand empirical scrutiny. Deeply embedded in criminal, civil, and child welfare statutes, sanctions for failure to protect can take the form of monetary judgments, probation, incarceration, and punitive child welfare interventions, including court-ordered supervision of the family or relinquishment of child custody (Leonard, 2013; Lothian, 2002; Strega et al., 2013). Although
deemed a necessary recourse to ensure physical safety, the removal, or threat of removal, of a child from maternal care has psychologically traumatic effects and can, arguably, be viewed as an erosion of women’s (and children’s) basic rights. This is not to suggest that mothers should be exonerated of any or all moral, social, and legal responsibility in child protection, as doing so would compromise their agency and value. Moreover, children are entitled to protection by those closest to them. However, as this thesis argues, the disproportionate application of failure to protect standards in the child welfare system (re)constructs discursive notions of blame and responsibility that legitimize unequal power relations and unjust social practices, which are both discriminatory toward mothers, particularly those who face insurmountable adversities impeding their ability to protect, and neglectful in the effective engagement of fathers in the protection process.

I approach this work as an advocate for children. I do, however, consider the best interests of children concomitant with the best interests of their mothers (and fathers). As a feminist-oriented social worker with extensive clinical experience in child maltreatment within the context of a pediatric hospital setting, I have long struggled with unsympathetic institutional responses that seemingly fail to recognize the complexities of mothering and high demands of protecting following an allegation of CSA. In a therapeutic function, I have worked closely with countless mothers of children who have experienced sexual abuse, most of whom were considered adequately responsive from the perspectives of child protection and law enforcement authorities. On the flipside, I have borne witness to the stories and suffering of mothers who were unfairly transformed from nonoffending to offending with assigned labels for their perceived failures in protection. Earlier in my career, despite my education and training in structural social work, there were instances where I too found myself asking ‘how could she not have known?’ and ‘why did she not do more to protect?’ through a clouded critical lens. These challenging professional experiences sparked the motivation and curiosity from which this research emerged.

The sexual victimization of vulnerable children naturally elicits an emotionally-charged response from helping professionals. We have little control over the behaviours of perpetrators
and underlying structural power dynamics at work in CSA. Directing our anger toward mothers, who we have at our disposal and can dismiss as bad or unfit and, therefore, deserving of blame and punishment, provides us with a (false) sense of understanding and justice – one that decontextualizes mothers from their identities as women battling their own histories of trauma, violence, mental health problems, addictions, poverty, and countless other hardships, while simultaneously coping with the sexual violation of their children and consequent guilt and judgment. The child welfare system accomplishes its protection mandate by relying on the protective capacities of mothers. To this end, unduly assertions of maternal blame and failure are highly counter-productive and inevitably harmful given the associated risk of diminishing a vital source of support for victims, thereby impeding their physical safety and psychological recovery.

Unlike much of the existing scholarly literature in this area, I do not wish to convey a tone of CPS ‘bashing’ or contribute further to the great divide between child welfare practice and academia. I have the utmost gratitude for the incredibly important, always challenging, and often thankless efforts of child protection workers. I appreciate the high-stakes landscape of child protection work and the urgency of safety decisions that sometimes result in rushed and unreflective conclusions, though well-intentioned. I do, however, recognize that reforms are necessary. Although the problem has garnered scrutiny in theoretical literature, clinical frameworks, and academic circles, current empirical research investigating gendered child welfare formulations of maternal blame and failure to protect in the context of CSA is remarkably scant, notably within Canadian social work scholarship. Extant studies examining the doctrine of failure to protect have been mostly descriptive in nature, have focused predominantly on IPV, or have emerged from parallel disciplines, such as law. This doctoral study, therefore, aimed to address this important gap in social work research by expanding the scope of CSA knowledge through a discursive lens, specifically a feminist discursive lens, thereby adding an interpretive and social explanatory dimension. I embarked on this work with an explicit sociopolitical stance and social advocacy agenda, which will become more transparent in subsequent chapters. It is my hope and expectation that the knowledge and insight generated by this critical analysis of discourse will denaturalize the taken-for-granted
assumptions, gender-based ideologies, and hegemonic power relations that are constituted through the language of child welfare policy and practice texts, thus building a strong case for discursive change. The material effects of a theoretically- and empirically-grounded shift in discourse have the potential to manifest in a child welfare system that is more ethical, just, and responsive to the best interests of both children and their mothers.

The structure of this thesis is organized in six chapters:

- Chapter 1 introduced the focus of inquiry, defined the significance and scope of the problem, reviewed key ideological constructs and discursive practices that lay the foundation for this thesis, and established the study rationale and intent.

- Chapter 2 explores the social construction of blame for the sexual abuse of children through a comprehensive analysis of the theoretical perspectives that have been highly influential in shaping our understanding of the role of nonoffending mothers in CSA and (re)producing gendered discourse in child welfare. Sociohistorically situated, this discussion concentrates on maternal representations across explanatory paradigms from which CSA discourse originates – specifically, classical Freudian psychoanalysis, early family systems perspectives, attachment theory, ecological models, and feminism. This chapter culminates in the development of a feminist-centred, multitheoretical framework that informed my research questions, guided my analytic method, and shaped my interpretation of findings.

- Chapter 3 provides a critical survey of the vast empirical research literature that was drawn upon to situate this study. This review presents the strengths and deficits of the current state of scientific knowledge constituting CSA discourse, including the biopsychosocial etiology of CSA, its adverse sequelae for victims and their nonoffending mothers, the continuum of maternal responsiveness in the aftermath of CSA disclosure, the intersection between maternal response and child adaptation postabuse, and gendered blame attributions and child welfare interventions. The neglected territory of nonoffending fathers is also explored, though briefly given the paucity of paternal-inclusive research. Each of
these areas of the literature was considered for its relevance to child welfare judgments of blame and failure to protect in the context of CSA.

- Chapter 4 details the conceptual and analytic underpinnings of the research methodology engaged in this thesis, critical discourse analysis. The study's objectives and questions, data collection and sampling procedures, sources of child welfare policy and practice texts selected for analyses, discourse analytic framework, strategies for assessing research quality, ethical considerations, and research limitations are explicated in this chapter. I also critically reflect upon the inherent effects of my social location and positionality as the researcher here.

- Chapter 5 presents discursive analyses of key findings emerging from this study through a critical feminist lens. In the tradition of CDA research, results are described, interpreted, and explained within a culturally and historically contingent social context.

- Chapter 6 synthesizes the knowledge and insight generated through this discursive critique and constructs an alternative discourse, explicitly grounded in theory and supported by empirical evidence, which negotiates and resists hegemonic ideologies of motherhood and gendered notions of blame and failure to protect in child welfare responses to CSA. This final chapter concludes with reflections on the important discursive implications of this study for child welfare policy and practice specifically, and social work education and research directions more broadly.
CHAPTER 2
THEORETICAL PERSPECTIVES AND CONCEPTUAL FRAMEWORK

2.0. From Freud to Feminism: The Social Construction of Blame Across Theories of Child Sexual Abuse

In this chapter, the social construction of blame and responsibility\(^\text{15}\) for the sexual abuse of children is explored via analyses of evolving theoretical perspectives on the role of nonoffending mothers in abuse inception, maintenance, termination, and prevention through protection. Conceptualizations of CSA exist along a continuum ranging from the intraindividual concentration of classical Freudian psychoanalysis to the broad sociocultural frame of feminism. The social contextual orientation of CDA calls for consideration of the historical antecedents to the production and reproduction of gender-based ideologies and power imbalances inherent in dominant discourses of blame and failure to protect in contemporary child welfare responses to CSA. Thus, grounded in the epistemic frame of social constructionism, a brief discussion of early psychoanalytic and family systems formulations provides the backdrop for a detailed critical examination of three grand narratives that have emerged as highly influential to the study of CSA: 1) attachment theory, 2) ecological theory, and 3) feminist theory.\(^\text{16}\) The basic etiological assumptions of each are reviewed, with attention paid to maternal representations, blame attributions, and child welfare implications related to the area of inquiry. This chapter ultimately develops the multitheoretical framework, with

\(^{15}\) The concept of blame implies intent, while responsibility implies an obligation to act. It has been argued that the terms blame, responsibility, and causality should be differentiated when considering CSA attributions; however, discrimination among them in the literature is rare and factor analysis fails to support them as distinct constructs (Harding, Zinzow, Burns, & Jackson, 2010). Accordingly, the terms are used interchangeably throughout this thesis.

\(^{16}\) This analysis is largely theoretical, although selected research that supports or refutes key conceptual tenets is highlighted in brief. A more comprehensive appraisal of empirical studies is provided in the following chapter.
poststructural feminism as its foundation, that guided this study from conception to interpretive analysis.

2.1. Constructing the Sexual Abuse of Children as a Social Problem

Social constructionism offers a nonessentialist view of knowledge and reality, emphasizing the subjective and dynamic influence of social interactions and processes in shaping how we come to understand and assign meaning to social phenomena (Berger & Luckmann, 1966; Gergen, 1985). Language, from this metaperspective, is considered the essential system through which fluid perceptions of reality and relative ways of knowing are construed. Social construction talk, according to Hacking (1999), applies not only to worldly things, kinds, and facts, but also to our beliefs about them. As opposed to being universal to the human experience, beliefs and values, like language, are conceptualized as byproducts of particular cultural, scientific, economic, legal, and political conditions at particular historical junctures. Socially situated discourses are fundamental to framing social problems (i.e., truth-claims), influencing whether certain attitudes and behaviours are worthy of societal tolerance or rejection, and justifying the allocation of public resources and legislative action. Thus, shifting hierarchies of power underlie processes of social construction. Muehlenhard and Kimes (1999), in their social constructionist view on violence, contend that “a single, uncontested, universal, or true definition of any concept does not exist…. definitions reflect the interests of people with power” (p. 234). They are neither fixed nor inevitable. A social constructionism paradigm, therefore, challenges the so-called naturalness of mothering and other biologically deterministic gender role divisions that are rooted in socially circumscribed arrangements and competing interests (West & Zimmerman, 1987).

Child abuse, like gender, is a social construction (Gelles, 1975; Hacking, 1991, 1999; Janko, 1994). There is no doubt that adult engagement with children in sexual acts is a real phenomenon, since there is factual evidence of its occurrence. However, social and legal definitions of, and explanatory frameworks for, the sexual use of children vary within and
among cultural groups and societies, and have shifted considerably over time, thus reflecting their spatial and temporal contingency. Despite longstanding claims of a universal prohibition against incest (Lévi-Strauss, 1969),\textsuperscript{17} there are extensive historical records from legal, artistic, philosophical, literary, and religious accounts to suggest that sexual encounters between adults and children have been prevalent in all paternalistic societies since antiquity (DeMause, 1991; Kahr, 1991). Fluctuating cross-cultural perceptions of those encounters have ranged from acceptance to denunciation.

Influenced by Becker’s (1966) work on the social construction of social problems, Parton (1979) and Scott (1995) chronicle the historical stages of the construction of child abuse as a social problem over time. In the early stages of discovery and diffusion, social conditions gave rise to defining the phenomenon as a problem and concern spread. In the later stages of consolidation and reification, responsibility for responding to the problem was assigned, and it became taken-for-granted as a natural cause for concern. Modern awareness surrounding the sexual abuse of children in the Western world has endured cycles of discovery and suppression (Conte, 1994; Olafson, Corwin, & Summit, 1993). Prominent nineteenth-century French physicians documented an abundance of cases that led them to conclude that the use of children by adults for sexual purposes was frequent, children’s reports were mostly true, physical signs of sexual contact were rare, fathers and brothers were most often the perpetrators, and higher education did not inhibit males from offending (Masson, 1984, 1992; Olafson et al., 1993). This medical discourse set the stage for the early work of Freud and other psychoanalysts, and later, for family systems theorists – otherwise known as the dark era of the collusive, pathological, and dysfunctional mother.

The initial ‘discovery’ of CSA was effectively minimized and, for the most part, silenced for decades by patriarchal forces and unripe sociocultural conditions, until it was eventually ‘rediscovered’ during the second-wave of feminism, which can “claim with considerable

\textsuperscript{17} The study most frequently cited to support this claim is the cross-cultural survey conducted by Murdock (1949) that examined ethnographies of 250 societies and found prohibitions against incest in all of them, though it was methodologically flawed. Martin (1995) suggests several possible explanations for the condemnation of incest, including biological, psychological, economic, and sociological arguments.
justification to have been the point of origin for contemporary concern over child sexual abuse” (Scott, 2001, p. 349). Characterized by revolutionary thinking and consciousness-raising, the women’s liberation movement signaled a shift in how Western societies conceptualized traditional gender roles and prevailing paradigms of misogyny and sexism. Social problems that were historically individualized, pathologized, and privatized were thrust into the public sphere and critically examined through a gender-based lens. Emerging on the heels of the violence against women movement, sexual abuse survivors became central to the grassroots efforts and political agenda of feminist activists. Soon after, the social landscape allowed for the social construction of the problem to progress from the stage of discovery to the stages of diffusion, consolidation, and reification (Scott, 1995). This period was marked by increased visibility consequent to effective claims-making efforts, victims coming forward in greater numbers, the emergence of prevalence and outcome studies, and bombardment of ill-prepared child welfare and legal systems.

By the early-1990s, the CSA epidemic dominated professional writings, garnered mass media attention, spawned educational and social programming, and demanded legislative action. A range of highly polarized debates quickly surfaced, resulting in professional and public backlash to the hysteria surrounding CSA. Overzealous investigators were challenged on the manner in which they elicited disclosures from ‘suggestible’ children, mothers were accused of vindictively manufacturing false allegations, widespread claims of satanic ritual abuse were contested for their lack of evidence, system responses were criticized for being overinterventionist in the absence of sufficient grounds, and skepticism enveloped the recovery of repressed memories in adult victims (Gardner, 1992; Satter, 2003; Scott, 1995). Against a backdrop of conservative political ideologies and patriarchal social structures, these extreme sentiments were reflected in sensationalistic media reports, unsympathetic criminal justice system responses, and the emergence of opposition groups. Such controversies have since been reframed as attempts to

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18 The 1980s ‘save the children’ crusades gained support from all sides, including Christians (who condemned sexual sin), conservatives (who were anxious about sexual hedonism), liberals (who viewed CSA laws as a means to counter-balance the authoritarian family), politicians (who were seeking a cause to attract support), therapists and attorneys (who sought to expand their professional authority), feminists (who linked CSA to patriarchy), and media (who thrived on sensational stories) (Satter, 2003). Victor (1998) describes this period as a time of moral panic.
(re)suppress the (re)discovery of CSA, a dim reality that seems to challenge one’s belief in a just world and “darken one’s very vision of human nature and human possibility” (Olafson et al., 1993, p. 19).

It was within this exceptionally controversial historical context that a number of biological, behavioural, and sociological explanations for CSA developed – all gendered, but with diverging emphasis on cause-and-effect and varied degrees of empirical grounding. Next, socially constructed attributions of blame for the sexual abuse of children are examined through the lenses of classical and contemporary theoretical orientations. But first, a brief mention of attribution theory to frame the discussion.

Attribution theory considers the process whereby blame is apportioned for a phenomenon involving human agency, the underlying purpose of which is to exert control over one’s environment and maintain belief in a just and predictable world (Heider, 1958; Shaver, 1970, 1985; Weiner, 1995). The causal element may be acts of commission that produce an event or acts of omission that fail to prevent the occurrence of an event from a commonsense perspective. People are generally inclined to defend against the possibility of observed negative events happening to them; however, should negative events happen to them, people are generally inclined to avoid blame. A fundamental attribution error is the tendency to overestimate the influence of internal factors, such as personal disposition, and underestimate the influence of external factors, such as situational variables, particularly when similarity between the victim and observer decreases. In the case of CSA, attribution theory would contend that there is a natural, though mistaken, need to focus on the individual (e.g., victim’s behaviours, mother’s failures) as causative, rather than the environment (e.g., oppressive social structures, inadequate judicial responses). The attribution hypothesis is, therefore, a useful lens through which to interpret and dismantle the following conceptual frameworks and empirical research examining blame attributions for CSA.
2.2. Classical Freudian Psychoanalytic and Family Systems Narratives: Setting the Foundation for Maternal Blame and Agency for Protection

The origins of mother-centric attributions of blame and responsibility for protection stem from early Freudian and family systems analyses of the sexual abuse of children (Carlton & Krane, 2013a). Our theoretical understanding of CSA first emerged in the 1890s with Freud’s (1896) seduction theory, which attributed the etiology of hysteria (neurosis) in adulthood to memories of veritable encounters of a sexual nature with caretakers in childhood.19 This revolutionary position affirmed that children did, indeed, experience sexual molestation by adults and that this external trauma had serious long-term mental health effects. Presented in a conservative Victorian era during which society was not prepared to challenge prevailing assumptions, the advanced assertions of the seduction theory were not well-received. Consequently, Freud radically revised his thinking and renounced the universality of the seduction theory (Masson, 1992).20

Later to become the cornerstone of classical psychoanalysis, Freud’s (1899) new theory of infantile sexuality hypothesized that children have an innate unconscious desire for a sexual relationship with a parent to provide release of inner tension, a universal phase of psychosexual development later termed the Oedipal complex.21 Most reports of sexual abuse were, therefore, reframed as being motivated by children’s wishful fantasies for sexual attention, and symptoms of hysteria were attributed to intrapsychically-based conflicts related to unacceptable desires (Joyce, 1995). In this drastic reconceptualization, children were considered primary seductive culprits, and mothers, suffering from the effects of unresolved

19 Based on case studies of 18 patients of both sexes, Freud’s seduction theory was first presented to the Vienna Society for Psychiatry and Neurology in 1896, where it was rejected by his colleagues, including mentor Charcot, who “found it preposterous that parents would molest their own children” (as cited in Joyce, 1995, p. 200).
20 Several rationales have been postulated to explain Freud’s reversal, including the effect of professional liability and censure, Freud’s own unresolved issues from childhood, societal resistance to accept the widespread reality of abuse, and the theory of periodicity (Masson, 1992; Rush, 1996; Westerlund, 1986). Tabin (1993) and Gay (1988), however, argue that Freud never denied the existence of CSA, but rather began to attach greater meaning to intrapsychic phenomenon due to weak corroboration of seduction theory tenets.
21 Freud’s theory of infantile sexuality has been criticized for its biological determinism, psychological reductionism, and disregard for sociocultural factors (Vander Mey, 1992).
conflict from their own Oedipal longings and poor ego development (Wilson, 1995), were considered consciously or unconsciously collusive. Freud’s later work suggested that the seducer was actually the mother (Masson, 1992). With emphasis placed on biological drives, there was little analysis of the mother-child relationship during this period in history.

In their review of post-Freudian psychoanalytic literature on CSA, Wolf and Alpert (1991) found that most works were based on case studies of father-daughter incest, with little new theoretical development or scientific support. Viewed as a precursor to paternal incest, mothers were negatively generalized throughout this literature as passive, distant, depressed, or inadequate in early caregiving. The shameful legacy of the suppression of the seduction theory, and resulting paradigm shift, effectively silenced the problem of CSA for decades to follow (Rush, 1996). The sparse writing that did surface (e.g., Bender & Blau, 1937) tended to reflect the following four distorted themes: 1) CSA is rare, 2) children are responsible, 3) mothers are to blame, and 4) CSA does no harm (Myers, Diedrich, Lee, Fincher, & Stern, 2002). Advanced thinking and empirical research, needless to say, have since refuted the validity of these widespread CSA myths (Cromer & Goldsmith, 2010).

Family systems theory was among the first of subsequent conceptual frameworks to be applied specifically and extensively to CSA in the professional literature (Kaufman, Peck, & Tagiuri, 1954; Lustig, Spellman, Dresser, & Murray, 1966; Machotka, Pittman, & Flomenhaft, 1967). Often used in conjunction with psychoanalytic insight, early family systems analyses focused primarily on father-daughter incest and regarded CSA as a symptom of family pathology and tension reducing defence within a closed family unit. Broadening the circle of blame, yet lacking a strong gender-based power analysis, responsibility for the initiation and preservation of sexual abuse dynamics was dispersed to all members of the dysfunctional family. According to many family systems theorists (Cohen, 1983; Justice & Justice, 1979; Kadushin & Martin, 1988; Lustig et al., 1966; Tierney & Corwin, 1983), the offending father was generally viewed as authoritarian and suffering from childhood deprivation; the child victim was thought to receive secondary gains, such as attention, affection, power, and sexual gratification; and the
nonoffending mother was considered the “cornerstone of the pathological family system” (Lustig et al., 1966, p. 39), who knowingly or unknowingly sanctioned the abuse by:

- withdrawing from her role as wife, abandoning her husband, and abdicating her sexual duties;
- engaging in role reversal with her daughter to fulfill her emotional and sexual functions;
- consciously colluding in the abuse with her husband; and/or
- knowing about the abuse, at least peripherally, but doing nothing to stop it due to her own personality defects (dependent, weak, submissive), physical or emotional absence (due to employment, illness, childbirth, death), or sexual victimization history.

James and Nasjleti (1983), through a family systems lens, characterized mothers in four broad categories: 1) the passive child-woman mother, 2) the intelligent and competent yet distant mother, 3) the rejecting and vindictive mother, and 4) the psychotic or severely retarded mother. Similarly, mothers in incest families were described by Swanson and Biaggio (1985) as passive, withdrawn, dependent, and negligent in their domestic duties. Supportive, loving, nurturing, and protective qualities were notably absent from these oversimplified and impertinent maternal generalizations. Thus, from a primitive family systems perspective, women’s deficit-based failures in satisfying their prescribed roles as wife and mother were regarded as causative in the family dysfunction underlying CSA. Briere and Elliot (1993) rightly challenge the direction of causality put forth by classical family systems analysts, suggesting that it is not family dysfunction that leads to CSA, but the experience of CSA that results in family pathology.

The important relational emphasis and clinical contributions of psychoanalytic and family systems theories cannot be denied. However, they have been strongly criticized for their reductionist views and mother-blaming (and child-blaming and family-blaming) stances, which deflect culpability for CSA from the perpetrator and sociocultural environment in which it thrives, therefore denying the magnitude and gendered nature of the problem (Bolen, 2001, 2003). Although the claims of these early formulations, based largely on clinical observations
and anecdotes, lack empirical evidence (Tzeng, Jackson, & Karlson, 1991) and have since evolved to be less extreme in their maternal representations, traditional conceptualizations have been accepted as truth by many and continue to permeate public and professional discourse.

2.3. Attachment Theory: Primacy of the Maternal Attachment Figure in Child Sexual Abuse Dynamics

Originating from the seminal work of Bowlby (1958, 1969, 1973, 1980, 1988) and Ainsworth (1963, 1967, 1973), attachment theory underscores the profound influence of early attachment experiences, particularly loss, separation, and trauma, on development, functioning, and attachment patterns across the lifespan. Grounded in ethology and developmental psychology, early attachment hypotheses offered an alternative psychodynamic conceptualization to traditional psychoanalytic theory, with greater attention paid to lived relational experiences, thus extending analysis beyond biologically-based motivational drives and unconscious processes. The application of an attachment framework to trauma in infancy and early childhood stemming from maltreatment has received considerable attention in the literature since its inception (Cicchetti & Barnett, 1991; Crittenden & Ainsworth, 1989; Egeland & Sroufe, 1981; Glaser, 2001; Morton & Browne, 1998; Schneider-Rosen, Braunwald, Carlson, & Cicchetti, 1985). More specifically, attachment theory has been proposed as a useful conceptual lens through which to inform our understanding of CSA (Alexander, 1992, 1993; Bacon, 2001; Bacon & Richardson, 2001; Collin-Vézina & Cyr, 2003; Marshall & Marshall, 2000) – with noteworthy cautions attached (Bolen, 2000, 2002a; Olafson, 2002). It has been posited to explain the risks associated with sexually offending and victimization, dynamics of abuse inception and maintenance, physiological adaptations to trauma, maternal responses to disclosure, and relational bonds among victims, perpetrators, and nonoffending parents. The integration of attachment principles in trauma therapy approaches and child welfare interventions has also been emphasized (Blaustein & Kinniburgh, 2010; Krane, Davies, Carlton, & Mulcahy, 2010; Lawler, Shaver, & Goodman, 2011; Mennen & O’Keefe, 2005; Ringel, 2012).
2.3.1. Key tenets of attachment theory. Bolen (2000, 2002a) reviewed the underlying assumptions of Bowlby’s attachment theory with particular relevance to its application to CSA. In brief, attachment was originally hypothesized to be an infant’s biologically rooted bond with a primary caregiver (i.e., mother) satisfying an instinctual survival mechanism of protection through proximity and accessibility, a universal component of human nature, intergenerationally-transmitted from the maternal attachment figure to her infant, and predictive and dynamic yet largely stable across the lifespan. While attachment theory is among the most richly researched conceptual frameworks to date, empirical support for many of its suppositions remains inconclusive overall (Bolen, 2000; Cowan & Cowan, 2007).\(^\text{22}\) It has been justifiably criticized for reinforcing perceptions of mothers as prime carers and best, or most influential, attachment figures for infants and young children. Attachment theory has, nonetheless, contributed greatly to the knowledge base of child maltreatment and continues to evolve as new research and theoretical insights emerge to support cross-cultural and contextual variations, propensities for forming meaningful attachment relationships with multiple others, reciprocity in transmission, and malleability in attachment templates. To better appreciate attachment applications to CSA and maternal responsiveness, two fundamental concepts, the internal working model and secure base, are briefly introduced next.

A key notion in attachment theory is the filtering system through which individuals integrate perceptions, emotional appraisals, and expectations of themselves and their attachment figure(s) into their internal working models of social relationships (Bowlby, 1969, 1973, 1988). Internal working models are largely unconscious mental representations or generalized

\(^{22}\) The complexities of attachment make it an arduous construct to measure. A detailed review of attachment research is beyond the scope of this thesis. However, main points of contention include the following: 1) The universality of attachment has been disputed with cross-cultural and multicontextual research showing distinct variations in behavioural manifestations and classification distribution patterns (van Ijzendoorn & Sagi-Schwartz, 2008). 2) The finding that children can form multiple models of attachment challenges the primacy of maternal attachment (Zanoni et al., 2013). 3) Although meta-analyses support the hypothesis that attachment is hierarchically-transmitted (van Ijzendoorn, Goldberg, Kroonenberg, & Frenkel, 1992), there is also evidence to suggest that child temperament affects caregiver response, which, in turn, shapes the attachment relationship, indicating that transmission is likely reciprocal, not linear (Goldsmith & Alansky, 1987). 4) In contrast to the assumption that early attachment is enduring and predictive of future relational patterns, longitudinal research observes susceptibility to change (Aikens, Howes, & Hamilton, 2009; Cicchetti, Rogosch, & Toth, 2006; Lewis, Feiring, & Rosenthal, 2000; Waters, Merrick, Treboux, Crowell, & Albersheim, 2000; Weinfield, Sroufe, & Egeland, 2000).
templates that form the foundation of social and emotional development based on attachment experiences and perceptions. Comprised of affective, cognitive, and behavioural components, these schemas assist in the interpretation of social stimuli, prediction of future behaviours, and organization of responses (Bretherton, 1990; Crittenden, 1990). Internal working models are the result of both developmental history and reciprocal processes in present life circumstances and can, therefore, be static or fluid over the life course. Positive or negative experiences, a broader range of attachment relations, therapeutic interventions, and advances in cognitive and socioemotional development are natural sources of reinterpretation and transformation of earlier representational models (Crittenden, 2000).

Another important concept in attachment theory is that of the secure base (i.e., primary attachment figure) from which infants and young children can venture out to explore and learn from their environments with confidence, then seek proximity at times of real or perceived stress, trusting that they will have their physical and emotional needs met upon return (Bowlby, 1988). It acts as a protective mechanism when children are developmentally unable to autonomously assess the safety of their social and physical surroundings (Bowlby, 1988). The attachment system is activated most intensely during times of distress and fear. The goal of attachment is to optimize felt security through stress regulation rather than physical distance (Bretherton & Waters, 1985). Ainsworth’s (1963, 1967) classic naturalistic observational studies of mother-infant dyads found a correlation between attachment quality and maternal sensitivity. Three distinct attachment patterns were observed based on infantile behavioural response to maternal separation and proximity: 1) securely attached – infants of sensitive mothers, who cried little and seemed content to explore their surroundings in their mothers’ presence; 2) insecurely attached – infants of less sensitive mothers, who cried frequently and explored little; and 3) not yet attached – infants who displayed no differential behaviour to their mothers. Insecure attachment was further divided into anxious/avoidant, anxious/ambivalent (or resistant), and disorganized/disoriented typologies in subsequent studies (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1988; Main & Solomon, 1986).

For simplicity, the terms infants and children will be used interchangeably hereafter.
1990). Strategies associated with insecure patterns are believed to be coping or defence mechanisms exercised in an unresponsive, insensitive, or unpredictable caregiving environment.

Formation of secure attachment is a critical task in healthy child development requiring consistent physical and emotional availability from one or more caregivers to establish a foundation of trust and security. The quality of the attachment relationship is based largely on caregiver responsiveness to children’s affective and behavioural expressions, which is best predicted by their own attachment styles. Ainsworth et al. (1978) refer to the dimensions of maternal attachment behaviours as sensitivity (vs. insensitivity), acceptance (vs. rejection), cooperation (vs. interference), and accessibility (vs. ignoring/neglecting). Each dimension is affected by a host of psychosocial and environmental factors, which, in turn, mould mother-child attachment bonds. Bartholomew and Horowitz (1991) describe corresponding adult attachment styles as secure/autonomous (caregivers of secure infants), preoccupied (caregivers of ambivalent infants), dismissive (caregivers of avoidant infants), and fearful/unresolved (caregivers of disorganized infants). Two subgroups of disorganized mother-infant dyads were later identified as helpless-fearful (mothers who project anxiety and fear) and hostile-intrusive (mothers who show overly intrusive and role-reversing behaviours) (Lyons-Ruth, Dutra, Schuder, & Bianchi, 2006). Indicative of an intergenerational effect, these studies suggest that internal working models of the attachment dyad are complementary, and attachment patterns can be transmitted across generations. Neuroscientific research supports the link between early

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24 The ‘strange situation’ is a laboratory procedure commonly utilized in attachment research that involves coding infants’ attachment security typologies based on their observed behaviours during a series of structured separations and reunions with caregivers and strangers (Ainsworth et al., 1978).

25 Generally speaking, children with avoidant attachment avoid proximity and interaction with their caregivers, and rarely engage in behaviours that call attention to the relationship; children with ambivalent attachment are preoccupied with the caregiver-child relationship, yet are unable to derive comfort from it; and children with disorganized attachment do not demonstrate a coherent strategy for seeking proximity and comfort from their unpredictable caregivers, and often exhibit fear, hostility, and emotional dysregulation in their caregivers’ presence (Ainsworth et al., 1978; Main & Solomon, 1990).

26 Research has identified a number of environmental variables associated with attachment quality, such as social support and life stressors (Atkinson et al., 2000); however, they have not been adequately integrated into most conceptual models of attachment (Belsky, 1984, 1999).

2.3.2. Attachment perspectives on child sexual abuse and maternal influences. Attachment theory conceptualizes maltreatment as effectively depriving a child of positive schemas of self, others, and relationships, thereby contributing to the formation of insecure attachment, most commonly in the form of disorganized attachment characterized by fear (Bacon & Richardson, 2001; Crittenden & Ainsworth, 1989; Lyons-Ruth & Jacobvitz, 2009; Main & Hesse, 1990; Main & Solomon, 1990; Morton & Browne, 1998). Consistent with the results of Baer and Martinez’s (2006) meta-analysis of research examining child maltreatment and insecure attachment, a study by Stronach et al. (2011) found that maltreated, including sexually abused, children had lower rates of secure attachment, higher rates of disorganized attachment, and less positive global representations of the mother-child relationship than nonmaltreated children. Many victims internalize abusive relational patterns via the affective, cognitive, and behavioural components of their representational models and generalize them to future relationships. This dynamic compromises healthy development and can result in children constructing mostly negative narrative representations of themselves as powerless and unworthy of love, adults as rejecting and uncaring, and relationships as exploitative and unsafe (Toth, Cicchetti, Macfie, & Emde, 1997; Toth, Cicchetti, Macfie, Maughan, & Vanmeenen, 2000).

There is ample empirical evidence of associations among low attachment security and negative internal models, maladaptive coping, and adverse developmental outcomes following abuse (Alexander, 1993; Alexander et al., 1998; Anderson & Alexander, 1996; Aspelmeier, Elliott, & Smith, 2007; Cyr, Euser, Bakermans-Kranenburg, & van Ijzendoorn, 2010; Fergusson, Lyskey, & Horwood, 1996; Kim, Trickett, & Putnam, 2011; Liang, Williams, & Siegel, 2006; Roche, Runtz, & Hunter, 1999; Shapiro & Levendosky, 1999). Most studies are indeterminate by design as to whether insecure attachment preceded abuse, thereby contributing to heightened vulnerability to being victimized and increased symptomatology, or was the consequence of abuse and concurrent adversities. Cicchetti and Olson (1990), however, suggest that attachment insecurity
is the precursor. While the direction and strength of effect are inconclusive, secure attachment appears to serve a protective function in moderating the onset and effects of CSA.

In the case of CSA, the perpetrator is most often not the primary attachment figure. The attachment relationship between the victim and nonoffending primary caregiver, however, is an important consideration. Alexander (1992) theorizes that insecure attachment in a child or parent increases risk for CSA, interferes with its cessation, and influences its long-term impact. In her analysis of the nonabusive parent (i.e., nonoffending mother) and sexually abused child from each of the three insecure attachment categories, Alexander proposes the following framework. Mothers with avoidant attachment histories may reject their children, be unavailable physically (due to work demands, household responsibilities, etc.) or psychologically (due to depression, illness, etc.), or be less likely to pursue information related to the abuse because of their own experience of rejection and avoidant pattern. By extension, avoidant children may feel rejected or unloved, and be less able to defend themselves or engage in help-seeking. Mothers with resistant attachment histories may engage in role reversal and be less likely to attend to their children’s needs, or be cognitively or emotionally unable to organize a response to stop the abuse. The parentification and neediness characteristic of resistant children may make them more vulnerable to being manipulated by abusers. Mothers with disorganized attachment histories may be too disoriented to see evidence of abuse because of their own past abuse experiences, unresolved trauma, or chaotic home life. Lacking coping strategies, disorganized children may view their abusers as their only source of security against fears of family dissolution. Alexander’s attachment analysis, though somewhat less pathologizing than earlier psychoanalytic and family systems applications, quite blatantly perpetuates mother-blaming and child-blaming explanations for the causes and effects of CSA.

27 As the focus of this analysis is on nonoffending mothers, issues related to the attachment relationship between the CSA victim and perpetrator are not discussed in detail. It is, however, important to note the potential implications of traumatic bonding in the context of exploitation, distortions, and betrayal (Alaggia & Knott, 2008). Also, sex offenders have been shown to display disproportionately higher rates of insecure adult attachment style, often characterized by fearfulness, emotional dysregulation, disinhibition, social incompetence, and low empathy (Lyn & Burton, 2004; Sawle & Kear, 2001; Seto, Babchishin, Pullman, & McPhail, 2015; Ward, Hudson, & Marshall, 1996; Whitaker et al., 2008).
There is, however, empirical evidence to support the theoretical associations among maternal attachment patterns and three important CSA variables: 1) intergenerational transmission, 2) maternal responsiveness, and 3) trauma sequelae.

2.3.2.1. Maternal attachment and intergenerational transmission of risk. Mothers with insecure attachment histories are more likely to have children who are sexually abused (Leifer, Kilbane, Jacobson, & Grossman, 2004; Leifer, Kilbane, & Kalick, 2004; Zuravin, McMillen, DePanfilis, & Risley-Curtiss, 1996). Moreover, children of mothers with their own history of sexual abuse in childhood are at greater risk for developing less secure attachment characterized by poor self-regulation of emotions and extreme self-protective strategies (Kwako, Noll, Putnam, & Trickett, 2010), as well as for being sexually abused themselves (Avery, Hutchinson, & Whitaker, 2002; DiLillo, 2001; DiLillo & Damashek, 2003; Finkelhor, Moore, Hamby, & Straus, 1997; Hébert, Daigneault, Collin-Vézina, & Cyr, 2007; Hiebert-Murphy, 1998; Kim, Noll, Putnam, & Trickett, 2007; Leifer, Shapiro, & Kassem, 1993; McCloskey & Bailey, 2000; Robboy & Anderson, 2011). The precise mechanisms for the intergenerational transmission of sexual abuse risk (victim-to-victim cycle), unlike physical abuse risk (victim-to-perpetrator cycle), have not been firmly established. While not to suggest a causal link, possible explanations parallel themes drawn from parenting, trauma, and revictimization literature, including the lasting impact of sexual trauma and other adversities on current mental health (e.g., posttraumatic stress, dissociation, depression, anxiety, negative attachment representations) and its effect on judgment, vigilance, and ability to assess danger cues in adulthood (Arata, 2002; Collin-Vézina & Cyr, 2003; Noll, Horowitz, Bonanno, Trickett, & Putnam, 2003). This, coupled with the tendency of child sex offenders to target women with such vulnerabilities, likely elevates risk further. The potentially negative impact of CSA on women’s parenting competencies later in life, such as permissive parenting practices, punitive discipline, restricted affect, and role reversal, may also play a part in indirect processes (DiLillo & Damashek, 2003; Lyons-Ruth & Block, 1996), although spurious effects have been observed. For example, using data from a multigenerational, longitudinal study, Kim, Trickett, and Putnam (2010) examined the relationship between past CSA and future parenting practices among
nonoffending mothers of sexually abused girls. They found that maternal history of sexual abuse in childhood had a direct but inverse effect on punitive discipline, while its effect on the positive structure dimension of parenting lost significance when other childhood experiences were taken into account. Moreover, current dissociative symptoms appeared to have direct and mediating effects on parenting behaviours in this study, a finding also reported by Collin-Vézina, Cyr, Pauzé, and McDuff (2005). These investigations challenge the power of maternal CSA history in predicting suboptimal parenting independent of other past and present adversities.

Other hypotheses, some controversial and unsupported by empirical data, for perpetuation of the CSA victim-to-victim cycle include maternal identification with the abuser and re-enactment of sexual trauma through child victimization (Maker & Buttenheim, 2000), maternal involvement with males who conform to childhood (abusive) models of masculinity (Faller, 1989), sustained maternal contact with those involved in perpetrating their own abuse (McCloskey & Bailey, 2000), and maternal dissociation and failed differentiation (Lev-Weisel, 2006). In Lev-Weisel’s (2006) intergenerational analysis of the therapy records of 24 female incest survivors with children who were also victims of incest, four types of mothers emerged: 1) the unaware mother, who had complete lack of knowledge of the abuse; 2) the unwitting accomplice, who latently cooperated with the abuse; 3) the enabler, who overtly or covertly enabled the abuser; and 4) the common fate mother, who perceived herself to share a common fate with her abused daughter. Fraught with methodological weaknesses, the interpretation of findings in this study were likely reflective of clinician-researcher bias and, like Alexander’s (1992) attachment framework and earlier psychoanalytic and family systems perspectives, reinforced a pathologizing and blaming stance with its lack of contextual considerations.

In their empirical investigation of factors contributing to vulnerability and resilience to intergenerational CSA, Leifer et al. (2004) found a number of attachment-related variables to be significantly associated with abuse discontinuity, including secure attachment in adulthood, more coherent integration of past abuse experiences within internal working models, and
fewer negative adult relationships. These important findings challenge the inevitability of intergenerational transmission and highlight the significance of attachment repair for breaking the ‘cycle.’

2.3.2.2. Maternal attachment and responsiveness postabuse. Attachment theory suggests that the attachment system and security distress become heightened at times of crisis (Bowlby, 1973). Sexual abuse can represent a rupture in the mother-child attachment relationship. Alternatively, it can strengthen the attachment bond. Drawing from established representational models, children anticipate maternal reactions to help-seeking cues and distressing information, such as abuse disclosure. Theoretically then, a purposeful disclosure is more likely to occur within the context of a secure relationship. From a mother’s viewpoint, the discovery of CSA can either validate or shatter extant views of herself, her child, relationships, and the world. It is during this time of shock and upset that the existing mother-child attachment system is activated. The quality of maternal attachment and relational style has the potential to influence maternal response following the revelation of CSA, with optimal attachment being positively correlated with supportiveness (Bolen, 2002b; Bolen & Lamb, 2002). In detriment to this important finding, Lewin and Bergin’s (2001) observational study showed that many nonoffending mothers demonstrated diminished attachment behaviours during interactions with their children following sexual abuse across all four of the attachment dimensions (sensitivity, cooperation, acceptance, accessibility) identified by Ainsworth et al. (1978). The mothers in this sample also had heightened levels of depression and anxiety, which may have further impeded their level of responsiveness. It might also be postulated that pre-existing diminished maternal attachment behaviours increased children’s vulnerability to insecure attachment and subsequent victimization, although causality could not be determined from the correlational data.

Leifer, Kilbane, and Grossman (2001) examined the attachment relationships, abuse histories, and current functioning of family members in a unique three-generational study and found that the quality of intergenerational attachment relationships clearly distinguished supportive
mothers from unsupportive mothers postabuse. The attachment histories of unsupportive mothers were more likely to be characterized by multiple disruptions, less continuity in care, and conflicted relationships. The results of this study offer empirical support for some of the basic tenets of attachment theory, namely that attachment is mostly stable, predictive, and intergenerationally-transmitted. Similar findings were reported by Bolen and Lamb (2002, 2004) and Leifer et al. (1993). However, conflicting results were reported by Leifer, Kilbane, and Skolnick (2002), who failed to observe an association between maternal attachment and maternal support following CSA, a finding that may have been a function of sampling bias.

2.3.2.3. **Maternal attachment and trauma sequelae.** Children require consistent, emotionally nurturing, and protective relationships to thrive. Maternal support and warmth, characteristics of a secure attachment style, are highly predictive of healthier adjustment in children following sexual abuse (Elliott & Carnes, 2001). Likewise, lower levels of attachment security in mothers, possibly related to a trauma history for some, have been linked to increased symptomatology in sexually abused children (Leifer et al., 2002). Traumatic sequelae, like attachment insecurity and CSA risk, can be transmitted to successive generations (Hesse, Main, Abrams, & Rifkin, 2003). Residual mental health effects, less sensitive parenting, and inadequate coping strategies, commonly associated with unresolved traumatization and negative attachment representations in mothers, render children vulnerable to greater psychological, socioemotional, and behavioural difficulties in the aftermath of CSA. Maternal responses characterized by ineffectual support and protection are likely to become integrated into children’s representational models, manifesting in the form of a devalued sense of self, mistrust of others, and tendency toward negative attribution biases. Additionally, women with troubled histories of attachment and victimization tend to perceive themselves as socially isolated and hold lower expectations for social support (Cloitre, Stovall-McClough, Zorbas, & Charuvastra, 2008; Dixon, Brown, & Hamilton-Giachritsis, 2009), leaving them less inclined to seek professional help, thereby potentially exacerbating the impact of abuse on their children. Conversely, secure maternal attachment and, by extension, constructive coping and optimal support and protection, may serve as buffers against unfavourable outcomes.
2.3.3. **A critique of maternal deprivation hypotheses in attachment theory.** With its undivided concentration on biological mothers as the primary attachment figure, traditional hierarchical models of attachment and most attachment research reinforce gender role stereotyping, paternal exclusion, and maternal blame. Feminist scholars have challenged the primacy of women in attachment theory, its assumption that attachment bonds are natural outcomes of good mothering, its promotion of maternal responsibility in childcare and neglect of the paternal role, and its disregard for social circumstances that influence parent-child relationships (Bliwise, 1999; Bolen, 2002a; Franzblau, 1999; Krane et al., 2010). An attachment perspective essentially posits that failures in mother-child attachment intensify vulnerabilities for being sexually victimized and sexually offending, maladaptive coping and increased trauma symptomatology, and less supportive and protective maternal responsiveness. For mothers with their own unresolved histories of abuse, trauma, and ruptured attachment, intergenerational transmission of risk hypotheses compound these associations. Emphasis on the intergenerational and fixed nature of attachment, despite empirical evidence of its susceptibility to change, contributes to perceptions of a catastrophic fate. What is more, the adaptive function that insecure attachment patterns serve to promote resiliency in harsh conditions is undermined.

While attachment theory broadens our understanding of the biological, developmental, and relational pathways to CSA, disproportionate attention to the lasting effects of maternal deprivation on abuse inception and sequelae generates a narrow frame of reference, wherein problems are decontextualized and attributions of blame are single-handedly, perhaps unintentionally, located with mothers. Profoundly influential macrosystem forces are not considered salient in an attachment analysis where etiology is reduced to a microvariable. By focusing on maternal deficiencies, Olafson (2002) argues that attachment theory “becomes a vehicle for transmitting political and ideological agendas that continue, albeit more subtly, to

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28 These overly mechanistic formulations do not adequately explain why some securely attached individuals are abused and abusive (or why not all insecure individuals are abused or abusive); why some securely attached children demonstrate highly adverse outcomes (or why some insecure children demonstrate highly resilient responses); why some securely attached mothers respond to their children unsupportively (or why some insecure mothers respond supportively); or why many mothers with an abuse history have children who are not abused (or why some mothers without such a history do).
blur responsibility and accountability for sexual crimes” (p. 126). She effectively highlights these sentiments with the use of a metaphor:

> When we focus on insecure (mother-child) attachment as causal to sexual abuse inception, we treat sexual assaults by men like the weather. Therefore, we treat their behavior as inevitable and unaccountable, something like, for example, hurricanes. There is no human to be held accountable for a hurricane, but we can find humans to blame for failure to protect from the hurricanes. Thus, as an insecurely attached child ignores parental shouts and wanders into the swollen creek as the hurricane rages, we hold the parents (the mother) responsible for the child’s drowning. But the hurricane, the cause of the child’s demise, is not responsible. (p. 127)

**2.3.4. Infusing attachment principles in child welfare interventions.** With its myopic focus on mothers as primary caregivers and most influential attachment figures, the application of attachment theory in its traditional form runs the risk of perpetuating gender biases in the child welfare system in the form of skewed responses to CSA that situate blame and responsibility for protection with mothers, while overlooking additional or alternative sources of support. Recent advances in attachment theory and research, however, recognize the impact of social and economic resources on attachment and parenting, children’s propensity for developing meaningful attachment bonds with multiple caregivers, and the distinct yet complementary attachment roles of both mothers and fathers (Newland & Coyl, 2010; Zanoni et al., 2013). Some studies, for example, suggest that the maternal attachment role tends to be one of providing comfort and security, while the paternal attachment role usually takes the shape of companion and protector (Grossman et al., 2002; Newland et al., 2013), each with differential but equally strong effects on child outcomes (Al-Yagon, 2011; Kochanska & Kim, 2013; Liu, 2008). Hence, when extended beyond the confines of the mother-child dyad and considered in light of broader environmental influences, the underlying suppositions of attachment theory offer important insights into intricate relational dynamics with significant implications for child welfare services. Some of the key concepts of attachment theory, however, are disregarded in
child protection decision-making to the detriment of the child (Mennen & O’Keefe, 2005), particularly as they relate to maternal and paternal engagement and promoting dual roles in childcare and protection; the influence of parental attachment and trauma histories on postdisclosure responses and risk of harm; the traumatic impact of intrusive interventions on parent-child attachment bonds; the risk of ruptured attachment subsequent to placement in out-of-home care; and the importance of attachment repair moving forward. The integration of progressive attachment principles in child welfare policies and practices has the potential to challenge engrained discourses of maternal blame and failure to protect, as well as provide a solid foundation for relationship-based child welfare services.

2.4. Ecological Theory: An Integrated Understanding of Child Sexual Abuse Etiology

In his highly influential theory of ecological systems, Bronfenbrenner (1977, 1979, 1986) contends that human development occurs through continuously evolving interactions between individuals and their environments at multiple interconnected levels of ecology. The original ecological-developmental model categorized personal and environmental influences into hierarchically-nested levels that are more or less proximal to the individual: 1) ontogenic system – biopsychosocial characteristics of the individual; 2) microsystem – direct interpersonal interactions of the individual and his or her immediate environment, including family; 3) mesosystem – interconnections between individuals, and between systems and individuals; 4) exosystem – formal and informal social structures that impinge upon the individual’s immediate setting and exert an impact on development; 5) macrosystem – sociocultural norms, values, and beliefs that form the broader social fabric within which the individual, family, and community are interwoven; and 6) chronosystem – reciprocal interactions and changes that occur between individuals and their environments over time. In contrast to earlier cause-and-effect paradigms focusing on child or parental dysfunction, ecological theory’s person-in-environment scope integrates individual, familial, and societal levels of analyses in its many applications to the study of child maltreatment (Belsky, 1980, 1993; Garbarino, 1977; Vondra & Toth, 1989) and, more specifically, to various aspects of CSA, including etiology (Bolen, 2001;
McCloskey & Bailey, 2000; Vander Mey, 1992), disclosure (Alaggia, 2010), effects (Zielinski & Bradshaw, 2006), revictimization (Grauerholz, 2000), and cyberspace images (Martin & Alaggia, 2013).

2.4.1. Ecological and transactional frameworks for child maltreatment. Drawing heavily from the work of Bronfenbrenner, Belsky’s (1980) widely adopted ecological model for child abuse and neglect asserts that maltreatment is multiply determined by the interrelationships among forces that are ecologically-nested within one another across four levels of analyses. The ontogenic level considers the developmental history, personality, and psychological resources of maltreating caregivers and their impact on parenting, such as childhood adversities and previous experience caring for children. The microsystem represents the interpersonal and social factors within the family setting, including marital conflict, household disorganization, and abuse-eliciting characteristics of the child (e.g., temperament), and their mutual interaction with caregiver attributes and parenting style, which are, in turn, influenced by caregiver predispositions at the level of ontogenic development. Stress-promoting variables at the levels of the individual and family are implanted within communal social structures of the exosystem. Exolevel variables that foster child maltreatment, such as (un)employment stress and social isolation, are byproducts of the larger social milieu. Analysis of the macrosystem considers overarching cultural beliefs, namely societal attitudes toward violence and children that condone maltreatment, which exert influence on all other levels of ecology. Thus, from an ecological perspective, the etiology of child maltreatment is hypothesized to be catalytic interactions among interwoven stressors and supports at each embedded level of the ecology of parent-child relations.29 Although not specifically applied to CSA by Belsky, parallel pathways to sexual victimization can be theoretically inferred.

Building on Belsky’s theory, Cicchetti and Rizley (1981) developed a transactional model of child abuse and neglect that provides a framework for the reciprocal contributions and interactions among potentiating (risk) factors that increase the likelihood of maltreatment and poor

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29 One empirical investigation of Belsky’s ecological model predicting child maltreatment potential showed a poor fit with the data, though several study limitations were noted (Begle, Dumas, & Hanson, 2010).
outcomes and compensatory (protective) factors that decrease the likelihood of maltreatment and poor outcomes. With an added temporal dimension distinguishing between transient and enduring effects, four categories of risk were identified as enduring vulnerability factors, transient challenges, transient buffers, and enduring protective factors, with each being more or less proximal to the individual. Factors that are proximal and enduring are hypothesized to have the strongest effects. This model, therefore, conceptualizes child maltreatment as probabilistic based on the balance of potentiating and compensatory factors. This approach is superior to a purely ecological framework in that it more effectively captures the mechanisms by which individual, familial, and environmental circumstances transact to generate risk.

Concepts from Belsky’s ecological model and Cicchetti and Rizley’s transactional model were subsequently merged by Cicchetti and Lynch (1993) in their formulation of an ecological-transactional model of child maltreatment and community violence. An ecological-transactional perspective holds that both ecological system influences and dynamic transactional processes must be taken into account in the analysis of social phenomena. Factors that exacerbate or lessen risk within each nested level of ecology are hypothesized to mutually interact (impact of one context on another) and transact (mutual influence of two contexts on each other) directly and indirectly over time to shape individual development and adaptation. Its expansive scope considers “variables that are distantly related to the outcome, variables that are the result of those distantly related variables and that are more closely related to the outcomes, and variables that moderate the effects of the variables that are more distally or proximally related to the outcome variable of interest” (Kaplan, 1999, p. 75). An ecological-transactional framework has been applied to explain a range of social problems, including child maltreatment (Cicchetti, Toth, & Maughan, 2000; Lynch & Cicchetti, 1998) and, more specifically, the sexual abuse of children (Bolen, 2001).

2.4.2. Ecological-transactional-developmental model of child sexual abuse. Following Cicchetti and Lynch, Bolen (2001) constructed an ecological-transactional-developmental model of CSA in which abuse is conceptualized as culminating from reciprocal interactions and
complex transactions among cumulative risk and protective influences at interconnected layers of the ecosystem across the developmental trajectory of the child. This framework offers a broadened perspective of blame with its multilevel analysis, thereby removing the primary onus of responsibility from mothers. Maternal influence is not denied; however, it is regarded as but one variable within the microsystem that is significantly impacted by the broader ecology. From an ecological standpoint, each hierarchical level is believed to affect all lesser levels. In other words, the macrosystem directly and indirectly impacts the exosystem, both of which impact the microsystem, all of which impact the ontogenic system. Factors that manifest at one level are understood to have originated at a higher level. Ecologically speaking, the ontogenic level is, therefore, the least influential, although it is recognized that the individual can, indeed, exert influence over his or her environment. Bolen argues that CSA is best explained by focusing on risk factors originating at the macrolevel primarily and exo leve secondarily. Risks manifesting at the microlevel and ontogenic level, which have historically received the greatest attention in the maltreatment literature, are viewed as internalized representational models of broader societal expectations.

According to Bolen’s analysis of ecological influences, far-reaching macrolevel forces that foster the sexual abuse of children include socially constructed power imbalances based on age and gender, patriarchal structures that support male privilege and entitlement, gender socialization and sex role stereotypes, institutionalized oppression related to race and class, generational effects of abuse patterns, societal attitudes toward sexual violence, and collective denial of the scope of the problem. The relationship between CSA and the exosystem is more ambiguous, theoretically and empirically. Contributory factors at the exo leve hypothesized to promote abuse include unsafe childcare settings, gender discrimination within the education system, lack of connectedness to social networks, and compromised community safety. Although not specifically addressed by Bolen, I would add unresponsive child welfare and criminal justice systems as additional exovariables to consider. A central causative factor in most other theories of CSA, microlevel family dynamics in this model include socialization into traditional gendered roles within the family, privacy and primacy of the family unit, family structure and dysfunction, and parental attachment relationships. Finally, the ontogenic system incorporates factors
intrinsic to the individual child that places her at increased risk of being sexually victimized, such as insecure attachment, physical attractiveness, availability, and vulnerability. I would suggest that biological female sex is another important ontogenic risk factor for CSA, though not explicitly identified at this level in Bolen’s framework. Structural gender inequality is, however, emphasized as a macroforce. While the etiology of CSA is considered external to the child, power-based causative agents originating in upper-level systems can manifest at the level of the individual. This is a crucial distinction to make to avoid perpetuating victim-blaming tendencies. Bolen’s ecological model of CSA is illustrated in Figure 1.

*Figure 1. Ecological model of child sexual abuse (Bolen, 2001).*

Transactional influences, according to Bolen’s theoretical analysis, represent complex junctures among enduring and transient potentiating and compensatory factors across each ecological layer. While Cicchetti and Lynch suggest that abuse occurs when risk factors outweigh protective factors, Bolen contends that the relationship among factors is much more complex, as each stressor interacts with all past and present stressors to have a compounding and synergistic effect. Sources of risk at each level of ecology have independent main effects, but also transact with each other to moderate individual development over time. Consistent with Bronfenbrenner’s insight, most principal effects are understood as the culmination of complex interactions between and among inextricably interconnected proximal and distal ecological variables. Transactional interaction effects, the most critical component of the model, are hypothesized to be mutually influential, cumulative, and stable yet dynamic. These transactions explain how risk factors originating at higher levels of ecology manifest across lower levels. The moderating or mediating function of protective factors is believed to be indirect, as their effect is dependent upon their interaction with risk factors at specific points in time. Bolen added a dimension of time to the model, suggesting that the developmental history and age of the child mitigate the impact of ecological risk and protective factors through complex transactions. Risk is, therefore, viewed as dynamic, changing as systemic influences gain or lose intensity across the developmental trajectory of the child. Because of the complexity of these pathways, abuse likelihood cannot be easily quantified. Figure 2 provides a depiction of Bolen’s ecological-transactional-developmental model of CSA.
Figure 2. Ecological-transactional-developmental model of child sexual abuse (Bolen, 2001).

The ecological paradigm is scientifically-grounded in that it is formulated inductively from research data on risk and protective variables. Empirical investigation into the exact mechanisms of ecological transactions, however, is scant. The sheer magnitude of multilevel ecological influences, the complexity of the interrelationships among them, and the changing disposition of transactional effects by virtue of time do not lend themselves well to sound quantitative measurement. There is a small but expanding body of research testing the tenets of ecological-transactional models applied to parallel social phenomena, such as exposure to community violence (Spano, Rivera, Vazsonyi, & Bolland, 2008; Spano, Vazsonyi, & Bolland, 30

30 The cross-sectional, bivariate, and correlational designs of most ecological studies prevent conclusions about the direction and transactional nature of causality. Empirical scrutiny tends to concentrate on the main effects of concrete individual and family level variables, with little consideration of the broader abstract forces shaping those effects, which do not easily yield to quantitative study.
2009), child maltreatment and community violence (Lynch & Cicchetti, 1998), and adolescent sexual risk behaviours (Henrich, Brookmeyer, Shrier, & Shahar, 2006). Each of these studies provides relatively strong patterns of support for the utility of an ecological-transactional framework. Generally speaking, there is some evidence to show that mutually reinforcing exchanges between ecosystems occur, and that intricately interwoven potentiating risk and compensatory protective factors coalesce to produce dynamic transactional effects over the course of time.

2.4.3. Contributions and limitations of ecological applications to the maternal role in child sexual abuse and child welfare responses. Most theories of CSA have historically focused on a sole causative agent at the ontogenic level (child-blaming perspectives), microlevel (mother-blaming and family-blaming perspectives), or macrolevel (culture-blaming perspectives), the narrow focus of which limits each in its explanatory power. In contrast, the broad scope of an ecological framework considers a constellation of intersecting influences across personal and environmental layers of the ecosystem. The strength of an ecological approach is, therefore, in its wide multicontextual lens, which, in essence, subsumes many of the key elements of single-factor biological, behavioural, and social theories. Its breadth, however, may also be regarded as its main weakness. Ecological-transactional analyses become diffused as distinct contributory factors within each level of ecology receive less individual attention. Independent main effects and reciprocal interaction effects are also difficult to discern as the complex mechanisms by which cumulative sources of risk and resilience transact are challenging to elucidate. Moreover, the underlying assumption that macrolevel risks play an indirect distal role, compared to variables more proximal to the individual, underestimates the profound influence of overarching ideologies that construct the hierarchical relations of power necessary for CSA (and mother-blaming) to flourish. Although their trickle-down effect has been acknowledged by ecological theorists, little is known about the dynamic processes through which sociocultural forces exert a moderating influence across the dimensions of propinquity and time.
The development of ecological-transactional models of CSA remains in its infancy. While the depth of its theoretical analysis of the role of nonoffending mothers is perhaps the weakest of the theories reviewed, the value of an expanded ecological frame is in its counter-positioning of mothers as primary targets of blame and main sources for protection. From this perspective, the sexual abuse of children, as well as varied maternal responses to CSA and attributions of maternal blame for failures in protection, are understood as culminating from a broad range of overlapping individual, familial, and societal influences. Thus, notwithstanding its limitations, ecological theory offers a strong conceptual foundation for child welfare responses to CSA that recognize the importance of engaging with all sources of direct and indirect risk and protection in a child’s environment, including but not limited to mothers.

2.5. Feminist Theory: Reframing Maternal Responsibility for Child Sexual Abuse

Feminist theory offers a critical, gender-based analysis of the subordination, marginalization, and objectification of women, and the social construction of knowledge and power within the context of patriarchal social order. Patriarchy, a profoundly engrained societal belief system that enables men to hold greater power and privilege over women on a social hierarchy, supports a sexist ideology. Power, from a feminist standpoint, is viewed as predominantly the possession of men as a social group and located within male-dominated institutions that generate and disseminate male-biased truth-claims. This gendered power imbalance intersects with other forms of oppressive power relations and functions across sociocultural, familial, political, legal, institutional, and economic realms to reinforce female inferiority.

Second-wave radical feminism, with its roots in modernist tradition, was instrumental in redefining how society conceptualized the epidemic of CSA, drawing attention to its gender asymmetric prevalence and forcing it onto the political agenda. The unintended backlash, as

31 Feminist theory provides the conceptual foundation for feminism and women’s liberation movements. Feminism is not grounded in a solitary theory; rather, several feminist perspectives (e.g., liberal, radical, socialist) have emerged, each concerned with the subjugation of women, yet with variation in interpretations of power relations (Lorber, 2012). The overarching principles of feminism as a grand theory frame this discussion, unless otherwise specified.
discussed earlier in this chapter, was not limited to CSA activism, but was extended against feminist discourse as a whole (Valentich, 2011). This was an unsettling time in the history of feminism, as it was under attack for its essentialist view of women as a homogeneous group, with little importance placed on the intersectionality of diversity and oppression within (Crenshaw, 1991; Hill Collins, 2000). With relatively affluent, educated, and mostly white women at the forefront of feminist dialogue, inattention to the web of simultaneous interlocking forms of discrimination related to socioeconomic class, age, race, ethnicity, religion, disability, and sexual and gender identity resulted in the exclusion of women who did not fit the majority mould. This divide, along with the many negative stereotypes associated with feminists and a resurgence of medical-model discourse, led to a fragmentation of the powerful voice of feminism, which, in turn, destabilized and depoliticized the CSA movement.

Foucaultian-informed poststructuralism and postmodernism offer third-wave feminism a more nuanced and nonessentialist epistemic frame for discerning commonalities and differences among women and their intersecting oppressions, with emphasis on the subjectivity and fluidity of truth, knowledge, and power relations through multiple discourses that are understood as sociohistorically located and constructed through language (Butler, 1990; Featherstone & Fawcett, 1994; Flax, 1990; Hanisch & Moulding, 2011; Hekman, 1990; Oko, 2000; Warner, 2009; Weedon, 1997). Though challenged for their limiting effects on the grand explanatory schemas of traditional feminist insight and undermining the strength of collective identity in political strategies, poststructural and postmodern influences on feminism allow for a more relativistic and less totalizing appreciation of the diverse lived experiences of women, which translates to a more inclusive response to CSA.

2.5.1. Feminist perspectives on motherhood: Empowerment or oppression? Reproduction and motherhood have always been at the centre of shifting feminist discourses on women’s rights and sources of oppression. There have been considerable feminist analyses of the culturally constructed institutions of family and motherhood and the complex, sometimes competing, relationship between women and children (Arendell, 2000; Caplan, 1998; 2000;
Chodorow, 1978; Chodorow & Contratto, 1982, 1989; Diquinzio, 1999; Kinser, 2010; Rich, 1979; Ruddick, 1980, 1989; Snitow, 1992). Historically and, to a lesser degree, currently, the social conditions of motherhood provide an anchor for denying women equal rights, resources, and opportunities, as well as for maintaining economic and social subjugation. Although experienced subjectively depending on overlapping prejudices, motherhood can also be regarded as a potentially unifying force among women. Feminist schools of thought on mothering, however, are not monolithic. At one end of the highly contentious spectrum of debate is the perspective that self-determined motherhood can be an empowering and meaningful experience, and chosen expression of female identity and agency that should be respected, legitimized, and supported. The other extreme end of the spectrum argues that child-bearing and child-rearing are the main ingredients for patriarchal social order and, therefore, must be rejected as a prerequisite for overcoming women’s subordination. Fundamental at either end of the spectrum is the belief that women’s worth and options should not be solely defined or constrained by motherhood.

This position is not, however, always reflected in mainstream Western culture, wherein motherhood is ideologically construed as natural and, thus, essential for women given their biological capacity for reproduction and instinctive nurturing. The naturalization of mothering equates to a naturalization of motherwork, which masks the economic, political, and social relations that generate and maintain a gendered division of domestic labour and parenting responsibilities. The inevitable consequence of the indoctrinated myth of the universal mother as primary and omnipotent carer is societal condemnation for perceived maternal failures in fulfilling grandiose expectations. As poignantly articulated by Chodorow and Contratto (1989), “mothering either destroys the world or generates world perfection” (p. 88).

Through theoretical and empirical scholarship, feminist discourse has worked to disrupt hegemonic constructions of motherhood based on white, heterosexual, middle-class norms by drawing attention to the influence of intersecting oppressions, the emotional and material conditions of mothering, and women’s lived experiences that stand in distinction to prevailing ideologies. By exposing the politics of motherhood and feminization of caring, a feminist
perspective challenges socially prescribed gender scripts and dominant ideals of good mothering that are grounded in male authority and capital interests.

2.5.2. Understanding child sexual abuse through a gendered lens. There have been extensive gender-based feminist analyses of the prevalence, root causes, and effects of CSA, as well as societal responses to the problem (Alaggia & Kirshenbaum, 2005; Bolen, 2001; Butler, 1978; Finkelhor, 1982, 1984; Herman, 1981; Herman & Hirschman, 1982; Krane, 1990; McIntyre, 1981; Rush, 1980; Ward, 1984; Warner, 2009). In stark contrast to the individual and familial focus of psychoanalytic, family systems, and attachment perspectives, feminist theory conceptualizes the sexual abuse of children, and simultaneous idealization and blaming of mothers, within the broader milieu of male perpetrated violence against women as an outgrowth of deeply entrenched patriarchal, sexist, and misogynist social structures. In its deconstruction of why and how men’s use of children for sexual purposes persists, and perhaps thrives, in modern society, feminist theory calls attention to differential gender socialization that draws on heteronormative ideals. Seymour (1998) suggests that patriarchy provides the opportunity for CSA, while the social construction of masculinity provides the motivation, and male sexual socialization informs the direction for how that motivation is expressed.

Patriarchal social order requires and, thus, fosters male entitlement and female vulnerability. Dictated by biological determinism and the interests of capitalism, the gender socialization process begins in the traditional family unit, where men generally occupy positions of economic and physical dominance, while women assume secondary status characterized by dependence and submission. The captive victims of such dynamics are children, a historically devalued and powerless group entirely dependent upon adults for their basic needs. Radical feminists regard the nuclear family as a “training ground for female subordination and exploitation.... a microcosm of patriarchy” (Seymour, 1998, p. 417), in which young girls, lowest on the power hierarchy, become ready targets for sexual passivity and victimization within and outside of the home. With engrained expectations of the primacy of their wants and needs, male power and control become intrinsic measures of male achievement and worth enveloped in restricted
emotional expression and compromised empathic development. Gender role dichotomy and sexual conditioning are propagated through language, mass media, and pornographic images, wherein females are depicted as sexual objects for male consumption (Warner, 2009).

When masculinity is socially constructed as synonymous with dominance and aggression, sexual violence, or the threat of sexual violence, by men against women and children (girls and boys) becomes a means by which power can be exerted and maintained. The etiology of CSA through a feminist lens is, therefore, viewed not as a symptom of individual pathological deviance, sexual desire, or family dysfunction, but as rooted in unequal relations of power in the service of patriarchy. Research consistently affirms that sexual abuse victims are disproportionately female and child sex offenders are vast majority male (May-Chahal, 2006; Seto, 2008), many of whom exhibit low self-esteem and impaired empathy (Seto et al., 2015; Whitaker et al., 2008). These findings confirm an age- and gender-based power differential, and suggest that the exercise of power over children may be in compensation for perceived inadequacies in masculine identity, which is in keeping with the gender socialization argument. The documented generational trend toward more liberal attitudes about gender roles and women’s position in society (Marshall, 2011; Scott, 2006) coincides with declining rates of CSA (Finkelhor & Jones, 2012), possibly offering further empirical support for the sociocultural explanations espoused by feminism.

Not to suggest that the absence of scientific evidence disqualifies the validity of hypotheses, but there is little empirical support for feminist tenets concerning immeasurable macrostructural forces beyond gendered prevalence data, from which only noncausal inferences can be drawn. The explanatory faculty of a grand feminist narrative has been criticized for providing an overly simplistic, reactionary, universalistic, and mainly descriptive account of gender-based power in its quest for certainty (Clegg, 1994; Featherstone & Fawcett, 1994; Liddle, 1993; Oko, 2000). Fear of deflecting from the powerful effects of gendered social

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32 Anthropological studies lend further support to the biological determinism rebuttal. For instance, Mead’s (1963) research showed that sexual violence was virtually nonexistent in primitive societies, where males and females were socialized to be equally nurturing and involved in child-rearing.
hierarchies has contributed to macrolevel feminism’s underestimation of the influence of individual psychopathology and human agency. Framing CSA as a logical extension of differential gender socialization in male-dominated societies fails to adequately explain why only a small fraction of all men take advantage of the opportunity to sexually offend, or why some women do, in fact, perpetrate abuse – an uncomfortable reality that feminists have grappled with. Not entirely incompatible with feminist thought, however, aspects of female offending or co-offending alongside a male instigator can be understood through a structural analysis of gender-based power (as a reaction to patriarchal oppression or their own victimization). The conceptual shortcomings of feminism, nevertheless, point to the need for multifactorial analyses offered by the other theories considered in this thesis.

2.5.3. Feminism’s problematization of maternalistic notions of blame and failure to protect. Feminist scholars have voiced strong criticism over the woman-blaming assumptions inherent in most acritical paradigms and apolitical systemic responses to CSA (Alaggia & Kirshenbaum, 2005; Bolen, 2001, 2003; Carlton & Krane, 2013; Davies & Krane, 1996; Hooper & Humphreys, 1998; Krane, 1997; Warner, 2009; Wattenberg, 1985). Oko (2000) condemns the unfortunate reality of deeply engrained motherhood ideology in the social work profession:

This is a fairly damning indictment of social work practice as structurally biased against women if they do not conform to the social idealization of motherhood and, as a form of woman-blaming, is clearly contrary to feminist principles.... Social workers must acknowledge that if women are the primary carers of children, then they also have a responsibility to protect their children (although conflicts of needs between women and their children are not uncommon), but this acknowledgement is not the same as the assumption of maternal culpability. (pp. 169, 174)

33 There is some empirical support for this premise. Studies have found that a significant proportion of female sex offenders perpetrate abuse with a (dominant) male partner (Wijkman, Bijleveld, & Hendriks, 2010) and have their own history of polyvictimization (Levenson, Willis, & Prescott, 2015).
Feminism challenges dominant ideologies of motherhood that serve to glorify women as primary and all-powerful child protectors in order to justify scapegoating by the child welfare system. Notions of maternal culpability and failure to protect, from a feminist viewpoint, are exposed as contrived means by which to hold women responsible – legally and ideologically – for the criminal behaviour of men and social obligations of the state, thereby reinforcing fundamental power inequities. A feminist stance shifts the agency of blame for CSA from mothers, fully and unequivocally, to (male) perpetrators and the patriarchal culture in which they are socialized, and advocates for shared responsibilities in protection. By clearly demarcating the roles of victim and offender, the commonly imposed maternal label of co-offender is replaced by co-victim and attributions of women’s blameworthiness, whether by reason of complicity or failure in protection, are eradicated.

To add credence to feminist claims, attention is drawn to empirical research that disputes maternal stereotypes as ineffectually responsive in the aftermath of CSA (Alaggia, 2002; Bolen, 2002b; Elliott & Carnes, 2001). Moreover, the power of unrelenting grooming strategies that operate to manipulate women and children, deliberately disrupt the mother-child attachment bond, and strategically undermine maternal trust by emotionally alienating mothers from their children are underscored; symptoms of family dysfunction are redefined as the consequence, rather than the cause, of abuse; and maternal behaviours historically branded as collusive or unprotective are reinterpreted as corollary to the limited power mothers hold within the institutions of marriage and family (Alaggia & Kirshenbaum, 2005; Hooper & Humphreys, 1998). Through its rich exploration of the lived experiences and perspectives of nonoffending mothers, feminist-informed qualitative research sheds light on the complexities of mothering and responsiveness postabuse, the embeddedness of institutionalized blame by the helping disciplines, and coexisting sources of stress and oppression in women’s lives, such as poverty and violence, which function to restrict choice (Alaggia, 2002; Alaggia & Turton, 2005; Carter, 1999; Hooper, 1992; Humphreys, 1992). Warner (2009) deconstructs the link between CSA and IPV, for example, by highlighting the debilitating effects of maternal trauma, fear, and financial dependence on self-appraisals of power, worth, and ability to implement protective measures, as well as the impact of potential conflicts of interest between women and children.
Some feminist arguments to rectify mother-blaming sentiments in CSA have been criticized for their inadvertent counter-effects when universally applied. For instance, challenging claims of maternal collusion by positioning women as helpless victims of male dominance unintentionally reinforces blame by inferring responsibility due to powerlessness (Jacobs, 1990). Also, although critical of hegemonic social constructions of motherhood, the unintended consequence of feminist efforts to contest the vilification of women by emphasizing their heroism fortifies idealistic expectations of maternal protection (Featherstone & Fawcett, 1994; Hooper, 1992). Absolving all women from any or all responsibility in CSA, despite evidence of maternal knowledge and even complicity in some cases, diminishes the analytic credibility of feminism, thus highlighting the need for a nonessentialist frame.

### 2.5.4. Poststructural feminist-oriented child welfare discourse.

While most contemporary leading experts in the child maltreatment field adopt a feminist-informed approach, feminist responses to CSA have historically been woman-centred at the expense of being child-centred.³⁴ There remains a general disparity in meaningful engagement with children’s issues in the feminist literature, perhaps motivated by ambivalent or opposing viewpoints on motherhood. According to Raitt (2005), fundamental feminist principles and strategies have infiltrated aspects of children’s rights movements. This alliance, however, is neither strong nor unified given the constraints of mothering on women’s liberation. The needs and interests of children sometimes clash with the needs and interests of their mothers (Featherstone, 1999), fuelling concern that a fight for children’s rights tacitly compromises the fight for women’s rights. This disconnect, coupled with conceptual omissions related to essentialist narratives, weakens and fragments feminist agendas. This tension plays out in the child welfare arena, where the best interests of children take precedence over the best interests of their mothers, further adding to the divide. As this thesis will argue, however, a woman- and child-centred

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³⁴ With its ties to the violence against women movement, early feminist advocacy efforts were geared toward women who experienced sexual abuse in childhood by, for example, reforming policies and practices targeting adult survivors, dissuading use of the victim label and substituting it with survivor, and shifting dominant trauma discourse through normalization and validation of the effects of women’s social locations (Burstow, 1992, 2003).
philosophy is fundamental to protecting and advancing the welfare of children and their families.

In line with this intention, a poststructural feminist reinterpretation moves beyond claims of universal truth, unitary and unchanging notions of power, and binary oppositions of mother-child, man-woman, masculine-feminine, powerful-powerless. Though contested for not differentiating between legitimate and illegitimate exercise of power, poststructuralism positions knowledge, gender, and power not as absolutes, but as complex, relational, and dynamic socially contingent constructs that can be resisted, negotiated, and transformed (Featherstone & Fawcett, 1994; Weedon, 1997). Even within a modernist system that demands verifiable truths, poststructural concepts can be effectively integrated within child protection work to provide space for individualism (Todd & Burns, 2007). Without abandoning its critical theory of gendered power dynamics at work in CSA, the infusion of poststructural feminism in child welfare policies and practices would manifest in a disruption of dominant assumptions of natural mothering and the good-bad mother dichotomy; connection of links between maternal responsiveness and social context; appreciation for subjective lived experiences and intersecting oppressions among women; recognition that women occupy a range of positions (powerful and powerless, privileged and oppressed) and possess diverse strengths and needs; resistance to the tendency to blame women for the actions of men and deficiencies of institutions; and dispersion of responsibilities for child protection among mothers, fathers, communities, and states.

2.6. Summary of Theoretical Analyses and Conceptual Framework for the Study

Nonoffending mothers have taken a “historic beating in theories of child sexual abuse” (Bolen, 2001, p. 30), the dangerous discursive effects of which have been enduring. Reflective of shifting sociocultural ideologies, value-laden social constructions of responsibility for the sexual abuse of children exist along a conceptual continuum. Classical Freudian psychoanalytic theory rather explicitly ascribed culpability for CSA primarily to the child victim and secondarily to the
conscious or unconscious collusion of the mother. Early family systems theorists made some advances by acknowledging partial responsibility of the offender in its distribution of blame among all members of the dysfunctional family unit. The role of prime culprit was, nevertheless, bestowed upon mothers for the inception and maintenance of abuse dynamics. Though largely discredited and reformulated to be less pathologizing in their maternal characterizations, the mother-blaming notions inherent in these early paradigms continue to exert remarkable influence on public and professional opinion, clinical philosophies, and institutional discourse. Attachment theory focuses its analysis on the primacy of the mother-child attachment relationship in manifestations of vulnerability to CSA, maternal responsiveness, and trauma sequelae. While intergenerational hypotheses contribute greatly to our understanding of transmission mechanisms, traditional attachment narratives, like psychoanalytic and family systems perspectives, are guilty of reinforcing maternal agency in causation and primacy in protection and diminishing the scope of the problem by deflecting liability from powerful structural forces. In contrast, the critical gaze of feminism views the CSA epidemic as an extension of entrenched gender-based power asymmetries, thereby eradicating assumptions of maternal blame and firmly locating fault with male perpetrators in the service of patriarchy. Feminist insight, however, minimizes the influence of important individual and family variables. The unidimensional focus of each of these theories undermines their grand explanatory power and creates an unhealthy polarization between personal and environmental standpoints. The broadened scope of ecological models of CSA, on the other hand, calls attention to intersecting risks at all levels of the ecological system, thus shifting sole responsibility away from mothers, while still acknowledging their influence. Figure 3 illustrates the span of blame attributions across theories of CSA.

Unsurprisingly, meaningful analyses of the role of nonoffending fathers in CSA are strikingly absent from each of the conceptual frameworks reviewed.
This chapter has unraveled the partiality intrinsic to most theories of CSA, which tend to shed light on some aspects of the world while eclipsing others. This thesis, therefore, adopted a multitheoretical framework that compensated for the conceptual limitations of selected theories by drawing upon the conceptual strengths of others. Through the overarching epistemic lens of social constructionism, poststructural feminism provided the core critical paradigm that anchored this work. In addition to being congruent with my personal epistemological stance, the underlying assumptions of social constructionism and poststructural feminism lend themselves well to critical analyses of discursive manifestations of dominant gender-based ideologies that (re)construct and resist notions of maternal blame and failure to protect in child welfare responses to CSA. Key attachment and ecological principles were also considered in the interpretation of research findings to counter-balance the
macroscope of a feminist frame. The plural application of theories promoted a holistic approach to meaning-making without compromising the study’s critical social change agenda, and together constructed the scaffolding for an alternative child welfare discourse.
CHAPTER 3
CRITICAL ANALYSIS OF RESEARCH LITERATURE


There is an immense body of empirical research spanning more than three decades exploring the sexual abuse of children and its vast implications for their nonoffending mothers. It has been the subject of extensive quantitative and qualitative investigation from multidisciplinary perspectives. This chapter serves three important functions. First, it critically surveys the current state of empirical knowledge and identifies specific absences in existing research that this study aimed to address. Second, it provides relevant contextual background and further develops the rationale for why this subject matter warrants attention. And third, it supplies the evidentiary groundwork for challenging assumptions of maternal blame and failure to protect in child welfare discourse moving forward. In keeping with a poststructural feminist framework, however, all research findings are recognized as discursively constructed truth-claims that are, indeed, philosophically and empirically contestable.

To situate this review, this chapter begins with a brief outline of the literature search strategies conducted and cautionary research limitations through which to frame the interpretation of study findings. Extant scholarly literature is then critiqued across six core subject areas as it relates to the current investigation: 1) biopsychosocial etiology of CSA, 2) abuse sequelae for children and their nonoffending mothers, 3) continuum of maternal responsiveness postabuse, 4) intersection between maternal response and child recovery, 5) implications for nonoffending fathers and role of paternal response, and 6) gendered blame attributions and child welfare
responses. This chapter concludes with a synthesis of key themes culminating from the literature review.

3.1. Research Literature Search Strategies and General Shortcomings

The research literature critically analyzed in this chapter was drawn primarily from academic peer-reviewed journals from interdisciplinary perspectives (social work, psychology, psychiatry, medicine, law, etc.) and, to a lesser extent, from book chapters, conference proceedings, government reports, and unpublished doctoral dissertations. Given the extensive breadth of extant CSA research, this review focused mainly on pertinent quantitative and qualitative studies published within the past 25 years, with the exception of historical seminal investigations with relevance to the current study. As the subject was explored within a contemporary Western frame, this analysis was limited predominantly to Western bodies of knowledge written (or translated) in English. Three phases of literature search strategies were performed to locate the studies included in this review:

Step 1. Searches were conducted to identify relevant published works within electronic databases and host systems, including but not limited to Scholars Portal, ProQuest, Ovid, Social Work Abstracts, Social Services Abstracts, PsycInfo, Medline, Cochrane Collaboration, Studies on Women and Gender, and Women’s Issues. Various combinations of the following truncated keywords were utilized: ‘child sexual abuse,’ ‘nonoffending mothers or parents or caregivers or guardians,’ ‘mother-blame,’ ‘failure to protect,’ ‘risk factors,’ ‘effects or impact,’ ‘maternal response,’ ‘child welfare or protection system,’ ‘father or paternal engagement,’ and ‘gendered child welfare practice.’

Step 2. Searches utilizing selected keywords were conducted within journals with a child maltreatment, trauma, discourse, and/or feminist focus, including but not limited to Child Abuse and Neglect, Child Maltreatment, Trauma, Violence, and Abuse, Child Sexual Abuse,

Step 3. The reference lists of retrieved journal articles were manually scanned to identify additional research studies with relevance to the study focus.

Despite considerable improvements in methodological rigor and analytic sophistication in recent years, the CSA research reviewed in this chapter must be interpreted within the context of some general conceptual and methodological limitations noted across studies. With regard to quantitative investigations of risks and outcomes, most are cross-sectional and correlational in design, and execute little or no control over confounding variables. Therefore, rival hypotheses cannot be eliminated and cause-and-effect relationships cannot be inferred from much of the data. Other common shortcomings include overreliance on nonprobability samples, such as self-selecting clinical populations, substantiated CPS cases, and culturally homogeneous groups; reduced statistical power due to insufficiently large sample sizes; heavy use of data collection instruments with weak reliability and validity; and sole administration of self-report measures in the absence of corroborating sources, potentially limiting the accuracy of responses due to memory errors, misinterpretation, and social desirability bias. In maternal response studies specifically, the most significant limitation lies in the inconsistent conceptualization and operationalization of overlapping and fluid response constructs, which tend to be dichotomized and measured at one point in time postdisclosure. As a result, most do not adequately capture the complex or evolving nature of maternal responsiveness. Studies are also prone to narrowly focusing on maternal deficits, consequently restricting lines of investigation, excluding alternate hypotheses, and overlooking areas of resilience and strength. Qualitative inquiries, on the other hand, offer a grade of richness and depth in understanding the human experience that is often missing from statistical analyses, but generally rely on small, nonrepresentative samples, thus prohibiting the generalizability of findings beyond each study’s sample. That being said, it is important to review the trends emerging from these works, with research caveats in mind, as they represent the best available sources of empirical knowledge at present time.
3.2. Etiology of Child Sexual Abuse: A Constellation of Biopsychosocial Influences

Analysis of attributions of blame and responsibility in CSA requires close attention to empirical data supporting and refuting the validity of theoretical explanations for causation, particularly with regard to engrained assumptions of maternal culpability. The etiology of CSA cannot be traced to a single biological, psychological, behavioural, or sociological origin. While a patriarchal, sexist, and ageist culture spawns a generalized climate of risk, a number of intersecting sociodemographic, perpetrator, family, and child variables have been empirically correlated with heightened probability that children will be sexually victimized by adults, thereby lending support to an ecological framework of causation. Microlevel influences that yield easily to measurement have naturally garnered the most scrutiny in the literature.

3.2.1. Sociodemographic risk factors. No socioeconomic class or cultural background is immune to the problem of CSA. According to Berliner (2011), economic status does not appear to be a significant risk factor for sexual abuse, unlike physical abuse and neglect, as roughly equivalent rates are found across all financial brackets. While there is no question that lower income families come to the attention of CPS in disproportionately higher numbers (Putnam, 2003), a population survey conducted by MacMillan et al. (2013) did detect a link between poverty and higher prevalence of CSA. Other studies have also found elevated likelihood of CSA in neighbourhoods characterized by poverty and violence (Black, Heyman, & Slep, 2001), housing stress and drug/alcohol availability (Freisthler, Merritt, & LaScala, 2006), and urban development (Ernst, 2000; MacMillan et al., 2013).

Research examining racial and ethnic variations reveals mixed findings. For example, Putnam’s (2003) review of the literature found no significant cultural differences in CSA estimates, whereas American incidence data showed higher rates of abuse among black children, compared to white or Hispanic children (Sedlak et al., 2010), possibly due to reporting biases. Further, the Standing Senate Committee on Human Rights (2011) declared that Aboriginal girls account for at least half of all young people sexually exploited in Canada, despite comprising
only five percent of the national population. The alarming rates of CSA among Aboriginal children may reflect the shameful legacy of forced assimilation of Aboriginal Peoples into Eurocentric Canadian society in the nineteenth-century, loss of cultural identity and autonomy, separation of families, and decades of institutionalized physical, mental, and sexual abuse within the residential school system.\textsuperscript{35} According to Collin-Vézina, Dion, and Trocmé (2009), retrospective surveys of Aboriginal adults over the past 20 years approximate CSA prevalence to be between 25 and 50 percent, yet Aboriginal children are currently investigated by CPS less than non-Aboriginal children (0.53 per 1,000 vs. 0.62 per 1,000). This discrepancy may be the result of significant underreporting of CSA among Aboriginals or a true decline stemming from strengthening communities.

Important to note is the absence of research investigating the powerful effects of broader environmental influences, such as ideological belief systems, that do not lend themselves well to quantitative measurement.

3.2.2. \textbf{Perpetrator risk factors.} Child sex offenders are a heterogeneous group who, for the most part, do not fit a single diagnostic profile.\textsuperscript{36} Consistent with feminist insight, however, the strongest risk factor for perpetrating CSA is gender, with males committing a considerable majority of offences (Finkelhor, 1994; May-Chahal, 2006; Seto, 2008).\textsuperscript{37} Demographically, perpetrators have been shown to be less educated and poorer than the general population (Black et al., 2001), although caution must be applied when interpreting these findings as they reflect only those individuals who have been identified as offenders and not those who have the resources and social status to more effectively evade detection. A meta-analysis of 89

\textsuperscript{35} For a full discussion, refer to the recently released report of the Truth and Reconciliation Commission of Canada (2015).

\textsuperscript{36} Refer to Seto (2008) for a review of the etiology and clinical characteristics of pedophilia, which is not synonymous with sexually offending against children. Approximately half of all men who commit sexual offences against children are pedophiles.

\textsuperscript{37} More than 90 percent of sexual offences against girls are committed by males (Finkelhor, 1994). Documented rates of female-perpetrated CSA vary greatly. One study found that up to 39 percent of men and six percent of women reported being sexually abused in childhood by a female (Dube et al., 2005). The victims of female offenders are more likely to be boys, who tend to be less likely to disclose, thus leading to fewer official reports/convictions and underestimated occurrence figures.
empirical studies investigating risk factors associated with committing sexual offences found that offenders, compared to nonoffenders, were significantly more likely to have a history of childhood sexual and physical abuse, antisocial personality and other personality disorders, difficulty with intimate relationships, loneliness, poor attachment, lifestyle instability/impulsivity, aggression, anger, substance abuse, anxiety, depression, low self-esteem, external locus of control, empathy and social skill deficits, internalizing and externalizing behaviours, deviant sexual interests/attitudes, cognitions supporting sex crimes and minimizing offender culpability, and poor coping (Whitaker et al., 2008). Key differences between intrafamilial and extrafamilial offender traits and tendencies have also been detected (Seto et al., 2015).

Childhood history of sexual abuse as a risk factor for offending warrants brief elaboration here. While the victim-to-perpetrator cycle has been reported in a number of studies, investigations tend to be methodologically weak, therefore raising doubt about the widespread acceptance of the intergenerational hypothesis (Thornberry, Knight, & Lovegrove, 2012). It is plausible that the cycle of violence is consequential to genetic markers, learned behaviours, unsupportive relationships, untreated trauma effects, or other personality traits (Wilcox, Richards, & O’Keeffe, 2004); however, it may, in fact, be society’s response to abuse, moreso than exposure to abuse, that dictates whether a victim becomes a perpetrator. There is danger in making causal links without consideration of other motivating factors. When interpreting the data through a different lens, one can conclude that many child sex offenders have not experienced abuse in childhood, and the majority of child victims do not grow up to sexually offend (Glasser et al., 2001).

3.2.3. Family and maternal risk factors. In their systematic review of empirical literature examining familial variables predictive of increased vulnerability to CSA, Black et al. (2001) found that children living with single parents or stepfamilies were more likely to be abused than children living with two biological parents; nonoffending parents (mostly mothers) experienced moderately higher levels of psychiatric symptoms, more stressful life events, less emotional
support, and less parenting satisfaction, compared to parents of nonabused children; and inadequate supervision and poor parent-child (namely mother-daughter) attachment characterized families in which CSA occurred, moreso than families in which CSA did not occur, a finding consistent with attachment theory. Similar relational patterns have been described in families affected by both intrafamilial and extrafamilial CSA, including conflict, chaos, emotional distance, and rigidity (Draucker, 1996), suggesting that such family dynamics elevate CSA risk inside and outside of the home. Likewise, MacMillan et al. (2013) observed the presence of parental adversity to be predictive of CSA prevalence. Although McCloskey and Bailey (2000) failed to find a significant relationship between CSA and IPV in their multivariate analysis, several other studies confirm a positive correlation between the two (Azzopardi et al., 2014; Deblinger, Hathaway, Lippmann, & Steer, 1993; Farmer & Owen, 1998; Hébert et al., 2007; Hiebert-Murphy, 2001; Kellogg & Menard, 2003; McCloskey, Figueredo, & Koss, 1995; Salt, Myer, Coleman, & Sauzier, 1990; Sirles & Franke, 1989). In more than one-fifth of substantiated cases of sexual abuse (including confirmed risk of future abuse) in Canada in 2008, the primary caregiver was identified as a victim (16%) or perpetrator (5%) of domestic violence (Lefebvre, Fallon, & Trocmé, 2012), further highlighting the problem of co-occurring CSA and IPV.

According to Finkelhor et al. (1997), nonoffending mothers with their own history of sexual abuse in childhood are 10 times more likely than mothers without an abuse history to have a child who is also sexually abused. In keeping with attachment and intergenerational transmission hypotheses, other studies estimate that between half (Azzopardi et al., 2014; Bernard-Bonnin, Hébert, Daignault, & Allard-Dansereau, 2008; Hébert et al., 2007; Kim et al., 2007) and three-quarters (Hiebert-Murphy, 1998) of mothers of victims also have a CSA history. The salience of maternal CSA as a risk factor increases substantially when combined with maternal substance abuse (McCloskey & Bailey, 2000). Moreover, younger maternal age at first birth has been shown to increase the likelihood of CSA after controlling for the effects of socioeconomic variables (MacMillan et al., 2013). Contrary to the mother-pathologizing themes of early theories and opinion-based literature, nonoffending mothers are generally not distinguished by any specific personality type (Smith & Saunders, 1995; Tamraz, 1996).
Unsurprisingly, maternal risk factors for CSA have been investigated extensively, whereas the study of paternal risk factors has been notably sparse.

3.2.4. Child risk factors. Among the child risk factors with the strongest empirical support are female gender (Barth et al., 2013; MacMillan et al., 2013), older age (Finkelhor, Turner, Ormrod, & Hamby, 2009),\(^{38}\) and presence of a disability (Rand & Harrell, 2009; Sullivan & Knutson, 2000),\(^{39}\) with each increasing the likelihood of CSA by approximately two- to three-fold. Insecure attachment, social isolation, and mental health problems have also been shown to coincide with abuse at disproportionate rates (Fleming, Mullen, & Bammer, 1997; Turner, Finkelhor, & Ormrod, 2010). With regard to previous victimization history, sexually abused children are almost twice as likely to be revictimized than children with no abuse history (Barnes, Noll, Putnam, & Trickett, 2009). Theoretically, revictimization may be associated with vulnerabilities related to unresolved trauma, emotional avoidance, dissociation, traumatic sexualization, impaired attachment and interpersonal functioning, compromised ability to process danger cues, and feelings of unworthiness (Arata, 2002; Grauerholz, 2000; Lalor & McElvaney, 2010). Psychological distress has been empirically linked to greater odds of revictimization (Cuevas, Finkelhor, Clifford, Ormrod, & Turner, 2010).

It remains unknown, for the most part, whether many of these individual, familial, and contextual conditions preceded CSA and, therefore, served to exacerbate risk, or whether they were the result of the abuse. This caution is especially significant to note in the analysis of child and maternal factors that have been used to justify victim- and mother-blaming attributions. It is important to reiterate that the examination of predictor variables specific to the child victim and nonoffending mother does not implicate them as causal agents, but rather highlights known markers quantitatively associated with elevated risk. Nonetheless, each risk construct

\(^{38}\) This finding could be due to lower rates of CSA disclosure among younger children (Hershkowitz et al., 2005). Also, age as a risk factor functions differently depending on gender (Putnam, 2003).

\(^{39}\) Children with cognitive, emotional, and physical disabilities are predisposed to being targeted by sex offenders for a number of reasons, including communication and comprehension difficulties, perceived lack of credibility, physical immobility, indiscriminant sexualized behaviours, susceptibility to grooming, isolation from peers, dependency upon adults, and placement in residential care settings (Stalker & McArthur, 2012; Turner, Vanderminden, Finkelhor, Hamby, & Shattuck, 2011).
functions as a vulnerability to be exploited. They are, in essence, proxies that would otherwise be irrelevant in the absence of the sex offender’s motivation to abuse and sociocultural ideologies that condone abuse.

3.3. Sequelae of Sexual Abuse for Child Victims and their Mothers: A Shameful Legacy

To fully appreciate the serious psychosocial and material implications of CSA for nonoffending mothers, an understanding of its potentially harmful effects on child development and adaptation across the lifespan and related parenting challenges is helpful. There is a tendency, however, for CSA to co-occur with other forms of family dysfunction and trauma exposure, therefore complicating the interpretation of outcome studies. As Sbraga and O’Donohue (2003) point out, backward reasoning from present symptomatology to past abuse, or postdiction, is scientifically flawed. Even when treated as covariates in analyses, disentangling overlapping variance with concurrent adversities has proven to be problematic. It bears repeating that these research findings should be considered within the context of these methodological limitations.

3.3.1. Impact of sexual abuse on children across the lifespan. There is compelling empirical evidence to suggest that sexual abuse in childhood can induce repeated disruptions in developmental processes, resulting in short- and long-term maladaptation across neurobiological, psychological, emotional, behavioural, physical, and interpersonal domains (Anderson et al., 2008; Beitchman, Zucker, Hood, DaCosta, & Akman, 1991, 1992; Briere & Elliott, 1994; Dube et al., 2005; Easton, Coohey, O’Leary, Zhang, & Hua, 2011; Hillberg et al., 2011; Jumper, 1995; Kendall-Tackett et al., 1993; Maniglio, 2009, 2010, 2011, 2013; Nanni, Uher, & Danese, 2011; Paolucci, Genuis, & Violato, 2001; Putnam, 2003), as well as impairment in educational, occupational, and economic productivity (Currie & Widom, 2010; Zielinski, 2009). Though somewhat dated yet still relevant, Kendall-Tackett et al. (1993) synthesized 45 quantitative studies investigating the impact of sexual abuse on children. Key findings are summarized as follows:
Sexually abused children present with more clinical symptoms than nonabused children, with abuse accounting for 15 to 45 percent of the variance.

CSA can manifest in a wide range of symptomatology, with no specific syndrome or cluster of symptoms characterizing the majority of children, though posttraumatic stress disorder (PTSD) and sexualized behaviours are the most frequently occurring.

Approximately one-third of sexually abused children appear to have no symptoms; however, fluctuating patterns of improvement and deterioration are common.

More recently, systematic reviews of seven meta-analyses (Hillberg et al., 2011) and 14 reviews (Maniglio, 2009) concluded that CSA significantly increases children’s vulnerability for developing extensive negative health sequelae and psychopathologies, with small to moderate effect sizes, regardless of heterogeneity in samples and designs. Trickett, Noll, and Putnam’s (2011) 23-year longitudinal study spanning three generations and multiple developmental stages offers further support for the detrimental impact of intrafamilial CSA on female biopsychosocial development over time. After adjusting for covariates, severely sexually abused girls were significantly more likely than their nonabused comparison group to have earlier onset of puberty, maladaptive sexual development, cognitive deficits, dissociative symptoms, persistent PTSD, depression, psychiatric diagnoses, obesity, major illnesses and hospitalizations, high school incompletion, self-mutilation, dependence on substances, physical and sexual revictimization, hypothalamic-pituitary-adrenal attenuation, and asymmetrical stress responses, adding to a growing body of research examining the neurobiological impact of complex trauma on the developing brain. The abused girls in this sample were also more likely to become teenage mothers, deliver prematurely, and have offspring at greater risk for maltreatment and maldevelopment, lending support to theories of intergenerational trauma transmission. Eliminating the shortcomings inherent in cross-sectional research, similar findings were reported in another 30-year longitudinal cohort study of adult developmental outcomes

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40 The majority of sexually abused children display posttraumatic stress reactions, while more than one-third meet diagnostic criteria for PTSD (Berliner, 2011). Developmental trauma disorder has been proposed as a more appropriate and developmentally sensitive conceptualization of trauma symptoms in children (van der Kolk, 2005).

41 Compared to normative samples, sexualized behaviours occur in greater frequency among sexually abused children, though highly correlated with other behavioural problems and family variables (Friedrich et al., 2001).
following CSA (Fergusson, McLeod, & Horwood, 2013). Moreover, rich qualitative analyses of
the lived experiences of adults who were sexually abused in childhood reveal themes of
profound shame, self-blame, denial, anger, confusion, and loss, yet feelings of hope and
resilience in spite of it all (Alaggia & Millington, 2008; Morrow & Smith, 1995).42

3.3.1.1. Resilient functioning and mitigating influences. There is emerging literature describing
the dynamic and multidimensional developmental process of resilience in the face of traumatic
events and adversities in childhood (Bonanno, 2005; Bonanno & Mancini, 2008; Cicchetti, 2013;
Walsh, Dawson, & Mattingly, 2010). A considerable proportion (approximately 20 - 44%) of
children demonstrates normal functioning, despite their sexual abuse experience (Dufour,
Nadeau, & Bertrand, 2000; Finkelhor & Berliner, 1995; Kendell-Tackett et al., 1993; Putnam,
2003). Differential pathways to resilience are not yet well-understood, however. The
observation of multifinality in developmental outcomes has resulted in a profusion of research
investigating the influence of an array of intersecting variables and processes that can be
grouped into four broad categories, some static and others amenable to change: 1) abuse-
related variables (e.g., frequency, duration, severity, victim-offender relationship, disclosure);
2) child characteristics and predispositions (e.g., gender, race, age of onset, developmental
disability, prior trauma, neurobiological functioning, mental health conditions, appraisals and
attributions, coping style); 3) family circumstances (e.g., family functioning, relational stress,
parental abuse/trauma history, parental mental health, caregiver attachment security,
postdisclosure response); and 4) environmental factors (e.g., socioeconomic status, therapeutic
intervention, social support, system response).

42 There have been a number of conceptual frameworks developed that can enhance our understanding of the
empirical effects of CSA, three of which warrant brief mentioning here. Finkelhor and Browne’s (1985) model
contends that sexual abuse traumatizes children through four distinct mechanisms: 1) traumatic sexualization, 2)
betrayal, 3) stigmatization, and 4) powerlessness. Briere’s (1992) theory applies multiple dynamics to explain the
varied effects of CSA, including negative self-evaluation, chronic perception of danger or injustice, powerlessness
and preoccupation with control, dissociative control over awareness, impaired self-reference, and reduction of
painful inner states. Encompassing a broader framework of personal and environmental influences, Spaccarelli’s
(1994) transactional model focuses on stressful events related to CSA and conceptualizes the victim’s cognitive
appraisals and coping responses as risk or protective factors that mediate the effects of abuse.
While effects vary with age and gender, elevated clinical symptomatology following CSA appears to be associated with numerous overlapping and multilevel risk factors, including but not limited to high frequency and duration of abuse, increased severity (e.g., use of force, penetration), close relationship with the offender, negative attributions (e.g., self-blame, shame), maladaptive coping style, negative reactions to disclosure, diminished social support, parental mental health problems, family dysfunction, delayed disclosure and nondisclosure, insecure attachment, polyvictimization, and cumulative trauma (Aspelmeier et al., 2007; Evans, Steel, & DiLillo, 2013; Finkelhor et al., 2009; Hébert et al., 2009; Hodges et al., 2013; Kendall-Tackett et al., 1993; O’Leary, Coohey, & Easton, 2010; Roche et al., 1999; Ullman, 2007; Williams & Nelson-Gardell, 2012; Yancey & Hansen, 2010; Yancey, Naufel, & Hansen, 2013; Zinzow, Seth, Jackson, Niehaus, & Fitzgerald, 2010). Empirical studies, however, tend to yield mixed findings regarding how much of the variance in effect can be reliably accounted for by confounding variables, and neglect to make correct distinctions between mediating and moderating effects (Hillberg et al., 2011; Yancey & Hansen, 2010), with some exceptions (e.g., Evans et al., 2013). The mitigating factor that has garnered the most attention and support in outcome studies to date is maternal response, which has been shown to be among the best predictors of children’s adjustment postabuse (Elliott & Carnes, 2001; Knott & Fabre, 2014; Ullman, 2002; Yancey & Hansen, 2010). This important finding is explored in further detail later in this chapter.

3.3.2. Mothers as secondary victims of trauma. The revelation of CSA is typically an unexpected and crisis-inducing process for families, especially nonoffending mothers. Qualitative studies and clinical observations uncover intense maternal feelings of self-blame, shame, guilt, confusion, sadness, helplessness, and isolation, as well as strained mother-child relationships following CSA (Alaggia, 2002; Carter, 1993, 1999; Hooper, 1992; Johnson, 1992; McCallum, 2001; Plummer & Eastin, 2007b; Regehr, 1990). While there is variability in symptom manifestation, quantitative research confirms that many mothers of sexually abused children, relative to mothers in the general population, experience clinically elevated symptoms of psychological distress (Deblinger et al., 1993; Hébert et al., 2007; Lipton, 1997; Manion et al.,
anxiety and depression (Carnes & Shadoin, 2006; Kim et al., 2007; Lewin & Bergin, 2001;
Mannarino, Cohen, Deblinger, & Steer, 2007; Santa-Sosa, Steer, Deblinger, & Runyan, 2013),
and posttraumatic stress (Burgess, Hartman, Kelley, Grant, & Gray, 1990; Davies, 1995; Green,
Coupe, Fernandez, & Stevens, 1995; Kelley, 1990; Manion et al., 1996, 1998; Timmons-Mitchell,
Chandler-Holtz, & Semple, 1996), all of which can negatively impact general parenting and
abuse-specific response. Whether mental health dysfunction was acutely triggered by the
discovery of CSA or pre-existing and chronic in nature was indeterminate in most studies. There
is longitudinal data to suggest that, for some mothers, symptoms improve in a relatively short
period, whereas for others, they persist over time (Manion et al., 1998; Newberger et al., 1993).
In addition to adverse psychological sequelae, social and economic resources diminish for many
mothers in the aftermath of CSA (Carnes & Shadoin, 2006; Carter, 1993; Davies & Krane, 1996;
Massat & Lundy, 1998; Plummer & Eastin, 2007a). For example, Massat and Lundy (1998) found
that more than half of the 104 nonoffending parents (mostly mothers) of victims of intrafamilial
CSA in their study sample experienced a loss of income, employment, residence, intimacy with
the offender, and social support postabuse. Little is known about the interpersonal challenges
faced by women subsequent to CSA disclosure or how experiences may differ based on unique
life circumstances and concurrent stressors.

3.3.2.1. Factors predicting symptom variability. Women do not experience the sexual abuse of
their children in a uniform fashion, pointing to the influence of individual neurobiological
predispositions, strengths and vulnerabilities, and psychosocial resources on variability in
symptom expression. For some, perhaps the majority of mothers, CSA is but one of many
traumas endured over their lifetime. The adult trauma literature suggests that cumulative
trauma across the life course is associated with symptom complexity (Briere, Kaltman, & Green,
2008). In other words, the more types of adversities to which women are exposed prior to the
sexual abuse of their children, the more complex the sequelae across multiple areas.
Using logistic regression analysis to identify factors linked to maternal distress, a study of 149 French-Canadian nonoffending mothers of girls disclosing CSA found an association between increased levels of maternal self-reported psychological distress and history of sexual abuse in childhood, physical partner violence, avoidant coping, low sense of empowerment, and intrafamilial abuse (Hébert et al., 2007). Possibly related to the lasting effects of trauma, Hiebert-Murphy (1998), Deblinger, Stauffer, and Landsberg (1994), Kim et al. (2007), and Timmons-Mitchell et al. (1996) also reported a positive correlation between maternal CSA history and heightened distress following the sexual abuse of offspring, while Lewin and Bergin (2001) found no significant difference between mothers with and without a CSA history. Other factors that have been shown to buffer the degree of maternal distress include social support and coping strategies (Hiebert-Murphy, 1998; Manion et al., 1998; Newberger et al., 1993), feelings of aloneness and adult sexual assault history (Deblinger et al., 1993), identity of the offender and child symptoms (Mannarino et al., 2007), parenting satisfaction (Manion et al., 1996, 1998), attachment representations (Kim et al., 2011), rumination (Plummer, 2006a), and abuse-specific cognitions (Runyan, Spandorfer, & Schroeder, 2014).

3.4. Continuum of Maternal Responsiveness to Allegations of Child Sexual Abuse

The discovery of CSA can catapult a family into a crisis state. The reactions of nonoffending mothers to the sexual abuse of their children have been described in the literature as comparable to grief reactions, characterized by fluctuating stages of shock and denial, guilt, depression, anger, and acceptance (Calder, Peake, & Rose, 2001; Myer, 1985). Maternal postdisclosure responses occur along a continuum of support, which encompasses both belief (in the allegations and validation of the child’s account) and protection (of the child from the offender and adverse effects), all of which can be strongly predictive of child outcomes. Social science researchers have, therefore, been highly motivated to investigate maternal response and its correlates. However, this body of research is hampered with methodological problems,

43 Although limited in their scope, the transtheoretical stages of change model (Corcoran, 2002), cognitive theory of information-processing (Coohey & O’Leary, 2008), and conservation of resources theory (Bolen, 2001) are among the few conceptual models that have been applied directly to maternal response to CSA in the literature.
as noted at the start of this chapter, and does not yield a coherent picture. Nevertheless, child welfare judgments of maternal blame and failure to protect are based predominantly on assessments of maternal responsiveness, thus underscoring the relevance of these investigations to the present study.

3.4.1. The discovery process. Modus operandi research shows that child sex offenders have carefully executed strategies for successfully perpetrating their crimes and maintaining the silence of their chosen victims (Leclerc, Prouix, & Beauregard, 2009). Accordingly, most CSA goes undetected. For those who are found out, little is known about the discovery process. Empirical knowledge of the ways by which nonoffending mothers come to learn about the sexual victimization of their children is limited, as research to date has concentrated on postdiscovery maternal response. In contradiction to early theories and clinical lore implying rampant maternal collusion, and weak research supporting such formulations (e.g., Lev-Weisel, 2006), studies confirm that most mothers are unaware that abuse is taking place prior to a disclosure by the child (Carter, 1999; Plummer, 2006b; Tamraz, 1996). In her exploratory survey of how 125 nonoffending mothers gained awareness of, and came to believe, the sexual abuse of their children, Plummer (2006b) found that the majority of mothers first discovered the abuse from their children’s verbal statements or behaviours, although almost half of the sample sensed that “something wasn’t quite right” (p. 1232) prior to receiving concrete information and took 301 distinct actions in their fact-finding mission. In line with other research (Cahalane, Parker, & Duff, 2013; Hooper, 1992), CSA discovery was experienced as a gradual process involving a period of unconfirmed suspicion for these women, as opposed to a single event. Reflective of the effects of deeply internalized ideologies of mothering and mother-blaming, the most frequently reported barrier to belief in this study was the maternal assumption that they “would have/should have known” (p. 1233) if their children were, in fact, being sexually abused. Upon learning of CSA, women strive to make sense of it by drawing upon a range of individual and societal explanations and coping strategies, sometimes finding it challenging to grasp the impact of the abuse on their children as they struggle with their own victimization (Cahalane et al., 2013; Johnson, 1992).
3.4.2. Maternal belief, support, protection.... and ambivalence. Qualitative and quantitative inquiry into immediate and ongoing maternal reactions to CSA disclosure reveals variability in the interweaving constructs of belief, support, and protective action. Based on the findings of her grounded theory study of maternal response, Alaggia (2002) asserts that maternal support is best viewed as “1) multi-dimensional within the areas of belief, affective, and behavioral response – areas of response which may overlap and; 2) a process that is fluid, rather than static, which changes over time so that initial and enduring response is important to discern” (p. 51). Despite their intersection and fluctuation, maternal response constructs are often stringently dichotomized by child protection workers and researchers in their assessments of mothers as believing or disbelieving, supportive or unsupportive, protective or unprotective – leaving little room for capturing midpoints along the response continuum. Ambivalence and vacillation in cognitive, affective, and behavioural responses, however, are increasingly being recognized as normative reactions to CSA disclosure (Bolen, 2002b; Bolen & Lamb, 2004, 2007), though challenging to operationalize. With roughly one-third of nonoffending caregivers described as ambivalent at some point in time (Bolen, 2002b), hesitation to accept the credibility of CSA allegations instantaneously and unreservedly is understandable. This is particularly true in the context of unclear and inconsistent disclosure statements by the child, the absence of diagnostic physical or behavioural indicators, divergent cultural influences, detriments to resources, traumatic coping, and role duality or conflicting allegiances (as is often the case when abuse is perpetrated by a sibling or mother’s intimate partner). For some, what appears to be denial or wavering in belief may, in effect, be a coping strategy during information processing and meaning-making phases.

Even in the face of extraordinary stressors, empirical research shows that the majority (approximately 65 - 90%) of nonoffending mothers respond in a mostly believing manner to reports of CSA (Bolen, 2002a; Cyr et al., 2014; Deblinger et al., 1993; DeJong, 1988; deYoung, 1994; Elbow & Mayfield, 1991; Elliott & Briere, 1994; Elliott & Carnes, 2001; Gomes-Schwartz, Horowitz, & Cardarelli, 1990; Heriot, 1996; Knott & Fabre, 2014; Leifer et al., 1993; Lovett, 1995; Plummer, 2006b; Salt et al., 1990; Sirles & Franke, 1989; Stauffer & Deblinger, 1996).
Bolen’s (2002b) review of the guardian support literature revealed that three-quarters of guardians are fully or partially supportive of their child postdisclosure. Rates of maternal protection are less consistent across studies, ranging from as low as 29 percent when narrowly defined as public disclosure (Elbow & Mayfield, 1991) to as high as 89 percent when more broadly defined as steps taken regarding the perpetrator (Cyr et al., 2014). On average, between two-thirds and three-quarters of mothers act protectively (Elliott & Carnes, 2001). In her secondary analysis of Canadian incidence data, Knott (2008) found that 87 percent of female nonoffending caregivers of children investigated for suspected or substantiated CSA responded to their children in a believing, supportive, and protective manner, according to documented child welfare assessments. It is important to note here that maternal response studies tend to rely on nonrepresentative samples of women involved with voluntary mental health agencies or mandated child welfare services, possibly resulting in skewed endorsements.44

While not synonymous, belief, support, and protection are overlapping and dynamic constructs. Some studies observe strong intercorrelations among them (Elliott & Carnes, 2001; Knott & Fabre, 2014); however, maternal ambivalence does not always coincide with lack of support and protection, just as maternal belief does not always ensure support and protection. Belief in the CSA allegations appears to be a better indicator of emotional support than protection of basic safety (Bolen, Lamb, & Gradante, 2002). Heriot (1996), for example, found that 75 percent of the 118 nonoffending mothers in her sample believed their children’s report, whereas only 68 percent were supportive and 58 percent were protective. On the other hand, Pintello and Zuravin (2001) found that 14 percent of protective mothers took protective action, despite their disbelief. In a partial least squares analysis, Bolen and Lamb (2007) failed to show a relationship between postdisclosure ambivalence and maternal support after controlling for variables associated with ambivalence, suggesting that mothers can be an important source of emotional

44 For example, inflated responses may be influenced by CPS-based fears or may represent more well-adjusted individuals seeking help, whereas those whose disbelief or lack of support deterred reporting to authorities, participating in counselling, or consenting to research are unaccounted for. Also important to note is how research definitions of support tend to reflect the needs of CPS, as opposed to being grounded in theoretical literature and normative data (Bolen, 2002b; Knott & Fabre, 2014).
and instrumental support and protection for their children, regardless of maternal dissonance in affect, cognitions, and behaviours. Similarly, Smith et al. (2010) uncovered unique aspects of maternal support that can simultaneously co-occur. The implications of these findings are significant as they call into question common CPS conceptualizations and practices that equate maternal ambivalence and disbelief with maternal incapacity to support and protect.

Very little is known about the evolution of maternal response over time. One study found that initial statements of belief can gradually deteriorate to feelings of ambivalence or uncertainty (Carnes & Shadoin, 2006), highlighting that acute CPS assessments of maternal support may offer a false sense of ongoing risk reduction. Alternatively, various dimensions of abuse-specific parental support have been shown to increase in the months following disclosure (Cyr et al., 2014), signifying the importance of risk reassessment and retraction of intrusive CPS interventions as families progress along the course of recovery from acute turmoil.

3.4.2.1. Correlates of abuse-specific maternal response. A close examination of the determinants of abuse-specific maternal responsiveness is critical to identifying personal and situational factors that promote or hinder optimal outcomes. However, there are considerable inconsistencies across predictor studies, likely a consequence of sample heterogeneity, intercorrelations, and suppressor effects among independent variables. Drawing from a diverse sample of 226 mothers recruited from CPS, a recent study by Cyr, McDuff, and Hébert (2013) used cluster analysis in their person-centred approach to identify profiles of nonoffending mothers and their impact on maternal response after CSA disclosure. Four distinctive profiles emerged: 1) resilient mothers (33%), 2) avoidant-coping mothers (33%), 3) traumatized mothers (19%), and 4) anger-oriented mothers (15%). Differing on measures of maternal posttraumatic stress, maltreatment history, family relations, anger reactions, neuroticism, life stressors, coping strategies, and attitudes toward their children, each subgroup of mothers varied in their reactions and specific aspects of support provided to their children postdisclosure (e.g., compared to resilient, avoidant, and traumatized mothers, anger-oriented
mothers were generally less supportive, more punitive, and displayed more anger toward their children).

Four primary categories of empirically-based variables predictive of guardian supportiveness surfaced from Bolen’s (2002b) literature review: 1) immediate stressors or buffers – more stressors were associated with less support, and more buffers were associated with more support; 2) child’s previous abuse history – abuse history was associated with less support; 3) believability of the abuse disclosure – a more believable disclosure was associated with more support; and 4) guardian’s relationship with the perpetrator of abuse – a close relationship was associated with less support. Logistic regression analysis was conducted by Pintello and Zuravin (2001) to identify markers of concordant belief and protection in a sample of 435 nonoffending mothers referred to CPS. Findings showed that mothers were significantly more likely to act in a believing and protective manner when they postponed the birth of their first child until adulthood, when they did not have knowledge of the abuse prior to the child’s disclosure, when the child did not exhibit sexualized behaviours, and when they were not in a current sexual relationship with the perpetrator. Several other studies observed congruent results with regard to the strong predictive value of the mother-offender relationship (Cyr et al., 2003; Elliott & Briere, 1994; Everson, Hunter, Runyan, Edelsohn, & Coulter, 1989; Faller, 1988; Heriot, 1996; Leifer et al., 2001; Runyan et al., 1992; Salt et al., 1990; Sirles & Franke, 1989). Clinically speaking, the process of assimilating knowledge of the abuse with prior positive experiences and feelings for the offender proves very difficult for many women, particularly in the context of discordance with deeply entrenched stereotypes of child sex offenders. Women’s divided loyalties and offender efforts to alienate and strain the mother-child relationship naturally encumber instantaneous maternal supportiveness. Moreover, financial dependence creates a powerful, sometimes insurmountable, material barrier to protection (Cyr et al., 2003; Herman, 1992; Leifer et al., 2001).

In one of the few studies specifically investigating predictors of maternal protective efforts and actions following the discovery of CSA, Coohey and O’Leary (2008) analyzed a sample of 85 CPS cases in which 48 mothers were consistently protective and 37 mothers were not. Their
multivariate analysis showed that four variables explained almost half (47%) of the variance – mothers were more likely to protect consistently when they believed the allegations, did not directly question the perpetrator, attributed responsibility to the perpetrator, and were not a victim of domestic violence. Neither maternal substance abuse nor maternal mental health was significantly associated with protection in this study. Other research examining the relationship between maternal response and caregiving capacity related to substance abuse, mental health, and IPV generates mixed results. Several investigations found maternal substance abuse (Leifer et al., 1993, 2001; Pintello & Zuravin, 2001) and mental health problems (Heriot, 1996; Knott, 2008; Rakow, Smith, Begle, & Ayer, 2011; Runyan et al., 1992) to be predictive of lessoned capacity to support, perhaps consequent to diminished availability and impairments in identifying, processing, and responding to danger cues and children’s needs. Cyr et al. (2003), on the other hand, detected no relationship between maternal support and psychiatric symptoms. Interestingly, another study by Cyr et al. (2002) observed a positive correlation between maternal support at the time of disclosure and maternal psychological distress, including depressive and anxious states.

With regard to IPV, some studies suggest that mothers in violent relationships are no less likely to respond supportively to their children in the aftermath of sexual abuse than mothers not in violent relationships (Bolen & Lamb, 2002, 2004; Heriot, 1996; Knott, 2008; Sirles & Franke, 1989; Tamraz, 1995). Conversely, other studies have shown that being a victim of IPV hinders supportiveness (Alaggia & Turton, 2005; Coohey & O’Leary, 2008; Hiebert-Murphy, 2001), possibly due to distorted judgment related to the psychological effects of trauma and traumatic bonding to the offender, or logical, fear-based decision-making considering safety risks and socioeconomic consequences. In their secondary analysis of in-depth interviews with nonoffending mothers and adult survivors of CSA, Alaggia and Turton (2005) uncovered differential responses from mothers who experienced psychological and emotional abuse by their partners, compared to mothers who experienced physical abuse by their partners.

45 As many studies use the constructs interchangeably despite their differences, maternal response, from this point on unless otherwise specified, will be generally referred to as maternal support, which encompasses aspects of belief and protection.
Nonphysically abused mothers were more likely to exhibit avoidant coping, ambivalence, and less supportive responses, while physically abused mothers exhibited more supportive responses and less ambivalence to separate from the offender, perhaps because the visible consequence of this kind of violence made it more difficult to deny.

Bolen and Lamb (2004) found that greater maternal ambivalence to the revelation of CSA was related to higher scores on measures of ambivalent/preoccupied attachment, stressors, and symptom distress. As discussed above in the attachment theory analysis, optimal attachment relationships have been positively correlated with optimal maternal support postdisclosure (Bolen & Lamb, 2002; Leifer et al., 1993, 2001; Salt et al., 1990). For instance, Bolen and Lamb (2002) calculated that 16 percent of the variance in guardian support could be explained by the attachment of the guardian, the child’s perception of the child-guardian relationship, and the child’s disclosure of abuse to the guardian, combined. Additionally, this study showed that social resources, namely the father’s support of the mother, were the strongest predictor of guardian support of the child. However, incongruent results were reported by Leifer et al. (2002), as noted above, who found no significant relationship between maternal support and attachment, as well as by Cyr et al. (2003), who found that mothers perceived the quality of the mother-child relationship to be predictive of maternal support, but children did not. Interestingly, one of the more commonly studied predictor variables, maternal history of CSA, does not appear to substantially impede maternal support (Cyr et al., 2003; Deblinger et al., 1993, 1994; DeJong, 1988; Leifer et al., 1993) and may, in fact, enhance it (Morrison & Clavenna-Valleroy, 1998; Runyan et al., 1992), perhaps as a result of heightened empathy.

Although studied to a lesser extent, other variables associated with greater maternal support, albeit inconsistently, include younger age of the child (Feiring, Taska, & Lewis, 1998; Heriot, 1996; Knott, 2008; Lipton, 1997; Salt et al., 1990; Sirles & Franke, 1989; Walsh, Cross, & Jones, 2012), male gender of the child (Salt et al., 1990), adolescent offender (Walsh et al., 2012), initial disclosure to mother (Cyr et al., 2003; Elliott & Briere, 1994), fewer incidents of abuse (Leifer et al., 1993), less severe abuse (Cyr et al., 2003; Feiring et al., 1998; Heriot, 1996; Russell, 1986; Sirles & Franke 1989), and corroborating evidence of abuse (Cyr et al., 2003; Everson et
Maternal perceptions of social support also seem to serve a buffering function (Hiebert-Murphy, 1998; Leifer et al., 1993; Runyan et al., 1992). In one of the few qualitative studies examining the influence of culture and religion on maternal response to CSA, Alaggia (2001) notes that “mothers from cultural backgrounds which adhere to rigid patriarchal norms may experience intense struggles regarding family preservation, loyalty binds between the perpetrating partner and child victim, and anxieties around being alienated from their extended family and ethnic community” (p. 55). This finding highlights the significance of socially contextualized child welfare assessments of maternal response and culturally responsive interventions.

Taken together, these studies suggest that a host of psychosocial, material, and cultural factors, some of which are static and others of which are dynamic and susceptible to change, operate concurrently to influence a mother’s (dis)empowered state and (in)ability to do all that is expected of her in the aftermath of CSA.

### 3.5. Maternal Response and Functioning: Intersection with Child Adjustment Postabuse

Optimal adjustment in children hinges on the caring and coping capacities of those closest to them. Children require validation of their experience and self-worth and reassurance of their safety after being sexually violated. They rely on their mothers (and other significant caregivers) to help interpret confusing and traumatic events. Thus, children’s stress reactions tend to be reflective of maternal stress reactions. It is during this time of need, however, when maternal coping resources are most strained. For these reasons, the intersection between the responsiveness and functioning of nonoffending mothers and the development and adaptation of their children following sexual abuse has been the subject of extensive empirical investigation.
3.5.1. **Maternal support as a key predictor of child recovery.** Greater maternal belief, support, and protection following CSA are significantly predictive of better short- and long-term child outcomes across psychological, behavioural, and social dimensions (Corcoran, 2004; Elliott & Carnes, 2001; Kendall-Tackett et al., 1993; Knott & Fabre, 2014; Yancey & Hansen, 2010). In Spaccarelli and Kim’s (1995) influential transactional study examining the correlates of resilience in a sample of 43 sexually abused girls referred for psychotherapy and their parents (mostly mothers), perceptions of parental warmth and support emerged as the single best predictor of resilience in social competence and clinical symptomatology. Likewise, Morrison and Clavenna-Valleroy’s (1998) mixed-methods study found that adolescent girls who perceived their mothers as supportive showed fewer symptoms of depression and greater self-concept at the completion of clinical treatment for CSA, and again at three month follow-up, compared to those who perceived their mothers as unsupportive. The components of maternal support consistently identified as important by both the adolescents and mothers in this study were maternal belief that sexual abuse happened and maternal participation in treatment. Analogous findings have been reported in a number of studies since the advent of research in this area (Adams-Tucker, 1982; Conte & Schuerman, 1987; Esparza, 1993; Lovett, 1995). For instance, parent- and child-reported symptoms of depression and anxiety (Everson et al., 1989; Feiring et al., 1998; Rosenthal, Feiring, & Taska, 2003; Spaccarelli & Fuchs, 1997; Thériault, Cyr, & Wright, 2003), posttraumatic stress (Bernard-Bonnin et al., 2008), global shame (Feiring, Taska, & Lewis, 2002), psychopathology (Avery, Massat, & Lundy, 1998; Everson et al., 1989; Johnson & Kenkel, 1991), and externalizing behaviours (Bolen & Lamb, 2007; Gomes-Schwartz et al., 1990; Rakow et al., 2011; Spaccarelli & Fuchs, 1997; Tremblay, Hébert, & Piché, 1999) in children have been shown to increase substantively as maternal support decreases.\(^{46}\) Sparse longitudinal data indicate that parental support at the time of CSA disclosure is predictive of better adjustment in children one year later (Rosenthal et al., 2003) and into adulthood (Adams-Tucker, 1982).

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\(^{46}\) Most maternal response studies rely on either mother or child assessments. Studies wherein both mother and child perspectives are considered detect relatively low rates of concordance. For example, Bick, Zajac, Ralston, and Smith (2014) found that 37 percent of mother- and child-reports of maternal belief following CSA diverged. While discrepancies were not associated with greater risk for child mental health outcomes in this study, inconsistent views on maternal support may be an indication of problematic mother-child communication or relational patterns.
& Bukowski, 2007; Liang et al., 2006), suggesting a persistent buffering effect on long-term outcomes.

Conversely, maternal support did not emerge as a significant predictor of children’s symptom development postabuse in a handful of other studies, although sampling bias and measurement errors were noted in each (Guelzow, Cornett, & Dougherty, 2002; Leifer et al., 2002; Lyskey & Fergusson, 1997; Mannarino & Cohen, 1996a; Quas, Goodman, & Jones, 2003). Deblinger, Taub, Maedel, Lippman, and Stauffer’s (1997) research, on the other hand, found that maternal belief was associated with increased mother-reported symptoms of PTSD in the child, while Paredes, Leifer, and Kilbane’s (2001) research found that maternal support was associated with elevated physical complaints in the child. Possible explanations for these counter-intuitive findings include the likelihood that a child’s symptom presentation influences whether a mother is believing and supportive, maternal belief and support encourage the child’s freedom to express symptoms, or lack of belief and support deters a mother’s ability or willingness to recognize symptoms in her child.

With regard to child welfare and criminal justice processes, maternal support matters (Malloy & Lyon, 2006). Abuse disclosure is a critical component in the detection, investigation, and substantiation of CSA, as well as for the prevention of further victimization and provision of clinical intervention to treat negative sequelae and promote healthy development. Children are more likely to disclose their experience of sexual abuse and less likely to recant their allegations when they are believed and supported by caregivers (Azzopardi et al., 2014; Elliott & Briere, 1994; Gries et al., 2000; Hershkowitz et al., 2007; Lawson & Chaffin, 1992; Malloy, Lyon, & Quas, 2007). In addition to disclosure, lack of maternal support and protection affects other aspects of forensic and legal proceedings, including increased rates of removal from parental care by CPS (Elliott & Briere, 1994; Everson et al., 1989; Hunter, Coulter, Runyan, & Everson, 1990; Leifer et al., 1993; Pellegrin & Wagner, 1990), more distress for children testifying in criminal court (Goodman et al., 1992), and decreased likelihood of criminal prosecution (Cross, DeVos, & Whitcomb, 1994; Gray, 1993). In turn, failure to prosecute results in elevated risk of
out-of-home placement (Cross, Martell, McDonald, & Ahl, 1999), which often compounds stress and trauma.

The unexpected findings of Bolen and Gergely’s (2015) recent meta-analysis of the relationship between nonoffending caregiver response and children’s functioning following sexual abuse disclosure are important to note. Their review of 29 empirical studies published prior to 2012 found minimal corroboration for a substantive association between caregiver support and child impairment postabuse, challenging the strength of a body of research otherwise presumed to be fairly solid. The authors were, however, unable to conclude whether these findings were truly indicative of an insignificant/weak relationship between caregiver response and child functioning, or whether they could be attributed to the many conceptual and methodological limitations in the measurement of caregiver support. Should these findings be valid, it would suggest that the significance of the maternal role in child recovery from CSA has been overinflated based on murky data, thus disputing attributions of maternal blame for (risk of) poor child outcomes.

3.5.2. Impact of maternal distress on child outcomes. Heightened distress in the context of poor coping would seemingly encumber a mother’s positive parenting, emotional availability, and competence to respond effectively to her child, particularly during the crisis phase of CSA disclosure. A recent study of 204 sexually abused children and their nonoffending mothers showed that mothers with clinically high levels of self-reported depression used less consistent parenting strategies and provided poorer supervision, compared to mothers without clinical depression (Santa-Sosa et al., 2013), possibly related to depressive manifestations of low energy, withdrawal, and irritability. In turn, elevated symptoms of maternal depression (Cohen & Mannarino, 1996a; Newberger et al., 1993; Rakow et al., 2011), distress (Deblinger et al., 1997; Lipton, 1997; Mannarino & Cohen, 1996a), and posttraumatic stress (Paredes et al., 2001) are predictive of greater psychological and behavioural problems in children postabuse. Interestingly, one study observed the correlation between maternal depressive symptoms and child delinquency to operate partially through maternal support (Rakow et al., 2011).
In their investigation of maternal factors associated with child adaptation, Deblinger, Steer, and Lippmann (1999) administered a battery of psychometrics to 100 sexually abused child-mother dyads, then conducted a series of multiple regression analyses. They found that maternal depression contributed significantly to more posttraumatic stress symptoms and internalizing behavioural problems, a rejecting parenting style was associated with increased depressive symptoms, and parenting methods that were guilt and anxiety-provoking were predictive of more posttraumatic stress symptoms and externalizing behavioural problems. Although not assessed in this study, the relationship between maternal rejection and child depression may be mediated by the child’s self-esteem (Garber, Robinson, & Valentiner, 1997), which has also been shown to be positively correlated to parental support (Rosenthal et al., 2003).

Cohen and Mannarino’s (1996a, 1998a, 2000) trauma treatment efficacy studies suggest that parental emotional distress and support substantially mediate treatment outcomes for children. Moreover, nonoffending parents who participate in clinical interventions with their children have a positive influence on their completion of treatment and adjustment (Corcoran & Pillai, 2008; Deblinger, Stauffer, & Steer, 2001; McPherson, Scribano, & Stevens, 2011; Stauffer & Deblinger, 1996). Parental expectations about how sexual abuse will impact the child have also been found to be predictive of child functioning pretreatment (Kouyoumdjian, Perry, & Hansen, 2009), highlighting the value of psychoeducation in prevention and intervention efforts to correct pervasive distortions associated with the CSA label.

Despite variations in research design, data source, and measurement, the finding that mothers can assume a central role in circumventing the adverse effects of sexual abuse on their children generally holds true for both male and female victims of intrafamilial and extrafamilial CSA, regardless of developmental stage, socioeconomic status, cultural background, and family composition, with few exceptions. These crucial insights underscore the importance of supporting mothers to optimize their influence.
3.6. Nonoffending Fathers in the Aftermath of Child Sexual Abuse: Neglected Territory

Despite growing recognition of the significant influence of paternal involvement on healthy child development (Featherstone, 2009; Flouri, 2005; Lamb, 2001, 2010), nonoffending fathers have been remarkably absent from all facets of the CSA literature. Little is known about the traumatic impact of abuse disclosure on fathers or the mitigating effects of postdisclosure paternal response on children’s adjustment over time. The overwhelming majority of studies investigating CSA etiology, outcome correlates, caregiver response, and child welfare matters has been conducted with samples comprised primarily of nonoffending mothers. Though some researchers frame their objectives and interpret their findings with gender-neutral language, such as parents, caregivers, or guardians, close examination of demographic data, more often than not, reveals samples consisting almost exclusively of women. The gendered implications of study findings are, therefore, obscured. The near absolute focus on mothers in the nonoffending caregiver literature could be partially explained by the fact that most perpetrators in cases of intrafamilial CSA are fathers or father-figures. However, the trend persists in extrafamilial CSA research, suggesting inherent gender bias among some researchers or insurmountable challenges in paternal recruitment related to their absence from children’s lives, minimal involvement in child-rearing, unavailability due to work schedules, or reluctance/refusal to participate. Nonetheless, when mothers are socially construed as a child’s primary (and best) source of care and protection, they are more likely to be the chosen subjects of study, more likely to be engaged by CPS and treatment centres from which most research samples are recruited, and more likely to be the parent to consent to participate, even when fathers are present. Put another way, mothers, unlike fathers, are there to be studied because societal expectations demand them to be.

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47 This literature emphasizes the positive effects of involved fatherhood on child outcomes, including increased cognitive, emotional, relational, physical, and financial well-being, and decreased substance use, delinquency, and pregnancy. Early research on fathering should be interpreted with the caveat that most was conducted with stable, middle-class, low risk participants (Lamb, 2001). The influence of higher risk fathers on children’s lives may not be as encouraging. Notable exceptions include LONGSCAN studies of children at risk that showed significant benefits of paternal involvement (Dubowitz et al., 2001; Marshall, English, & Stewart, 2001).
3.6.1. Effects of child sexual abuse on fathers. The small handful of caregiver outcome studies that differentiate between men and women in their samples suggest that nonoffending fathers, like mothers, experience clinically elevated symptoms of acute and chronic psychological distress and secondary trauma following the sexual abuse of their children (Burgess et al., 1990; Kelley, 1990a; Manion et al., 1996, 1998).\(^{48}\) Whereas Manion et al. (1996, 1998) found that fathers reported distress to a lesser extent than mothers, Burgess et al. (1990) found that fathers experienced greater distress and more symptoms of intrusive and avoidant posttraumatic stress than mothers. Kelley (1990a) reported similar results.

3.6.2. Paternal responses to child sexual abuse allegations. In contrast to the vast literature examining maternal response, empirical knowledge of the manner in which nonoffending fathers respond to their children in the aftermath of sexual abuse allegations is scant. In a recent study by Cyr et al. (2014) comparing the extent and nature of abuse-specific and nonspecific support provided by nonoffending mothers and fathers, neither acute nor enduring gender-based differences of statistical significance were shown across dimensions of abuse-specific support (belief in the child’s report, CSA-related emotional support, protective actions, use of professional services). These findings conflict slightly with those of an earlier investigation by McCord (1993), which showed a small but significant difference between maternal and paternal response, wherein mothers demonstrated stronger belief in the allegations, more positive feelings toward the child, and a higher degree of conviction in their blame of the perpetrator. The fathers in the study conducted by Cyr et al. (2014) were, however, less likely than mothers to provide nonspecific support (instrumental/informational support, emotional support, support to the external world) in general interactions with their children. This finding likely reflects the primacy of the maternal role in everyday parenting.

3.6.3. Influence of paternal support on child outcomes. Consistent with ample parenting literature that confirms a positive paternal presence protects against the negative effects of a

\(^{48}\) The findings of these dated studies must be interpreted with caution due to low rates of paternal participation and high variability in psychometric properties.
range of childhood adversities (Dubowitz et al., 2001; Lamb, 2010), studies exploring paternal support after CSA indicate that fathers can, and sometimes do, assume a very important function in circumventing unfavourable child outcomes. For example, Guelzow et al. (2002) found that the global self-worth of female victims of CSA was indirectly associated with perceptions of paternal support through emotion-focused coping, suggesting that the support girls received from their fathers contributed to adaptive coping, which, in turn, lessened the negative impact of the abuse on their self-worth. According to Lynskey and Fergusson’s (1997) 18-year longitudinal study of a birth cohort of more than 1,000 children in New Zealand, victims of CSA were at decreased risk of later adjustment difficulties when they reported higher levels of support, affection, and nurturing by their fathers. Surprisingly, maternal support did not emerge as a significant predictor in either of these studies. The positive impact of paternal support has been replicated in other research (Fry & Barker, 2002; Romans, Martins, Anderson, O’Shea, & Mullen, 1995; Schreiber & Lyddon, 1998). Moreover, Bolen and Lamb’s (2002) study of predictors of guardian support, as referenced above, observed mothers to be more supportive of their children when fathers were present, highlighting the meaningful indirect role of paternal involvement.

3.7. Gendered Blame Attributions and Child Welfare Responses to Child Sexual Abuse

Subsequent to the discovery of CSA, nonoffending mothers encounter numerous service providers charged with providing forensic, mental health, and medical care, all of whom, to some degree, form judgments of credibility and culpability. Shaped by sociocultural ideologies, personal opinions and biases, laws and policies, theoretical and practice models, and agency culture, the manner in which those judgments manifest in professional interactions with mothers has the potential to influence the quality of the intervention provided, alleviate or exacerbate the crisis, and dictate subsequent engagement with services, thereby potentially impacting maternal and child outcomes. Understanding blame attributions for CSA is, therefore, highly consequential to child welfare decision-making, the expectations we set for the maternal role in protection and sanctions we impose for perceived failures, the degree to
which perpetrators are held accountable, and the support we extend to victims and their families.

3.7.1. **Professional and public perceptions of responsibility for child sexual abuse.** Early empirical research examining the attitudes and opinions of professionals toward responsibility for CSA reveals widespread convictions of maternal collusion and blame. In one of the first studies investigating attributions of blame for intrafamilial CSA among child protection workers and counsellors, Dietz and Craft (1980) found that, of the 200 professionals surveyed, 65 percent considered nonoffending mothers to be as equally responsible for the abuse as offending fathers, 71 percent believed mothers knew about the abuse before disclosure, and an overwhelming 85 percent believed mothers unconsciously consented to the abuse. Mothers were viewed as “passive, dependent and submissive, chronically depressed, overburdened, and unable to protect their daughters or exert a restraining influence on their husbands” (p. 603). A decade later, comparable findings were reported by Johnson, Owens, Dewey, and Eisenberg (1990), Kelley (1990b), and Kalichman, Craig, and Follingstad (1990) in case vignette studies involving social workers, child protection workers, police officers, teachers, nurses, and psychologists. Of the 175 mental health clinicians surveyed by Reidy and Hochstadt (1993), approximately 80 percent attributed a portion, up to half, of the responsibility for intrafamilial CSA to nonoffending mothers. These investigations suggest that blame is ascribed differentially depending on the nature of the abuse and demographic characteristics of the professional, victim, mother, and offender, though results are mixed. Interestingly, among female professionals working in the field of CSA, one study noted a discrepancy between professional expectations of maternal response to abuse and personal reactions to hypothetical case scenarios involving the sexual abuse of their own children (Deblinger, Lippmann, Stauffer, & Finkel, 1994), signifying incongruence in professional versus personal standards. Analogous patterns of mother-blaming attitudes hold true regardless of whether abuse is intrafamilial or extrafamilial (Back & Lips, 1998; Kelley, 1990b; Waterman & Foss-Goodman, 1984) and seem to persist through the 1990s, unlike declining victim-blaming attributions (Bolen, 2001).
From 2000 on, empirical research exploring the construction of blame for CSA and professional attitudes toward nonoffending mothers is scant and, hence, little is known about the nature of persisting or evolving trends. There is, however, some evidence of enduring idealized motherhood ideology and covert mother-blaming practices among therapists, caseworkers, and judiciary (Allan, 2004; Leonard, 2013). Joyce’s (2007) grounded theory study of 15 clinical social workers’ perspectives on nonoffending mothers also found that, while notions of maternal collusion in CSA seem to have diminished, mothers continued to be viewed negatively and unfairly blamed by some helping professionals and denied necessary economic and social support. Constructions of mothers in this study were shown to be influenced by agency context of practice and external constraints. Case vignette research with community samples suggests that proclivity to assign some degree of responsibility for the occurrence of CSA to mothers is a discouraging yet ongoing reality (Davies, Patel, & Rogers, 2013; Harding et al., 2010; Rogers, Davies, & Cottam, 2010). In keeping with attribution theory (Shaver, 1970, 1985), men are generally more inclined to ascribe more blame to victims and less to perpetrators, compared to women (Davies & Rogers, 2004; Graham, Rogers, & Davies, 2007; Rogers & Davies, 2007), though the extent to which gender influences perceptions of maternal fault is less clear. For instance, Davies et al. (2013) detected higher rates of maternal blame attributions among females, whereas Wolfteich and Cline (2013) found that male social service workers were more likely to attribute responsibility for intrafamilial CSA to nonoffending caregivers (i.e., mothers) than female social service workers, a finding that might be explained by traditional gender role identification. In this study, level of education and years of experience were not significant predictors of blame attribution. The blameworthiness of nonoffending fathers was barely a consideration in most of these investigations.

From the lenses of CSA victims, blame attributions are filtered through socially constructed, fantastical maternal stereotypes and expectations, usually without broader contextualization. Retrospective accounts of adult survivors reveal that many consider their mothers to blame, at least in part, for their victimization, with little awareness of the influence of maternal oppression and structural constraints on the circumstances surrounding the abuse (Croghan & Miell, 1995; Zinzow et al., 2010). They describe their relationships with their mothers as
characterized by betrayal, mistrust, loss, and anger (Sen & Daniluk, 1995). Hoagwood (1990) found that survivors’ attributions of parental blame increased from childhood to adulthood, whereas McMillan and Zuravin (1998) found that they decreased over time as their understanding evolved.

3.7.2. Voices of the blamed: Maternal experiences with child sexual abuse interventions.

The voices of women, particularly disadvantaged child welfare-involved mothers, have historically been silenced (Freymond & Cameron, 2007). There is, however, an expanding qualitative, mostly feminist-informed, literature exploring the subjective lived experiences and perspectives of nonoffending mothers of CSA victims. Inquiries into their encounters with professionals in the aftermath of CSA unravel strong themes of blame, scrutiny, and lack of sympathy (Alaggia, 2002; Cahalane et al., 2013; Carter, 1999; Davies & Krane, 1996; Dempster, 1992; Fong & Walsh-Bowers, 1998; Hill, 2005; Hooper, 1992; Humphreys, 1992; Johnson, 1992; Krane, 1994, 2003; McCallum, 2001; McLaren, 2013; Plummer & Eastin, 2007a, 2007b; Rivera, 1988; Stewart, 2012). These studies expose common maternal narratives describing overwhelming, confusing, invasive, and punitive systems interventions. Many mothers experience their interactions with child protection workers as adversarial, unsupportive, pejorative, and overtly or covertly blaming. Already secondary victims of trauma, some mothers perceive the system to amplify their crisis, create additional distress and anxiety, and reinforce feelings of self-blame and guilt.

In Plummer and Eastin’s (2007a) study of 59 nonoffending mothers’ experiences with the child welfare system following intrafamilial or extrafamilial CSA, analysis of focus group and open-ended survey data showed that most mothers were dissatisfied and expressed feeling judged unfairly, treated impartially, accused of promoting false allegations, blamed, criticized, and instructed on good mothering. Although positive interactions with some workers were

49 In-depth qualitative interviews and focus groups are the most commonly utilized research methods to explore maternal perceptions and experiences. It is possible that the women who volunteer to participate in such studies overrepresent those who are most or least satisfied with interventions and, thus, eager to vocalize their opinions. Focus group dynamics may also lead to pressured and biased responses among participants. Findings, therefore, cannot be generalized beyond each study’s sample. Quantitative research in this area is limited.
affirmed, most mothers voiced regret for involving the authorities – a finding that raises alarm for risk of revictimization and alienation should this regret translate to reluctance in reporting future concerns or resistance to engaging with services. The sample in this study was a relatively homogenous group of white, well-educated, middle-class mothers, leading the authors to speculate that the negative experiences of multiply oppressed women would likely be intensified. This was supported in Stewart’s (2012) grounded theory case studies in which nonoffending mothers of sexually abused children with developmental disabilities felt doubly marginalized, stigmatized, isolated, and blamed. Already coping with the challenges of parenting a child with a disability, the demands placed upon them following CSA were multiplied by child welfare and criminal justice systems (in Ontario, Canada) deemed ill-prepared to accommodate the special needs of children with disabilities – deficiencies for which mothers themselves had to compensate.

Thematic analyses of interviews with 60 nonoffending parents subsequent to extrafamilial sexual abuse of their sons revealed how internalized mother-blame, theorized as a form of gender reaffirmation, intersected with race and class to both constrain and create choices for women (McGuffey, 2005). Mother-blaming narratives validate traditional gendered parenting roles, which for many women denote the lion’s share of childcare responsibilities, reduced participation in the workforce, and more social isolation postabuse. From the viewpoint of mothers, their emotional distress and the life-altering tasks encompassed in protection are ostensibly invisible to child protection workers (Davies & Krane, 1996). These experiences are echoed by mothers involved with CPS as victims of IPV, who report being unfairly judged against maternal stereotypes of all-knowing, all-sacrificing, and all-nurturing, and left to face the brunt of consequences, while abusers evade responsibility (Johnson & Sullivan, 2008).

In addition to intensifying distress, shame, and self-blame, diminishing help-seeking behaviours, and increasing social isolation, embedded mother-blaming within child welfare interventions has damaging effects on the mother-child relationship stemming from parenting role insecurity, inner turmoil, physical and emotional exhaustion, and conflict with authorities (Plummer & Eastin, 2007b), all of which can hinder maternal protective capacities. Furthermore, some
parents report dissatisfaction with various procedural aspects of the CSA investigation (Jones et al., 2010) and criminal justice system (Alaggia, Lambert, & Regehr, 2009), including loss of control as they navigate the system, inconsistencies in system responses, developmentally-insensitive treatment of children, lenient outcomes for perpetrators, and absence of therapeutic benefits. The mental health system also appears to be neglectful in meeting the complex clinical needs of mothers. Although the necessity of services targeting mothers to reduce distress, enhance coping, and optimize postdisclosure response has been well-established (van Toledo & Seymour, 2013), and perceptions of social support among parents are highly predictive of treatment outcomes for children (Cohen & Mannarino, 1998a), many mothers are discontented with the type and level of support they receive following CSA (Alaggia, Michalski, & Vine, 1999; Massat & Lundy, 1999). Moreover, there is a dearth of empirical knowledge regarding effective interventions for nonoffending parents, particularly at the crisis stage of CSA disclosure (Corcoran, 2002, 2004).

3.7.3. Judgments of maternal failure to protect in the child welfare system. From a child protection perspective, the extent to which responsibility for CSA is ascribed to the actions or inactions of nonoffending mothers has dire ramifications in that it could result in intrusive child welfare interventions, family court rulings, or criminal prosecution for failure to protect – all of which can have counter-therapeutic effects on the child. Bolen (2003) highlights striking differences between incidence rates in which mothers are identified as sex offenders in cases investigated by CPS versus comparable data collected in retrospective prevalence studies. According to American national incidence data, for example, mothers were classified as offenders or co-offenders in 44 percent of all CSA cases identified by authorities, compared to only 0.05 percent of all retrospectively reported cases. Bolen attributes this 880-fold increase to the misguided child protection practice of labeling mothers as offenders or co-offenders when they are believed to have allowed abuse to occur, despite not committing the crime directly. Leonard (2013) credits this to caseworkers’ prejudicial use of the unattainable ideal mother stereotype.
Gender-biased child welfare policies and practices have been extensively critiqued by scholars (Bolen, 2003; Buckley, 2000; Davies & Krane, 1996; Featherstone, 2006; Featherstone, Hooper, Scourfield, & Taylor, 2010; Krane & Davies, 2000; Risley-Curtiss & Heffernan, 2003; Scourfield, 2001a, 2001b, 2003; Scourfield & Coffey, 2002). The current state of scientific knowledge on the doctrine of failure to protect, however, is notably deficient. Although it has garnered some attention in the IPV literature (Fugate, 2001; Kopels & Sheridan, 2002; Lapierre, 2008; Lothian, 2002; Magen, 1999; Strega, 2009, 2012; Strega et al., 2013), it is astounding how few of the thousands of CSA research papers published thus far tackle failure to protect as a gender-based problem. In Strega’s (2009) cross-national discourse analysis, ‘children witnessing’ violence and mothers ‘failing to protect’ emerged as powerful concepts in child protection policies and practices in British Columbia, Canada and Southampton, United Kingdom that were constructed and enacted in ways that maintained, and perhaps intensified, men’s violence against women and children. Despite its serious implications, the manner in which failure to protect standards operate in the context of sexual abuse allegations in the child welfare system in Ontario, Canada has yet to be discursively analyzed from a critical feminist perspective, to my knowledge.

Shadoin and Carnes (2006) note that specific variables associated with caregiver capacity to protect, characteristics of caseworkers at the crux of decision-making, and professional education and training processes affecting failure to protect judgments have been understudied, particularly with regard to CSA and mothers who are not victims of IPV. They call attention to the need for clarity and consistency in statutory definitions and guidelines for substantiation of failure to protect in child welfare to limit the imposition of personal views and values. As described in the first chapter of this thesis, CPS substantiation of caregiver failure or inability to protect a child from sexual harm generally requires a determination of sexual abuse by omission or supervisory neglect. Tangible protective actions by a caregiver may include ending unsupervised contact between the child and perpetrator to eliminate or reduce the risk of revictimization, reporting the abuse to the authorities and cooperating with the investigation, and complying with medical or mental health recommendations. Prior protective behaviours and likelihood of future protective behaviours, as well as belief in the allegations
and support conveyed to the child are commonly considered in child welfare assessments. In her case comparison study of 93 CPS determinations of maternal failure to protect in intrafamilial and extrafamilial CSA investigations (31 substantiated, 62 unsubstantiated) in one county of the United States, Coohey (2006) found that criteria were consistently applied in substantiation decisions, and mothers were more likely to be substantiated for failing to protect when they knew about the abuse, but did not consistently believe the allegations or behave protectively, had a substance abuse or mental health problem, and were in a physically abusive relationship. She cautioned that these findings may have limited generalizability given this particular county’s clear and detailed substantiation guidelines and highly experienced investigators and supervisors, a context lacking in many other jurisdictions. Secondary analysis of random national survey data in the United States showed that nonoffending mothers were more likely to have been considered as failing to protect when the child’s race was identified as ‘other,’ mostly Native American (vs. Caucasian), when the caseworker was identified as Latino or Caucasian (vs. black), and when the caseworker held an undergraduate degree (vs. graduate degree), indicating that racial discrimination and educational attainment may influence decisions of maternal failure to protect (as cited in Bolen & Krane, 2013).

When there are insufficient legal grounds to remove the perpetrator from the child’s environment and ongoing risk stemming from maternal incapacity to protect remains, one remedy is child placement in state care, temporarily or permanently. Arguably a form of mother-blame for systemic failures, Bolen (2002b, 2003) estimates that two-thirds of children are removed from their homes at some point following a CSA disclosure.50 She asserts that these alarming rates of involuntary placement in out-of-home care are disproportionally higher than empirically-based estimates of maternal nonprotection, exposing that some children are being removed from ambivalent or supportive mothers. Burnside’s (2009) study examining child welfare decision-making in cases of CSA confirmed that maternal ambivalence

50 This finding was derived primarily from American data. Rates of placement in out-of-home care in Canada are lower. In 2008, for instance, it was estimated that eight percent of child maltreatment investigations in Canada (PHAC, 2010) and six percent in Ontario (Fallon et al., 2010b) resulted in a change of residence for the child. Nevertheless, as this thesis will demonstrate, grounds for removal from maternal care for failure to protect are embedded in Ontario child welfare policies and practices.
created the most uncertainty and widest variability in intervention decisions. Alternatively, when adequate maternal protection is established, CPS, in the climate of scarce resources and narrowly defined mandates, quickly terminate their involvement with the unrealistic expectation that mothers can and will independently satisfy the complex needs of the family.

While none of the mothers in Coohey’s (2006) child welfare substantiation study were criminally prosecuted, criminal indictment for failure to protect is, unquestionably, a real and serious consequence for some mothers. Based on her critical analyses of literature and case law, Lothian (2002) contends that the doctrine of failure to protect is firmly entrenched in Canadian criminal legislation, involves judgments against idealized standards of mothering, and operates in ways that are oppressive to women. Furthermore, she failed to find a single case in which failure to protect was legally enacted solely against a father.

3.7.4. Allegations in the context of parental separation: The troubling paradox of blaming mothers for trying to protect. Despite the commonly held belief that mothers consciously fabricate allegations of CSA by their (ex)partners to enact revenge or manipulate litigation during high conflict separation/divorce or contested custody/access proceedings, research shows that deliberately false and malicious allegations are quite rare (Bala, Mitnick, Trocmé, & Houston, 2007; Lefebvre et al., 2012; Trocmé & Bala, 2005). It is estimated that only five percent of child protection investigations with sexual abuse as the primary form of maltreatment involve intentionally false allegations, a figure that rises to 18 percent in the context of parental separation (Bala et al., 2007). While there are relatively high rates of unfounded reports (initiated equally by mothers and fathers), most are believed to have been made in good faith.51 In many cases, it is possible that the discovery of abuse was the precursor to separation or that disclosure by the child (and subsequent report by the mother) occurred

51 There are a number of possible explanations for unfounded (but honest) allegations of CSA by mothers following parental separation, such as misinterpreting changes in the child’s behaviour or mood commonly associated with family transitions as signs of CSA, misunderstanding innocuous statements made by a child or nonspecific genital symptoms following access visits, and maternal anxiety or other mental health instability (Bala et al., 2007; Humphreys, 1997).
when the immediate safety threat was no longer in the home environment. Moreover, the risk of CSA has been observed to truly increase following family breakdown (Wilson, 2002).

Nevertheless, the pervasive misconception of rampant false allegations stemming from maternal manipulation, coaching, or vindictiveness is embedded in child welfare and legal discourses, and translates into gender-biased practices as an intensified form of, and justification for, mother-blame – in other words, blaming mothers for trying to protect. As another alternative to the weakening notion of the collusive mother, the falsely accusing mother has become a familiar label among professionals who view mothers involved in contentious separations and custody disputes with profound cynicism, at times improperly and prematurely dismissing claims of CSA (Humphreys, 1997). It is estimated that law enforcement authorities are involved in less than half of child protection cases with an ongoing custody dispute, only three percent of which result in criminal charges (Bala et al., 2007). Mothers who do reach the court system as witnesses are sometimes met with skepticism, rather than impartiality. Taylor (2000) draws attention to the manner in which discriminatory stereotypes of mothers as mentally unstable, vengeance-seeking, and collusive are used as common defence strategies in CSA legal proceedings to appeal to the prejudices of the judiciary. This creates a no-win situation in the court system for mothers who are either condemned for failing to protect if they do not act or branded as vindictive and lacking credibility if they do act.

In their review of judicial responses to protective parent complaints of CSA in 300 civil court records, Neustein and Goetting (1999) found that only 10 percent of the cases resulted in a positive outcome. Among the factors shown to influence decisions of the judiciary in these contested child custody cases were the level of CSA education and training of the judge, posture and disposition of the guardian ad litem, validation methods of CPS, reliability of court-appointed experts, and competency of trial attorneys. The unfortunate consequence of seemingly unfair child welfare and legal system responses is that some mothers are dissuaded from reporting their concerns for fear of being accused of making false allegations, being labeled with parental alienation syndrome, or jeopardizing their own custody status, ultimately
having to resort to more drastic measures to ensure their children’s safety (Neustein & Lesher, 2005).

3.7.5. Linking maternal blame with low paternal engagement. The child welfare system has always struggled with father-inclusivity, notwithstanding three decades of parenting research that supports the vital influence of the paternal role in children’s lives (Zanoni et al., 2013). Little to no engagement with fathers and father-figures, both offending and nonoffending, throughout all aspects of child protection processes has been consistently and thoroughly documented in Canada and elsewhere in the world (Alaggia et al., 2015; Brown, Callahan, Strega, Walmsley, & Dominelli, 2009; Coohey & Zhang, 2006; Davidson-Arad, Peled, & Leichtentritt, 2008; Edleson, 1998; Huebner, Werner, Hartwig, White, & Shewa, 2008; Maxwell et al., 2012; Nixon, 2002; Scourfield, 2003, 2006a; Strega et al., 2008; Zanoni et al., 2013). Men exist in children’s worlds, as resident and nonresident biological fathers, stepfathers, partners of mothers, and other male relatives engaged in paternal roles, yet they remain virtually invisible in child protection records, irrespective of the nature of the maltreatment concerns. In their retrospective review of a random sample of 116 case files of adolescent mothers receiving CPS services at one agency in Canada, Strega et al. (2008) categorized fathers as a ‘risk,’ ‘asset,’ ‘both risk and asset,’ or ‘irrelevant’ based on the descriptions documented by social workers, actions taken or not taken, and type and number of contacts. They found that almost half of all fathers were considered irrelevant to children and mothers by social workers, and only half of the biological fathers deemed a risk or an asset to the mothers were contacted by social workers over the course of their involvement. These results were supported by an American survey of 1,203 caseworkers, in which only 37 percent agreed or strongly agreed with the general notion that they worked with fathers in most of their cases (Huebner et al., 2008). These practices translate to greater protective responsibility and blame thrust upon mothers, in addition to either an overlooked source of paternal risk or an untapped source of paternal support for children (and mothers).
Research into the barriers and facilitators of paternal engagement in child welfare has begun to emerge. Interdisciplinary, narrative reviews of this literature conducted by Maxwell et al. (2012) and Zanoni et al. (2013) note the inherent influence of traditional hierarchical conceptualizations of attachment and gendered ideologies of parenting on child welfare practices that focus on mothers as idealized primary caregivers. Moreover, some child protection workers deliberately avoid contact with fathers because of intimidation, valid concerns for their personal safety, negative stereotypes of men as bad, fear of placing mothers and children at increased risk, and perceptions of futility. Workload pressures and lack of confidence in their ability to effectively intervene due to inadequate training also impede caseworkers’ level of meaningful engagement with fathers. Alternatively, some mothers are placed in a gatekeeping role that fosters their ability to block access to fathers, either by choice or in response to legitimate fears of the consequences of paternal involvement, including violence, loss of custody, and retraction of financial support. While some fathers intentionally evade or resist contact with the system due to their own fears and perceived inadequacies (O’Donnell, Johnson, D’Aunno, & Thornton, 2005), others want to be more actively engaged and endeavor to appear promising or good enough in their encounters with a system professed as having absolute power (Dominelli, Strega, Walmsley, Callahan, & Brown, 2011; Strega, Brown, Callahan, Dominelli, & Walmsley, 2009). These sentiments were echoed in other studies of child welfare-involved fathers, who describe negative or mixed experiences with services and workers (Cameron, Coady, & Hoy, 2012; Coady, Hoy, & Cameron, 2012; Huebner et al., 2008).

3.8. Summary of Empirical Research Analyses: Key Themes and Future Directions

Past decades have witnessed major advances in the social scientific research base informing our understanding of CSA and its repercussions for nonoffending mothers. It is from this place of contested empirical knowledge, in the context of coherent or competing theoretical

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52 The unfortunate reality that some marginalized mothers will deny the involvement of fathers simply to protect essential child support payments or government benefits that may be revoked based on paternal presence highlights how neoliberal economic and social welfare policies contribute to the invisibility of fathers in the child welfare system.
knowledge, which CSA discourse originates. Like theory, research has not been particularly kind to mothers. The general tone of the literature has progressively shifted over time from being predominantly opinion-based, unsympathetic, and disparaging toward mothers to being evidence-based, somewhat empathetic, and more mindful of the plight of mothers who are better understood as secondary victims of trauma, though it remains pervasively gender-skewed. Notwithstanding conceptual and methodological shortcomings, the key themes emerging from extant research, with relevance to the current study, are synthesized as follows:

- No single risk factor or constellation of specific risk factors sufficiently explains the etiology of CSA. While maternal variables play a contributing role in some cases, unique combinations of empirically-based individual vulnerabilities, family circumstances, environmental conditions, and gendered power relations coalesce to ultimately result in children being sexually victimized. Research evidence, therefore, refutes unidimensional mother-blaming suppositions and calls for a dispersion of risks and responsibilities for CSA prevention and protection.

- It is ubiquitously accepted that sexual abuse trauma can interfere with children’s healthy developmental trajectory and pose substantive risk for negative biopsychosocial outcomes and compromised adaptation over the life course. The same holds true for their nonoffending mothers, who demonstrate greater proclivity for adverse sequelae that can alter the quality of the mother-child relationship, parenting competencies, and maternal responsiveness in the aftermath of CSA. It is within this context of profound psychological distress, emotional upheaval, and instrumental resource deficits that mothers are expected to be an impervious and unwavering source of support and protection.

- Contrary to longstanding claims of maternal collusion and nonresponsiveness, empirical data suggest that most mothers believe their children’s accounts of sexual abuse and go to great lengths to protect their physical safety and support their emotional recovery, even when confronted with extraordinary stress, loss, and trauma. A host of personal and contextual influences beyond the individual mother interact in complex ways to promote or
inhibit optimal maternal response, which is, indeed, understood as fluid and amenable to change via supportive interventions.

- There is compelling research observing maternal support and positive coping to be strongly predictive of healthier adjustment in children following CSA. The danger, however, lies in the interpretation of this data. Rather than reinforcing the notion of the all-powerful mother whose deficits are to blame when children are adversely impacted by abuse they did not perpetrate, these research findings should underscore the importance of empowering mothers to optimize their influence.

- Early studies of professional responses to CSA uncovered pervasive attributions of maternal blame and culpability. There is some evidence indicating that these trends persist in contemporary child welfare responses, perhaps more subtle in form yet equally harmful. In place of dissipating notions of maternal collusion emerge judgments of maternal failure to protect, both ensconced in motherhood ideology that defies logic and highly effective in the deflection of blame from perpetrators, deficient institutional responses, and oppressive gender-based power structures. For nonoffending mothers, unsympathetic judgments of blame devoid of contextual considerations can exacerbate distress, discourage engagement with services, and impede protective capacities. Empirical analysis of the doctrine of failure to protect under the circumstances of CSA has not been sufficiently attended to in child welfare scholarship.

- Historically, nonoffending fathers have been virtually invisible across all branches of CSA research. There is, however, preliminary evidence to suggest that the paternal role in mitigating adverse child outcomes in the aftermath of sexual abuse can be significant. Nevertheless, fathers are seldom engaged in child protection processes in meaningful ways, thereby reinforcing gendered child welfare discourse that synonomizes parenting with mothering. Consequent to ideologically- and institutionally-entrenched gender biases, fathers remain overlooked as potential risks and resources, while mothers remain overblamed and overburdened.
CHAPTER 4
RESEARCH DESIGN AND METHODOLOGY

4.0. A Feminist Critical Discourse Analysis of Gendered Attributions of Blame and Failure to Protect in Child Welfare Responses to Child Sexual Abuse

Critical discourse analysis was the chosen method of inquiry into the discursive dimensions of blame and responsibility for protection in child welfare system responses to the sexual abuse of children. Attention to gender ideology and institutionalized power hierarchies called for an explicit feminist discourse praxis. As this chapter will explain in detail, CDA is an interpretive approach to critical social science research that endeavors to better understand the nature, causes, and consequences of social problems, impediments to addressing them, and strategies for overcoming them. Fairclough (2009) proposes four broad stages of CDA methodology with corresponding steps, though not intended to be followed mechanically or sequentially:

- Stage 1: Focus on a social wrong in its semiotic aspect.
- Stage 2: Identify obstacles to addressing the social wrong.
- Stage 3: Consider whether the social order ‘needs’ the social wrong.
- Stage 4: Identify possible ways past the obstacles.

Thus, the methodological process in CDA is, for all intents and purposes, a theoretical one. Each chapter in this thesis attends to elements of these four stages. The first three chapters have built a strong case, with transdisciplinary theoretical and empirical literature as its foundation, to establish that CSA attributions of maternal blame and failure to protect are a current, relevant, and engrained, but not inevitable, social wrong with semiotic aspects in the child welfare system. This occurred through historical grounding and critical contextual analyses of
conceptual paradigms that construct and contest this social problem, as well as research evidence that challenges its underlying presuppositions and demonstrates its adverse effects on the safety and well-being of women and children. The next three chapters critically analyze the discursive manifestations of institutionalized sexism and patriarchal ideologies of gender and motherhood in child welfare policy and practice texts that function to produce and reproduce the unequal power relations that propagate mother-blaming for failure to protect; expand upon and mobilize feminist explanations for how and why social order inherently relies on this social wrong; and propose tangible approaches to surmounting the problem, beginning with the construction of an alternative discourse with greater explanatory power.

This chapter begins with a formulation of the research objective and questions embarked upon in this thesis, followed by a review of key study concepts. Because this study engaged a methodology less commonly employed in social work and child welfare research, the conceptual underpinnings and fundamental principles of CDA are elucidated in detail, and the rationale for appropriating the gendered lens of feminist CDA is justified. Attention is then paid to the effects of my social location and positionality as the researcher, and the important role of critical reflexivity throughout the research process. Next, data collection and sampling procedures are outlined, and the analytical framework and process are developed. This chapter concludes with a discussion of ethical considerations, strategies for assessing research quality, and research limitations, including both common criticisms of CDA methodology in general and those specifically arising from this study.

4.1. Research Objective and Questions

The primary objective of this doctoral dissertation was to shed light on how gendered relations of power operate to construct and reinforce discursive notions of blame and failure to protect in contemporary child welfare responses to the sexual abuse of children by way of policy and practice texts, with the ultimate goal of destabilizing dominant discourses and building a persuasive case for social and institutional change. More specifically, through the overarching
epistem frame of social constructionism, feminist CDA was deployed to investigate the following research questions:

1. How are nonoffending mothers of children who have experienced sexual abuse explicitly and implicitly represented in the language of child protection case file recordings, wherein there was substantiation of maternal failure/inability to protect secondary to CSA?

2. What are the salient, institutionally-embedded, discursive elements and social processes (semiotic manifestations of dominant ideological assumptions and power relations in policy and practice texts) that serve to enact, sustain, and resist formulations of maternal blame and failure to protect in child welfare judgments?

3. a) What are the sociohistorical antecedents and consequences of gender-based power asymmetries inherent in discourses of blame and failure to protect, as embodied in and mediated by child welfare policy and practice texts?  
   b) What are the implications of an alternative discourse for child welfare responses to CSA, empowerment and advocacy efforts, and social transformation?

4.1.1. Analytic scope. In Canada, each province and territory independently enacts its own laws, policies, and service delivery guidelines to govern, regulate, and instruct child welfare affairs. The scope of this study was restricted to the current state of child welfare discourse in the province of Ontario, Canada, as analyses focused on provincial child welfare policy and practice standards, as well as child protection case file recordings from a child welfare agency situated in a metropolitan region of southern Ontario, the practices of which are provincially mandated and defined. While interpretive research findings are unlikely to exert direct influence on institutional policies and practices, the intention of this thesis was to effectively expose and challenge gender disparities in the child welfare system with textual and contextual evidence through a discursive feminist lens, thereby making apparent the need for a shift in child welfare discourse concerning CSA attributions of blame and failure to protect.
4.2. Review of Study Concepts

Concepts salient to this study are defined as follows:

Child. Consistent with the Child and Family Services Act (CFSA, R.S.O. 1990), the term child is defined as a person under the age of 16 years, the current age of mandated child welfare services in Ontario.\(^{53}\)

Child sexual abuse. This study adopted the OACAS (2006) definition of CSA as “any sexual contact between a child and caregiver, or family member or community caregiver having charge of the child regardless if the sexual contact is accomplished by force, coercion, duress, deception, or the child understands the sexual nature of the activity.” This includes contact sexual acts, such as sexual touching or penetration, and noncontact sexual acts, such as sexual exposure, suggestiveness, harassment, or voyeurism.

Nonoffending mother. Nonoffending mother refers to a biological or nonbiological female in a primary caregiver role for a child who has experienced sexual abuse by someone other than her. The terms mother and woman are intentionally used interchangeably to recognize a woman’s identity outside of motherhood.

Mother-blame. Mother-blame is a longstanding and deeply entrenched gender-based discourse, whereby women are rendered primarily responsible – morally, socially, and legally – for the safety and well-being of their children, then condemned for perceived failures resulting in negative outcomes over which they may or may not have had control. The ideological construction and evaluation of blame takes place from a position of power. In the context of CSA, the nature of mother-blaming has shifted from insinuations of collusion and complicity to judgments of failure to protect.

\(^{53}\) For youth in care in Ontario, child welfare services can be extended until age 18 years and, in some cases, until age 21 years. However, none of the children considered in the child protection case file review component of this study was over the age of 16 years.
Failure to protect. The socially constructed notion of failure to protect is a widely adopted ‘commonsense’ principle grounded in the assumption that caregivers (i.e., mothers) have a duty to protect their children from avoidable harm, and those who fail to fulfill their duty are considered as responsible for the resulting harm as the person who directly inflicted the harm, regardless of context. Rooted in dominant motherhood ideology and mother-blaming discourse, the doctrine of failure to protect has a disproportionate effect on women in gendered child welfare and criminal justice responses.

Discourse. Discourses are semiotic ways of construing aspects of the world, including language use in speech and writing. Viewed as a form of social practice that is socially conditioned and socially constitutive, discourse has significant ideological effects that can construct, reinforce, and resist unequal relations of power (Fairclough & Wodak, 1997).

4.3. Method of Inquiry

This study adopted a feminist CDA methodological framework. Most critical discourse studies follow the tradition of hermeneutic interpretive inquiry with a critical social change impetus. In contrast to positivistic social science, interpretive approaches to research are based on the philosophical presupposition that how we come to understand and make sense of social phenomena are characterized by multiple possible interpretations that are inherently and necessarily subjective (Yanow, 2014). Analytic methods in CDA are consistent with hermeneutic insight in that they favour interpretive understanding over causal explanation, assume a social constructivist role of language, take into account sociohistorical conditions, and contend that “the meaning of one part can only be understood in the context of the whole, but this in turn is only accessible from its components” (Wodak & Meyer, 2009, p. 22). The knowledge generated in this thesis is, therefore, socially situated and inevitably partial.

4.3.1. Discourse analysis: The study of language-in-use. With its origins in sociolinguistics, discourse analysis, simply speaking, is the study of ‘language-in-use’ (Gee, 2011). The analysis of
language, once the exclusive domain of linguists, has morphed into a widespread interest of social science researchers across disciplines. There are many different fields of discourse studies, some of which focus mainly on the grammatical structure of language and others on thematic content. Rhetoric, pragmatics, stylistics, conversation analysis, and linguistic ethnography are but a few examples. A common interest among the various approaches is the function of naturally occurring language in context. Language, as interpreted by Gee (2011), allows us to communicate information (say things), engage in actions (do things), and assume socially significant identities (be things), all of which are integrally connected and acquire meaning through practices that are socially recognized and culturally or institutionally supported. The interwoven building tasks of language include rendering significance and connection; recognizing or enacting practices, identities, and relationships; communicating a political perspective on the distribution of social goods; and privileging specific sign systems and ways of knowing.

Fairclough (2010) also views language use as simultaneously constituting and constitutive of social identities, social relations, and systems of knowledge and beliefs. Meaning is assigned through language; therefore, social realities are constructed by language. According to Wodak (2002), linguistic devices assume a salient role in the expression, negotiation, and manipulation of power:

The constant unity of language and other social matters ensures that language is entwined in social power in a number of ways: language indexes power, expresses power, is involved where there is contention over power and where power is challenged. Power does not derive from language, but language can be used to challenge power, to subvert it, to alter distributions of power both in the short and the long term. Language provides a finely articulated vehicle for differences in power within hierarchical social structures. (p. 11)

Broadly speaking, the principles of discourse analysis are congruent with the underlying nonessentialist tenets of social constructionist epistemology that view knowledge, truth, and
power as sociohistorically contingent and discursively constructed. Where some approaches to discourse-based analysis fall short is in their explicit linking of talk and text structures to their sociopolitical context. CDA aims to do just that.

4.3.2. Critical discourse analysis: A multimodal approach to social research. CDA, one of the more prominent branches of discourse studies, emerged in the 1980s and became a burgeoning program of research by the 1990s, with Fairclough (1989, 1992, 1995), van Dijk (1993), and Wodak (1989) among its leading scholars. It has quickly become an established research discipline globally, with devoted academic journal publications, international conferences, curricular programs, and professional institutions. CDA is an interdisciplinary, multitheoretical, and multimethodological school of research concerned with unmasking ideologies and unequal power relations through the systematic and critical investigation of semiotic data, whether written, spoken, or visual (Wodak & Meyer, 2009). What sets it apart from other types of predominantly descriptive and apolitical discourse studies is the problem-oriented nature of the research questions being undertaken and the social advocatory role of the researcher.

CDA is interested in interpreting and explaining the social phenomenon being studied, without limiting its analysis solely to a descriptive account of linguistic units. It does not have a prescribed theoretical orientation or research methodology. Rather, critical discourse studies encompass an eclectic scope of conceptual and analytic approaches contingent upon the specific aims of the research in question. Drawing extensively from various disciplines within the social sciences and humanities, a diverse range of CDA research strategies with distinct but similar theoretical influences and methodological objectives have been developed, some of which include the discourse-historical approach (Reisigl & Wodak, 2009), dispositive analysis approach (Jäger & Maier, 2009), social actors approach (van Leeuwen, 2009), sociocognitive approach (van Dijk, 2009), dialectical-relational approach (Fairclough, 2009, 2010), and feminist approach (Lazar, 2005, 2007). Though a detailed discussion of each is beyond the scope of this
thesis, most approaches adhere to common core principles, yet vary in terms of where they lie on the deductive-inductive continuum, linguistic depth, and level of aggregation.

According to Fairclough (2010), CDA involves transdisciplinary analysis of dialectical social relations – that is, analysis of the complex internal relations of discourse, as well as relationships between discourses and other socially constructed elements, such as economic production. With its ontological roots in critical realism, the socially construed effects of discourse are a principal concern in CDA. It considers opaque and transparent relations of conditional knowledge, power, and authority as manifested through the social structure of language and advocates interventionism in the phenomenon under investigation. More specifically, CDA concentrates on how and why orders of discourse legitimize or delegitimate particular relations of power and dominance in a society. Fairclough and Wodak (1997) highlight the main tenets of CDA as follows:

- Social problems are addressed.
- Power relations are discursive.
- Discourse constitutes society and culture.
- Discourse does ideological work.
- Discourse is historical.
- The link between text and society is mediated.
- Analysis is interpretive and explanatory.
- Discourse is a form of social action.

4.3.3. **Notions of discourse, ideology, and power.** Influenced by Foucaultian insight, paradigms of discourse, ideology, and power are central to CDA. Discourse, as an abstract concept, is widely used yet interpreted differently across regions, disciplines, scholars, and academic circles. Generally speaking, the term discourse, as I understand and apply it critically, refers to patterns of social practices, including linguistic and nonlinguistic elements, which construct, and are constructed by, ideologies that function to regulate, reinforce, and resist hierarchies of power in a society. Comprised of shared forms of presupposed, taken-for-granted
knowledge, van Dijk (1998, 2006) defines discourse quite simply as ‘text in context.’ According to Gee (2011), discourses integrate language, actions, interactions, values, ways of thinking and believing, and use of symbols, tools, and objects to enact a socially situated identity. Conditioned within specific cultural and political frames, discursive social practices can be talk, text, conventions, or representations of shared meaning that are socially constitutive and continuously evolving. Only valid at a precise point in time and place, all discourse must be understood within a certain historical context. Discourses shape and enable material reality, not just ideology, form individual and collective consciousness, and, thus, determine action (Jäger & Maier, 2009). More specifically, discourse can refer to the language and practices associated with an identifiable field (e.g., child welfare discourse) or a way of construing facets of the world from a particular perspective (e.g., feminist discourse).

To Foucault (1972), discourses are “practices that systematically form the objects of which they speak” (p. 54). They are built upon statements – assumptions or unspoken theories about the nature of things – which construct how a particular phenomenon may be approached and spoken of. Thus, discursive practice “implies a play of prescriptions that designate its exclusions and choices” (Foucault, 1977, p. 199). A poststructuralist perspective on language (as discourse) focuses on how discourses normalize and privilege some ideologies, practices, and realities, while negating and constraining others. Discourses are not always ideologically transparent and do not exist independently. Instead, they are intricately entangled and fortify one another. They make meaning and regulate power. Discourses institutionalize certain ways of thinking, talking, and acting through their exercise of power and knowledge. Foucault (1980) understands power and knowledge as inseparable, with both creating and constraining truth:

Each society has its regime of truth, its ‘general politics’ of truth: that is, the types of discourse which it accepts and makes function as true; the mechanisms and instances which enable one to distinguish true and false statements, the means by which each is sanctified; the techniques and procedures accorded value in the acquisition of truth; the status of those who are charged with saying what counts as true. (p. 131)
In CDA, according to Fairclough and Wodak (1997), discourse, or language use in speech and writing, is viewed as a form of social practice, or networks of social practices, that are contingent on context and serve to construct and reinforce power relations:

Describing discourse as a social practice implies a dialectical relationship between a particular discursive event and the situation(s), institution(s) and social structure(s), which frame it: The discursive event is shaped by them, but it also shapes them. That is, discourse is socially constitutive as well as socially conditioned – it constitutes situations, objects of knowledge, and the social identities of and relationships between people and groups of people. It is constitutive both in the sense that it helps to sustain and reproduce the social status quo, and in the sense that it contributes to transforming it. Since discourse is so socially consequential, it gives rise to important issues of power. Discursive practices may have major ideological effects – that is, they can help produce and reproduce unequal power relations between (for instance) social classes, women and men, and ethnic/cultural majorities and minorities through the ways in which they represent things and position people. (p. 258)

Discourses not only include representations of how things are and have been, but also representations of how things could or should be. Fairclough (2012) refers to these possible articulations as imaginaries that may materialize into actual practices and new realities. Thus, discourse can, and does, perform ideological work.

Ideologies are socially shared, foundational belief systems that are gradually acquired, expressed, mediated, and reproduced by discursive talk and text (van Dijk, 2006). They function to schematically organize and ground collective representations that provide the basis for discourse and other social practices. According to Fairclough’s (2003) Marxist-oriented perspective, ideologies are politicized “representations of aspects of the world which contribute to establishing and maintaining relations of power, domination and exploitation” (p. 218). The driving force behind competing discourses and ideologies is power. Usually systemic and institutionalized, unequal power relations signify a struggle over valued resources and
interests, like money, status, or knowledge (van Dijk, 1993). Language is understood as an ideologically driven social act. Through language, ideologies make claims of absolute truth by way of exercising power and control through purposeful strategies, such as rhetoric and persuasion, among others.

The ideological effects of discourse can be powerful and lasting. They are, however, socially and spatially contingent and can, therefore, be negotiated. Individuals and groups have the power to exert influence over discourse, though some voices are louder and more commanding than others. History is fraught with examples of shifting discourses stemming from new knowledge and political advocacy, from women’s suffrage to the civil rights movement. Hence, just as they are discursively constructed, ideologies can be discursively dismantled, resisted, and transformed – this being a defining feature of CDA.

4.3.4. The critical agenda. The critical impetus in critical discourse studies was heavily influenced by critical theory, with its roots in the Frankfurt School (Habermas, 1974; Horkheimer, 1937, as cited in Wodak & Meyer, 2009), and the integration of empirical social science and philosophy. Unlike traditional paradigms that aim only to understand or explain a particular social phenomenon, critical theories, such as feminism, seek human enlightenment and emancipation in circumstances of oppression – in other words, they are driven to transform society. Analyses in CDA are critical, meaning that they offer a critique of social wrongs – wrongs that are inherently grounded in value judgments of a fair and just society (most often from a liberal-left standpoint on the political spectrum). Rejecting the possibility of value-free research and embracing the reality of inherent subjectivity in scholarship, critical discourse analysts assume and express an explicit sociopolitical position on the matter under investigation (van Dijk, 2001).

To critique, in essence, is to make visible the interconnectedness of things (Fairclough, 1995). This involves unmasking discursive aspects of organized power relations and ideologies that serve to produce, sustain, and challenge those relations of power, and abuses of power, by revealing the contradictions within and between discourses. The objective of CDA is, therefore,
to uncover and remedy social injustices with the insight and knowledge generated through critique of discursive practices in their historical context and denaturalization of taken-for-granted assumptions (Fairclough & Wodak, 1997). As extant discourse is critically questioned and dismantled, new discourse is produced. Emerging orders of discourse require greater explanatory power, which may be supported with empirical evidence, as well as the capacity for social transformation and emancipation. Shifts in discourse must achieve salience before enacting in new ways of being and doing. Thus, social change and social justice are ‘discourse-led’ (Fairclough, 2010). In contrast to other approaches to linguistic analysis, CDA, therefore, extends beyond describing and explaining how language works to intervening in social problems in a politically invested way that materializes in implications for the (re)distribution of goods, status, and power in society.

4.3.5. Feminist critical discourse analysis: Critique through a gendered lens. Feminist-informed social science research aims to transform patriarchal hierarchies by legitimizing the experiences and voices of women as valid sources of knowledge through rich, nuanced, reflexive inquiry (Reinharz, 1992). The contributions of feminist scholarship (e.g., Cameron, 1985; Kramer, Thorne, & Henley, 1978; Lakoff, 1973; Mills, 1997; Penelope, 1990; Wilkinson & Kitzinger, 1995) to the development of discourse-based language studies have been significant. The link between gendered oppression and contextualized language has been a prominent theme in feminist discourse literature for some time, particularly since the infusion of poststructural insight. In her review essay on gender, language, and discourse, Cameron (1998) remarks on the perilous efforts of feminists “to describe carefully, and to interpret persuasively, the ways in which words are used to make and remake the world” (p. 970). The relationship between feminism and CDA, however, remains somewhat ambiguous. With the shared goals of social transformation and emancipation, feminism and CDA are a compatible and complementary union. This is particularly true in the current era, wherein unequal social

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54 Feminist authors, Cameron (1998) and Wilkinson and Kitzinger (1995), draw attention to the failures of CDA founders and dominant figures, who are mostly heterosexual, white men, to credit feminist works. However, some key CDA scholars (e.g., Chouliaraki & Fairclough, 1999; van Dijk, 1991, 1993, 2001; Wodak, 1997) have acknowledged the contributions of feminists to CDA in their writings, albeit in passing citations.
arrangements based on gender are increasingly obscure, yet as complex and powerful as the more blatant disparities of earlier times. In light of the politics of naming, Lazar (2005, 2007) argues for an explicit feminist label for discourse research with a gender focus, such as the present study. The intention of feminist CDA, according to Lazar (2007), is to “show up the complex, subtle, and sometimes not so subtle, ways in which frequently taken-for-granted gendered assumptions and hegemonic power relations are discursively produced, sustained, negotiated, and challenged in different contexts and communities” (p. 142).

Also interdisciplinary in nature, the politically invested research aims, theoretical orientations, and multimodal analytical frameworks of feminist-informed critical discourse studies are helpfully guided by the principles of third-wave feminism and poststructuralism, while drawing upon insights from a broad range of disciplines. Feminist CDA is committed to critiquing gender-based social categories and practices that reinforce a patriarchal social order by demystifying and denaturalizing the interrelationships among gender, power, and ideology, as reflected in and constituted by (talk and text) discourse. Lazar (2005) describes the gendered nature of social practices on two levels:

First, ‘gender’ functions as an interpretive category that enables participants in a community to make sense of and structure their particular social practices. Second, gender is a social relation that enters into and partially constitutes all other social relations and activities. (p. 5)

Gender is understood as both socially and individually constructed, while interacting with other aspects of identity, including race, age, socioeconomic status, and sexual orientation. Such an approach recognizes diversity among individuals and groups, variation in how gender is discursively enacted, and a degree of agency in meaning negotiation, thereby calling for culturally, materially, and temporally contingent analyses of both reproduction and resistance. Knowledge, meaning, and ways of thinking, from a poststructural standpoint, are considered contextually constructed by language, rather than merely reflected in, or transmitted by, language (Mills, 1997; Weedon, 1997). Women’s oppression is rooted in institutionally
contextualized language and is, therefore, never fixed. Lazar (2007) contends that the critical praxis orientation of feminist CDA bridges the gap between theory and practice, and signifies a kind of analytic activism through its theorization, analysis, and transformation of gendered discourse.

Why feminist critical discourse analysis as the chosen methodology for this study? Consistent with the mission and value base of the social work profession, its objective of social justice renders CDA a highly relevant and useful, though underutilized, method of inquiry in social work research (Gilgun, 2010). Feminist CDA is an ideally-suited methodology for investigating the discursive dimensions of maternal blame and failure to protect in gendered child welfare responses to CSA for several reasons. First, this is a modern day social wrong inherently grounded in taken-for-granted assumptions and socially prescribed ideals with semiotic manifestations that are not fully transparent and, therefore, in need of problematization and discursive critique. Moreover, ideology, gender, and institutional discourse have been recognized as preferred topics in CDA research (Blommaert & Bulcaen, 2000; van Dijk, 2001). Second, feminist CDA offers a necessarily gendered lens through which to critically examine if, how, and why institutionalized sexism and gender-based power asymmetries are constructed, legitimized, or resisted by the powerful language of child welfare texts. Third, child welfare is a highly verbal domain with heavy reliance on written laws, policies, intervention guidelines, and practices, wherein oral interactions of great consequence are preserved and reinforced through written text. As such, the vast availability of semiotic data makes this a ‘fertile field’ for discourse analysis (Shuy, 2001). Fourth, the critical paradigm of CDA is compatible with, and compulsory for, this study’s progressive social change agenda and intention to build upon extant descriptive literature that falls short of interpretation, explanation, and transformation of the social problem under investigation. And fifth, this research was approached with an explicitly defined conceptual framework, sociopolitical position, and social justice objective. This is congruent with the critical praxis and interpretive methodology of feminist CDA, moreso than other varieties of quantitative or qualitative inquiry, such as grounded theory (Glazer & Strauss, 1967; Strauss & Corbin, 1998), which operates in a reverse manner with its generation of theory through the systematic analysis of data.
4.4. Positionality and Reflexivity: Locating Myself as the Researcher

The critical impetus of CDA naturally requires the researcher to assume an unambiguous stance on the social phenomenon being studied. Research findings will either support or refute the researcher’s original arguments, which are then maintained or modified based on emerging evidence. Unlike other methods of qualitative and quantitative investigation, the critical discourse analyst’s a priori knowledge, assumptions, values, and beliefs are not suspended or bracketed in an unattainable quest for objectivity, as they occupy an integral and inevitable role in the analytic process. The subjective positionalities of the researcher, like the problem being investigated, are sociopolitically located within socially constructed discourses and must be acknowledged as such. Critical reflexivity and transparency at every stage of this research process were, therefore, of utmost importance to me, particularly as a CDA novice. This required an awareness of, and openness to, the contestability of the socially situated meaning I activated through interpretive readings.

As disclosed in the first chapter of this thesis, I approached this work – personally, professionally, and politically – from the vantage point of a left-leaning feminist and advocate for women and children. The blaming of nonoffending mothers for the sexual abuse of their children and disproportionate application of failure to protect standards, from my perspective, is fundamentally unjust – ethically, legally, and socially – and rooted in the institutionalized patriarchal oppression of women, has dangerous repercussions for women and children, and, therefore, requires gendered analysis and social reform. My value-laden stance on this social problem was the motivating force behind my research objective and design. I was, however, cautious not to be blinded to emerging data that may have contradicted my position. Critical self-reflection necessitated ongoing mindfulness of how my personal biography, interests, and biases influenced what I saw (or failed to see). I am fully aware of the privileges I am afforded as a white, educated, well-resourced, young(ish), able-bodied, heterosexual person living in a wealthy, democratic nation, and how profoundly these dominant attributes have coloured my worldview. I am also a woman, however, and with this comes second-class status. Like other females, I am subjected to gender-based discrimination, socially constructed ideals of
femininity, and a generalized fear of male-perpetrated violence. My voice in no way represents the so-called collective voice of women, particularly those who face intersecting oppressions from which I have been shielded. I have not personally endured childhood sexual victimization, nor have I experienced motherhood as of yet. While this does not disqualify me from creating knowledge about either, I am, in a sense, writing as an outsider in the absence of a shared lived experience, apart from the commonality of gender, with those most deeply affected by the subject matter of study.

Self-reflexivity extended to the potential influence of my academic and professional practice experiences on the interpretive research process. Traditional gender socialization likely influenced my chosen career path in the female-dominated, helping discipline of social work, perhaps subconsciously. As a social worker, my analyses were filtered through the critical social justice lens of my profession. I have never been employed as a child protection worker, although my education and training mirror that of social workers in the child welfare field, with whom I share a professional code of ethics and values. I have, for many years, worked in collaboration with child protection workers, law enforcement officers, attorneys, and victim services as a pediatric hospital-based social worker affiliated with a child maltreatment program in clinical, forensic, and research capacities. As such, I have a solid, though peripheral, understanding of child welfare and criminal justice systems, professional and institutional constraints, and interdisciplinary workplace demands. In some aspects, my work history qualifies me as an institutional insider. I have not, however, personally experienced the emotional distress or pressures associated with making urgent child protection decisions, wherein a child’s safety hangs on the line, which I imagine can be overwhelming and vicariously traumatic. I have, on the other hand, developed a strong sense of empathy for the plight of mothers engaged with the child welfare system, emanating from my role as therapist. Reflexive clinical practice fostered insight into the disjunction between some child welfare policies and practices and the lived experiences and needs of CSA victims and their mothers, providing the impetus for this study. I recognize the alliance I have with women and children, coupled with my arm’s length distance from child protection work, as another potential source of bias.
requiring transparency and cognizance in order to carefully monitor, though not curtail, its effects on the research process.

4.5. Data Collection and Sampling Procedures

Methods of data collection and sampling in most approaches to CDA are not explicitly defined. Some critical discourse analysts do not articulate their data collection procedures in any tangible way, while others draw from the sampling techniques of various research methodologies outside of discourse analysis (Titscher, Myer, Wodak, & Vetter, 2000; Wodak & Meyer, 2009). Fairclough (2009, 2010) discusses sampling in the abstract sense of developing semiotic points of entry into the objects of research. CDA samples are, for the most part, purposefully selected on a ‘principled basis’ with attention paid to the places of discourse within their institutional matrices (Fairclough, 2010). Some critical discourse studies integrate ethnographic methods of data collection, such as participant observation or interviews; however, most seem to rely on existing texts, such as policy documents or media communications, as their main source of semiotic data for analysis. Following in this tradition, the sample for this study was comprised solely of extant child welfare texts from interrelated genres – law, policy, practice tools, case recordings, and family court documents – each representing a reservoir of discursive units.

4.5.1. Texts as discourse fragments: A window into relations of power. Texts, also referred to as discourse fragments (Jäger & Maier, 2009), communicative events (de Beaugrande & Dressler, 1981), and social events (Fairclough, 2003), can be understood as the concrete realization of abstract knowledge (Lemke, 1995). Texts embody the social practices and relations of those writing, those written about, and those reading. Meaning is interpretively activated by readers based on their pre-existing mental models at a particular time and place. Much of what we come to know and believe about the world is derived through our engagement with written texts and the interpretations they invoke. Wodak (2002) describes texts as sites of struggle, wherein traces of competing discourses and ideologies vie for
dominance. Textual analysis can, therefore, be a compelling approach to shedding light on the function of language in the construction and transmission of particular kinds of knowledge, organization of institutions, and exercise of power.

Fairclough (1992) advocates for textual analysis based on theoretical, historical, political, and methodological grounds. Theoretically speaking, the macroanalysis of social structures is in a dialectical relationship with the microanalysis of texts, the language of which does social and ideological work that is not always transparent. Historically speaking, “texts are sensitive barometers of social processes, movement and diversity, and textual analysis can provide particularly good indicators of social change” (p. 211). Politically speaking, critical analysis of texts exposes how social hierarchies are enacted and resisted through texts. And finally, methodologically speaking, the properties of texts offer empirical evidence in support of claims.

Infused with value statements and ideological effects, written materials are generally produced for the purpose of communication, coordination, or consensus-building. For instance, they can describe something that has happened (e.g., child protection investigation) or the way something should or should not happen (e.g., child protection practice standards). Regulatory texts, such as laws and policies, represent authoritative agreements in the name of order and mediate relations of power between individuals, groups, and institutions. Texts in institutional settings, such as child protection agencies, provide an observability of the work being done, coordinate courses of action, and ensure that regulatory requirements are being met (Smith, 2005). They instruct thinking, propose values, produce meaning, and provide order to work internally, as well as connections to wider webs of bureaucracy. Case file analysis has been proposed as a useful method for unearthing relations between discourses and practices in child welfare (Satka & Skehill, 2012; Skehill, Satka, & Hoikkala, 2013). As sites of social reproduction, case files reveal more than just facts about certain individuals by operating as a window to broader organizational processes and social structures (Swift, 1995).

For the research process, there are a number of advantages to using extant texts as primary sources of data. They are unobtrusive and virtually eliminate any risk of harm to human
subjects; they offer a rich pool of nonreactive data in that potential biases related to participant reactions to data collection procedures are eradicated; they are produced independent of the researcher, thereby circumventing any direct effects the researcher may have on the data; they allow for analysis of larger social units beyond the individual; and they are feasible, with minimal cost, time, and personnel required for data collection (Singleton & Straits, 2010; Webb, Campbell, Schwartz, & Sechrest, 1966). Though not problematic in the current study, the foremost disadvantages of relying solely on extant texts relate to potential obstacles in the procurement of data and restricted operationalization of research questions based on the availability of textual documents.

Sample size in CDA studies ranges vastly from a single text to large data sets, depending upon the objectives of inquiry, type and quality of data, accessibility of documents, and availability of time and resources. Jäger and Maier (2009) suggest that a single text has minimal effect as sustained discursive power lies in the continual recurrence of statements and content, therefore calling for the inclusion of various sources of CDA data in empirical studies. It is common for critical discourse analysts to begin with a single text, then look for patterns in other related texts to confirm or disconfirm hypotheses. Akin to grounded theory (Glazer & Strauss, 1967; Strauss & Corbin, 1998), the gathering and analysis of data in CDA tend to occur simultaneously, rather than at distinct phases in the research process. According to Wodak and Meyer (2009), data collection in CDA, like theoretical sampling in grounded theory, “is a matter of finding indicators for particular concepts, expanding concepts into categories and, on the basis of these results, collecting further data” (p. 27), until the point of principled completeness. The insights generated through CDA, however, have far more to do with the richness of the data source and analytic ability of the researcher than with the numeric size of the sample.

4.5.2. Semiotic points of entry: Principled approaches to sampling intertextual data. This study’s sample consisted of multiple contemporary sources of existing child welfare texts from different but related genres. Using purposive sampling methods, a type of nonprobablility
sampling commonly employed in qualitative and interpretive research, each text in the network was selected on the basis of being a semiotic point of entry into the objects of research – in other words, into the analysis of intertextual manifestations of maternal blame and failure to protect in child welfare responses to CSA. According to Patton (2002), “the logic and power of purposeful sampling lie in selecting information-rich cases for study in depth…. studying information-rich cases yields insights and in-depth understanding rather than empirical generalizations” (p. 230). In purposive sampling, “the investigator relies on his or her expert judgment to select units that are ‘representative’ or ‘typical’ of the population” (Singleton & Straits, 2010, p. 173) for thorough and meaningful analysis. Drawing upon the tacit and empirical knowledge I have acquired through education, research, and practice, I strategically selected a sample of documents on a principled basis that I believed would generate the most comprehensive understanding of the discourses being critiqued in this study. In addition to their relevance to the research questions at hand, text availability, accessibility, and feasibility were important considerations. Each text was naturally occurring. Thus, data collection procedures were, for the most part, uncomplicated and noninvasive.

Three approaches to purposive sampling were applied: 1) criterion sampling, 2) theory-based sampling, and 3) negative (or disconfirming) case sampling (Patton, 2002). Criterion sampling involves identifying cases based on predetermined criteria that are important to the goal of the study. In theory-based sampling, the sample is selected on the basis of its potential manifestations of theoretical constructs of interest. The purpose of negative case sampling is to extend analysis by seeking cases that disconfirm or offer alternative interpretations of emerging patterns. Not mutually exclusive, these three strategies were used in combination at various points throughout three phases of the data collection process.

4.5.2.1. Child welfare policies and practice standards. The first phase of data collection began with the construction of specific criteria to apply in the selection of child welfare documents that are influential in shaping contemporary child welfare practice, as well as relevant to the
objectives of this study. To be considered for analysis, each document must have satisfied all of the following sample inclusion criteria:

- Provincial legislation/policy or practice standard/instrument in the form of written text that governed or instructed child welfare practice.
- The child welfare document held authority in the jurisdiction of Ontario, Canada.
- The child welfare document was current and influential in present day child welfare responses, thus reflecting the contemporary state of evolving child welfare discourse.
- The child welfare document was relevant to the investigation of CSA and failure/inability to protect dispositions.
- The child welfare document was written in the English language.
- The child welfare document was available for public consumption in electronic or print form.

Criterion sampling strategies were used to identify pertinent child welfare documents meeting all of the above predetermined criteria. To this end, I applied my pre-existing knowledge of the field, consulted with doctoral committee members and child welfare professionals, and conducted Internet searches to locate and ultimately select the following six documents for inclusion in this study:

*Child and Family Services Act* (R.S.O. 1990). The CFSA is the provincial legislation that governs a broad range of child welfare services in Ontario.


Child Protection Standards in Ontario (MCYS, 2007a). The Child Protection Standards are policies and practices developed by the ministry that establish the mandatory framework within which child protection services are delivered throughout the province of Ontario. [http://www.children.gov.on.ca/htdocs/English/documents/topics/childrensaid/childprotectionstandards.pdf](http://www.children.gov.on.ca/htdocs/English/documents/topics/childrensaid/childprotectionstandards.pdf)


To the best of my knowledge, this sample adequately represented the provincial child welfare documents that were most relevant to the objectives of the present study and satisfied all of the above criteria. Sample completeness was subsequently confirmed by the child protection case file analysis in that it was established that all key governing policies and practice

\(^5\) CASs are legislated under the CFSA to perform child protection functions in the province of Ontario. Their mandate and duties are explained in greater detail in the next chapter.
instruments explicitly referenced in the files had been included. Each of the six documents was available electronically and publicly accessible on the Internet (at the above links). Together, they totaled approximately 480 pages of written text. In-depth discourse analysis concentrated on specific sections of the documents that were directly relevant to the research questions and was carried out over the course of the data collection process and beyond. However, prior to proceeding to the next phase of data collection, I conducted a surface-level reading of each document in its entirety in order to better inform myself of child protection processes and engage more deeply with the contents of the child protection case files.

4.5.2.2. Child protection case files and family court documents. The next phase of data collection involved acquiring a small, retrospective sample of child protection case file recordings, including family court forms from the Ontario Court of Justice, from one child welfare agency located in a large, densely populated, metropolitan area of southern Ontario. As private case files are not available to the public, a local child welfare agency was formally invited to participate in the study. This agency was selected based primarily on its geographic location (i.e., convenience) and my pre-existing collegial relations with staff and familiarity with the setting. The first agency that was approached, however, declined to participate due to a backlog in the internal research ethics review process. Consequently, an alternate agency in the same region, governed by the same province-wide policies and practice standards, was invited to participate. A letter explaining the intent of the research, foreseeable risks and benefits, and conditions of participation was provided to the agency’s executive director and quality assurance manager (refer to Appendix A). Informed consent to participate in the study was subsequently granted by the agency. I signed two written agreements binding me to uphold confidentiality, one provided by the agency and the other developed for the purpose of this study (refer to Appendix B). Ethical considerations, including those concerning confidentiality and data management security, are discussed in more detail toward the end of this chapter. Following a prolonged administrative process, I was authorized access to the agency’s physical setting and electronic databases containing client files, and was provided with a brief orientation to the filing system.
Criterion and theory-based sampling strategies were applied to strategically construct an information-rich sample of child protection case file recordings. Driven by the research questions and theoretical and methodological perspectives guiding this study, specific inclusion criteria were developed to purposively select case files containing manifestations of discursive notions of maternal blame and failure to protect in the context of CSA:

- The case was referred to CPS within five years prior to the point of research ethics board approval (2008 – 2012). Restricting the timeframe ensured that child welfare services were informed by current legislation, policy, and practice standards, thus reflecting the contemporary state of evolving child welfare discourse.
- The primary reason for the CPS referral was suspected sexual abuse of a child, female or male, under the age of 16 years.
- The primary nonoffending caregiver was identified as the child’s mother (or mother-figure) of any age, race, ethnicity, immigration status, religion, sexual orientation, mental/physical ability, and socioeconomic bracket.
- The mother (or mother-figure) was not suspected to have directly participated in the child sex offences.
- A child protection application was filed with the Ontario Court of Justice in relation to verified concerns of maternal capacity to protect in the context of verified CSA as the primary category of maltreatment.56
- The child protection investigation was complete, and the case was either closed to the agency or remained open for ongoing family services. Cases in which there was an active investigation at the time of data collection were excluded to allow for investigation outcomes to be considered in the analysis.
- All materials contained within the file were written in the English language.

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56 Verification decisions are made on the basis of a balance of probabilities. Protection concerns are verified when they are deemed by the child protection worker/supervisor to be ‘more probable than not’ based on the credibility and persuasiveness of evidence (MCYS, 2007a).
Four sequential steps were followed to compose the sample of child protection case files, the first three of which relied on the Ontario Child Welfare Eligibility Spectrum’s (OACAS, 2006) two-dimensional matrix denoting reasons for child welfare service and severity of harm (refer to Appendix C), verification dispositions, and study inclusion criteria. Therefore, the initial process of locating relevant files was primarily criterion-based. The final step in this phase of sample selection involved criterion- and theory-based sampling.

Step 1. Research and administrative staff at the child welfare agency compiled a broad list of closed child protection cases (N = 510) within the designated time period with the primary reason for service coded according to the Eligibility Spectrum as Sexual Harm by Commission [section 1] – Abusive Sexual Activity [scale 3], ranging from extremely severe and moderately severe to minimally severe and not severe [ratings A – L]. This list included closed cases with both verified and unverified allegations. From this list, I immediately excluded all cases (n = 8) rated as minimally severe or not severe [ratings J – L], as the severity level fell beneath the established intervention line for investigation.

Step 2. Working from the slightly narrowed list (n = 502), I then extracted all cases with secondary reasons for service coded according to the Eligibility Spectrum as Harm by Omission [section 2] – Inadequate Supervision [scale 1] (n = 15) or Caregiver Capacity [section 5] – Caregiver has a History of Abusing or Neglecting [scale 1] (n = 17), Caregiver Inability to Protect [scale 2] (n = 26), Caregiver with Problem [scale 3] (n = 45), or Caregiving Skills [scale 4] (n = 13). Some cases (n = 13) had two or more secondary ratings in these categories. In an effort to be thorough, these specific scales were the selected foci because each alludes to the caregiver’s actions or inactions (e.g., inadequate supervision, insufficient protective efforts, poor parenting skills, problems such as addiction, mental illness, physical/cognitive disability) leading to harm, or risk of harm, to the child. Moreover, each scale makes specific reference to section 37.2 (c) and (d) of the CFSA, which legislatively defines a child in need of protection when:

(c) the child has been sexually molested or sexually exploited, including by child pornography, by the person having charge of the child or by another person where the
person having charge of the child knows or should know of the possibility of sexual molestation or sexual exploitation and fails to protect the child;

(d) there is a risk that the child is likely to be sexually molested or sexually exploited as described in clause (c)

Step 3. Next, I performed electronic database searches to locate the case files \(n = 103\) with secondary reasons for service identified in the preceding step. Of these, some files \(n = 12\) could not be located in the database or were incomplete due to an agency transfer and, therefore, could not be included in the sample. From here, I reviewed the dispositions documented for each investigation and excluded those in which the primary or secondary allegations were unverified \(n = 66\), as well as those in which I recalled having direct professional involvement in the past to avert any potential conflict of interest \(n = 2\).

Step 4. I then conducted a more thorough reading of the remaining case files \(n = 23\) to identify those that satisfied each of the predetermined sample inclusion criterion listed above. Finally, I applied theory-based sampling to strategically select the case files containing strong manifestations of the theoretical constructs of interest. This phase of the data collection process occurred simultaneously with data analysis in that I reviewed the contents of selected files in-depth to inform my decision as to whether to continue collecting additional data. The point of completeness was reached when the concepts emerging from the files (when considered together and with the other sources of text included in this study) provided sufficient data for principled study, fully answered the research questions, and supported a persuasive case for change.

Working directly from the agency database, I then repeated each of the above four steps with all active child protection case files.

Ultimately comprising the case file component of the study sample, I purposively selected the files \(n = 3\) that best illustrated the arguments of this thesis. According to their documented Eligibility Spectrum ratings, the primary reason for service and verified disposition was Sexual
Harm by Commission [section 1] – Abusive Sexual Activity [scale 3], and the secondary reason for service and verified disposition was Caregiver Capacity [section 5] – Caregiver Inability to Protect [scale 2] in each of the cases. Two cases also had verified tertiary codes at disposition, Caregiver Capacity [section 5] – Caregiver with Problem [scale 3] and Abandonment/Separation [section 4] – Caregiver-Child Conflict/Child Behaviour [scale 2], related to paternal concerns. At the time of data collection, one of the three cases was closed to the agency, whereas the other two remained open at the level of ongoing services following a completed forensic investigation and protection application to the court. These files were a nonrepresentative subset of the larger population.

4.5.2.3. Disconfirming/negative child protection case file. In the final phase of data collection, I applied negative case sampling to purposively select a child protection case file \( (n = 1) \) from the original list of closed cases referred to in the first step of the second phase of data collection, with the primary reason for service and verified disposition being Sexual Harm by Commission [section 1] – Abusive Sexual Activity [scale 3], with no secondary concern. In other words, the case met all predetermined sample criteria, except that there were no documented protection concerns related to maternal response or protective capacity. This single file was included in the sample for comparative purposes. It extended the analysis by demonstrating potential areas of convergence and divergence in language and discourses in the presence and absence of judgments of maternal failure to protect. While this case served as an anomaly in this study, it represents the majority of CSA case files, wherein nonoffending mothers are deemed adequately protective and not subjected to intrusive child welfare interventions, though generalizations are precluded by virtue of research design.

In total, a seemingly small but very dense sample of four child protection case files comprised of more than 910 pages of written text was included for study analysis. Each electronic file contained copious amounts of documentation from multiple sources representing child welfare processes and practices over relatively lengthy periods of time. As described in the next chapter, recordings were highly systematic with standardized assessment and intervention
templates. Accordingly, the nature of the data available for analysis was fairly consistent across cases. Utilizing a brief, structured data collection form, basic nonidentifying, sociodemographic and investigation variables were extracted from each file to contextualize findings (refer to Appendix D). In-depth discourse analysis concentrated on file material that was directly relevant to the study objective.

4.5.3. Interplay among textual sources in child welfare. Together, these 10 sources of textual data, totaling in excess of 1,390 pages, offered a comprehensive picture of the current state of child welfare responses to CSA, particularly as it relates to gendered attributions of blame and failure to protect at present time and place. The network of child welfare policy and practice texts considered in this study existed in relationship to one another in that they were systematically linked genres that semiotically constituted child welfare processes. In essence, they represented textually mediated relations of ruling that connected and coordinated activities across space and time (Smith, 1990, 2005). Every formal step in the course of child protection was accountable through these texts. The parameters of child protection work are chiefly dictated by child welfare law that translates into policy, both of which are influenced by institutional practices and social context; the policy-enforced child welfare model and assessment instruments, in turn, provide guidance on how to enact the standards of practice and legislative framework; and the child protection case file recordings demonstrate how child welfare legislation, policies, and tools manifest in everyday practice within bureaucratically constituted settings. In other words, institutional practice standards and instruments mediate between regulatory laws and policies and documentary case files, resulting in a complex interplay among intertextual discourses and knowledges in a broader sociohistorical context. As illustrated in Figure 4, Skehill et al. (2013) map the common links among textual sources in child welfare.
**Figure 4.** Mapping links among textual sources in child welfare (Skehill et al., 2013).

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### 4.6. Data Analysis Strategies

There is no rigid or unitary analytic formula that critical discourse studies mechanically follow as this would be epistemologically incongruent with its core principles. Strategies for data analysis, like data collection, are flexibly adapted in accordance with the philosophy of CDA, research...
questions of interest, theoretical perspectives, objects of research, and intentions of the researcher. Nevertheless, a handful of analytic approaches have been proposed in the literature, most of which involve systematic descriptive, interpretive, and explanatory levels of analyses of the relationship between discourse, or language use in speech and writing (and other semiotic modalities), and ideologies, power, and hierarchical social structures. This is based on the fundamental premise that texts cannot be understood in isolation, but only in relation to their social context. In an attempt to make my analytic framework recognizable and potentially replicable, I have drawn primarily from aspects of Fairclough’s (1992, 1995, 2000, 2003, 2010) dialectical-relational approach to critically analyzing discourse, under the umbrella of Lazar’s (2005, 2007) feminist CDA paradigm.

4.6.1. Three-dimensional dialectical-relational analytic framework. Fairclough’s three-dimensional dialectical-relational version of CDA is a pragmatic, problem-oriented approach to transdisciplinary social research that is widely applicable to a range of genres and texts across the social sciences and humanities. According to Fairclough, all social practices have a semiotic element to which they are dialectically related, meaning that they are different but not discrete – they are dynamically interconnected. Analysis focuses on the dialectical relations between and within semiosis, including language, and abstract social structures, concrete social events, and other social elements. These relations occur as a facet of action (e.g., talking or writing), in representations of aspects of the world, and in constructions of identity. The corresponding analytic categories are genres (semiotic ways of acting and interacting), discourses (semiotic ways of construing aspects of the world), and styles (semiotic ways of being or identities). Textual analyses in this approach, therefore, involve both linguistic analysis and interdiscursive analysis of which genres, discourses, and styles are drawn upon and how they relate together. In previous chapters, some of the dialectical relations at play were introduced in contextual analyses of child welfare processes, feminist theory, patriarchal gender ideology, the social institutions of motherhood and mother-blame, institutionalized sexism, and political and economic forces. The dialectic between these sociostructural elements and the semiotic (text) dimension will follow.
Located unambiguously on a political terrain, the microanalysis of text is linked to the broader social analysis of practices, institutions, and organizations. Texts are created at the microlevel through discursive processes at the mesolevel and under particular sociohistorical conditions at the macrolevel. Put another way, discourse practices mediate the link between grand sociocultural structures and concrete instances of social interactions that result in text, all of which contribute to the maintenance of, or resistance to, social order. Thus, texts constitute a form of social action and can do ideological work. A major benefit of Fairclough’s dialectical-relational approach to data analysis is that it allows for multiple, simultaneous points of analytic entry into three interrelated elements of discourse: 1) descriptive textual analysis (microanalysis), 2) interpretive processing analysis (mesoanalysis), and 3) explanatory sociocultural analysis (macroanalysis). The framing of the research questions explored in this study correspond, with some overlap, to these three phases of analysis. Elements of Lazar’s feminist discourse praxis were infused into each dimension, including the principle of gender relationality. Gender relationality entails analytic focus on discursive co-constructions of gender – that is, ways of doing and being a woman or man at a particular time and place within a particular social order.

4.6.1.1. Discourse-as-text. The first dimension, discourse-as-text, involves a systematic descriptive analysis of the linguistic features of concrete instances of discourse (i.e., the internal relations of text). The underlying assumption here is that language, both spoken and written, is a social act that is never arbitrary or neutral. It serves principled functions, though not always immediately transparent. Ideologies can strategically control a large part of text structures at all levels. So much so that “very few linguistic forms have not at some stage been pressed into the service of the expression of power by a process of syntactic or textual metaphor” (Wodak, 2002, p. 11). Therefore, much can be inferred from the lexical, semantic, and grammatical choices used by the author of the text, whether consciously or unconsciously, to convey a particular point of view in a socially regulated context. Such choices involve exclusions, as well
as inclusions. The extent to which CDA researchers concentrate their analysis on linguistic categories varies depending upon the research discipline, objectives, and approach.57

4.6.1.2. Discourse-as-discursive-practice. The second dimension, discourse-as-discursive-practice, involves an interpretive analysis of the discursive practices and processes that link a text to the social context in which it was produced and received (i.e., the external relations of text). This interceding position is occupied by intertextuality and interdiscursivity, two closely related concepts. Intertextual analysis “crucially mediates the connection between language and social context, and facilitates more satisfactory bridging of the gap between text and contexts” (Fairclough, 1992, p. 195) by showing how texts are selectively shaped by the frames and concepts of other available texts, thereby drawing attention to the dependence of texts on society and history. Interdiscursive analysis uncovers the heterogeneity and hybridity of texts with analysis of the diverse genres, discourses, and styles drawn upon and articulated together in a given text. This process of dissemination, assimilation, or appropriation, whether by explicit cross-reference or allusion to other texts or orders of discourse, entails a recontextualization of the representation of ideas or social practices. Descriptive linguistic analysis can provide evidence to support intertextual and interdiscursive analyses.

4.6.1.3. Discourse-as-social-practice. The third dimension, discourse-as-social-practice, involves a social explanatory analysis of the historical and current sociocultural conditions and ideological effects in which discourses have taken shape. From here, there can be hegemonic change as new orders of discourse emerge.

Figure 5 presents a visual representation of Fairclough’s three-dimensional dialectical-relational CDA framework.

57 Halliday’s (1978, 1985) systemic functional linguistics approach, which analyzes the social functions of language, lends itself well to critical discourse studies and is commonly drawn upon by discourse analysts, including both Fairclough and Lazar. Linguistic devices considered in this study are discussed in further detail below.
4.6.2. Analyzing text in context: A multilayered process. As illustrated in the above figure, my process of data analysis was not linear or sequential, but rather involved simultaneous examination of the interdependent and mutually explanatory dimensions of description (text analysis), interpretation (processing analysis), and explanation (social analysis). This approach was abductive in that there was constant movement between theory and data (Wodak, 2002). I began by engaging each child welfare text undiscerningly as a whole, meaning that I read each document from beginning to end with the text before a disruptive reading against the text. This initial surface-level reading provided a basic impression of the material, as well as a general indication of what the average acritical reader might come away with. Analytic and reflective
memos were used at this stage to note my initial insights and track the evolution of my thought process.

I then revisited each text with a critical eye in minute detail, both individually and comparatively, each in connection to its social context. While mindfully maintaining some distance from the documents to allow for critique, I immersed myself in the data from the diverse points of view of various actors (e.g., caseworker, mother, child) in time and place. A simple data analysis coding structure aided in the systematic organization of data into manageable units (refer to Appendix E). In-depth discursive analysis focused on significant sections of each document within its particular genre, rather than line-by-line or word-by-word coding from start to finish, in the vein of other qualitative research methods. From the electronic and print materials, I extracted text that was applicable to the objective of the study based on broad conceptual categories informed by my theoretical framework, literature review, and research questions – gender and motherhood, attributions of blame and responsibility, and failure to protect in the context of CSA. From here, subthemes emerged from the data. This iterative process involved close cyclic readings of each text, with attention paid to both manifest and latent content.

Because I approached this work from a critical social work perspective, I was most interested in the effects of discourse and, therefore, placed greater emphasis on sociocontextual analysis than linguistic analysis. To stay true to the principles of CDA, however, I applied some key linguistic devices to identify ideological markers or representations that express particular discoursal meanings in text structures. Consideration was given to how language operated to establish, manipulate, or naturalize social hierarchies in child welfare policies and practices. Of the many possible properties of text that impart themselves to linguistic analysis, I focused on those that most evidently had discursive implications for explicit or implicit gender relationality, attributions of blame and responsibility, and power dynamics, including the following:
• **Presences and absences.** What ideas were present and emphasized, or present and de-emphasized? Where did the text require inferences to be made? What ideas were neither present nor implied but relevant?

• **Naming.** How were people, things, or concepts referred to? Particular viewpoints and prejudices can be reflected in the contents of noun phrases. Naming choices also shape the concepts and theories we construct about certain phenomena.

• **Nominalization.** Were other parts of speech (e.g., verbs, adjectives) used as nouns to turn processes or actions into concrete things? Nominalization can function to minimize context, mask agency, and conceal power relations.

• **Agency.** Who was depicted as the cause or initiator of an event? Grammatical agent can reveal relationships of power and attributions of responsibility and blame.

• **Voice.** What was the relationship between the agent and the action or state – active or passive voice? Choices in grammatical voice can be used to avoid specifying responsibility for actions.

• **Connotation and insinuation.** What preconstructed meanings, emotions, or images were evoked by a particular word or phrase? Connotations reflect socially situated knowledge and intentions. Insinuations carry double meanings, allowing true intent to be denied and culpability to be averted if challenged.

• **Speech acts.** What performative utterances (e.g., assertive, directive, commissive, expressive, declarative) were used? Speech acts can expose roles, intentions, social positioning, influence, and power within dialogues.

• **Modality.** How was the degree of certainty or authority conveyed? Linguistic modality allows us to hypothesize about intention, belief, desire, or validity, and can have a persuasive effect.

• **Opposition and negation.** Were things, ideas, or people constructed as being opposed or in contrast to each other? Were things, ideas, or people represented as being at odds with the reality constructed elsewhere? Ideologically, oppositions and negations play on our human tendency to see the world around us in terms of binaries.
• **Persuasive rhetoric.** What presuppositions or reasoning strategies were used to support or refute certain ideas or claims? Persuasive rhetorical devices can be used as a form of argumentation that appeals to logic, emotion, or ethics.

Essentially, I was interested in emerging patterns across linguistic functions that confirmed or contrasted each other. Each document was analyzed for the complementary, contradictory, and competing discourses that it was constitutive of and constructed – not for how individual authors think or act. To bridge text with context, close attention was paid to intertextual and interdiscursive relationships, both transparent and opaque, within the sociocultural conditions that gave rise to the text. While applying feminist principles of theorizing, process and social analyses were guided by the following lines of inquiry: Who were the authors and intended readers of the text? What was the author’s status and position? Whose perspectives and interests were promoted? Whose were left out? What assumptions were embedded in the text? In order for the text to make sense, what discourses was it necessary to draw upon? What ideologies or theoretical frames were reflected? Was there a hierarchy of other texts directly referenced or indirectly alluded to? Did they assimilate or conflict? How were particular power relations and knowledges ordered? What institutional processes and social issues were of particular importance when the text was created? How did the cultural, political, economic, and legal landscape influence text production and consumption?

The value of computer-assisted qualitative data analysis software in CDA has been contested (MacMillan, 2005). While potentially useful for organizing large volumes of textual data, the in-depth critical analysis of discourse may be hindered by the program’s technical and practical limitations, the added labour required, its restrictive effect on complex analyses, and the isolation of language from its context – the antithesis of CDA. 58 As such, data analysis software was not used to augment traditional manual methods of data analysis in this study. I did, however, use the Adobe Reader search function to perform basic and advanced searches of

58 In exception, there are benefits to software-assisted analysis of lexical patterns in corpus linguistics (electronic texts comprised of running words in the multimillions), including access to volumes of textual data not conducive to manual techniques alone, empirical rigor, and reduced human bias (Mautner, 2009; Stubbs, 2001).
keywords and phrases embedded within the PDF files of the public child welfare documents reviewed. This enabled me to easily identify particular concepts of interest embedded within large texts, as well as perform frequency counts of relevant words and phrases. Quantifying manifest content is another method by which to demonstrate the magnitude of a given concept or claim with empirical evidence. The power effects of discourse lie in recurring language, the continuous repetition of which solidifies and sustains certain knowledge.

4.7. Ethical Considerations

The Canadian Association of Social Workers’ (CASW, 2005a) guidelines for ethical responsibilities in research [section 6.0] were fully observed over the course of this doctoral research process. A detailed research ethics protocol was submitted to the University of Toronto’s Health Sciences Research Ethics Board and granted approval under delegated review (risk level = 1).59 The university research ethics review process is based on well-defined principles concerning risks and benefits, informed consent, confidentiality and privacy, and data security. Retrospective review of public child welfare documents and case files is a highly unobtrusive method of research. I had no direct effect on the construction of the existing texts collected for analysis. As there was no direct contact with human subjects at any stage of the study, there were no physical, psychological, emotional, social, or legal risks of harm to persons, beyond those related to the provision of confidentiality, which were addressed through the appropriate measures outlined below. The consent of individual CPS clients and workers was, therefore, unnecessary.

The informed written consent of the participating child welfare agency that maintained ownership of the case files was obtained to gain access to the electronic databases. As mentioned earlier, a signed copy of the study information and consent form explaining the intent of the research in transparent terms, foreseeable risks and benefits, and conditions of

59 A brief summary of ethical considerations is provided here. Please refer to my research ethics protocol (reference number 28407) for further details.
participation was provided to the agency for their records (refer to Appendix A). While there was no formal institutional research ethics review process in place internally, ethical matters were thoughtfully considered and addressed in discussions with the agency’s executive director and manager of quality assurance. I signed two confidentiality agreements binding me to treat all personally identifiable information collected for this study as confidential – one developed for the purpose of this study (refer to Appendix B) and the other provided by the child welfare agency, in which I also declared no personal history with the agency. As previously noted, cases in which I had prior direct involvement in a professional capacity were excluded from the study sample to avert any potential conflict of interest.

Standard data management and security protocols were adhered to. Sensitive data extracted from the case files, to which only I had access, was anonymized and reported in aggregate form. All hardcopy data were stripped of identifying information before leaving the premises of the child welfare agency and securely stored within a locked filing cabinet in my locked office located at an institutional setting. All electronic files were saved on an encrypted USB memory key, then transferred to a secure server on a password protected computer to which only I had access. De-identified information was linked to agency files by the assignment of numeric codes for the purpose of anonymous data management. The master key to data codes was stored in a separate encrypted electronic file to which only I had access. Raw research data will be retained for five years from the study completion date. All hardcopy data will then be shredded, and all digital data will be permanently deleted.

Ethical research also entails accessibility of study findings to participants and relevant stakeholders, where feasible. As such, research results will be shared with the participating child welfare agency via full dissertation, written summary report, and/or oral presentation, if requested. Knowledge dissemination may also occur through scholarly journal publications and presentations at professional meetings.
4.8. Strategies for Assessing Research Quality

The interpretive repertoire of CDA can render inherent subjectivity in the collection, analysis, and explanation of data. This, however, does not negate methodological soundness or empirical validity of study findings. As Fairclough (2010) points out, there is no such thing as a ‘right’ interpretation. That being said, there are more or less plausible interpretations. The following queries, among others, can help to guide judgments of CDA quality: Does the study hold contemporary relevance? Are the arguments coherent and convincing? Are the interpretations intelligible? Is the research process recognizable? Can study findings be verified in some way? Does the researcher build a persuasive case for social change? In an effort to produce high quality research, steps were taken to satisfy each of these conditions.

While the gold standards for research rigor and objectivity commonly strived for with positivistic methodologies can never be fully achieved with this approach to critical inquiry, criteria for assessing the quality of the research process and, thus, the validity of results can be applied in modified ways in discourse studies (Gee, 2011; Wodak & Meyer, 2009). For instance, at each stage of the investigation, I implemented a number of measures to reduce interpretive bias and gain analytic credibility and trustworthiness:

- Research questions were tackled from multiple angles with multiple approaches. Triangulation procedures consisted of: 1) the use of diverse sources of textual data from interrelated genres; 2) analytic comparisons between sources; 3) micro, meso, and macro dimensions of linguistic, processing, and sociocontextual analyses; and 4) negative case analysis. Analytic convergence was a general indication of stronger discourses and reinforced the validity of findings.

- Descriptive analysis was differentiated from interpretive and explanatory analyses in an effort to promote transparency.

- The study’s conceptual framework, data collection criteria, and analytic strategies were clearly articulated to make the stages of research potentially replicable.
- Detailed memos were used to facilitate reflexivity, organization, and audit trails tracing interpretations back to the raw data.
- Interpretations were conveyed persuasively and supported with thick description and quotations extracted directly from the original texts.
- Critical self-reflection at every phase of the research process enhanced transparency and allowed for ongoing monitoring of the potential influence of my social location and presuppositions on my interpretations.
- Review and consultation was provided by doctoral thesis committee members with expertise in the substantive subject matter and research methodology.
- The concept of completeness was applied in that the study was not concluded until there was sufficient data to fully answer the research questions and support a strong case for discursive change.
- Upon completion, research findings will be made accessible to the child welfare agency that participated in the study, leading experts in the field, and the broader public in various formats.

4.9. General Criticisms of Critical Discourse Analysis and Study Limitations

From its point of inception, CDA has been met with resistance from some for wavering on the fence between a form of social research and political argumentation (Wodak & Meyer, 2009). The major criticisms levelled at CDA centre on its subjectivity in interpretation, problematic use of context, and inexplicit application of theory and method (Breeze, 2011; de Saussure, 2011; Schegloff, 1997; Stubbs, 1997; Toolan, 1997; Widdowson, 1995, 1998). Critical discourse analysts have been charged with engaging only partially with texts that are in line with their personal values and political commitments, neglecting aspects of texts that may be in tension with vested interests, and projecting biases and prejudices onto their data, therefore rendering CDA unscientific. Proponents of CDA, however, make no claims of absolute truth or objectivity in their insights. Likewise, I do not profess to know the intentions of writers or the responses of other readers, as my interpretations represent one of many possible vantage points. My
interpretive lens generated findings that serve the voice of marginalized mothers and their children. Fairclough (1996) normalizes the intrusion of the analyst’s subjectivity as inherent to any hermeneutic process, while Gee (2011) argues that an advocacy agenda is a social and political responsibility. Feminist researchers have long questioned the notion of scientific neutrality, drawing attention to the sociohistorical construction (and manipulation) of all knowledge. Lazar (2007) goes as far as suggesting that critical feminist research can legitimately achieve more objectivity than other methodologies that preclude sociocontextual considerations.

Many of the CDA critiques related to its heterogeneity in theory and method, insufficient prescription in abstract analytic models, level of linguistic focus (being too linguistic or not linguistic enough), weak presentation of evidence to support argumentation, and lack of attention to psychological and cognitive matters have been outrightly acknowledged by CDA scholars themselves. Others, fundamental to a critical paradigm, have been conversely regarded as major strengths in the approach. Notwithstanding, many of these shortcomings can be, and were, mitigated by infusing strategies to enhance the rigor of CDA research, as detailed above.

In addition to these general criticisms of CDA, some methodological limitations specific to this study should be carefully noted. The aforementioned advantages of using existing texts for research data come in tandem with certain disadvantages. First and foremost, the child protection case files included in this sample were purposively selected and were, therefore, nonrepresentative of the larger population. Accordingly, study findings cannot be empirically generalized beyond the sample. Furthermore, the recordings mostly reflected a one-way flow of information. The voices of nonoffending mothers were filtered through the lenses of institutionally-bound child protection workers by way of selective documentation within prescribed templates. For the most part, workers had full control over language choices, ordering of statements, and content inclusions and exclusions. While the files contained accounts of maternal perspectives and behaviours, the degree of accuracy and objectivity with which they were unilaterally captured in writing cannot be verified. Smith (1987) calls attention
to common incongruities between the actual lived experiences of women and their textual representations by others, which tend to be distorted through the documentary process. Thus, inherent subjectivities and biases in reporting should be assumed to some extent.

Bearing in mind that data were restricted to written text, important verbal and nonverbal aspects of conversational speech (e.g., intonation, pitch, turns, body language) between child protection workers and mothers were inaccessible. Hence, revealing information concerning wordless power dynamics, attitudes, and emotions could not be considered in the analysis without relying on assumptions. Moreover, caseworker tendency to underdocument has been cited as a notable shortcoming in other child welfare studies using case file review methodology (Jones, Gross, & Becker, 2002; Strega et al., 2008), potentially presenting an incomplete picture of the problem. While additional sources of data, such as qualitative interviews with mothers engaged with CPS, focus groups with child protection workers and other professional stakeholders, or direct observations of worker-mother interactions, would have divulged deeper understanding, sole reliance on textual analysis, from my perspective, imparted adequate insight to achieve the specific objectives of the study. The knowledge constructed through this research is, nevertheless, partial and nongeneralizable. Findings must, therefore, be cautiously interpreted within the boundaries of these limitations.
CHAPTER 5
STUDY FINDINGS AND INTERPRETIVE ANALYSIS

5.0. Discursive Constructions of Maternal Blame and Failure to Protect in Child Welfare Policy and Practice Texts

This chapter reports key findings that have emerged from this feminist critical discourse analysis of gendered notions of blame and failure to protect in the context of childhood sexual abuse, as constructed, reinforced, and resisted in contemporary child welfare policy and practice texts. As CDA calls for contextualization of the social problem under investigation and historical positioning of research results, the ideological constructs, theoretical framework, and empirical literature presented in preceding chapters provide an important backdrop to this analysis. Moreover, descriptive, interpretive, and explanatory dimensions of analyses are threaded through a broader discussion of the evolving child welfare policy and practice terrain in Ontario, Canada. While there is no pretense of neutrality in my interpretations, expressions of discourse are grounded in direct quotations extracted from raw textual data and situated in shifting sociocultural landscapes.

5.1. A Systematically Linked Network of Child Welfare Texts

The purpose and components of the network of child welfare policy and practice documents considered in this study are described as follows:

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60 Throughout this chapter, verbatim excerpts from the child welfare documents are indicated with italicized font in quotation marks or indented block quotes. Bold text is added for emphasis. Ellipses are used to signal that a portion of the original text was omitted for brevity or clarity, with care taken not to alter the meaning. For the case file analysis, generic pseudonyms are used in place of real names and some identifying details have been modified to ensure anonymity. All spelling and grammar errors are replicated as they were in the original texts.
Child and Family Services Act (R.S.O. 1990). The CFSA is the primary provincial legislation that delineates principles for promoting the best interests of children and governs a broad range of child welfare services for children and their families in Ontario. Though not paginated, the current electronic version of the CFSA is roughly 125 pages in length (when printed in hard copy form) and contains 12 distinct parts, within which there are 226 sections and numerous subsections. Following the initial contents describing the paramount purpose and other purposes of the Act, duties of service providers, interpretations/definitions, and consents/agreements, the CFSA is organized into 12 parts: 1) flexible services, 2) voluntary access to services, 3) child protection, 4) youth justice, 5) rights of children, 6) extraordinary measures, 7) adoption, 8) confidentiality of and access to records, 9) licensing, 10) Indian and native child and family services, 11) regulations, and 12) miscellaneous.

In-depth analysis concentrated on the sections of the CFSA that were directly relevant to the narrow scope of this study:

- Preamble defining the paramount purpose [section 1 (1)] and other purposes [section 1 (2)] of the Act.
- Functions of children’s aid societies [section 15 (3)], as prescribed in Part I: Flexible Services.
- Interpretations of reference to parent [section 37 (1)], child in need of protection [section 37 (2)], and best interests of a child [section 37 (3)], as outlined in Part III: Child Protection.

Child Welfare Transformation 2005: A Strategic Plan for a Flexible, Sustainable and Outcome Oriented Service Delivery Model (MCYS, 2005). Child Welfare Transformation 2005 is a provincial government document that outlines the ministry’s strategic plan for transforming Ontario’s child welfare service delivery model to one that is outcome-focused, balanced, research-based, sustainable, flexible, accountable, and integrated. The 27-page document provides context and background to the child welfare transformation agenda and describes seven key priorities followed by next steps: 1) flexible intake and assessment model, 2) strategies to reduce court delays and encourage alternatives, 3) expanded permanency
planning options, 4) rationalized accountability framework, 5) sustainable funding model, 6) single information system, and 7) provincial research capacity.

Child Protection Standards in Ontario (MCYS, 2007a). The Child Protection Standards in Ontario are policies and practices developed by the ministry, in consultation with key stakeholders, that establish the mandatory framework within which child protection services are delivered and through which the differential response model is implemented across Ontario. The 92-page document contains an introduction and 12 standards for the minimum level of performance required at each distinct phase of service delivery: 1) receipt of a report, 2) disposition of the referral, 3) developing the investigation plan, 4) conducting a child protection investigation, 5) conducting the safety assessment and developing the safety plan, 6) conducting the risk assessment, 7) concluding a child protection investigation, 8) transferring a case, 9) initiation of ongoing service, 10) case management, 11) case closure, and 12) supervision, which can occur throughout all stages of service. Each standard is framed in terms of its intent, desired outcomes, practice notes to assist with achieving the standard, references to relevant legislation and literature, case specific considerations, and definitions. The standards provide the performance baseline within the ministry’s overall accountability framework for child welfare.

Disorder Identification Test-10, 3) Adult Drug Use: Drug Abuse Screening Test-10, 4) Adult Emotional Wellbeing: Mental Health Inventory-5, and 5) Family Support Scale.

The manual was reviewed in its entirety; however, in-depth analysis focused primarily on the components directly relevant to this study’s intent:

- Introduction to the child protection decision-making model, required tools, supplementary screening tools, format, and inclusive terms.
- Ontario Safety Assessment: Instructions and Tool [section 1].
- Ontario Family Risk Assessment: Instructions and Tool [section 2].
- Ontario Family and Child Strengths and Needs Assessment: Instructions and Tool [section 3].
- Ontario Family Risk Reassessment: Instructions and Tool [section 4].

*Ontario Child Welfare Eligibility Spectrum* (OACAS, 2006). The Ontario Child Welfare Eligibility Spectrum is a supplementary tool intended to assist child protection workers in making consistent and accurate decisions at the time of referral regarding service eligibility and response. Beginning with an introduction, the 113-page document is organized into 11 sections identifying the reason for service: 1) physical/sexual harm by commission, 2) harm by omission, 3) emotional harm/exposure to conflict, 4) abandonment/separation, 5) caregiver capacity, 6) request for counselling, 7) request for adoption services, 8) family-based care, 9) volunteer services, 10) request for assistance, and 11) references. The first five sections and corresponding scales rating the level of severity are grounded in the CFSA, Part III: Child Protection, while the latter five include mostly support services. Intake screening workers consult the manual’s decision-making matrix to assign a numeric code for the nature of harm and an alphabetical code for the severity of harm. The context for each severity scale is set through references to relevant sections of the legislation, interpretations of the rationale behind the scale and linkages to literature on the subject, descriptions of the type of child or activity, and scoring hints.
The full Eligibility Spectrum was reviewed for this study; however, only the sections most relevant to the study objectives were considered in detail for the analysis:

- Introduction to the purpose, history, description, preamble to the rating scales, child protection entry point, and additional explanatory/definitional notes, including interpretation of reference to caregiver.
- Physical/Sexual Harm by Commission: Abusive Sexual Activity [section 1, scale 3].
- Caregiver Capacity: Caregiver Inability to Protect [section 5, scale 2].


Each of the six provincial child welfare documents was authored by either a government/legal authority or professional group, both selectively drawing upon the expertise and interests of key stakeholders and advisors. Indicative of the varying degrees of power held by these institutions, the formality and instructional purpose of the documents reflected a mostly authoritarian voice. Entrenched in ritual and tradition, the language of child welfare law was not always easily accessible or intelligible at first reading, thus requiring critical engagement. Sharing a common language, the policy and practice texts were infused with child welfare jargon that was more familiar to me given my educational background and professional experience. Notably, the Child Protection Standards in Ontario (MCYS, 2007a) explicitly state that authoritative language (e.g., “you must”) was intentionally avoided to “reflect a shift in the culture or philosophy of service provision toward more collaborative, strengths-based approaches” (p. 4). Nevertheless, as government-enforced policies that articulate expectations for service delivery, they were inherently imperious and consisted primarily of prescriptive statements written in a directive and declarative manner.
There was ample evidence of intertextuality throughout each child welfare document, with explicit references to, and reliance on, the frames and concepts of other hierarchically-ordered texts (e.g., the child protection standards and tools cite each other, relevant sections of the legislation, research articles, and best practice guidelines), highlighting their co-construction and function in relationship to one another. Each of these texts is instrumental in organizing, administering, and standardizing everyday child protection practices.

*Child protection case files and family court documents.* A total sample of four retrospective child protection case files satisfying the above stated criteria was critically analyzed, including one file for negative case analysis. Two of the four cases were closed to CPS, and two remained open at the level of ongoing services at the time of data collection. The electronic files (when printed in hard copy form) were approximately 235, 275, and 360 pages in length, not including the negative case file, which was significantly briefer at approximately 40 pages.

All available recordings⁶¹ corresponding to each phase of child welfare service delivery, including family court involvement, were reviewed; however, in-depth analysis concentrated on documentation containing manifestations of relevant conceptual categories:

- Referral details.
- Investigation plans and reports.
- Caregiver or adult profiles.
- Safety assessments.
- Risk assessments and risk reassessments.
- Strengths and needs assessments.
- Dispositions.
- Plans of service.
- Case notes and supervision notes.

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⁶¹ In some electronic recordings, there was reference to contemporaneous notes in the file, to which I did not have access. These were likely hand written case notes that were subsequently replicated in the electronic file.
Where applicable, relevant Ontario Court of Justice forms were also considered in the analysis:

- Form 14A: Affidavit (General).
- Form 8B: Application (Child Protection and Status Review).
- Form 25: Order (Temporary and Final).
- Form 33B: Plan of Care for Child(ren).
- Form 33C-D: Statement of Agreed Facts (Child Protection and Status Review).

The language of child protection case files recontextualized other texts and discourses, resulting in a hybridization of discourses, styles, and genres. The recordings within these files reflected a multiplicity of voices, all filtered through the lenses of child protection workers within the confines of an institutional structure. Texts were authored by a range of professionals, all hierarchically organized and specialized to some extent, including emergency after-hours workers (who receive and review referrals after regular business hours, make decisions about service eligibility, plan and begin investigations requiring an immediate response, assess safety and risk, and intervene accordingly); intake workers (who receive and review referrals during regular business hours, make decisions about service eligibility, plan and conduct investigations, assess safety and risk, and intervene accordingly); family service workers (who assess risk and implement service plans with families receiving ongoing services); children’s service workers (who assess, plan for, and support children in care and their kin/foster families); health specialists (who provide health assessments, education, and referrals); supervisors (who monitor and coordinate the activities of frontline workers, provide clinical supervision, allocate workloads, ensure administrative requirements are met, and participate in human resource tasks, projects, committees, and service reviews); and legal counsel (who provide legal representation and consultation to the agency). The specific designations of frontline caseworkers, however, could not be discerned in much of the paperwork, as names, but not precise positions, were recorded. Some could be deduced from timing of involvement and role. Files were analyzed for their linguistic expressions of ideological and institutional discourse, not necessarily for how individual workers think, feel, or practice.
Always subject to close scrutiny, and sometimes to court subpoena, the highly standardized and detailed format of case file documentation – all dated, timed, and chronologically-ordered – provided a sense of completeness and neutrality. However, the simplified version of ‘facts’ that workers opted to record (and omit) were selected in accordance with legal and institutional requirements, and influenced by available schemas, theories, and science. The language practices of workers largely reflected the language of policy and practice tools. Linguistic style ranged from an informal conversational tone (of case notes) to formal legal jargon (of court documents), all more or less authoritative in nature. The affidavits, protection applications, orders, and care plans presented to the court mirrored the documentation contained in the file. Recordings were highly repetitive, thereby qualifying and reinforcing selected observations, impressions, and labels again and again – a strategy that, while deemed necessary for building a case for legislated CPS intervention (or termination of intervention), effectively reproduced certain discourses and suppressed others.

It bears repeating here that all case file documentation of maternal actions and statements was written from another’s perspective and was, therefore, limited to what was directly observable, rarely reflecting mothers’ internal thoughts, unexpressed feelings, and unspoken narratives. Some recordings were objectively noted with concrete descriptions of witnessed behaviours and verbatim dialogue, while others appeared more subjective and value-laden. With little power over the words that did and did not make it to the page, mothers were, for the most part, the passive targets of institutional talk and text practices.

5.2. Child Protection Case File Synopses: Introducing the Mothers

To frame the analysis, the basic nature of the CSA allegations, investigation details, and family circumstances at the time of CPS referral for each of the child protection case files considered in this study are briefly summarized as follows:
Case 1. Kate Smith is the biological mother of four children and eight months pregnant with her fifth child. Her current husband, Michael Jones, is the biological father of all but the eldest. Kate’s 14-year-old daughter, Sarah, from a previous relationship, discovered that her stepfather was covertly videorecording her while dressing after a shower in the privacy of her bedroom. She informed her biological father, Jason White, who then contacted the police. CPS were subsequently involved and a joint investigation was conducted. CSA was verified by CPS and Michael was criminally charged with, and later convicted of, child pornography-related offences, among other crimes. Concerns were immediately raised regarding Kate’s response to the incident and capacity to protect her daughter from (risk of) sexual harm, resulting in Sarah being ‘voluntarily’ placed in the temporary care of her biological father. She was soon returned to the joint care and custody of both parents, subject to lengthy court-ordered child welfare supervision. When Michael was released from prison, family reunification discussions commenced.

Case 2. Maria Johnson has four biological children, two in her care and two living independently. There is a shared custody arrangement with the children’s biological father, John Edwards. Maria married her current husband, David Johnson, three years ago. Her 13-year-old daughter, Anna, disclosed two incidents of sexual touching by her stepfather to her older sibling, who then informed their biological father. The police were notified and a joint investigation with CPS was conducted. The allegations were verified by CPS, but there were insufficient grounds for criminal charges. Maria was disbelieving of her daughter’s disclosure and continued her relationship with David. Due to ongoing risk in the home, Anna was placed in foster care after several brief placements with her biological father and other family members broke down. CPS subsequently petitioned the court for permanent state wardship.

Case 3. Sofia Martin is the biological mother of two children. Her current husband, James Lewis, is the biological father of her youngest child and stepfather to her 12-year-old daughter, Emily, who has no contact with her biological father. The school principal contacted CPS to report that Emily disclosed a five-year history of CSA by her stepfather. A joint investigation with police was conducted, CSA was verified by CPS, and James was criminally charged with multiple child sex
offences. Both children were immediately apprehended from their mother's care and placed in a foster home, as a result of her initial disbelief of the allegations and perceived inability to protect. Within days, Sofia expressed belief, permanently severed her relationship with James, and agreed to prevent his access to Emily. The children were returned to her temporary care and custody under lengthy child welfare supervision orders. Prior to her first criminal court appearance, Emily recanted her disclosure of CSA and the criminal charges were withdrawn.

Disconfirming/negative case. Cathy Anderson and her husband, Joe Thomson, have two biological children together. Their 11-year-old daughter, Jill, told her mother that her father initiated sexual contact with her one time two months earlier. Cathy immediately believed her daughter’s disclosure, ended her marriage, relocated to another province with the children, and filed for full custody. She contacted the police and cooperated fully with the investigation. CPS verified CSA and quickly closed the file as Cathy was deemed appropriately protective of the children and agreed to follow through with support services in the community. Criminal charges were pending at case closure.

The sociodemographic characteristics of the child protection case file sample are reported in Table 1. Child protection investigation and intervention variables are reported in Table 2.  

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62 A brief note on the terms referenced in this table. When a child is deemed in need of protection by a court in Ontario, there are three basic types of protection applications/orders. Under a supervision order, the child remains in parental care, subject to supervisory visits by CPS and other conditions. A Society wardship order places a child in the temporary care and custody of the state, usually in a foster, group, or kinship home, with an expectation for eventual family reunification. A Crown wardship order places a child in the permanent care and custody of the state until they reach adulthood (18 years). Parental rights diminish once a child becomes a permanent ward.
Table 1

**Sociodemographic Characteristics of the Child Welfare Sample**

<table>
<thead>
<tr>
<th>Variables</th>
<th>Case 1</th>
<th>Case 2</th>
<th>Case 3</th>
<th>Negative Case</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s age in years (at referral)</td>
<td>14</td>
<td>13</td>
<td>12</td>
<td>11</td>
</tr>
<tr>
<td>Child’s gender</td>
<td>Female</td>
<td>Female</td>
<td>Female</td>
<td>Female</td>
</tr>
<tr>
<td>Primary nonoffending caregiver</td>
<td>Biological mother</td>
<td>Biological mother</td>
<td>Biological mother</td>
<td>Biological mother</td>
</tr>
<tr>
<td>Mother’s age group (at referral)</td>
<td>40 – 49</td>
<td>40 – 49</td>
<td>30 – 39</td>
<td>30 – 39</td>
</tr>
<tr>
<td>Ethnoracial background</td>
<td>Hispanic</td>
<td>White-European</td>
<td>Southeast Asian</td>
<td>Unknown</td>
</tr>
<tr>
<td>Primary language</td>
<td>Spanish</td>
<td>Portuguese</td>
<td>Tagalog</td>
<td>French</td>
</tr>
<tr>
<td>Religion</td>
<td>Roman Catholic</td>
<td>Roman Catholic</td>
<td>Other</td>
<td>Roman Catholic</td>
</tr>
<tr>
<td>Estimated socioeconomic status</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Middle</td>
</tr>
<tr>
<td>Primary source of income</td>
<td>Mother’s employment</td>
<td>Parents’ employment</td>
<td>Mother’s employment</td>
<td>Mother’s employment</td>
</tr>
<tr>
<td># of siblings in primary home</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Nonoffending biological father</td>
<td>Involved</td>
<td>Involved</td>
<td>Not involved</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Perpetrator’s gender</td>
<td>Male</td>
<td>Male</td>
<td>Male</td>
<td>Male</td>
</tr>
<tr>
<td>Child’s relation to perpetrator</td>
<td>Stepfather</td>
<td>Stepfather</td>
<td>Stepfather</td>
<td>Biological father</td>
</tr>
<tr>
<td>Mother’s relation to perpetrator</td>
<td>Current partner</td>
<td>Current partner</td>
<td>Current partner</td>
<td>Current partner</td>
</tr>
<tr>
<td>Past or present IPV</td>
<td>Past (likely) present</td>
<td>Past</td>
<td>Past and present</td>
<td>Past and present</td>
</tr>
<tr>
<td># of prior CPS family openings</td>
<td>1</td>
<td>7</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Variables</td>
<td>Case 1</td>
<td>Case 2</td>
<td>Case 3</td>
<td>Negative Case</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>----------</td>
<td>----------</td>
<td>----------</td>
<td>---------------</td>
</tr>
<tr>
<td>CPS referral year</td>
<td>2011</td>
<td>2012</td>
<td>2008</td>
<td>2009</td>
</tr>
<tr>
<td>CPS referral source</td>
<td>Police</td>
<td>Police</td>
<td>School</td>
<td>Police</td>
</tr>
<tr>
<td>Police referral source</td>
<td>Biological father</td>
<td>Biological father</td>
<td>CPS</td>
<td>Biological mother</td>
</tr>
<tr>
<td>Nature of CSA allegations</td>
<td>Voyeurism</td>
<td>Fondling</td>
<td>Fondling</td>
<td>Oral</td>
</tr>
<tr>
<td>Eligibility Spectrum ratings at referral and disposition</td>
<td>1-3-A, 5-2-A</td>
<td>1-3-C, 5-2-C</td>
<td>1-3-A, 5-2-C</td>
<td>1-3-A</td>
</tr>
<tr>
<td>Planned investigation approach</td>
<td>Customized</td>
<td>Customized</td>
<td>Customized</td>
<td>Customized</td>
</tr>
<tr>
<td>Response time</td>
<td>12 hours</td>
<td>12 hours</td>
<td>12 hours</td>
<td>7 days</td>
</tr>
<tr>
<td>CPS/police investigation</td>
<td>Joint</td>
<td>Joint</td>
<td>Joint</td>
<td>Parallel</td>
</tr>
<tr>
<td>Verification disposition</td>
<td>Verified</td>
<td>Verified</td>
<td>Verified</td>
<td>Verified</td>
</tr>
<tr>
<td>Protection application/order</td>
<td>Supervision order</td>
<td>Society/Crown wardship</td>
<td>Society wardship Supervision order</td>
<td>Not applicable</td>
</tr>
<tr>
<td>CFSA citations in application</td>
<td>37 (2) (b,d)</td>
<td>37 (2) (a,b,c,d,g)</td>
<td>37 (2) (c,d)</td>
<td>Not applicable</td>
</tr>
<tr>
<td># of CPS workers/supervisors</td>
<td>10</td>
<td>13</td>
<td>12</td>
<td>4</td>
</tr>
<tr>
<td>Status of CPS file</td>
<td>Open</td>
<td>Open</td>
<td>Closed</td>
<td>Closed</td>
</tr>
<tr>
<td>Duration of CPS involvement</td>
<td>2.5 years + ongoing</td>
<td>1.5 years + ongoing</td>
<td>4 years (aged out of system)</td>
<td>3 months</td>
</tr>
<tr>
<td>Criminal status of perpetrator</td>
<td>Convicted</td>
<td>No charges</td>
<td>Charges withdrawn</td>
<td>Charges pending at closure</td>
</tr>
</tbody>
</table>

* Excluding student interns.
5.3. Contextualizing Child Welfare Policy and Practice Discourse

Child welfare, like child abuse, is a social construction reflective of shifting cultural, political, economic, and legal landscapes. Canadian history has witnessed major transformations in child welfare philosophies, practices, and policies, as our understanding of childhood, parenting, maltreatment, state intervention, and human rights has evolved. Drawing from Foucault’s history of the present work, genealogy extends analysis to a broader appraisal of the social conditions of text production and reception, thereby enabling assessment of power relations, exposing links between micro and macrolevels of practice and discourse, and mapping continuities and discontinuities in discourses across time (Garrity, 2010; Skehill et al., 2013). To this end, it is necessary to gain some perspective of the historical progression of child welfare in Ontario, recognizing that markers of change in the child welfare system can help us understand corresponding ideological and discoursal change, and vice versa.

5.3.1. A brief historical review of child welfare governance and legal discourse. For much of history, children have been consigned to the private property of their parents (i.e., fathers), unfettered by the state, a concept that remains fundamental in legal definitions of rights and responsibilities. Prior to the mid-nineteenth century, society relied primarily on religious groups and charitable organizations to care for the most obviously and severely abused and neglected children, with limited legislative backing (Bala, 2011). An era wherein there was little recognition of childhood as a distinct and formative developmental stage, children were not considered deserving of special rights or protections. In Ontario and elsewhere in Canada, the ‘child welfare’ model during the industrial revolution was very much focused on creating apprenticeship opportunities (i.e., child labour) for orphaned and abandoned children, often under harsh and exploitative conditions. From here was born the child-saving movement, a

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63 The ancient Roman legal doctrine of ‘patria potestas’ (Latin for ‘power of the father’) granted fathers full authority over their children, including the right to have them sold into slavery or put to death (Bala, 2004). Parental rights were eventually limited to ‘reasonable chastisement’ of their children, a principle adopted by English common law. The British doctrine of ‘parens patriae’ later allowed for state intervention into the private family realm for the protection of children (Swift & Callahan, 2002).
philosophy that continues to guide contemporary child welfare service delivery in Ontario (Cameron et al., 2007).

The late-nineteenth century was a period of social reform in Canada, marked by growing recognition of children’s developmental vulnerabilities and rights to protection, organizational and legislative development, and the beginning of shared responsibilities between public and private domains (Bala, 2004, 2011). Shaped by emerging discourses of childhood and state interventionism, the Act for the Protection and Reformation of Neglected Children (also known as the Children’s Protection Act or the Children’s Charter) of 1888 was the first legislation in Ontario to grant courts power to render dependent children wards of the state and commit them to institutional settings under municipal funding arrangements (OACAS, 2010a; Wright, 2007). Shortly thereafter, in 1891, the first children’s aid society was founded in Toronto, Ontario. With the passage of the Prevention of Cruelty to and Better Protection of Children Act of 1893, CASs were established across Ontario as quasi-public agencies with legal mandate to assume guardianship of abandoned, neglected, or ill-treated children, and to supervise and manage foster homes and shelters that provided temporary and ongoing care (OACAS, 2010a, Turner, 2005).64 The shift from volunteer-based care to a professionalized and legalized child welfare system, and the provincial government’s assumption of responsibility for child welfare service delivery through public funding and accountability provided the foundation for momentous advances in the protection of children over the ensuing years, though not unproblematic.65

64 In partnership with the provincial government, CASs joined together in 1912 to form the Associated Children's Aid Societies of Ontario (currently OACAS, the “voice of child welfare in Ontario”) to promote the welfare of children, coordinate the efforts of separate societies, and advocate for service excellence (OACAS, 2010, 2013). All governed by the same child welfare statute, there are currently 47 CASs, also known as family and children’s services (FACS), across Ontario providing services to specific geographic jurisdictions and communities. Most agencies are nondenominational, some are denominational (Catholic, Jewish), and others have been established to support Aboriginal children and families.

65 As chronicled in Chapter 2, the advent of consciousness-raising efforts and professional literature, including the recognition of battered-child syndrome (Kempe, Silverman, Steele, Droegemueller, & Silver, 1962), CSA accommodation syndrome (Summit, 1983), and prevalence data (Badgley et al., 1984), resulted in a dramatic increase in social awareness of child maltreatment with corresponding demands on an ill-equipped child welfare system.
In present day Canada, the legal purview of child maltreatment matters falls under federal criminal law and provincial or territorial child welfare law. Modern legal definitions of a child in need of protection are grounded in discourses of childhood as a distinct developmental period that renders children incomplete, physically and psychologically vulnerable, and dependent upon adults for care and protection, while simultaneously recognizing their agency. The current Child and Family Services Act (R.S.O. 1990) was first enacted in Ontario in 1984, with the goal of consolidating previous legislation concerning children and establishing clear principles and courses of action to better protect children, while maintaining the integrity and autonomy of the family unit. Intertextuality is evident throughout the CFSA in its direct references to other provincial legislation, such as the Child Welfare Act and Children’s Law Reform Act, and indirect allusion to international and national treaties and bills of right, such as the United Nations Convention on the Rights of the Child and Canadian Charter of Rights and Freedoms. Emerging on the heels of the Canadian Charter in 1982, the CFSA was introduced in the wake of individuals being afforded greater rights in their relationship with the state (Bala, 1999). This sociopolitical context was mirrored by the child protection principle of ‘least intrusive’ or ‘least disruptive’ intervention. Mostly tragedy driven, the evolution of child welfare law in Ontario has since embodied competing discourses of state interventionism versus family preservationism, as well as varied discretionary powers afforded to child welfare agencies.

Legal discourse is highly influential in shaping the policies, practices, and powers of child welfare agencies, and vice versa. Like all societal rules and regulations, child welfare laws are not created in a vacuum. Despite longstanding claims of being impartial arbiters of truth, laws are socially constructed in the mould of dominant norms, values, and conventions, while simultaneously contributing to their construction. Hegemonic ideologies of gender, family, and mothering define the boundaries for what is, and is not, considered acceptable child welfare law and, thus, policy and practice. Legal discourse has the capacity to, and indeed does, reinforce and sustain prevailing moral standards and power relations in a paternalistic society. One of law’s primary functions is to resolve basic human tensions (Birnbaum & Mosher, 2008), yet history is fraught with examples of unjust laws and policies that have achieved the opposite (e.g., systemic racism, sexism, and heterosexism manifesting in the form of legislation.
upholding racial segregation, wife battering, and same-sex marriage bans). Through a feminist lens, laws reflect the views and interests of lawmakers, who generally represent members of privileged social groups (i.e., wealthy, white men). Laws, therefore, create and reinforce organized relations of ruling that are textually mediated (Smith, 1987, 1990, 2005).

Legal principles evolve as new knowledge is constructed and inserted, thus rendering child welfare to a constant state of flux. The CFSA, for example, undergoes mandated review every five years, allowing for modernization of the law. While expert panels of child maltreatment professionals and advocacy groups, such as the OACAS, are granted opportunities to offer their insights and recommendations during periods of legislative review, history has proven that significant amendments to child welfare law can be, and have been, swiftly enacted by legislature in the absence of public hearings, meaningful debate, and representation from children and parents (Bala, 1999, 2004). Accordingly, those whose lives are most directly and most profoundly impacted by such laws (i.e., marginalized women and children with little or no political power) tend to be unfairly denied a voice.

There is a complex, and sometimes tense, interface between law and social work. The role of child protection workers, a domain occupied primarily by social workers, in interpreting and enforcing child welfare statutes is one example of that interface. Extending the gender-based analysis adopted in this thesis, both professions have traditionally been gendered, with social work being the caring domain of mostly women and the judiciary being the authoritarian domain of mostly men. This gendered divide “may serve to explain some of the historic tendency for social work to view the law as an enemy or, at least, a more powerful and insensitive regulator” (Zapf, 2004, p. 413). Nevertheless, the child welfare system has grown progressively more reliant on the legal system as a blunt instrument to rebuke poor mothering, and, as such, the nature of protection services has become increasingly adversarial and litigious.

5.3.2. From social welfare to child protection: Infiltration of neoliberal philosophy. The contemporary child welfare system in Ontario is based on a threshold model, whereby government intervention into the private realm of family life is legally sanctioned only when
socially prescribed standards of acceptable parenting are violated, thus posing serious risk to a child’s well-being, safety, or security (Cameron et al., 2007). There are two guiding assertions here: 1) individual parents are responsible for the care, nurturance, and protection of their children and presumed capable of fulfilling that responsibility; and 2) state authorities are legally mandated to intervene with families only when parental care is determined to have fallen below set community standards – standards defined by bare minimum, not optimal or desirable, requirements. In other words, parents have a right to privacy and autonomy in child-rearing, and provided they do what they are supposed to (i.e., be good enough parents), the state has no legal right or moral reason to interfere with the family unit. In pluralist nations comprised of families with diverse child-rearing beliefs and practices, however, establishing consensus on ‘good enough’ parenting is a challenging and controversial feat. The legal threshold dividing acceptable and unacceptable childcare and dictating levels of surveillance is, indeed, swayed by changing societal values and sociopolitical terrains.

The authority of neoliberal political-economic ideology and modes of governing has been evident in the gradual erosion of welfare states worldwide. Neoliberal policies and processes place importance on individual accountability and private interests, challenge the moral and social obligation of the state to support those in need, and view state funding of social welfare programs as a burden on capitalist economies in competitive global markets (Chomsky, 1999). In the movement from welfare state to noninterventionist state, bureaucratic structure and corporate-like managerialism demand top-down authority, fiscal restraint, rationed resources, and risk management. In risk-averse human services, new managerialism promotes the market over community, money over care, efficiency over effectiveness, standardization over nonquantifiable quality, managers over frontline staff, and managerial knowledge over professional knowledge (Tsui & Cheung, 2004; Webb, 2006). The effects of neoliberalism have been socially and economically divisive and destructive, with marginalized and impoverished mothers taking the hardest hit (Giles, 2014).

66 The notion of noninterventionism is somewhat of a misnomer, as the principles of individual liberty and free-market capitalism coincide with excessive government intrusion into the private lives of the ‘needy’ to prove their deservedness of scarce public resources (e.g., surveillance of welfare recipients).
The intersection between neoliberal governing and child protection practice, according to Haly (2010), has been the ‘deadly’ force at the root of mounting structural inequalities and escalating child abuse. In Ontario, the neoliberal influence on the child welfare system was starkly apparent during the progressive conservative government’s so-called ‘commonsense revolution’ (under Harris, 1995 – 2003), characterized by regressive restructuring and massive funding cuts to health and social services in the name of individual accountability, economic efficiencies, and risk aversion. It was during this era that the Canada Assistance Plan, which established national standards for social welfare policies and matched provincial spending on social programs with federal funds, was dismantled and replaced with the Canada Health and Social Transfer, which decentralized funding and substituted cost sharing with reduced lump-sum contributions. These drastic changes to the funding arrangement impacted the child welfare system both directly, through the elimination of federal child welfare funding, and indirectly, through decreased federal funding for social assistance, education, and health, all of which had adverse effects on the lives of vulnerable, child welfare-involved families (Swift and Callahan, 2002). Lacking amid the implementation of austerity measures were tandem policies and services to address the social problems at the core of risk – poverty, unemployment, unaffordable housing and childcare, race- and gender-based inequalities, violence against women, addictions, mental health, and so forth.

Neoliberal dogma is apparent in our current threshold approach to child protection that emphasizes personal over collective risks and responsibilities, with little consideration of the broad-based social and economic conditions that promote or impede parenting capacity and child well-being – an important backdrop to this study. This paradigm attributes the hardships faced by individuals to their deviant character or poor choices, thereby obscuring macrolevel influences and the socioeconomic consequences of parenting in the context of a diminished social safety net. Under this paradigm, mothers are naturally the easiest targets for scrutiny and blame. This manifests in child welfare policies and practices as an authoritarian stance that places prime onus on bad mothers to change their behaviour and make better decisions, or otherwise risk losing custody of their children. The tendency to publicly name, shame, and blame individual child protection workers for wider system failures is an extension of this
Individualization of responsibility stands in grave contrast to state responsibility for social problems and social change, and lies at the core of blaming and risk discourses. Neoliberal trends are operationalized via increasingly bureaucratic child welfare systems through standardized models of risk assessment, coupled with stringent top-down regulatory measures to ensure compliance. The proceduralization of practice comes with prescribed intervention protocols and excessive documentary demands within fixed timeframes, at times resulting in restricted professional agency and reduced capacity to help – within a context of budgetary cuts to family preservation and prevention programs and reliance on state care as a primary (and less costly) means of protection.

Promise of change came in 2005 when the liberal government announced system-wide reforms to child welfare services in Ontario, also known as the child welfare transformation agenda (MCYS, 2005). The strategic plan aimed to transform the child welfare system through a “more flexible, sustainable and outcome oriented” (p. 22) service delivery model, representing a “significant shift in culture” (p. 23). Emphasis was placed on embracing strengths, collaboration, partnerships, and tailored responses. This tactically selected language signaled a commitment to progressive social and institutional change, which, on the surface, appeared consistent with the fundamental values and ethics of the social work profession. While some progress is evident, full realization of the policy framework established by the child welfare transformation agenda a decade ago has been constrained, according to the Commission to Promote Sustainable Child Welfare (2012), due to the funding model, accountability approach, and competing priorities. I would add ongoing procedural burdens, dual protection-support

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67 In a culture of risk and blame, the consequences of being wrong can be dire. While individual child protection workers rarely face liability in courts of law if they act in good faith and according to acceptable standards of practice, they can be held criminally culpable and civilly negligent for their mistakes or poor judgment (Bernstein, Regehr, & Kanani, 2004; Kanani, Regehr, & Bernstein, 2002).

68 The current cost and activity-based funding model in Ontario provides incentives for out-of-home care, thus discouraging efforts to keep families together (Commission to Promote Sustainable Child Welfare, 2012). Less intrusive approaches require higher levels of service, yet budgets have flattened or decreased (OACAS, 2013).

69 Child welfare transformation, one of three ministry priorities, involved a shift of child welfare services from the Ministry of Community and Social Services (MCSS) to the MCYS, completing a system-wide program evaluation, and creating a Child Welfare Secretariat to address evaluation findings and recommendations (MCYS, 2005).

70 For example, in the four years following child welfare transformation in Ontario, documented trends in (nonAboriginal) service volumes show decreases in the number of investigations completed, ongoing protection cases, children in care, and days in care (Commission to Promote Sustainable Child Welfare, 2012; OACAS, 2013).
mandates, and underresourced community-based mental health services to the ill-equipped infrastructure hindering progress.

Despite shifts in political leadership and social and fiscal priorities over the years, the harsh legacy of neoliberal restructuring remains tangible in current child welfare policies and practices. The philosophy of individualism, for instance, is firmly inscribed in the narrowly defined mandate of CASs, which are exclusively legislated under the CFSA to perform child protection functions in the province of Ontario. Governed by elected boards of directors, CASs are independent, not-for-profit, community-based agencies that are regulated and funded, for the most part, by the provincial government (MCYS). They have the challenging mission to keep children safe, on a meagre budget, when socially defined deficits in the private family sphere come to be known. The exercise of authority legislatively afforded to CASs makes them incredibly powerful agents of the state. State sanctioned interventions with families can be voluntary, sometimes coercively so, or involuntary (i.e., court-ordered). Section 15 (3) of the CFSA prescribes the functions of CASs as to:

(a) investigate allegations or evidence that children who are under the age of sixteen years or are in the society’s care or under its supervision may be in need of protection;
(b) protect, where necessary, children who are under the age of sixteen years or are in the society’s care or under its supervision;
(c) provide guidance, counselling and other services to families for protecting children or for the prevention of circumstances requiring the protection of children;
(d) provide care for children assigned or committed to its care under this Act;
(e) supervise children assigned to its supervision under this Act;
(f) place children for adoption under Part VII; and
(g) perform any other duties given to it by this or any other Act.

The speech acts used in this piece of legislation can be classified as directive in that each performative agency function is described with authoritarian and action-oriented language that gives a command (as indicated by the transitive verbs “investigate,” “protect,” “supervise,”
etc.), which fortifies their exertion of power. Put simply, the CFSA enables Ontario to vest its authority in CAS to serve two main purposes: 1) to protect children [a, b] and provide care or supervision to children in state care [d, e, f]; and 2) to support families [c]. Two distinct discourses are represented here, with emphasis clearly weighted toward the former. With primary focus on basic safeguarding, the optimal development of children through the strengthening of families becomes a secondary priority. While the helping role of CAS in the form of “guidance, counselling and other services” is legislated, it is specific to the context of protection and prevention of the need for protection. Although not explicitly defined, prevention is discretionary and most often takes the form of tertiary prevention, sometimes targeted secondary prevention, but rarely universal primary prevention. In other words, remedial and preventative services, usually in the guise of surveillance, tend to be provided to at-risk families, with the goal of preventing maltreatment, or risk of maltreatment, from occurring or recurring. Discussed in further detail below, the inherent tensions in the dual child welfare mandate to protect and support intensify within the context of neoliberal fiscal and ideological constraints, at times resulting in neither function being performed effectively (Cameron et al., 2007).

5.3.3. ‘Profiling’ child protection workers and clients: By women for women. Child welfare is a feminized profession that operates in gendered organizations, with mostly female caseworkers providing gender-based assessments and interventions that disproportionately target mothers (Featherstone et al., 2010; Krane & Davies, 2000; Risley-Curtiss & Heffernan, 2003; Scourfield & Coffey, 2002). Eurocentric, middle-class, heteronormativity is engrained in the institutional culture within which child protection workers operate. The demographic characteristics of the workers directly involved in the child protection case files reviewed in this study were not collected as part of this research. General profiling data are available from other sources, however, and will augment the contextualization of child welfare responses to CSA and, thus, the findings of this study. The child welfare workforce in Canada is vast majority female, white, and English-speaking (Fallon, MacLaurin, Trocmé, & Felstiner, 2003; Fallon, MacLaurin, Trocmé, Gail, & Golden, 2011; Lwin, Lefebvre, Fallon, & Trocmé, 2015), from mostly
middle-class backgrounds. Senior managerial positions in child welfare, on the other hand, are disproportionately occupied by white males (Christie, 2006; Yee, Wong, & Janczur, 2006, as cited in Gosine & Pon, 2011), offering evidence of the patriarchal processes at work in bureaucratic child welfare structures that mirror those in many households and broader society. Personal attributes and experiences inevitably colour worldviews and constructions of parenting and gender roles, though the degree to which individual (and organizational) factors influence practice decisions is discrepant in the literature. Often an entry-level social work position, many frontline child protection workers are faced with hefty caseloads in the context of insufficient supervision, mediocre compensation, and substantial stress, conditions that ultimately contribute to high rates of burnout and turnover (Harvey & Stalker, 2007; Regehr, Leslie, Howe, & Chau, 2000).

Operating from their dominant culture orientation, child welfare systems in Canada have historically had tarnished relationships with ethnoracialized and impoverished communities. It has been well-documented that Aboriginal, visible minority, and poor families are reported to CPS, substantiated for maltreatment, and placed in out-of-home care at disproportionately elevated rates, compared to nonAboriginal, white, and higher income families in Canada (Blackstock, Trocmé, & Bennett, 2004; Lavergne, Dufour, Trocmé, & Larrivée, 2008). While the factors underlying these disparities are difficult to discern empirically, systemic cultural and class biases in reporting practices and decision-making are likely at play. Extracted from a child welfare agency situated in a culturally diverse and densely populated urban setting, the small sample of case files reviewed in this study offers a snapshot of this bigger picture in that, of the three failure to protect cases, all involved families from racial ($n = 2$) or ethnic ($n = 1$) minority backgrounds and were described as economically disadvantaged, as reported in Table 1. Immigration, employment, income, education, and housing data were not documented consistently across the files. However, socioeconomic estimations could be gleaned from descriptive details in case notes. For example, the following recordings illustrate one mother’s financial struggles after severing her relationship with her husband and holding two part-time, labour-intensive jobs in order to support her family, the stress of which ultimately had serious repercussions on her physical health and quality of family life:
[Ms. Martin] is determined to raise her children on her own until such time they are of age that they can leave home. She is a loving mother with the limitation of employment options. She was working two part-time jobs but found this too be too stressful in her family and her health. She is now working only one job – cleaning at night. She is not fluent in English and this makes it difficult for her.

[Maria] presents as a hard working and critical woman who wants to provide a good life for her children. (Case 3)

This excerpt represents one of a handful of somewhat empathetic statements found in the case files that considered sociodemographic context. I say somewhat because linguistic oppositions were used to contrast positive maternal qualities with negative ones (e.g., “loving” but with the “limitation of employment options,” “hard working” but “critical”), reflecting the good-bad mother binary. Moreover, there was no explicit link between economic circumstances and maternal response to the CSA allegations. Despite material deprivation and social exclusion functioning to compound risk, little attention was paid to their influence. Interestingly, the negative case file consisted of the sole middle-income family. Financial independence and job security played a crucial role in this mother’s ability to immediately sever her relationship with her abusive husband and relocate with the children, behaviours perceived as appropriately protective by CPS.

Gender adds an intersecting source of marginalization and oppression to this client profile. While the primary reason for CPS involvement was verified CSA by a noncustodial, resident stepfather ($n = 3$) or biological, resident father ($n = 1$), the main target of CPS assessment and intervention in each case was the nonoffending mother. Each of the four mothers was in an intimate relationship with the perpetrator at the time of the allegations, three of whom ultimately became single mothers. Related research paints a grim picture of child welfare-involved mothers, who have been shown to be mostly impoverished women coping with trauma exposure, mental health problems, substance abuse, and domestic violence, in the context of unmet needs (Chemtob, Griffing, Tullberg, Roberts, & Ellis, 2011; Fallon et al., 2010;
Marcenko, Lyons, & Courtney, 2011; PHAC, 2010). There was no documentation to suggest that any of the mothers in the sample for this study had significant (diagnosed) mental health or substance abuse problems; however, all four had personal histories of trauma, including IPV, and three struggled with financial insecurity at some point postdisclosure, as noted above. These important contextual factors are analyzed in closer detail later in this chapter in relation to their impact on maternal capacity to protect.

Taken together, both child protection worker and client profiles represent individuals who are multiply positioned in the world. Each unique worker-mother relationship is reflective of layered power imbalances that exist between socially dominant and subordinate groups, whether by virtue of gender, ethnoracial background, socioeconomic status, or other hierarchical social category. The power dynamic between women of different social status raises interesting questions. Regardless of sociodemographic disparities, a power differential inherently shapes all interactions between workers with professional and legal authority and mothers without. From a poststructural feminist perspective, female workers operate within bureaucracies with patriarchal interests and, therefore, contribute to the control of female clients “in the service of patriarchy” (Scourfield & Coffey, 2002, p. 323), unintentionally but inevitably.

5.4. In the Best Interests of the Child? Child-Centred Discourse in Child Welfare

Balancing parents’ rights to autonomy and children’s rights to protection by the state has been one of the greatest dilemmas in child welfare. Returning the discussion briefly to sociohistorical context, child welfare policy has been likened to a pendulum that swings between two crisis driven extremes – family preservation and state intrusion (Dumbrill, 2006a). Historically, the system intervened in only the most intractable cases of maltreatment resulting in the lawful removal of children from unsafe homes. The 1970s witnessed relatively vast numbers of children in Ontario being placed in the care of an overly intrusive child welfare system that neglected to fully meet their needs once there (MacLaurin & Bala, 2004). It gradually came to
light that underlying systemic racism and classism were infiltrating protection decisions, fuelling a shift toward minimal state interventionism. Through the 1980s and 1990s, the prevailing practice of family preservation/reunification contributed to a substantial reduction in out-of-home placements, but had adverse effects on child safety, some highly publicized. Evidence of the powerful influence of media discourse on societal perceptions of risk, a string of reviews and inquests into the tragic deaths of children known to CAS exposed system-wide failures and led to drastic child welfare reforms between 1998 and 2000. Among them were legislative amendments that lowered thresholds for determining risk and broadened grounds for intervention, standardization of child protection investigations and mandatory risk assessment tools, and streamlining of court procedures (Bala, 2004, 2011; Cameron et al., 2007; MCYS, 2005). Hence, the child welfare policy and practice pendulum had swung back to prioritizing child rights and safety over and above parental rights and family preservation. This renewed focus on child protection occurred in the political context of significant government cuts to social spending that diminished the intensive services and safety net required for at-risk children to remain in their homes, thus advancing the neoliberal agenda.

Abrupt swings of the pendulum between intrusive and nonintrusive interventions have historically been precipitated by atypical case crises, often exaggerated and sensationalized, resulting in moral panic, oversimplification of complex problems, and quick ‘outliers-based’ remedies that fail to meet the needs of the majority (Dumbrill, 2006a). Such reactive reasoning, as articulated by Dumbrill (2005), is “akin to mandating angioplasty and prohibiting heart bypass surgery when cardiologists make errors of being too intrusive and later mandating heart bypass surgery and prohibiting angioplasty when it becomes obvious that in some cases surgical intrusion is needed” (p. 12).

5.4.1. Codifying the paramountcy of the child. Ontario’s child welfare transformation agenda intended to balance the pendulum by enabling child protection and family support to coexist,

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71 Among the CFSA amendments that came into effect in 2000 were earlier intervention in cases of physical abuse and neglect, expanded thresholds for intervention in cases of neglect and emotional abuse (including exposure to domestic violence), and clearer expectations for duty to report, together resulting in a dramatic increase in child welfare referrals and placements of children in care (Bala, 2004, 2011).
though it has been criticized for potentially institutionalizing both ends of the spectrum in a single model (Dumbrill, 2006a). Despite the integration of customized, strengths-based, supportive service options, transformation strategies maintained a “strong focus on child safety” (MCYS, 2005, p. 10). Moreover, the primacy of the child remains codified in section 1 (1) of the CFSA, which underscores the paramount purpose of the Act as “to promote the best interests, protection and well being of children.” Resting on discourses of childhood as a vulnerable, dependent, and formative stage of development, a commonsense reading of this legislative clause might take the child focus as a given. The objective of the legislation is, after all, to uphold the welfare of children. However, the language used to institute paramountcy sets in motion a strongly worded child-centred discourse that positions the safeguarding of children first and foremost. In contrast to parent- and family-centred discourse, child-centred discourse inherently places the interests and rights of parents secondary to those of their children should they conflict in a manner that poses a threat to best interests. The concept of paramountcy is, therefore, inevitably problematic in that it promotes a pendulum swing to one extreme and a reductionistic approach to reducing or eliminating risk (Anglin, 2002), rather than promoting children’s best interests by prioritizing and meeting the needs of their parents.

Additional purposes of the Act “so long as they are consistent with the best interests, protection and well being of children” are outlined in section 1 (2) of the CFSA:

1. To recognize that while parents may need help in caring for their children, that help should give support to the autonomy and integrity of the family unit and, wherever possible, be provided on the basis of mutual consent.
2. To recognize that the least disruptive course of action that is available and is appropriate in a particular case to help a child should be considered.
3. To recognize that children’s services should be provided in a manner that,
   i. respects a child’s need for continuity of care and for stable relationships within a family and cultural environment,
ii. takes into account physical, cultural, emotional, spiritual, mental and developmental needs and differences among children,

iii. provides early assessment, planning and decision-making to achieve permanent plans for children in accordance with their best interests, and

iv. includes the participation of a child, his or her parents and relatives and the members of the child’s extended family and community, where appropriate.

4. To recognize that, wherever possible, services to children and their families should be provided in a manner that respects cultural, religious and regional differences.

5. To recognize that Indian and native people should be entitled to provide, wherever possible, their own child and family services, and that all services to Indian and native children and families should be provided in a manner that recognizes their culture, heritage and traditions and the concept of the extended family.

In short, these other purposes of the Act recognize the importance of preserving the autonomy and integrity of the family unit; intervening on the basis of mutual consent and with least disruptive measures; promoting continuity of care, early intervention, and permanency planning; considering the views and wishes of children, parents, and significant others; and respecting cultural heritage – insofar as it is consistent with children’s best interests, protection, and well-being – thereby laying the groundwork for contention should they be at odds in some way. Each purpose is preceded by the modal auxiliary verb “should,” tentatively indicating an obligation or duty, in contrast to the modal auxiliary verb “must,” indicating a required act. Linguistic modality effectively lessons the level of commitment to the other intended purposes of the CFSA, thus leaving room for circumvention and reinforcing the paramountcy of the child.

Before launching into an analysis of the best interests principle, three important interrelated concepts arising from these other purposes of the CFSA warrant brief discussion here given their interdiscursive relevance to the current study: 1) the notion of the family unit [1], 2) the premise of least disruption [2], and 3) the permanency principle [3 (3)]. Reference to the “family unit” inherently draws upon dominant discourses of family as a two-parent, heteronormative,
middle-class, nuclear unit, within which masculine fathers are socially construed as breadwinners and feminine mothers are socially construed as devoted caretakers and homemakers. These idealized images provide a mental model for the type of family worthy of integrity and autonomy. The word “unit” also connotes a sense of cohesion that disregards gender- and age-based power imbalances within the family system, as well as between the family and the state (i.e., state protection of child victims through exertion of control over parental villains). Informed by theoretical and research knowledge on child development and attachment, “least disruptive course of action” and “permanent plans” aim to promote stability and reduce the negative impact of traumatic attachment disruptions resulting from out-of-home placement and drifting in care. The least disruption ideal is based on the assumption that the family unit is the preferred environment for the upbringing of children, while permanency planning involves early generation of an individualized plan of action toward permanent placement for children in state care (MacLaurin & Bala, 2004), in accordance with their best interests.

All three concepts emanate neoliberal ideology. The notion of the family unit and premise of least disruption are both in line with individualist ethos, and the concept of permanency is conducive to political-economic strategies to reduce government spending in the child welfare system. For some mothers of children assessed to be at risk for sexual abuse, particularly those who do not conform to preferred discourses of family, accelerated timeframes for permanency translate to the unrealistic expectation of immediate readiness and ongoing ability to protect, sometimes resulting in violation of the least disruption principle, as this study showed.

5.4.2. Determining children’s best interests… via maternal capacities. Interpreted as a rights-based and systemic approach to children’s issues, the best interests of the child is a central governing principle of the Convention on the Rights of the Child, adopted by Canada in 1989 (Canadian Coalition for the Rights of Children, 2009). Intended to be an overriding consideration in child protection decision-making, the guiding code of best interests has been a widely applied standard in the Ontario child welfare system since 1978 (Walter, Isenegger,
The judgments of child protection workers and courts of law under the CFSA necessitate some assessment of the best interests of a child deemed in need of protection to promote optimal outcomes under specific circumstances. Inherently indeterminate, the best interests test generally involves a prediction of the consequences of a disposition based on available information and service options, both of which tend to be partial at the critical time of decision-making (Walter et al., 1995). Section 37 (3) of the CFSA declares the circumstances of the case that “shall” be considered by those who are directed “to make an order or determination in the best interests of a child” as:

1. The child’s physical, mental and emotional needs, and the appropriate care or treatment to meet those needs.
2. The child’s physical, mental and emotional level of development.
3. The child’s cultural background.
4. The religious faith, if any, in which the child is being raised.
5. The importance for the child’s development of a positive relationship with a parent and a secure place as a member of a family.
6. The child’s relationships and emotional ties to a parent, sibling, relative, other member of the child’s extended family or member of the child’s community.
7. The importance of continuity in the child’s care and the possible effect on the child of disruption of that continuity.
8. The merits of a plan for the child’s care proposed by a society, including a proposal that the child be placed for adoption or adopted, compared with the merits of the child remaining with or returning to a parent.
9. The child’s views and wishes, if they can be reasonably ascertained.
10. The effects on the child of delay in the disposition of the case.
11. The risk that the child may suffer harm through being removed from, kept away from, returned to or allowed to remain in the care of a parent.
12. The degree of risk, if any, that justified the finding that the child is in need of protection.
13. Any other relevant circumstance.
Best interests standards, from legal and ethical perspectives, are in no way absolute. While there is a certain emblematic appeal to the concept and authoritative tone to the language of law, the principle of best interests remains rather ambiguous and open to broad interpretation. Through a social constructionist lens, understandings of best interests are very much socioculturally and historically situated, and influenced by particular economic and political agendas. Conceptualizations of best interests have evolved over time to embody a more holistic appreciation of children as our collective understanding of childhood and child welfare has grown. For example, recognizing children as beings with “mental and emotional needs” [1], as well as physical needs, and their own “views and wishes” [9] worthy of consideration was unheard of in relatively recent junctures in history. Drawing from legal, psychological, and ethical discourses of child rights and child development, these advances reflect both the emergence of scientific knowledge and moral progression of society. They also represent a critical juxtaposition between children’s simultaneous identities in law as vulnerable beings requiring protection and autonomous beings with agency and responsibilities, posing an ethical quandary in best interests interpretations (Carnevale, Campbell, Collin-Vézina, & Macdonald, 2013).

There is no societal consensus on what merits best interests, thus allowing for the imposition of personal ethics, sensitivities, biases, and agendas on a weakly operationalized yet paramount concept. The adjective “best” implies an existing hierarchy of interests, with some held in higher regard than others. The above statutory list of criteria, however, is not rank-ordered or prioritized in any specific way. Whereas some factors (e.g., “level of development” [2]) lend themselves relatively well to objective assessment, others (e.g., risk of harm from “being removed from, kept away from, returned to or allowed to remain in the care of a parent” [11]) require more guesswork. When making an order or determination in the best interests of a child, the CFSA directs that “the person shall take into consideration…. circumstances of the case that he or she considers relevant.” While this leaves room for individualized judgments based on unique case characteristics, it offers little tangible guidance and allows for considerable discretion on the part of the decision-maker to allot more weight to preferred factors. Moreover, the list of considerations ends with a catch-all category of “any other
relevant circumstance” [13], further widening the scope of ambiguity and interpretation. Speculating what might be best for any particular child is, therefore, an arbitrary process of highly individualized choices between alternatives (Mnookin & Szwed, 1983). This becomes problematic when discrete categories of best interests compete with one another, or when the dominant worldviews of privileged decision-makers conflict with those of oppressed families. Echoing Skivenes’ (2010) argument, judgments concerning the best interests of a child should follow rational reasoning. However, subjective presumptions, personal preferences and values, and prevailing social norms infiltrate decisions, thus weakening the legal protection afforded to children and families and posing a threat to consistency and fairness.

Sometimes in conflict with the needs and interests of mothers, this child protection case file analysis revealed that the best interests of children were evaluated against maternal capacities to protect and resultant perceptions of risk. In the failure to protect cases, as reported in Table 2, there were decisions rendered to remove the girls, temporarily ($n = 2$) or permanently ($n = 1$), from the care of their seemingly unprotective mothers. In each determination of best interests, the risk of sexual abuse superseded all other considerations, including the children’s relationship and emotional ties to their mothers, need for continuity in care, risk of emotional harm from being removed from maternal care, and personal views and wishes. This reflects dominant child welfare discourses that have historically weighted the risks of physical forms of harm over nonphysical forms of harm and undermined the competencies and desires of children. Extracted from a family court document, the following quotation demonstrates how one 13-year-old girl’s expressed wishes to return to her mother’s care following sexual abuse by her stepfather were disregarded due to an appraisal of ongoing risk in the home:

According to her lawyer, [Anna] is not prepared at this time to be made a Crown Ward, however, [Anna] is a child with special needs. She would like to return to her family, however, her mother has decided to stay with her partner who [Anna] maintains has sexually abused her. As [Anna] cannot return home to a place where she is at risk of sexual abuse and the opportunities for the father to plan for [Anna] have been
exhausted, as have the possibilities of plans by extended family members, there is no choice at this time but to have an order of crown wardship. (Case 2)

Linguistically, with the contrasting adverb “however,” the credibility of this child’s desire to not be made a ward of the state was diametrically opposed with reference to her special needs (mild intellectual delay). Although not explicitly stated, this premise relies on a presumption of impaired reasoning ability and generalized scientific evidence of increased vulnerability to sexual victimization among children with disabilities. With blame ascribed primarily to her mother and secondarily to her father and extended family members, negation was used to undermine this child’s autonomy, ultimately leaving “no choice” but to request an order of permanent state wardship. Thus, her voice was acknowledged, then silenced in the context of postulated risk.

Judgments of best interests generally require substantial information pertaining to any given child’s unique developmental functioning and needs, family relations and attachments, cultural heritage and identity, and views and wishes, in addition to real and perceived risks of recurring physical and psychological harm. Decisions rendered can be based on factual testimony and expert evidence/opinion, sometimes selectively presented. Not always privy to extensive or complete analyses of a particular child or family situation, courts of law commonly rely on child protection workers (via their legal representation) for proposed plans of care. Workers, however, rarely have the time or resources to conduct comprehensive assessments of best interests and viable alternatives. The case dispositions reviewed in this study were based predominantly on perceived risk of CSA recurrence, defined almost entirely according to maternal protective actions or inactions, with little (documented) consideration of other important factors. Straying from the original intent of the best interests principle, this finding illustrates the authority of decision-makers to pick and choose from the statutory list of criteria those that offered a justification for a particular decision and basis for assigning blame.

5.4.3. To protect and support? Tensions in the dual child welfare mandate. Instituted by the paramount purpose of the CFSA and expressed functions of CASs, the dual mandate to
protect the acute safety of children, while promoting their well-being and supporting the chronic needs of families has been a longstanding paradox in child welfare (Trocmé, Kyte, Sinha, & Fallon, 2014). The contradictory role of helping in the context of exerting authority is inevitably problematic for two fundamental reasons. First, high caseloads, demanding documentation procedures, and resource deficits consequent to neoliberal policies invariably leave workers little time to engage in a meaningful supportive or preventative role when protection is prioritized. Second, not all families, particularly those who are involuntarily child welfare-involved, will embrace an agency with the legal authority to control their actions and remove their children as a supportive presence, thus thwarting the therapeutic alliance and obstructing pathways to positive change.

As this child protection case file analysis showed, some workers fell short of fulfilling their mandated function to support families when (urgent and chronic) child protection concerns were given precedence, leaving nonoffending mothers in a protective role to prevent further sexual harm without the guidance or counselling necessary to be effective – another noteworthy finding. Competing discourses of counselling and protecting were evident in the recordings, as exemplified by the following case notes describing one worker’s home visit with an emotionally distraught mother of five in the aftermath of her husband being criminally charged with a voyeurism-related offence against her daughter and removed from the family home:

*Mother was tearful during visit, stating that she did not want children to be removed; and tearful in speaking about the children saying that they miss their father; and that father has not visited with the baby since baby’s birth. Workers were empathetic with mother, however explained that she is responsible for the children, and to ensure their safety and well being, and mother acknowledged this.... She explained that she was working full time, and her mother was caring for the children, she was unaware of these concerns.... Mother maintained that she would not allow him in the home or to have access to the children; and would call the police; she maintained that she would do this immediately.*
I told her I understand how difficult the situation is for her, but we have to plan for the future and how she will protect her children. (Case 1)

Triggered by the contrasting adverb “however” in the first quote and the conjunction “but” in the second, helping and protecting were positioned in opposition to one another, with emphasis grammatically placed on protection. Despite this mother’s obvious need for emotional support and clinical guidance on coping with loss and trauma in the family, worker empathy and compassion were seemingly conditional, as child-centric protection discourse remained paramount. With attention solely focused on maternal responsibility for ensuring physical protection, the potentially detrimental impact of maternal distress on the children’s well-being was overlooked, as acute safety was prioritized over optimal development. With that said, this mother may or may not have embraced the support of CPS, if extended. It was apparent in the files that some mothers naturally had their guards up and were, at times, reluctant to welcome the ‘help’ that was coercively offered or imposed by the very agency that presented a real threat to their families, further highlighting the tension in the dual function of child welfare. Further discursive manifestations of the ethical and practical conflict between support and protection agendas are explored toward the end of this chapter.

5.5. Obliged Mothers, Discretionary Fathers, and Invisible Perpetrators: Gendered Discourse in Child Welfare

Patriarchal gender ideology classifies people into one of two monolithic categories anchored in physiology – male (as masculine) and female (as feminine) – with men bequeathed power and privilege over women on a social hierarchy. Asymmetrical gender structures impart the foundation for a ‘natural’ division of labour, social roles, and other disparities based solely on biological sex. Notwithstanding a progressive societal shift toward gender inclusivity and equality, child welfare is marked by a gendered occupational discourse (Scourfield, 2001a, 2001b, 2003, 2006b; Swift, 1995). From a poststructural feminist perspective, child protection client identities and processes are understood as constructed and constituted through
discursive practices that are shaped by a complex interplay between gender (and race and class) and power. The institutional culture and structure of child welfare work systemically produce gender-biased and sexist policies and practices, reflecting and sustaining dominant ideologies of motherhood and fatherhood that perpetuate unequal relations of power based on assigned gender scripts. This manifests in gender stereotyped ways of thinking, interacting, talking, and writing that reinforce maternal responsibility and paternal absence.

5.5.1. Masking mother-centrism: The façade of gender-neutral language. Language and gender are highly politicized. Gender, as a binary social division, is linguistically constructed and reconstructed to reinforce social order. The English language has historically rendered men dominant and visible, and women subordinate and invisible through linguistic imbalances that reflect and sustain real world power imbalances. The noun woman, for example, originates from the root word man with the added prefix wo, which is meaningless on its own, thereby depicting women as morphed yet subsidiary to men (Hauser, 2005). The same can be said for variations of semantically divided, gender-specific pronouns, such as he – she and male – female, where the feminine form emerges from the normed masculine form. The generic status of male nouns and pronouns offers evidence of the ‘symbolic capital’ accrued to men in English-speaking cultures (Lazar, 2007). As a linguistic device and social practice, naming choices are highly relevant because “things do not exist outside our naming them. It is this act of naming that creates things” (Chambon, 1999, p. 57). The language of gender is not powerful on its own. It gains its power through subjective use by individuals and groups with gender-based power to legitimize and uphold that power.

In pursuit of political correctness, there has been gradual movement toward the deliberate use of gender-neutral vocabulary in child welfare and other social service arenas to promote equality and inclusivity of both male and female parent-figures. Given the significance of naming choices, an important observation in this analysis was the strategic and systematic use of gender-inclusive language in reference to parents and caregivers throughout the provincial child welfare documents reviewed. To demonstrate how parents and caregivers are lexicalized
across the six texts, simple frequency counts were conducted for instances of gender-specific references, as well as various gender-neutral alternatives. As presented in Table 3, the child welfare texts clearly show a proclivity toward using the outwardly genderless common nouns “parent” and “caregiver.” When instances of the gendered common nouns “mother” and “father” do appear, they do so infrequently but equally in two of the four documents, and unequally in the other two documents, with a bias toward slightly more maternal-specific references.

Table 3

Frequency of Gender-Specific and Gender-Neutral Caregiver References in Child Welfare Texts

<table>
<thead>
<tr>
<th>Child Welfare Document</th>
<th>Mother</th>
<th>Father</th>
<th>Parent</th>
<th>Caregiver</th>
<th>Guardian</th>
<th>Person having Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child and Family Services Act (125 pp)</td>
<td>2</td>
<td>2</td>
<td>258</td>
<td>0</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Child Welfare Transformation 2005: A Strategic Plan for a</td>
<td>0</td>
<td>0</td>
<td>17</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Flexible, Sustainable and Outcome Oriented Service Delivery Model (27 pp)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Protection Standards in Ontario (92 pp)</td>
<td>4</td>
<td>0</td>
<td>83</td>
<td>6**</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Ontario Child Protection Tools Manual: A Companion to the</td>
<td>5</td>
<td>3</td>
<td>399</td>
<td>397**</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Child Protection Standards in Ontario (120 pp)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ontario Child Welfare Eligibility Spectrum (113 pp)</td>
<td>4</td>
<td>4</td>
<td>128</td>
<td>435**</td>
<td>6</td>
<td>81</td>
</tr>
<tr>
<td>Ontario Child Protection Tools Manual and Ontario Child</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Welfare Eligibility Spectrum Policy Directive (3 pp)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Plus suffixes.

** Excluding references to community caregiver.
Gender ambiguity in language choices for parent and caregiver deliberately conflates mothering and fathering into a homogenous category, implying that the texts do not have a stable addressee. Upon closer examination of the child welfare documents, however, it became apparent that the expressed definitions of supposedly gender egalitarian terminology are rather partial toward the value-laden role of mother. For example, with respect to child protection matters, section 37 (1) of the CFSA interprets the common gender term “parent,” when used in reference to a child, as each of the following, with “the child’s mother” identified first and foremost:

(a) the child’s mother,

(b) an individual described in one of paragraphs 1 to 6 of subsection 8 (1) of the Children’s Law Reform Act, unless it is proved on a balance of probabilities that he is not the child’s natural father,

(c) the individual having lawful custody of the child,

(d) an individual who, during the twelve months before intervention under this Part, has demonstrated a settled intention to treat the child as a child of his or her family, or has acknowledged parentage of the child and provided for the child’s support,

(e) an individual who, under a written agreement or a court order, is required to provide for the child, has custody of the child or has a right of access to the child, and

(f) an individual who has acknowledged parentage of the child in writing under section 12 of the Children’s Law Reform Act.

Regardless of whether parental criteria are weighted in any particular way, the chosen sequencing legislatively reinforces the primacy of the mother. Certain sections of the CFSA, including interpretations of a child in need of protection [section 37 (2)], refer more broadly to the “person having charge of the child” in place of parent or caregiver. While the common noun “person” is not gender-identifying, it is grammatically linked to the act of caregiving and, therefore, inevitably has a disproportionate effect on women. This imbalance is fuelled by the attachment theory-informed, taken-for-granted assumption that childcare is the principal domain of mothers – a gendered social prescription with lasting effects on child welfare law.
Moreover, use of “person” in singular tense explicitly addresses one caregiver, not both, thus discounting increasingly popular discourses of shared parenting and involved fatherhood.

In the Ontario Child Welfare Eligibility Spectrum (OACAS, 2006), use of the common gender term “caregiver” is applied broadly to include the primary, assigned, or assumed caregiver. The primary caregiver, in singular tense, is defined to include “mother, father, live-in partner, caregiver exercising access contact, adult with a custody and control order for the child in question, foster parent” (p. 12) – again, with “mother” listed first in order.

In the Ontario Child Protection Tools Manual (MCYS, 2007b), genderless “parent/caregiver” definitions vary slightly depending on the type of assessment being conducted. For example, for the purpose of the Ontario Safety Assessment, parents/caregivers are identified as “adults, parents, or guardians in the family who provide care and supervision for the children” (p. 6). Parent/caregiver is similarly interpreted in the Ontario Family and Child Strengths and Needs Assessment as “parent, guardian or adult in the family who provides care and supervision for the children on a regular basis” (p. 39). Despite the change from plural to singular tense, more than one caregiver can be considered in each. Whereas, in order to preserve the validity of the Ontario Family Risk Assessment and Reassessment instruments, ratings are based on the primary parent/caregiver, defined as the “adult living in the home who assumes the most responsibility for the child” (p. 25). Only one primary parent/caregiver can be identified in each risk assessment. In determining the primary caregiver, workers follow the following criteria:

- When two or more parents/caregivers share responsibility for the children, the adult with legal responsibility for the children is selected as the primary caregiver.
- When there are two or more parents/caregivers who share legal responsibility for the children, the parent/caregiver who is the alleged offender is selected as the primary caregiver.
- When more than one caregiver has allegedly perpetrated, the parent/caregiver with the most severe behaviour is selected as the primary caregiver. (p. 25)
In theory, a caregiver of any gender can be the chosen target of assessment. In practice, however, there is a palpable maternal bias. During the investigative process, the above criteria translate to no mandatory engagement with nonoffending fathers and perpetrators who may assume a significant role but not share equal childcare or legal responsibilities, therefore reinforcing the focus on mothers. In the child protection case files reviewed, the nonoffending mothers were labelled as the primary caregivers for the purpose of every safety and risk assessment conducted, likely without them explicitly knowing they were the sole subjects of these gendered bureaucratic procedures. Discussed in further detail later in this chapter, this held true regardless of the extent of the maternal role in current care or legal guardianship status. Overconcentration on maternal safety hazards and risks from the outset of the investigation naturally generated mother-centric risk reduction plans.

In the contemporary, neoliberal era of managerialism driven by cost effectiveness and efficiencies, gender-neutral language provides an opportunity for shortcuts in practice by targeting one parent, rather than all parent-figures in assessments and interventions (Brown et al., 2009). While the carefully constructed and well-intentioned language of policy and practice texts provides the appearance of gender equality, discourses of parenting and caregiving are loaded with motherhood imagery and have, therefore, become synonymous with mothering in everyday child welfare work. The upshot of this naming strategy is the obscurement of the gendered nature of parenting, violence, and child welfare interventions, and the minimization of the social, economic, and legal advantages of male privilege. Mothers, in effect, become de-identified in their interactions with the child welfare system, wherein institutionally- and culturally-engrained, gender-biased ways of thinking and practicing are far more powerful than the gender-blind vocabulary of written policies.

Gender biases were also apparent in the lexical choices of child protection workers in their case file references to mothers, fathers, and perpetrators. Mothers were more likely to be referred to with the common nouns “mom” or “mother,” whereas fathers and stepfathers were more likely to be referred to with proper nouns, such as their first or last names. For example, in one file, statements like “I don’t think mom can protect the children from [Mr. Jones]” (case 1) were
prevalent. In another file, within one brief case summary paragraph, the mother was addressed as “mother” twice, but never by her name, while the perpetrator, who was the stepfather of the victim and biological father to a younger sibling, was addressed more formally by his surname, preceded by the abbreviated title “Mr.” three times. This was not a theme noted in uniform across files and seemed to vary depending on the writing style of the individual worker, level of familiarity with the client, and formality of the document (e.g., case note vs. court affidavit). Nevertheless, it was an important observation given the implications of naming choices and the prejudices and social ranking reflected within. Naming a woman solely in terms of her maternal role detaches her from her multiple, perhaps equally important, other identities, and narrowly defines her, and what we come to expect of her, according to connotations of motherhood. To the contrary, addressing a perpetrator by his given name, preceded by mister as governed by social convention, reinforces his individual identity as a dominant male, conceals his paternal role and responsibilities, and bestows a sign of respect not afforded to women. Biased naming choices, therefore, created a sense of opposition in the files between de-identified mothers and identified men.

Elsewhere in the recordings, mothers were referred to by their first and/or last names, at times preceded by the title “Ms.” or “Mrs.,” with the latter proclaiming their marital status. Despite the availability of a more liberating lexical alternative like Ms., some workers still opted to textually address women with Mrs. Historically rooted in a patriarchal belief system, women’s social station in life depended on their marital status and identity in relation to men, thus requiring the title of address to supply this information, with no parallel social naming convention for men (Lakoff, 1973).

5.5.2. Gender-biased child protection practices: Deflecting the gaze. Notwithstanding the widespread use of gender-neutral language in provincial child welfare policy and practice texts, mother-centrism was evident in each of the child protection case files reviewed, throughout all phases of service delivery. File recordings were disproportionately occupied by maternal references. At the time of entry into the system, most case files were, by default, electronically-
labeled according to the mother’s first and last name, regardless of whether she was an offending or nonoffending parent. For instance, of the 103 cases identified in the third step of my final phase of data collection, as outlined in the previous chapter, 86 (83%) were filed under the maternal name. Each of the four case files selected for analysis was opened under the mother’s name and stayed open in her name whether she remained the custodial guardian or not. Likely implemented for its logistical and organizational functions, a mother-centric filing system creates and reinforces an overconcentration on mothers and concurrent invisibility of fathers and perpetrators. The underlying implication is culpability, which contributes to biases in both practice and research, as child protection records are commonly accessed as rich sources of data for diverse lines of child welfare research.

The child welfare gaze remained, for the most part, firmly fixated on mothers thereafter, regardless of whether the men involved were seen as resources and/or risks. Borrowing from the language of Strega et al. (2008), the biological fathers in this study were classified in relation to their daughters’ safety and well-being as follows:

**Case 1.** Potential asset.

**Case 2.** Potential asset and potential risk.

**Case 3.** Neither asset nor risk.

**Case 4.** Risk.

One nonoffending father was completely absent from his daughter’s life and, thus, constructed as irrelevant in the texts through silences. In each of the two cases where a nonoffending, nonresident, biological father was present, early paternal engagement by CPS was initiated by the victim, and the nature and extent of subsequent paternal involvement was discretionary based on the quality of compulsory maternal care. In other words, these fathers were there, at least initially, because circumstantial necessity demanded them to be there. Although speculative, contact with these fathers would likely have been deemed irrelevant had the mothers proven themselves to be adequately protective. There was minimal documentation in

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72 Most of the remaining 17 cases involved single fathers and were, therefore, filed under the paternal name.
the files describing the level of paternal involvement or quality of the father-daughter relationship prior to the discovery of CSA, but it was quite apparent that they played a subsidiary role. Both fathers assumed temporary care of their daughters during the initial forensic phase of the investigation, thus filling a nontraditional gender script. While their functions as full-time caregivers were short-lived and their ongoing responsibilities in protection were minimal or nonexistent, their brief contributions to basic caregiving were, in a sense, regarded as heroic actions deserving of praise.

Even when nonoffending fathers were present, most CPS interactions targeted mothers, whose roles in childcare and protection were, in contrast, considered fundamental obligations. For example, in one case file, there were 10 direct (telephone conversations or face-to-face meetings) or attempted (telephone messages or home visits with no answer) contacts with the nonoffending mother by a caseworker documented within the first 30 days of the investigation, and only two contacts with the nonoffending father during the same time period, despite his shared role in parenting. There was, however, some evidence in the files of resistance to this pattern, reflecting contemporary discourses of involved fathering. As illustrated by the following case note, one worker made a concerted and compassionate effort to foster a father’s relationship with his daughter:

*I acknowledged that he approached his daughter from a place of wanting to protect her, loves and cares for her, and never did I question his love for his daughter…. I said that I am fighting with him for his relationship with his daughter…. He seemed to understand where I was coming from. He said that he knows that I am doing my job, and that I care about what happens to his daughter.* (Case 2)

This text conveys a sense of mutual empathy, something that was missing from most documented accounts of worker-mother interactions. Despite his history of physical violence toward his ex-wife and daughter (and related risks), this father was clearly regarded as a potential asset and engaged in meaningful ways (e.g., invited to family group conferences, referred to parenting support programs). Nonetheless, the worker was unsuccessful in her
attempts to encourage him to take the necessary steps to assume a primary role in caregiving for the long-term, resulting in a court petition for permanent state custody. Thus, as this case file analysis highlighted, the scope of the problem stemmed beyond paternal engagement by child welfare. Even when engaged by workers, there was a general lack of parenting preparedness and willingness on the part of fathers, as suggested by the following court recording and case disposition:

[Anna’s] father, [John] presents as supportive however he does not appear to have a significant or influential relationship with [Anna].

[Anna’s] father is willing to have his daughter in his care, however, the parent-teen conflict between [Anna] and her father has strained their relationship to the point where they require therapeutic services to repair the relationship. Furthermore, [Mr. Edwards] recognizes that his parenting skills for a teenage female are lacking and that he requires some intervention to begin to further improve on these skills. To date, however, he has not followed through with attending a father’s group through [counselling agency] and has not made himself available to discuss a plan for his daughter. (Case 2)

These texts locate themselves in contradictory positions. The challenges of promoting involved and responsible fathering in child welfare have their roots securely planted in gender-based ideologies of part-time fatherhood (and full-time motherhood). The nonoffending father in this case had not acquired the skills or confidence to parent effectively prior to his daughter’s sexual abuse disclosure and, unsurprisingly, failed when thrust into the role postabuse. When actively engaged by child welfare, he disengaged. He absolved himself of his responsibilities during a time of need, perhaps consequent to his internalization of the socially prescribed paternal function in caretaking as discretionary. The same might be said about the nonoffending father in the other failure to protect case; however, his presence became so backgrounded in the texts that any conclusions regarding paternal capacity pre or postabuse would be conjecture. His gradual invisibility coincided with ever-present maternal visibility.
Another theme emerging from the case file analysis was the pervasively limited purposeful and constructive engagement by CPS with the sexual abuse perpetrators, also father-figures, particularly in the early stages of child welfare involvement. They were the chief domain of law enforcement at the outset. There was no documentation in the files to indicate that child protection workers conducted any direct assessment of the perpetrators during the forensic investigation phase, despite them being the main cause for safety concerns and direct source of future risk. This appeared to be the case regardless of whether they remained in the home with access to younger siblings or were removed from the home with the authority of a no-contact order.

Subsequent CPS attempts to communicate with perpetrators in relation to access visits, reunification, or case planning were often met with avoidant or resistant behaviours (e.g., not returning phone calls, not attending meetings, not complying with requests for information). Some of these attempts were filtered through the mothers, who were, at times, positioned in a gatekeeping role between workers and perpetrators. This was evident in the following case note describing a home visit, during which a worker communicated directives for the perpetrator via the mother:

_I reminded her [mother] if he [father] wants to see the children to call me and I can arrange on going access visits at the office and fully supervised. I also reminded her he cannot see them directly and cannot come home. Regarding the programs he did, I asked her to let him know we need to talk and he needs to provide all the information regarding conditions, and programs he attended._ (Case 1)

Important to note here is the apparent disregard for this mother’s safety given the perpetrator’s extensive (substantiated) history of physical violence toward her. This mother presented as quite passive and compliant in most of her documented interactions with CPS. In contrast, another mother demonstrated some resistance to the imposed gatekeeping function by redirecting the worker to communicate directly with the perpetrator:
I called mother and left a v/m [voicemail message] indicating that I received her message and was not sure if she has been receiving mine. I asked that she call back as I have a number of things to discuss with her.... would like to arrange to serve her husband with the court documents.

Mother informed that her husband's cell number is [XXX-XXX-XXXX] and that I can call him to arrange to serve him with the court documents. (Case 2)

There was no textual evidence of mothers willfully obstructing CPS access to fathers or perpetrators in any of the case files reviewed. To the contrary, they seemed to nurture the involvement of fathers and took valiant steps to facilitate access to perpetrators, even if it came with risks to their own safety and well-being.

A related observation was the quantity of information systematically recorded in the files about fathers and perpetrators, which, in comparison to mothers, was proportionally less. This was especially evident for men without a biological or legal relationship with the victim. The paternal details that were documented, such as their history, whereabouts, and even intentions, tended to be based on maternal report in the absence of independent confirmation. Relying on the secondhand accounts of mothers is grounded in the good faith assumption of forthcoming and truthful reporting and discounts the need for direct child welfare contact with men. This finding could be partially explained by the division of law enforcement and child welfare functions in forensic investigations, and examination of police records would likely reveal additional information collected directly from the accused. Regardless, the implementation of a joint investigation protocol between police and child welfare in this region, and ongoing child protection concerns related to the perpetrators’ continued access to children should have demanded more direct and meaningful child welfare involvement with these men.

As extrapolated from the literature (Brown et al., 2009; Maxwell et al., 2012; Strega, 2009; Zanoni et al., 2013), such avoidance may signal valid fears or a lack of preparedness among (female) caseworkers to effectively work with men, particularly violent men who may pose a threat. While not to suggest explicit intent on the part of individual workers, the consequences
of gendered child protection practices are amplified expectations and scrutiny of women, simultaneous erosion of men’s accountability, and maintenance of patriarchal social order.


Firmly established in child welfare legislation, child-centred discourse that underscores the paramountcy of child protection and well-being manifests at the level of child welfare policy and practice in the form of swift investigation and intervention – not only when a child has been, or is suspected to have been, maltreated, but also when a child is believed to be at risk of harm or maltreatment. The infiltration of risk discourse in modern-day child welfare is reflective of a broader societal shift from faith-based thinking to scientific reasoning, and parallel movement toward conceptualizing uncertainties in terms of potential dangers and liabilities. In his ‘risk society’ paradigm, Beck (1992, 1999) chronicles the growing awareness and relevance of risk as a systematic way of dealing with endless hazards and insecurities, both real and socially constructed, over the past several decades of modernization. The observable increase in risk semantic coincides with key historical events and corresponding sociocultural and institutional shifts (Zinn, 2010). Motivated by fear-based anxieties, detecting and managing risk have become fundamental to our collective pursuit of order and control.

Risk is an ideologically-loaded construct with multiple meanings contingent on social context, political agendas, and moral functions. The concept of risk is, therefore, an arbitrary one existing only to the extent of theoretical applications and socially imposed categories, with or without an empirical link. As cultural, legal, and scientific discourses evolve, so do our constructions and reconstructions of risk formulations. Nevertheless, our current understanding of risk in child maltreatment originated from the positivist-oriented disease model assumption that risks can be effectively predicted, identified, diagnosed, treated, and controlled (Parton, 1996, 1998). Legitimized through empirical research, discourses of risk rely

73 Risk of maltreatment and risk of harm (from maltreatment) are conceptually and operationally discrete; however, the terms are, at times, used interchangeability in this thesis for simplicity.
on a conviction of scientific certainty and have drastically reconfigured child protection work (Swift & Callahan, 2009).

5.6.1. Institutionalizing risk in child protection processes: A preoccupation with probabilities? The rapid detection and mitigation of risk have become deeply entrenched organizing principles in all aspects of child welfare (Munro, 1999; Swift & Callahan, 2002, 2009; Webb, 2006). To illustrate the materialization and institutionalization of risk discourse, a frequency count of the term “risk” was performed for each of the six provincial child welfare documents reviewed in this study. As presented in Table 4, 639 instances of “risk” appear throughout the 480 pages of text, remarkably so in the child protection practice standards and instruments, wherein it is repeated 596 times – though defined discrepantly and applied inconsistently. The social production and reproduction of certain ideas through the repetition or overlexicalization of selected words and phrases offer evidence of strong discursive patterns, rendering this a significant observation.

Table 4

Frequency of the Term ‘Risk’ in Child Welfare Texts

<table>
<thead>
<tr>
<th>Child Welfare Document</th>
<th>Risk†</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child and Family Services Act (125 pp)</td>
<td>22</td>
</tr>
<tr>
<td>Child Welfare Transformation 2005: A Strategic Plan for a Flexible, Sustainable and Outcome Oriented Service Delivery Model (27 pp)</td>
<td>19</td>
</tr>
<tr>
<td>Child Protection Standards in Ontario (92 pp)</td>
<td>182</td>
</tr>
<tr>
<td>Ontario Child Welfare Eligibility Spectrum (113 pp)</td>
<td>210</td>
</tr>
</tbody>
</table>

† Plus suffixes.
Risk is a particularly salient concept in the current analysis since child welfare interventions and judgments of maternal capacity to protect are firmly grounded in the perceived level of immediate and future sexual abuse risk posed to the child. Like best interests standards, considerations of risk are engrained in legislative definitions of a child in need of protection. Only children meeting one or more of these criteria are subject to involuntary child welfare intervention, making this another key legal concept. According to section 37 (2) of the CFSA, a child is in need of protection where:

(a) the child has suffered physical harm, inflicted by the person having charge of the child or caused by or resulting from that person’s,
   (i) failure to adequately care for, provide for, supervise or protect the child, or
   (ii) pattern of neglect in caring for, providing for, supervising or protecting the child;
(b) there is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person’s,
   (i) failure to adequately care for, provide for, supervise or protect the child, or
   (ii) pattern of neglect in caring for, providing for, supervising or protecting the child;
(c) the child has been sexually molested or sexually exploited, including by child pornography, by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual molestation or sexual exploitation and fails to protect the child;
(d) there is a risk that the child is likely to be sexually molested or sexually exploited as described in clause (c);....
(f) the child has suffered emotional harm, demonstrated by serious,
   (i) anxiety,
   (ii) depression,
   (iii) withdrawal,
   (iv) self-destructive or aggressive behaviour, or
   (v) delayed development,
and there are reasonable grounds to believe that the emotional harm suffered by the child results from the actions, failure to act or pattern of neglect on the part of the child’s parent or the person having charge of the child;…..

(g) there is a risk that the child is likely to suffer emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv) or (v) resulting from the actions, failure to act or pattern of neglect on the part of the child’s parent or the person having charge of the child;…..

As reported in Table 2, of the three case files reviewed in this study involving child protection applications to the court, all cited clause [d], “there is a risk that the child is likely to be sexually molested or sexually exploited,” as grounds for needing protection, in addition to clauses [b] and [c] in two cases each, and clauses [a] and [g] in one case.74

Risk is generally measured in terms of statistical probabilities. While degree of risk is not specifically quantified in the above legislative clauses or subclauses, the noun “risk” is grammatically linked to the adjective “likely,” meaning more probable than not. That is, a child is considered in need of protection when the probability of future harm/maltreatment is projected to be more likely than unlikely to occur. To commence child protection proceedings, the CFSA stipulates that the child must be deemed in need of protection, in addition to there being “substantial risk to the child’s health or safety” [sections 40 (7), 41 (4)] – the threshold for intervention, therefore, being substantial risk, psychological or physical. Although impossible to gauge with any precision, the quantifying term “substantial” implies an ample amount of risk – more than just a tip of the scale. All risk connotes danger. The threat of a child being sexually molested or exploited, however, tends to trigger a state of panic and elicit a heightened level of concern, compared to other equally harmful yet less anxiety-provoking forms of maltreatment.

74 Refer to the CFSA for a complete reading of the legislative definition of a child in need of protection, as this represents a partial list of clauses relevant to this study.

75 While the case involving verified voyeurism seemed to have met criterion for sexual exploitation, including by child pornography (as per the 2008 repeal of clause [c]), clause [c] was not cited in the court documentation. Instead, clauses [b] and [d] were claimed, both referring to risk, including risk related to caregiver (maternal) failure to protect. The reason for this was unclear to me, but could denote an inconsistent application of the law or inaccurate conceptualization of noncontact sexual abuse.
In CSA policies and practices, probabilistic thinking naturally translates to no, or extremely low, tolerance for risk of recidivism.

In the pursuit of professional legitimization through empiricism, social work and social welfare have been “marked by a desire to be scientific” (Irving, 1992, p. 9) and, with the advent of technologies, a corresponding movement toward evidence-based practices (Gambrill, 2003). In child welfare, this quest has driven the field in the direction of more objective and formulaic methods of identifying and measuring risk to offset human error. In an effort to manage the uncertainty and ambiguity intrinsic to child protection work, empirically-derived protocols for systematically estimating the likelihood of future maltreatment have been widely adopted across Canada. In the Ontario child welfare system, the last two decades have witnessed the development, implementation, and evaluation of standardized approaches to safety and risk assessment. The original consensus-based Ontario Risk Assessment Model offered a structured and rational approach to decision-making that complemented professional judgment (MCSS, 1997, 2000); however, evidence did not strongly support its continued use (Barber, Shlonsky, Black, Goodman, & Trocmé, 2008), and it was subsequently replaced by the actuarial model discussed below.

A key element of the child welfare transformation agenda was the implementation of a more flexible intake and assessment model, known as differential response, wherein alternative responses and resources are distributed according to identifiable risks (MCYS, 2005). The Child Protection Standards in Ontario (MCYS, 2007a) provide the mandatory framework through which the Ontario Differential Response Model is implemented. Philosophically, the model “integrates the art and science of child protection service” (p. 2), with the goals of fostering engagement, building upon strengths, and bolstering support, while upholding a

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76 Systems of differential response, also known as alternative response, have been adopted by jurisdictions across the United States, Australia, and Canada since the mid-1990s, with positive results in the areas of family engagement, worker satisfaction, response times, and community involvement, without compromising child safety (Kyte, Trocmé, & Chamberland, 2013; McKenzie, 2011). As noted, curbing growth and costs have been the most tangible effects of differential response in the Ontario child welfare system thus far, although unexplained variations have been observed between comparable communities (Commission to Promote Sustainable Child Welfare, 2012). Prospective, longitudinal child outcome data are not currently available.
strong focus on child safety, well-being, and permanence – further institutionalizing the struggle between the competing and conflicting discourses of helping and protecting. Differential response offers specialized tracks of service based on the type and severity of maltreatment (i.e., level of risk) and unique needs of the child and family. Referrals can be diverted into one of two streams: 1) a ‘traditional’ protection investigation for severe cases that are higher-risk and/or where a criminal assault is alleged, warranting the ascertainment of facts in a legally defensible manner; or 2) a ‘customized’ approach for lower-risk cases that call for a less intrusive response. While “both approaches should be as family-centred and strengths-based as possible to facilitate a satisfactory worker-client relationship” (MCYS, 2007a, p. 25), the latter promotes a more collaborative and less adversarial interaction, and enables voluntary provision of support services in cases that may not have otherwise surpassed an arbitrary threshold for intervention.

Although there is some discretion in decision-making, reports of CSA generally imply the possibility of a criminal offence requiring forensic evidence collection with law enforcement and, therefore, tend to be screened into the traditional track and serviced accordingly. However, in each of the four child protection case files reviewed in this study, it was documented that a customized (vs. traditional) approach was planned, despite referral allegations of a criminal nature and police involvement from the outset. In the failure to protect cases, the urgent response dispositions, components of the joint police and child protection investigations that ensued, subsequent risk classifications of moderate-high, and intrusive interventions involving court-ordered supervision and placement in care were far more consistent with a traditional (vs. customized) pathway to service. Although there is room to change the approach decision throughout the investigation (MCYS, 2007a), there was no record of an adjustment in any of the cases. The reason for this initial discrepancy was unclear to me, but could point to the need for a structured assessment instrument to assist workers with accurate and consistent differential response decision-making. Such a tool would complement, not replace, professional judgment.
As per the Child Protection Standards in Ontario (MCYS, 2007a), the Ontario Differential Response Model integrates “state of the art” (p. 2) standards and practices with a set of “next generation” (p. 2) clinical tools to comprise Ontario’s Child Protection Decision-Making model. The Ontario Child Protection Tools Manual (MCYS, 2007b), containing the Ontario Safety Assessment, Ontario Family Risk Assessment, Ontario Family and Child Strengths and Needs Assessment, Ontario Family Risk Reassessment, Ontario Reunification Assessment, and specialized supplementary screening tools, in addition to the Ontario Child Welfare Eligibility Spectrum (OACAS, 2006), a pre-existing but revised stand-alone companion tool, were issued into effect by policy directive in 2007 (MCYS, 2007c). Revisited later in this chapter, this study’s failure to protect analysis concentrated on relevant sections of the Ontario Child Welfare Eligibility Spectrum and Ontario Safety Assessment. The Ontario Family Risk Assessment is discussed next. The Ontario Family Risk Reassessment and Ontario Family and Child Strengths and Needs Assessment are also considered here, though in less detail.

Intended to improve accuracy, consistency, objectivity, and accountability, standardized assessment tools assist in meeting legislative requirements, making decisions in the best interests of the child, prioritizing resources, and enabling appropriate allocation of services (Christianson-Wood, 2011). With the ultimate goal of filtering out higher-risk cases from the rest, proceduralized risk assessment processes aim to accurately predict the probability of future events based on the presence or absence of known risk factors, for the purpose of enacting control over those events. The notion of risk is particularly appealing at the policy level. The Child Protection Standards in Ontario (MCYS, 2007a) advise that all children and families receiving child protection services in Ontario should be “universally screened for risk of future maltreatment” (p. 45). Here, risk is defined as:

> An estimation of the likelihood of future child maltreatment due to family characteristics, behaviour or functioning and/or environmental conditions.

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77 Ontario’s Child Protection Decision-Making model is based on the Structured Decision-Making model developed by the Children’s Research Center in Wisconsin (MCYS, 2007a). Required tools were validated in their home jurisdiction of California before being extensively reviewed and modified to make them relevant to the Ontario context (MCYS, 2007b).
Risk of maltreatment exists on a continuum from low to high risk. Some risk of maltreatment is present in every family even if it is very low. Child protection services are required when the risk of future maltreatment is more likely than not. (p. 47)

Informed by a positivist understanding of risk, the Ontario Family Risk Assessment is a brief, forward-looking actuarial tool for estimating the likelihood of future occurrences of child maltreatment in a family setting at a certain point in time (MCYS, 2007a). It is both a time-bound process and a clinical document intended to be completed prior to the verification decision and conclusion of the investigation (within one month of receipt of the referral) to guide case dispositions, in conjunction with other sources of information. In cases receiving ongoing child protection services where the child remains with the original caregiver, risk reassessments are used to evaluate whether there has been a change in risk of harm at each six-month case review, when case closure is considered, and when a case is transferred to a new worker (and the previous assessment was conducted more than three months ago).

Drawing on technical-rational discourses, the Ontario Family Risk Assessment consists of empirically-based, fixed categories of risk that have been weighted to produce a valid estimation of likelihood of abuse or neglect recurrence, resulting in a statistically-computed, numeric rating of risk – corresponding to low, moderate, high, and very high – with some room for narrative (MCYS, 2007b). There are two distinct 10-factor indices for abuse and neglect. Despite similar primary and secondary reasons for service, inconsistencies were noted in the case file analysis with regard to risk assessment indications of the current complaint. In one case, both abuse and neglect indices were completed, whereas only the abuse index was completed in the others. Of the case files reviewed, the initial risk assessment in one case computed an overall rating of high-risk, while the others were moderate-risk. Interestingly, despite receiving the same risk rating as two of the three failure to protect cases, the negative case had a drastically different outcome than the others (case closed at intake vs. court-ordered supervision or state care). Possibly reflective of the known tendency for workers to ignore risk assessment scores in case planning (Gillingham & Humphreys, 2010), dispositions appeared to
be based predominantly on disparate perceptions of maternal protective capacities to reduce or eradicate risk, rather than calculated risk.

One of the items included in the abuse index of the Ontario Family Risk Assessment that was originally thought to be of particular relevance to this analysis was “primary parent/caregiver’s assessment of incident” [A5] (MCYS, 2007b, p. 30), which is endorsed when the primary parent/caregiver blames the child for the incident and/or justifies the maltreatment of the child. However, only one of the four initial risk assessments received a positive score for this item, possibly suggesting that maternal postdisclosure response (emotional support beyond physical protection) was not deemed to pose a significant risk.

Risk classifications can be adjusted to a higher (but not lower) score than the one computed to account for discretionary considerations and are, without exception, increased to very high-risk in situations where set overriding conditions are present. The first overriding condition is listed as “sexual abuse case AND the perpetrator is likely to have access to the child victim” (MCYS, 2007b, p. 35), though it was not endorsed in any of the four initial risk assessments or multiple risk reassessments reviewed, surprisingly. Computed risk ratings in subsequent assessments were, however, commonly increased at the discretion of workers based on individual case (and/or worker?) characteristics. For example, in one case, three risk reassessments scored overall ratings of low-risk, two of which were later adjusted to moderate-risk by the worker. Discretionary ratings allow for practice wisdom, clinical complexities, and case ambiguities to be taken into account. They also open a window through which personal biases and value judgments can enter.

With that said, the Child Protection Standards in Ontario (MCYS, 2007a) clearly articulate that the Ontario Family Risk Assessment is meant to be integrated with other sources of information and to “aid, not substitute for the exercise of professional judgement as to risk of future harm to a child” (p. 45). Even the most psychometrically-sound instruments must amalgamate professional agency and sensible clinical deliberations within an evidence-based framework to maximize their effectiveness (Schwalbe, 2008; Shlonsky & Wagner, 2005). With the exception
of the negative case, however, there was little evidence in the case files of workers clinically engaging mothers “in a purposeful conversation regarding their unique circumstances…. allowing them to ‘tell their story’ in their own words” (p. 46), in order to facilitate a more effective and collaborative assessment of risk, as intended. Thus, valuable information that might have emerged from a rich clinical interview was lost. In contrast to the above noted disregard of risk ratings in case outcomes, there was also some suggestion in the files of overreliance on electronic calculations of risk in the apparent absence of clinically meaningful engagement:

Informed [Ms. Martin] of her situation being identified by computer program as high risk. Informed her a high risk conference was scheduled for [date] and informed her it was for consultation. Informed her of visiting her every two weeks until her situation is declassified. She was okay with this. (Case 3)

Constituting positivist discourses of risk and a one-way flow of dialogue, the technical, diagnostic, and almost robotic tone of this recording may represent an attempt at professionalization, but resonates short of collaborative practice, effective engagement, and critical thinking. If the written mirrors the oral, this file excerpt highlights a common critique of approaches to risk assessment that unwittingly promote dependence on checklists without the foundational knowledge and clinical competence to make sense of complex circumstances, potentially resulting in the ‘deskilling’ of workers (Swift & Callahan, 2009).

Despite the use of validated measures, risk appraisals among child protection workers can be highly variable (Regehr, Bogo, Shlonsky, & LeBlanc, 2010), drawing attention to the individual subjectivity inherent in interpretations and reinforcing the importance of clinical skill development and application. Generally speaking, statistically driven risk assessments fail to identify clinical complexities and broader needs that are critical to developing responsive interventions. Thus, in addition to an empirical probability assessment of risk, a comprehensive, contextualized assessment of the child and family is essential for problem identification, case planning, and family engagement (Shlonsky & Wagner, 2005). However, key distinctions
between risk and need tend to be poorly defined in child welfare (Schwalbe, 2008). Subject to further analysis later in this chapter, consideration of socially contextualized, chronic needs and assets appeared perilously deficient in the failure to protect case file review. While the Ontario Family and Child Strengths and Needs Assessment offers a template for exercising clinical judgment of strengths and needs, it is a distinct assessment completed after a case has been transferred for ongoing services (MCYS, 2007b). The findings of the strengths and needs assessment, therefore, do not inform the risk rating or initial case disposition, causing somewhat of a fragmented process beginning with an investigative phase that is predominantly deficit-based.

That being said, actuarial risk assessment models have been shown to outperform clinical judgment in producing valid and reliable estimations of future behaviours (Baird & Wagner, 2000), though not infallibly (Baumann, Law, Sheets, Reid, & Graham, 2005).78 As reviewed in Chapter 3, most known biopsychosocial correlates of abuse are statistical markers of multiple adverse outcomes and are, therefore, insufficient to imply causal pathways. The accuracy of risk classifications in child welfare tends to be relatively low, with most errors committed in the form of false positives (Fluke & Baumann, 2013) – the ethical, legal, and psychological costs of which can be profound. Potentially even more hazardous, however, are false negatives, wherein child safety may remain in jeopardy.

There is little robust evidence to show that the risk assessment instruments commonly employed in child welfare effectively tap into the unique dynamics of sexual offences (Levenson & Morin, 2006). As noted, there are two distinct indices for abuse and neglect in the Ontario Family Risk Assessment, yet the same tool is administered irrespective of the various subtypes of abuse and neglect. Some of the risk factors for CSA, sex offender recidivism, and reports of recurrence, however, are operationally distinct from those shown to be empirically predictive of other forms of child maltreatment, casting doubt on measurement accuracy and relevance.

While research suggests that the Ontario Family Risk Assessment is able to sufficiently predict

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78 Because this analysis narrowly focused on discursive aspects of child welfare policy and practice relevant to the study’s aims, the empirical validity of risk assessment models is only briefly considered here.
and detect child maltreatment recurrence (Lee, Sanfelici, Black, Shlonsky, & Fallon, 2014), it is less certain whether predictive capacities vary depending on primary and secondary maltreatment typologies.

5.6.2. Governmentality, rational science, and value imposition: The social and political relations of risk. Foucault’s (1977, 1991) conception of governmentality offers a useful frame for this critical analysis of risk discourse in child welfare. The notion of governmentality refers to the state’s reliance on diverse social actors and institutions to direct human behaviour through a wide range of organized practices, procedures, and techniques in the calculated pursuit of state interests and objectives. Governmentality “does not reduce the exercise of political power to the actions of the reified sovereign state, but draws attention to the range of mechanisms whereby different groups and forms of knowledge regulate, and thereby construct and constitute, the lives of individuals, families and the community” (Parton, 1998, p. 8). Governing techniques operate through and upon individuals, therefore making individuals objects of knowledge and subjects enabled to conduct themselves in recognizable ways. One such technique relevant to this analysis is normalization, where generalized norms are constructed in order for individual uniqueness to be characterized, standardized, and corrected to maintain a well-ordered society (Foucault, 1977).

Child welfare agencies occupy the critical space between state and individual. As agents of the state, child protection workers exert their authority with governing technologies, such as systems of risk assessment, to regulate and adjust the behaviours of families (i.e., mothers) until they are in line with societal expectations. Often conflated with danger, dominant discourses of risk provide a means to this end. This occurs in the sociopolitical context of neoliberal governmentality, which coercively shifts social risks and responsibilities onto the rational individual, thus displacing the true source of the problem and sanctioning the state’s retreat from its social welfare obligations.

The social construction of risk discourse has been enthused largely by fear-based governing and has become an important mechanism for social control and scarce resource allocation in the
face of stagnant or diminishing budgets. This paradigm discounts the need for equitable distribution of public services among all citizens. When the foremost goal of the child welfare system is to accurately identify the minority of children at greatest risk of future maltreatment (then intervene accordingly), the foremost function of child protection workers becomes to survey (then circumvent) risk in a logical and systematic way. Risk assessments, according to Christianson-Wood (2011), are misused when they justify rationing services, serve as a quick fix for complex problems and system inadequacies, function as a proxy for change in how child welfare work is conducted, substitute for training and experience, shift culpability for negative events onto individual workers, and offer a defence against liability. These applications are, however, not uncommon in increasingly litigious, individualistic, and resource deficient child welfare systems.

The idea that an abstract concept, such as risk, is something that can be scientifically located and effectively eradicated through concrete measures is somewhat of a misnomer, at least some of the time. Though largely perception-based, standardized measures of risk give the impression of empirical objectivity in a social context where science is positioned at the top of the knowledge hierarchy. Child protection decisions and interventions tend to be legitimized with quantitative evidence of risk primarily and clinical judgment secondarily. Inclusive only of what can be, and is, pragmatically known, tools for assessing risk are inevitably infused with value judgments and are, thus, subject to interpretation. In Giles’ (2012) analysis of the social production of a risk society, risk in child welfare is considered an “arbitrary concept divorced from material considerations” (p. 6). With little structural analysis, risk assessments tend to focus their gaze on individual deficits, therefore removing the person from her social environment and de-emphasizing strengths. For example, of the 10 items included in the abuse index of the Ontario Family Risk Assessment, six measure child, caregiver, or family characteristics, and the remaining four measure maltreatment-related characteristics (MCYS, 2007b). Binary risk criteria reflect and reinforce oppressive relations of gender, race, and class, while concealing the ideological and material conditions of mothering (Krane & Davies, 2000; Swift & Callahan, 2009). Though rarely acknowledged, there is an undeniable connection between discourses of risk and constructions of morality, blame, and power.
Regardless of rational intent, risk assessment knowledge is contested knowledge. As noted, there is weak consensus about whether standardized risk assessments lead to good decisions and better outcomes for sexually abused children and their families. The type and extent of errors considered more or less acceptable are, in themselves, value judgments. Liabilities and mandated actions only exist insofar as risks are identified and documented. Thus, the priority inevitably becomes making defensible decisions, not necessarily the right decisions (Parton, 1998; Scourfield & Welsh, 2003) – and defensible decisions are those in which mandatory procedures were followed as prescribed. As acknowledged by ministry officials, “a high standards compliance rate however, does not necessarily mean that children are better protected or that their well-being has measurably improved” (MCYS, 2005, p. 17). With overemphasis on developing scientific methods of detecting risk and adhering to protocols comes an underemphasis on executing sound risk reduction plans, which is, arguably, the crux of child protection work. This was, indeed, a key observation in this study, where mother-centric assessment of risk played out in isolation of effectual intervention strategies that mitigated risk, while upholding the best interests of the child. A child welfare system that prioritizes the systematic identification of arbitrary risks imposed by bad or failed mothers over emotional and material needs achieves little else:

With an increasing lack of funding and resources, what to do once the risk has been identified becomes superfluous. Success is then determined by effective identification strategies. The Ontario child welfare system has effectively adopted and prioritized the arbitrary, making the risk management systems the focus, rather than what they purport to be managing. The initial goal of protecting children becomes lost in this discursive debate. (Giles, 2012, p. 6)

With the growth of scientific managerialism, compliance with compulsory protocols demands an inordinate amount of time for administrative and procedural requirements, leaving
considerably less time for meaningful clinical engagement. Moreover, standardized templates are intricately linked to rational systems of accountability (audit mechanisms), in place of the trust once afforded to child welfare professionals. In a sense, the meanings embodied in these bureaucratized processes stand in contradiction to the core value base of social work, yet homogenization discourages workers from critically questioning its goodness-of-fit with the philosophical underpinnings of the work.

5.6.3. Mothers as the embodiment of risk, target of blame, and agent of change.

Discourses of risk gain their power by drawing from dominant sociocultural ideologies of individualism and blame. Through a broad ecological lens, however, there are multilevel, static and dynamic, theoretical and empirical sources of risk that coalesce in the aftermath of CSA, manifesting both within and beyond the individual:

- Risk of sexual, physical, and emotional harm to the child if sexual abuse recurs as a result of perpetrator access, inadequate protective action by a nonoffending mother or father, the child’s own biopsychosocial vulnerabilities, or deficient child welfare/criminal justice system responses.
- Risk of perpetrator recidivism due to his own biopsychosocial characteristics, free will, or inaccessible/ineffective treatment programs.
- Risk of emotional harm to the child related to an unsupportive maternal or paternal response postabuse, or placement in state care due to perceived failures in parental protection.
- Developmental risks to the child stemming from child or caregiver nonadherence with available counselling services postabuse, or inaccessible/ineffective prevention/intervention resources due to social welfare reforms and spending cuts in the context of neoliberal governing.

Good record keeping is important. However, following the implementation of standardized approaches, frontline child protection workers reported that excessive paperwork left less than one-third of their time for face-to-face contact with children and families (Dumbrill, 2005; OACAS, 2001).
- Risk of physical, emotional, economic, legal, and social harm to the nonoffending mother emerging from professional attributions of maternal blame, unrealistic expectations of immediate and enduring protective action, loss of child custody, socioeconomic marginalization, or unresponsive institutions – thus compounding risk to the child.
- Overarching systemic risks grounded in patriarchal ideology, age- and gender-based inequalities, condoned cultures of violence, or paternalistic policies and practices.\(^{80}\)

Accordingly, formulating a sound judgment of all types and sources of risk requires a comprehensive assessment integrating multiple sources of information from all levels of social ecology, the complexity of which defies simplified checklists and fleeting timeframes. Herein lies the crux of the problem. Despite existing across the span of the ecosystem, the construct of risk in each of the child protection case files reviewed in this study was circumscribed almost exclusively to maternal (in)action, (un)knowing, and (ill)intent – past, present, and future. Largely disregarding perpetrator and environmental risk factors, all risk assessments, risk reassessments, risk reduction plans, and court petitions narrowly concentrated on individual mothers.\(^{81}\) As there was no indication whatsoever that any of the mothers were complicit or collusive in the abuse, notions of risk were grounded in maternal (in)capacity to protect. Theoretically and operationally, future risk appeared to be conceptualized primarily as the likelihood of CSA recurrence consequent to maternal inability or unwillingness to prevent physical contact with the perpetrator (posing risk to the child’s physical safety), and secondarily as unsupportive maternal responsiveness (posing risk to the child’s emotional well-being). The latter, based on presupposed clinical and empirical knowledge of the impact of maternal response on child well-being, garnered significantly less attention in the files.

As captured in the following case recording of a home visit, sexual abuse risk was entirely contingent on maternal willingness to protect the children, including the younger, nonabused

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\(^{80}\) This list represents a brief summary of my understanding of risk based on an integration of empirical, theoretical, and clinical knowledge.
\(^{81}\) In one case, risk reassessments focused on the mother even after her daughter was removed from her care, which goes against the intended use of the tool (MCYS, 2007b). Although the rationale was not clearly documented, this may have been due to the fact that there was a younger, nonabused sibling who remained in maternal care.
siblings of the victim, from further contact with the perpetrator, their (step)father, upon his release from custody:

We discussed about [Michael] and how she is willing to protect her kids from other incident. [Kate] indicated if they reunite and something like that happen again, she will ask him to move. I told her, she is placing herself in the situation that this could happen again. The thing is how we can prevent that, and not allowing further incidents. [Kate] was confused and indicated she needs sometime to think about this. I told her I understand how difficult the situation is for her, but we have to plan for the future and how she will protect her children. I told her we will have this conversation again in 3 months, and I hope she will present a plan to me regarding her children and how she is going to protect them. She agreed. (Case 1)

Three months later....

I reminded her that 3 months ago we talked about what is her plan to protect her children from [Michael] when re released. She said she will watch them closely. She will talk to her mother to watch the kids while she is working.... We discussed about preventing versus acting afterwards. I told mom I need to hear a plan to prevent the children from being harmed, I need a plan where mom will protect the kids before any incident occurs, and no acting after anything occurred. (Case 1)

In both of these case file excerpts, and elsewhere in the recordings, sexual abuse was represented passively and without agency, meaning that it was referenced with nondescript language, such as “incident,” without directly identifying the act of abuse or the person responsible for committing the act of abuse. In contrast, an active voice was used in several places to unequivocally link the act of protecting (or failing to protect) to the mother. Whether consciously or not, the worker effectually reinforced maternal responsibility for diminishing risk (and maternal fault for unsuccessfully eliminating risk), while masking perpetrator accountability for abusing. Also noted were a number of linguistic contradictions. For example,
use of the plural pronoun “we” in the statement “how we can prevent” further incidents (of abuse), implied that risk reduction was intended to be a collaborative effort. However, this was preceded and followed by several directive speech acts using the singular pronoun “she,” which firmly situated personal agency with the mother. Here, risk was explicitly defined in terms of maternal willingness to protect, rather than ability to protect. Explored in further detail below, this lexical choice presumed that options were available and, thus, protection was simply a matter of personal preference and could be achieved through better decision-making or more effort. Maternal responsibility for eliminating risk was assigned in the absence of contextual considerations and with no help to develop or execute a realistic protection plan. In disregard of her efforts, the mother’s proposed strategies for protection were met with dissatisfaction. Furthermore, should abuse recur in the future, she was avowed by the worker to be “placing herself in the situation that this could happen again.” Thus, maternal blame was preordained, thereby deflecting responsibility away from the perpetrator and curtailing the liability of the individual worker, agency, and system.

In the following quotation extracted from a family court document requesting an order of supervision in the same case, “reasonable grounds” for risk remained firmly situated in maternal behaviour, knowledge, and attitude:

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It is my professional opinion that there are reasonable grounds to believe that the children are at risk, due to the following concerns:

a. [Ms. Smith] was not able to protect her daughter, [Sarah], from her step-father [Mr. Jones] and blamed [Sarah] for the incident.

b. [Ms. Smith] claimed that she did not know about [Mr. Jones’] behaviour.

c. [Ms. Smith] has a history of excusing [Mr. Jones] for all of his past criminal charges.

d. [Ms. Smith] did not follow through with the Society’s recommendation that any access between [Mr. Jones] and her children be fully supervised by the Society....
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(Case 1)
Each of these risk claims were declared with a high degree of authority, yet were based on “professional opinion,” which implies expertise by virtue of professional membership, but with some level of subjectivity inherent in all opinion-based testimony. In each, the mother was positioned as the grammatical agent, meaning that she was actively identified as the cause or initiator of the events. Here, linguistic modality, voice, agency, and rhetoric were used to make a persuasive argument to the court for demonstrating maternal risk, while unambiguously backgrounding perpetrator risk. Grounded in silent discourses of proper mothering and psychology, these reasoning strategies effectively appealed to emotion, ethics, and logic. Underlying these assertions of risk were insinuations of bad mothering that rationalized blameworthiness and legal consequences.

Between these two quotations (case file recording vs. court document), the location of risk shifted from maternal (un)willingness to prevent future abuse to maternal (in)ability to protect from past abuse, and it expanded beyond risk of physical harm (from sexual abuse) to include risk of emotional harm (from unsupportive maternal responsiveness), though not explicitly stated. Current risk was situated in the mother’s past failures in protecting her daughter from an incident that she flatly denied having knowledge of. Drawing upon dominant narratives of what a good mother ‘should’ know and do, the fact that she “was not able to protect her daughter” and “claimed that she did not know” about her husband’s behaviour inferred that she was both culpable for another’s actions and posed ongoing risk to her child for failing to live up to the inflated ideals of motherhood. Use of the transitive verb “claim” was also suggestive of maternal deception or contradiction, thus painting an even more negative portrait of a mother who cannot be trusted. Framed another way, however, this woman was unaware of her husband’s intentions and actions, likely because he did not make them known and she did not have telepathic abilities, and, as a result, she was powerless to prevent them.

In each of the failure to protect cases, immediate sexual abuse risk was eliminated by removing the child from maternal (and, by extension, perpetrator) care. In the two cases where there was a subsequent reunification, ongoing risk was mitigated by close scrutiny and surveillance of maternal behaviours and attitudes in an effort to monitor and control perpetrator access.
Further highlighting the extent of mother-centrism in risk management, three of the four perpetrators received no clinical treatment designed for child sex offenders.\textsuperscript{82} There was documentation to suggest that phallometric testing was considered in one case as a means of objective measurement of future risk posed by the perpetrator, though the outcome was unclear in the available file recordings.

Mothers were, therefore, persuasively generalized as the embodiment of risk and target of blame for failing to perform their protective function up to par, while, paradoxically, being appointed as the primary agent of change. The texts spoke in a tone of relative certainty about precarious matters fraught with uncertainty. The ambiguity of risk was masked by authoritative language describing technical processes, numeric scores, and forensic outcomes justifying courses of action or inaction. Through these textually mediated processes, particular versions of knowledge were conveyed and legitimized as factual truth, while differing versions were simultaneously excluded. Evaluations of maternalistic notions of risk and responsibility seemed to have as their foundation subjective interpretations reflecting a moral stance and fear-based reasoning, rather than an objective and rigorous appraisal of chance of harm, highlighting the influence of the ideologic over the pragmatic.

\textbf{5.7. Manufacturing Mother-Blame: Failure to Protect Discourse in Child Welfare}

Conceptualizing a caregiver’s failure to protect the child in his or her care from avoidable harm as a punishable offence by omission is a relatively new phenomenon in legal discourse, though longstanding in theoretical and clinical discourse. The scope of failure to protect extends to criminal, civil, and child welfare law, and comes with serious penalties for those found liable. Despite widespread application in child welfare policy and practice, the exact origin of \textit{failure to protect} language is somewhat obscure. The earliest known reference to the term in a legal

\textsuperscript{82} Mandated child sex offender treatment customarily requires a criminal conviction, which only one of the four perpetrators had at the time of data collection. Beyond promoting accountability, nonetheless, research cannot establish any positive effect of psychological treatment on recidivism reduction (Grønnerød, Grønnerød, & Grøndahl, 2015).
context, according to Magen’s (1999) search of American law, social work, and psychology databases, was in 1981 in relation to a domestic violence ruling in Illinois (In re Dalton), in which a mother lost custody of her children for failing to leave her severely abusive husband (who threatened to kill her and their children had she attempted to leave). Although failure to protect laws did not emerge in the United States until the mid-1980s, the first criminal prosecution under the principle of failure to protect dates back to 1960 (Fugate, 2001; Lothian, 2002). While the Canadian government has, at various points in history, considered codifying failure to protect in criminal law, as modeled after the American system, the Criminal Code of Canada (R.S.C. 1985) does not contain an explicit provision using failure to protect terminology at present time. However, certain sections of the Code concerning acts of omission can be, and routinely are, judicially interpreted to criminally prosecute caregivers for failing to protect their children from harm regardless of intention (e.g., failing to provide the necessities of life [section 215], criminal negligence [section 219]), signifying the regressive trend of criminalizing child welfare matters. Failure to protect, as a doctrine, has become rigidly entrenched in Canadian criminal law since being introduced in a 1981 Ontario Court of Appeal decision (R. v. Popen) that marked the expansion of parental duty to protect their children from intimate partners (Lothian, 2002).

The first reported case in Ontario (J.[L.A.] v. J.[H.] and J.[J.]) in which a mother was held civilly liable in tort and in equity (breach of fiduciary duty) for failing to protect her daughter from sexual abuse perpetrated by her husband played out before the court in 1993 (Grace & Vella, 1994). The nonoffending mother and offending father, who admitted liability for sexual abuse, were tried together as co-defendants and shared defence counsel, making them indistinguishable in the court of law. The punitive damages awarded were excessively high and not apportioned between the defendants, therefore implying equal blameworthiness. The rationale for the judgment was summarized as follows:

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[83] While none of the mothers profiled in this child protection case file analysis faced criminal prosecution, failure to protect doctrine in criminal law has serious implications for women. A full discussion is, however, beyond the scope of this thesis with its focus on child welfare policy and practice. Refer to Lothian (2002) for a thorough legal analysis, including a critique of the ‘reasonably prudent parent’ standard and use of battered woman’s syndrome as a defence in failure to protect criminal proceedings, wherein the mother was a victim of IPV.
The jury found that the mother had the requisite knowledge of the sexual abuse, and that she failed to take reasonable steps to protect her daughter from it. The judge held that, within her means and ability, the defendant mother was under an obligation to protect her daughter from harm she could reasonably foresee. He found that the mother wrongly put her own interest in maintaining the family unit before her daughter’s best interests. Despite her ‘limited means and education,’ he found that she breached her fiduciary duty to the plaintiff because it was well within her discretion to remove the plaintiff from the abusive environment, or to report the abuse to the authorities. (Grace & Vella, 1994, p. 188)

A full reading of the judgment reveals that the material conditions of this mother’s reality as an abused woman living in poverty, though acting to constrain her choices and power to protect, were not considered significant in the ruling. Gripped by the societal script of the all-powerful mother, justice was blind to circumstance. Against the backdrop of anti-feminist and CSA backlash of the 1990s, this judicial decision set a dangerous and irreversible precedent for nonoffending mothers before courts of law and public opinion.

Grounded in maternalistic discourses of risk and blame, the doctrine of failure to protect in the child welfare system reflects and reinforces narrow ideological constructions of gender and motherhood. Because women continue to assume the lion’s share of childcare responsibilities, they are disproportionately implicated by failure to protect benchmarks. However, to echo Fugate’s (2001) argument, this disparity cannot be explained by caregiving demographics alone. The fact that those held liable are almost exclusively women suggests systemic gender prejudice, where mothers are judged against idealized maternal stereotypes, held to higher standards, and subjected to greater scrutiny in their caregiving role than are fathers. Contributing further to this power imbalance, women comprise the gendered majority of IPV victims and can face insurmountable safety- and fear-based obstacles to action in the aftermath of CSA disclosure.
5.7.1. Entrenching failure to protect standards in policy and practice. In Canada, all provincial and territorial child welfare statutes make reference to the doctrine of failure to protect, directly or indirectly, as grounds for a child in need of protection, with variation in scope and language. For example, Nova Scotia’s Children and Family Services Act stipulates that a child may be in need of protection due to the “failure of parent or guardian to supervise and protect the child adequately,” while Quebec’s Youth Protection Act states that a child’s security or development may be compromised should a parent “fail to take the necessary steps to put an end to the situation [of risk]” (as cited in Krane, Strega, & Carlton, 2013, p. 15). As this analysis demonstrated, Ontario’s CFSA is no exception.

The notion of failure to protect as legal grounds for deeming a child in need of protection gets translated through child protection policies and practice standards, and operationalized through assessment instruments and everyday practice. To illustrate the extent of entrenchment in child welfare, a frequency count of the phrase “fail to protect” was conducted in each of the six provincial child welfare documents reviewed in this study. As shown in Table 5, there are a total of 50 recurring instances of the phrase in varied forms throughout the policy and practice texts, suggesting that failure to protect is a firmly solidified doctrine in the Ontario child welfare system. The power effects of discourse lie in the continuous repetition of qualifying statements in small and large doses.

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To keep this search refined, various alternatives to the phrase “failure to protect” (e.g., failure to act, failure to care for, failure to provide for, failure to supervise, neglect in protecting, inability to protect, does not act to protect) were not included here. Therefore, these figures represent an underestimation of the degree of concept embeddedness in child welfare. Recurrent references to “inability to protect” are considered later in the analysis.
Table 5

Frequency of the Phrase ‘Fail to Protect’ in Child Welfare Texts

<table>
<thead>
<tr>
<th>Child Welfare Document</th>
<th>Fail* to Protect*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child and Family Services Act (125 pp)</td>
<td>9</td>
</tr>
<tr>
<td>Child Welfare Transformation 2005: A Strategic Plan for a Flexible, Sustainable and Outcome Oriented Service Delivery Model (27 pp)</td>
<td>0</td>
</tr>
<tr>
<td>Child Protection Standards in Ontario (92 pp)</td>
<td>4</td>
</tr>
<tr>
<td>Ontario Child Welfare Eligibility Spectrum (113 pp)</td>
<td>31</td>
</tr>
</tbody>
</table>

* Plus suffixes.

Returning now to the legal definition of a child in need of protection, as per section 37 (2) of the CFSA, where the clauses specific to sexual abuse read as follows:

- (c) the child has been sexually molested or sexually exploited, including by child pornography, by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual molestation or sexual exploitation and fails to protect the child;

- (d) there is a risk that the child is likely to be sexually molested or sexually exploited as described in clause (c)

A surface-level reading of this piece of child welfare legislation might begin and end with the commonsensical belief that yes, of course, a caregiver has a responsibility to protect his or her child from sexual molestation or exploitation and the risk of such. A close interdiscursive examination, however, revealed evidence of intersecting notions of risk and blame that rely on and reproduce gender-based ideologies of motherhood to fortify particular relations of power.
in child welfare. To augment this analysis, the units of information contained in this section of the CFSA were broken down into stanza form:

1. the person
2. having charge of the child
3. knows or should know
4. of the possibility of sexual molestation or sexual exploitation
5. and fails to protect the child

The common noun “person” [1] is used here to actively identify the gender-neutral subject of responsibility, though it is linked to the clause “having charge of the child” [2], which implies a duty of care toward the child at the time of the abuse or risk of abuse. Since most children are cared for primarily by their mothers and other female caregivers, this legislation inherently has a vastly uneven effect on women on the basis of group membership. Moreover, use of “person” in singular tense individualizes responsibility for protection and averts liability away from secondary caregivers, often men, as well as broader society.

In the next clause, “knows or should know” [3], the verb “knows” implies requisite knowledge of the possibility of abuse, while the added modal auxiliary “should” signals a subjective mental element based on an expectation of intrinsic ability to know or predict the risk of abuse with some certainty. Drawing upon powerful but hidden discourses of motherhood, this assumption is rooted in the commonly held notion of maternal instinct, wherein all good mothers are believed to have a biological capacity to be all-knowing, by some sixth sense, when their children are in danger. Fathers are not presumed to possess this natural ability and are, therefore, not normally held to the same standard.

The following line, “of the possibility of sexual molestation or sexual exploitation” [4], lies on the supposition of predictability, discourses of risk, and connotations of danger, morality, and blame. Here, the responsibility for protection expands from sexual abuse to risk of sexual abuse. Thus, failure to protect is securely located as a marker of risk.
The final clause, “and fails to protect the child” [5], firmly rests on four underlying assumptions:
1) the caregiver (i.e., mother) had a duty to protect the child in her care from avoidable harm and risk of harm; 2) the nature of the harm, or risk of harm, and the circumstances leading to the harm, or risk of harm, were both foreseeable and controllable; 3) the caregiver failed to take reasonable measures to recognize and prevent or stop the harm, or risk of harm, to the child; and 4) the caregiver was, therefore, responsible for the resultant harm, or risk of harm, to the child. Though effectively serving the neoliberal agenda, each of these core assumptions is fundamentally problematic, both ethically and logically, for reasons further explored below. The specific actions or inactions required to constitute a caregiver’s failure in protection are not clearly delineated anywhere in this overly broad section of the statute, leaving ample opportunity for discretionary judgment and gender bias to seep in.

Offering fairly compelling evidence of the gendered application of the failure to protect doctrine in child welfare, in all but one (96%) of the 23 child protection case files identified in the fourth step of my final phase of data collection, as described in the previous chapter, the nonoffending caregiver verified for inability to protect was female, mostly biological mothers. While this finding is based on a small, nonrepresentative sample and cannot be generalized, it confirms and sheds light on the problem of gender bias in child welfare policies and practices.

The phrase “fail to protect” appears most frequently in the Ontario Child Welfare Eligibility Spectrum (OACAS, 2006), with 31 instances of repetition in the 113-page manual, often in the form of intertextual references to the CFSA. There are also 10 instances of the comparable phrase “inability to protect” in this document. As described earlier, the Eligibility Spectrum is a screening tool designed to assist child protection workers in making consistent and accurate decisions regarding service eligibility at the time of referral, and aid in determining the legal requirements for initial and ongoing intervention. Referral disposition assessments involve a three-step decision-making process using a two-dimensional matrix. The first step involves matching the reported situation with the reason for service (section) on the vertical axis; the second step involves selecting the appropriate scale within the section; and the third step involves identifying the level of severity – extremely severe, moderately severe, minimally
severe, or not severe – or type of service on the horizontal axis. The child protection entry point is drawn between eligibility ratings of moderately severe and minimally severe (i.e., ratings of extremely severe and moderately severe typically fall above the ‘intervention line’ for a child protection investigation). For cases warranting an investigation, eligibility ratings are updated upon completion of the investigation to reflect the case disposition. The Eligibility Spectrum is intended to be used in combination with clinical judgment and all other available information about child and family vulnerabilities and protective factors (MCYS, 2007a).

This analysis concentrated primarily on the second rating scale of the fifth section of the Eligibility Spectrum, Caregiver Capacity – Caregiver Inability to Protect, as it is most applicable to concerns of maternal failure to protect, and was the secondary reason for service in each of the child protection case files reviewed in this study, with the exception of the negative case, in which it was irrelevant. This specific section of the tool “addresses those situations where there is a risk that the child is likely to suffer harm by a third party because the caregiver does not protect the child. It is the responsibility of the caregiver to protect the child from harm or risk of harm” (OACAS, 2006, p. 81). Couched in gender-neutral language, this statement of intent explicitly situates responsibility for child protection solely with the nonoffending caregiver (i.e., mother) and clearly establishes the caregiver’s failure to protect as the reason for the harm, or risk of harm, posed to the child by a third party. The rating scale for Caregiver Inability to Protect, above the intervention line, reads as follows:

Section 5: Caregiver Capacity – Scale 2: Caregiver Inability to Protect

Extremely Severe

A. Caregiver Does Not Act to Protect Child

It is alleged/verified that, historically:

Caregiver has had a child who was abused/neglected by another party and had full knowledge the abuse/neglect was taking place but stood by passively without protecting or pretended he/she didn’t know what was happening.
Caregiver showed little ability or inclination to stand up to the abusing/neglecting person and prevent repeated abuse.

or

It is alleged/verified that, currently:

Caregiver knows of a history of abusing/neglecting by a third party and allows that person unrestricted access to the child. Caregiver denies the third party's abusive/neglectful history and consequently does not acknowledge the risk to the child. Caregiver does not intend to stand up to third party and prevent abuse/neglect.

B. Caregiver Makes Minimal Effort to Protect Child

It is alleged/verified that, historically:

Caregiver knows child has been abused/neglected by another party but there is some evidence that the caregiver made attempts to stop it but was unsuccessful. Caregiver did not immediately report abuse/neglect of child by another party or seek help concerning it.

or

It is alleged/verified that, currently:

Caregiver knows of a history of abusing/neglecting by a third party and does not restrict access to child. Caregiver says he/she is worried but is not taking active steps to prevent future abuse/neglect. Caregiver intends to but shows little ability to be able to prevent abuse/neglect.

Moderately Severe

C. Caregiver’s Efforts Insufficient to Fully Protect Child

It is alleged/verified that, historically:

Caregiver did not pick up on obvious signals that child was being abused/neglected. Caregiver reacted rapidly and reasonably to the incident (e.g. reported abuser/requested help) once knowledge of the abuse/neglect became apparent.

or

It is alleged/verified that, currently:
Caregiver knows of history of abusing by a third party and is aware of potential danger but the caregiver continues his/her relationship with this person. Caregiver is making efforts to protect child but has not significantly restricted the access to the child. (pp. 81-82)

Of the three failure to protect cases, one was secondarily rated as Caregiver Capacity – Caregiver Inability to Protect – Extremely Severe: Caregiver Does Not Act to Protect Child [5-2-A], and two were secondarily rated as Caregiver Capacity – Caregiver Inability to Protect – Moderately Severe: Caregiver’s Efforts Insufficient to Fully Protect Child [5-2-C], at the time of referral and disposition. As noted, two cases also received tertiary ratings: 1) Caregiver Capacity – Caregiver with Problem – Extremely Severe: Caregiver has Problem and is Unable to Care for Child [5-3-A] related to the perpetrator’s substance use; and 2) Abandonment/Separation – Caregiver-Child Conflict/Child Behaviour – Moderately Severe: Potential Separation of Child from Family [4-2-B] related to father-child conflict and placement breakdown.

All alleged protection concerns were subsequently verified by CPS based on the balance of probabilities.

The Eligibility Spectrum offers little guidance on how to make severity determinations and verification decisions regarding caregiver inability to protect. Each rating comes with a corresponding description of caregiver knowledge, behaviour, or attitude, some more conducive to concrete operationalization than others. Certain descriptors are anchored in observable actions and inactions, whereas others encompass inner thoughts and intentions that are intangible and, therefore, open to interpretation. Each makes reference to the subjective mental element of knowing, where unsatisfactory protective efforts are reliant on reports or assumptions of concrete knowledge of abuse or risk of abuse. Limited to brief examples in parentheses, criteria for “reasonable” reactions are minimally defined as “reported abuser/requested help” [5-2-C]. It seems that, in order to fall under the intervention line of this rating scale, caregivers are expected to accurately predict CSA, or risk of CSA, take rapid and

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85 As noted, two cases also received tertiary ratings: 1) Caregiver Capacity – Caregiver with Problem – Extremely Severe: Caregiver has Problem and is Unable to Care for Child [5-3-A] related to the perpetrator’s substance use; and 2) Abandonment/Separation – Caregiver-Child Conflict/Child Behaviour – Moderately Severe: Potential Separation of Child from Family [4-2-B] related to father-child conflict and placement breakdown.

86 The Child Protection Standards in Ontario offer some general guidelines for the verification process, and the Eligibility Spectrum is intended to be used in combination with other available assessment tools (MCYS, 2007a, 2007b). Nevertheless, there are no measurable criteria for failure to protect decisions in the context of CSA, apart from the subjective descriptors under each Eligibility Spectrum rating. It is unclear whether one or all of the descriptors must be alleged/verified in order for a given rating to be endorsed.
reasonable steps to protect, and be successful in their efforts – thus, resonating dominant discourses of the omnipotent mother.

With a weak distinction between the two, the above criteria address both caregiver willingness and ability to protect, but mostly willingness. The adjective “willing” implies available options and a degree of readiness and, thus, unwillingness to protect is considered a matter of poor personal choice or unsatisfactory efforts. The adjective “able” implies the possession of power, opportunity, and means to act and, thus, inability to protect is considered a matter of incapacity, regardless of intent. While both terms mask the complexity of problems, the nominalized noun “ability” (from the adjective “able”) should, by mere definition, account for cognitive, emotional, psychological, cultural, and financial barriers to protection. Nonetheless, this language effectively turns the construct into a tangible entity, individualizes responsibility for protection, and obscures structural power imbalances.

Arguably, some of the above descriptors are grounded in unreasonable expectations of the caregiver that disregard the dynamics of CSA (e.g., “caregiver did not pick up on obvious signals that child was being abused/neglected” [5-2-C]) and harsh realities of mothering, particularly in the context of violence (e.g., “caregiver does not intend to stand up to third party and prevent abuse/neglect” [5-2-A]). By the same token, there is a somewhat pejorative and unsympathetic tone to some of the language selected to describe caregiver responses to traumatic circumstances (e.g., “caregiver…. stood by passively without protecting or pretended he/she didn’t know what was happening” [5-2-A]). As explored later in this chapter, each of these sentiments manifested implicitly and explicitly in case file recordings of worker-mother interactions, highlighting the interplay among child welfare texts and intertextual shaping of certain frames and concepts.

The problems underlying the Eligibility Spectrum’s conceptualization and operationalization of the inability to protect category stem from the current lack of empirical knowledge on the classes of variables that ought to be systematically considered in child protection decisions concerning failure to protect based on their predictive power. In the absence of a scientific
framework, substantiation decisions can be influenced by organizational or caseworker characteristics, including “attitudes and personal biases, the frequency of common errors in probabilistic reasoning, the (mis)use of availability, anchoring and representativeness heuristics, and the presence of social perception biases such as fundamental attribution error” (Shadoin & Carnes, 2006, p. 89). When policies and practice instruments are not explicit, workers rely on available discourses to inform their thinking and decision-making, and further legitimize those discourses through their textual recording.

In the child protection case file analysis, appraisals of maternal abilities to protect were formulated in the absence of a comprehensive and systematic assessment of the various dimensions of responsiveness (belief, support, protection) and the multiple internal and external factors that impede or promote protective capacities in a particular family. The result was overly simplistic and stigmatizing judgments rivalled against ‘normative’ responses. For example, in the sole case that scored extremely severe on the Caregiver Inability to Protect scale [5-2-A], the mother clearly and repeatedly denied having any advanced knowledge of the sexual abuse, and there was no evidence to the contrary. It can, therefore, be assumed that the referral disposition and verification decision were based on the second part of the extremely severe rating, which includes the following three descriptors:

1. Caregiver knows of a history of abusing/neglecting by a third party and allows that person unrestricted access to the child.
2. Caregiver denies the third party’s abusive/neglectful history and consequently does not acknowledge the risk to the child.
3. Caregiver does not intend to stand up to third party and prevent abuse/neglect.

My reading of the file recordings told a very different story. First, there was no documentation to suggest that the mother in this case “allowed” her husband, the perpetrator, unrestricted access to her daughter after the sexual exploitation (a single act of voyeurism) was discovered. There was one incident following his release on bail where he was found in the home; however, there was no indication that she had the power to either allow or prevent his entry. Moreover,
there were no court-ordered access restrictions in place at the time, and the victim was out of the home, thus not placed in any immediate danger. Both parties complied with the no-contact order once instituted. Second, this mother did not “deny” her husband’s abusive history, as there was videorecorded evidence of its occurrence. While she may not have fully appreciated its meaning or the severity of future risk posed to her children, she repeatedly expressed her intent to adhere to the orders of the court to guard against risk. The definitive link between denial of abuse and lack of acknowledgment of risk by means of the conjunction “and” in this descriptive statement is problematic. Third, this mother’s perceived lack of intention to “stand up” to the perpetrator and prevent abuse was both speculative and unfair, particularly given his longstanding history of violence toward her and others. This conclusion appeared to have been drawn with little consideration of relational power dynamics or the serious physical, psychological, and financial risks to this impoverished, racialized mother and her children. Furthermore, there were minimal documented efforts to capitalize on maternal strengths and bolster protective capacities. In the end, this mother failed to measure up to maternal ideals and was consequently branded with the permanent, and perhaps unwarranted, label of 5-2-A, which served as justification for intrusive and lengthy child welfare intervention and followed her from worker to worker. This highlights the dangerous implications of pigeonholing mothers into certain categories, which then sway the impressions of subsequent workers. The number of frontline workers and supervisors involved in the failure to protect cases, as reported in Table 2, ranged from 10 to 13 (and counting, as two files remained active), each of whom likely began her work on the file with an acritical reading of assigned ratings and labels.

The notion of failure to protect is also entrenched in the Ontario Safety Assessment, the first required instrument in the Ontario Child Protection Tools Manual (MCYS, 2007b), with six instances of “fail to protect” and 11 instances of “(in)ability to protect” appearing throughout the 120-page document. Whereas the Ontario Family Risk Assessment evaluates the likelihood of future maltreatment, the Ontario Safety Assessment is the process and document used to determine the immediate threat of harm to the child based on present circumstances and the

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87 References to a child protection worker’s ability to protect were excluded from this figure.
interventions necessary to mitigate or neutralize the risk. It is completed at the point of the first face-to-face contact with the child and family within the designated response time, as well as when subsequent safety concerns arise. Assessing safety is “grounded in gathering comprehensive and accurate (credible) information about a family, specifically about behaviours, attitudes, emotions, intent or situation that have become immediately threatening to a child and are likely to result in injury, or significant pain and suffering, or extreme fear” (MCYS, 2007a, p. 41). It is intended that all family members be universally screened for present and imminent threats. At minimum, the process involves an interview with, or observation of, the child victim (and other children in the home if there are threats to their safety), interview with the primary caregiver, and visit to the home environment if relevant.

The first section of the Ontario Safety Assessment includes a list of 14 safety threats that are correlated to risk of immediate harm and corresponding descriptors that serve as a “guide to be used in conjunction with worker judgment and cultural sensitivity where appropriate, in capturing the presenting safety threats, interventions and determining a safety plan” (MCYS, 2007b, p. 9). Each dichotomous item is rated either yes or no based on the known presence or absence of the threat at the time of the assessment. A caregiver’s failure to protect a child from serious or threatened harm appears for the first time in the tool as the fourth of 14 safety threat descriptors, preceded by the only safety threat specific to CSA:

3. **Child sexual abuse is suspected and circumstances suggest that child’s safety may be of immediate concern.**
   - Child discloses sexual abuse either verbally or behaviourally (e.g. age inappropriate, sexualized behaviour toward self or others).
   - Medical findings are consistent with child sexual abuse.
   - Parent/caregiver or others in the home have been investigated or convicted of a sexual offence against child or has had other sexual contact with child.
• Parent/caregiver or others in the home have forced or encouraged child to engage in sexual performances or activities, including forcing child to observe sexual performance or activities.
• There is access to a child by possible or confirmed sexual abuse offender. (p. 10)

4. **Parent/caregiver fails to protect child from serious harm or threatened harm by other adults or children in the home.** This may include physical, emotional or sexual abuse or neglect.
   • Parent/caregiver fails to protect child from serious harm or threatened harm due to physical, sexual or emotional abuse or neglect by other family members, others in the home or others having access to the child.
   • Parent/caregiver does not provide supervision necessary to protect child from potentially serious harm by others, given the child’s age or developmental stage.
   • An individual with a known history of violence/criminal behaviour resides in the home or parent/caregiver allows person access to the child. (p. 11)

Both of these safety threats, among others, were positively endorsed in all three of the failure to protect cases, wherein risky mothering was considered to present an imminent danger to the children. There were no safety threats identified in the negative case. Like risk assessments, safety assessments reduce highly complex life circumstances to simple yes-no checkboxes. While child protection workers are expected to make reasonable efforts to obtain sufficient information to accurately evaluate all dimensions of safety, time-sensitive decisions tend to be limited to brief observations and superficial details available in the midst of a major crisis.

Though irrelevant in the case files reviewed, references to a parent/caregiver’s “impaired ability to protect” (due to substance use or emotional, developmental, or cognitive limitations) appear again in two additional safety threat descriptors:

9. **Parent/caregiver’s current alcohol, drug or substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.** (p. 13)
12. Parent/caregiver’s emotional stability, developmental status or cognitive limitation seriously impairs his/her current ability to supervise, protect or care for child. (p. 14)

When the presence of one or more safety threats are detected, intervening to resolve or effectively mitigate imminent danger is necessary. Safety interventions are meant to provide temporary risk reduction utilizing family and community strengths, so that the child can safely remain in the home over the course of the protection investigation. The second section of the Ontario Safety Assessment provides a list of 10 categories of safety-producing interventions to be considered based on the severity of the threat, availability of the intervention, usefulness to the situation, caregiver willingness to implement and follow through with the strategy, vulnerability of the child, and family history of cooperation:

1. Direct service intervention by child protection worker
2. Use of extended family, neighbours, community, Elders, or other individuals in the community as safety resources
3. Use of community agencies, Band Representatives or services as safety resources
4. Parent/caregiver to appropriately protect victim from the alleged perpetrator
   A non-offending parent/caregiver acknowledges the safety issues, is willing and able to protect child from the alleged perpetrator, and agrees to take immediate action to ensure the child’s safety
5. Alleged perpetrator to leave the home, either voluntarily or in response to consideration of legal intervention
   Alleged perpetrator agrees to leave the home, is forced to leave the home by the non-offending caregiver, or is removed from the home because of legal constraints
6. Non-offending parent/caregiver to move to a safe environment with the child
7. Legal intervention planned or initiated, child remains in the home
8. Other
9. Parent/caregiver to voluntarily place the child outside the home
10. Child apprehended and placed in CAS care because interventions 1-9 do not adequately assure child’s safety (pp. 16-18)
Interestingly, of these 10 safety interventions, more than half are directly, indirectly, or potentially dependent upon the willingness or ability of the nonoffending caregiver to protect the child from the perpetrator [4, 5, 6, 7, 8, 9]. Thus, responsibility for remedying the safety threat is, somewhat ironically, situated with one of the identified sources of threat.

Implementation of one or more safety interventions results in a safety plan. The outcome of the safety assessment process is recorded in the final section of the Ontario Safety Assessment as a safety decision followed by a narrative rationale: 1) safe, 2) safe with intervention, or 3) unsafe. Of the four safety assessments reviewed, one child was deemed safe and remained in maternal care (negative case), two were deemed safe with intervention and ‘voluntarily’ placed in paternal care, and one was deemed unsafe and involuntarily placed in foster care.

5.7.2. Failure to protect: An ideological doctrine of motherhood. Failure to protect is a gendered child welfare doctrine that gains its power by drawing upon and activating essentialist constructions of motherhood to render women assailable for the sexual transgressions of men. It is yet another manifestation of mother-blame. Returning now to a critical, gender-based analysis of the four fundamental yet problematic assumptions inherent in failure to protect discourse:

1. The mother had a duty to protect the child in her care from avoidable harm and risk of harm.
2. The nature of the harm, or risk of harm, and the circumstances leading to the harm, or risk of harm, were both foreseeable and controllable.
3. The mother failed to take reasonable measures to recognize and prevent or stop the harm, or risk of harm, to the child.
4. The mother was, therefore, responsible for the resultant harm, or risk of harm, that came to the child.

Together, these four propositions build an argument schema that is generalizable to all mothers and provide a sense of orderliness based on the so-called nature of things. The first taken-for-
granted assumption is that all mothers, regardless of their life circumstances and preferences, have a moral, social, and legal duty to protect the children in their care from being subjected to avoidable harm and risk of harm. This obligation is based on closeness of relation, usually biological, as well as the gendered division of parenting roles and sociocultural expectations of maternal conduct based on ethnocentric, heteronormative, middle-class ideals. This brings us back to the ideological construction of binary ‘good mother’ – ‘bad mother’ categories, wherein the good mother embraces and fulfills her natural duty to selflessly care and protect, whereas the bad mother fails to measure up to this prescribed role. Rooted in the neoliberal philosophy of individualism, the liabilities of childcare are exclusively located within the private family (maternal) domain, unless and until set standards are infringed upon. There was ample evidence in each of the child protection case files reviewed in this study to suggest that hegemonic motherhood ideology infiltrated protection decisions, expectations, and interactions. In their exchanges with workers, the mothers were blatantly judged against idealized standards of proper mothering, implicitly reminded of their maternal deficiencies, and explicitly instructed on how to satisfactorily perform their jobs as good mothers, as compellingly illustrated by the following case note:

*I told her she, as a mother, must protect her daughter from such embarrassing situation. Now her role as a mother is to support her, being there when she needs her the most, not blaming her. I asked her to put herself one moment in her daughter shoes. Having 14 years old being filmed naked by a man she supposed to trust. And more than that her mother does not support her. How would she feel? [Kate] started crying…. [Sarah] needs a mother not a judge in this moment. I told her I just talked to her, and she doesn’t know if her mother loves her. I suggested her to call her and support her. Be close to her daughter. (Case 1)*

The power this worker exerted over this mother was evident in her choice of directive speech acts that issued a combination of authoritative commands and persuasive advice on good mothering. With overt references to compulsory maternal responses and responsibilities in the aftermath of CSA, the language consciously or unconsciously selected by this worker both
reflected and reinforced gendered relations of power, attributions of blame, and scripts of motherhood from which this mother deviated. Particularly troubling was the oppositional statement, “more than that her mother does not support her,” following mention of the betrayal of being sexually exploited, as it evaluated an unsupportive maternal response as somehow being worse than the sexual offence itself. The mother became emotional in reaction to the worker’s insinuations that she lacked empathy and love for her daughter, suggesting that she was, indeed, loving and empathetic to her daughter’s experience, and possibly struggling with her own feelings of self-blame, which were reinforced rather than countered by this interaction. Informed by a dominant societal paradigm, and the policies and practices influenced by that paradigm, instructions on good mothering were conveyed as defensible based on assertions of bad mothering, yet neglected to consider the complex psychosocial and financial realities of this mother’s life that were hindering optimal responsiveness.

Motherhood discourse is the hybridization of parenting discourse and gender discourse. Cemented by the mother-blaming narratives of early psychoanalytic, family systems, and attachment theories reviewed in Chapter 2, failure to protect discourse in contemporary child welfare policy and practice rests on familiar gender-based stereotypes of the all-sacrificing, all-knowing, and all-powerful mother – antiquated ideals against which women continue to be evaluated and held to account. The all-sacrificing mother naturally, lovingly, and selflessly puts the needs and interests of her child above those of her own, regardless of the physical, psychosocial, or financial obstacles and consequences to herself or others. The all-knowing mother has an instinctive capacity to sense when her child’s safety or well-being is in harm’s way and the intuitive wisdom to know what to do about it. The all-powerful mother possesses the unconstrained ability, by virtue of biology, to protect the welfare of her child, irrespective of her social location. Continued adherence to these mythical narratives maintains patriarchal power relations. Child welfare judgments against intersecting, idealized representations of the all-sacrificing, all-knowing, and all-powerful mother were prominent throughout the child protection case files, as captured by the following quotations extracted from case recordings and court documents:
The all-sacrificing mother....

*We need her to be able to show that she can protect her daughter and keep her safe and not put her relationship before her daughter’s safety.* (Case 2)

*There is uncertainty in her disposition to be able to put the needs of the children first.* (Case 3)

The all-knowing mother....

*When faced by this FSW [family service worker], mother denied knowing the situation.*

*I asked [Kate] for the incident. She indicated that she didn’t know anything as she was working that day. I told her that her husband was arrested and she didn’t know why? She insisted she wasn’t home.*

*[Kate] indicated that she got mad at [Sarah] because she didn’t tell her, and when the police arrived and arrest him, she didn’t know anything. If [Sarah] would told her, of course she would be the one who call the police as she is her daughter.*

*Mother was also informed by this FSW that she was not able to protect [Sarah] from [Michael]. More than that, she blamed her daughter. Mother indicated that she is able to protect her children, that everything happened while she was not at home, and that she never knew.* (Case 1)

The all-powerful mother....

*Mother and maternal grandmother who live at the same place as [Mr. Jones] were unable to prevent this incident and denied being aware of father’s actions.*
In any case, all the incidents happened while mgm [maternal grandmother] and mother were home, and they couldn’t prevent it. Then I don’t think mom or mgm can protect the children from [Mr. Jones].

I told her I don’t think she can protect them from [Mr. Jones], as all the charges occurred while she and mgm were home, and couldn’t prevent it.

[Ms. Smith] shall ensure that the children are not exposed to their father and she shall ensure that [Mr. Jones] is not residing in the family home.
[Ms. Smith] shall ensure that there is no contact between [Mr. Jones] and the children except as directed by the Society. (Case 1)

Dominated by conventional ideals, each of these statements operated as a commentary on the extent of maternal ‘normality’ or the extent of regulation required to correct maternal ‘abnormality.’ Drawing from familiar discourses of motherhood enables child protection workers to quickly and neatly classify mothers as either good or bad based on imposed cultural narratives, while simultaneously legitimizing homogeneous models of mothering and unequal power relations through text production and reception. These gender-based stereotypes functioned together to intensify the blame rendered when mothers failed to live up to all-sacrificing, all-knowing, and all-powerful archetypes. Case information that challenged fixed maternal ideals was commonly met with resistance. For example, contesting the myth of ‘maternal instinct’ or ‘mother’s intuition,’ mothers’ repeated denials of knowing about the sexual abuse prior to disclosure were received with skepticism, were met with unstated insinuations of turning a blind eye, elicited subtle intimations of blame for being absent from the home, or were disputed with accusations of missed warning signs and failure to decode subtle clues – because good mothers should have and would have known.

These quotes also serve as an example of how relations of power and prejudice were reflected in the naming choices of the worker, who repeatedly referred to the mother by her maternal identity (“mother” or “mom”) and to the stepfather/perpetrator by his surname, respectfully preceded by mister.
Conversely, the mother in the negative case sufficiently measured up to the good mother paradigm by immediately and consistently demonstrating a socially acceptable attitude and appropriate behaviours in the aftermath of her daughter’s sexual abuse disclosure:

_Mother is protective of [Jill], is living with a friend in [city] and will not give access to the father. She has been co-operative with the [police].... Mother has full custody of the children and will be following through with [CPS] referral to [counselling agency] so that [Jill] can get therapy. Mom believes her daughter and stated she will do whatever she needs to protect her._

_Mother is supportive and protective of her daughter and involved in supportive services in the community. File to close. (Negative case)_

Proper maternal conduct, in this case, entailed instantaneous and unwavering belief in the abuse allegations; immediate termination of her relationship with the perpetrator; full cooperation with the investigation; compliance with a referral for counselling services; emotional support conveyed to the child; physical protection of the child (by means of abruptly leaving the home, moving to another city, filing for custody, and preventing access with the perpetrator); and commitment to “do whatever she needs to” in order to ensure ongoing protection. Like the mothers in the failure to protect cases, this mother was expected to assume a prime role in child protection. Unlike the others, she was both willing and able to carry out the many challenging tasks involved in protective action and had the social support, emotional strength, and financial means to do so acutely and effectively. File closure was legitimized by discourses of maternal self-sacrifice and compliance.89

There was some evidence in the case files of fracturing of maternal duty to protect discourse, though limited and inconsistent. For example, family group conferencing, an alternative dispute

89 Interestingly, while the negative case was closed after only one face-to-face meeting, the family was referred to CPS again four years later due to concerns related to the child’s mental health functioning and poor coping, despite a supportive maternal response in the acute phase. This raises an important question – had CPS provided ongoing support, rather than terminate their involvement so swiftly, might the outcome have been different?
resolution option that brings together immediate and extended family members and community supports to develop intervention plans through a case conferencing process (MCYS, 2005), was considered in two of the three failure to protect cases. Family group conferencing was proposed in one file in an effort to engage all family members in a protective capacity, thus dispersing responsibility for protection beyond the mother:

> Based on the history, and to prevent another incident this worker referred this family to Family Group Conferencing to get the whole family involved in the protection of these children. Mother and father are in agreement. (Case 1)

In theory, the intention behind family group conferencing resists the propensity toward maternal primacy in protection. Conducted more than a year and a half after the initial CPS referral, this family group conference was helpful in mobilizing community services and identifying relatives to assist with supervising access visits between the perpetrator and his children. Beyond that, however, child protection plans of service remained almost entirely focused on the mother. The manner through which power dynamics were negotiated within this conference could not be sufficiently gleaned from the text, though power imbalances were evident on many levels. In addition to palpable unevenness of power between workers and parents, there was a known history of IPV in both cases opting to use family group conferencing. File documentation remained relatively silent on the potential psychological and physical safety risks of bringing a woman together with her abusive ex-partner and his family members, who may have been blaming and unsupportive. This illustrates one way in which the presumed best interests of a child may conflict with, and endanger, those of her mother.

The second assumption underlying the failure to protect doctrine is that the nature of harm, or risk of harm, posed to the child was not inevitable. In other words, it could have been predicted and prevented via acts within human agency, unlike, for example, a natural disaster or physical illness. Through the linguistic process of nominalization, the verb “fail” is transformed into a concrete entity with the noun “failure,” making it appear tangible and inarguable. Ideologically, this functions to present something that is potentially contestable as incontestable. A core
implication of the word “failure” is that the circumstances were, in fact, controllable – thus, there was a given opportunity to not fail (Magen, 1999). The word “protect” infers the possession of power. Fulfilling her duty to protect, therefore, requires that a mother has both opportunity and power to act. While CSA is a ‘man-made’ phenomenon within human control, there are, more often than not, very few detectable signs of abuse, let alone signs of risk. Child sex offenders generally refrain from voluntarily revealing their history of offending, if they have one, and rarely do they announce their intention to sexually abuse or exploit children in advance. To the contrary, most go to great lengths to conceal their actions and are quite skilled in doing so (Leclerc et al., 2009). Moreover, the majority of sexually abused children does not display symptoms definitive for abuse or readily disclose in childhood (Lyon, 2007; Lyon & Ahern, 2011). Thus, for many women, failure is inevitable because there was no opportunity to not fail. In circumstances where sexual abuse, or risk of sexual abuse, becomes known, women are erroneously assumed to be sufficiently empowered to control the behaviours of perpetrators. However, even when there is an opportunity to act, it often comes at the expense of significant losses and other dangers, making the probability of a positive outcome quite low.

The third assumption inherent in failure to protect is that the mother failed to take ‘reasonable’ measures to recognize and prevent or stop the harm, or risk of harm, to the child. Standards of reasonableness are an abstract construct, generally conceptualized as what a reasonable and rational person would or should know and do under similar circumstances. As this analysis has demonstrated, however, reasonable measures are ill-defined in current child welfare policy and practice texts. In response to CSA disclosure, reasonable protective measures by a nonoffending caregiver usually entail, at minimum, reporting the abuse to the authorities (and cooperating with the investigation) and removing the perpetrator from the child’s environment or removing the child from the perpetrator’s environment. For either to occur, it is logical to suppose that the caregiver must first have knowledge of what happened, some level of

90 Parallels can be drawn between the doctrine of failure to protect in child welfare and criminal law. In Canadian and American criminal law, the ‘reasonably prudent parent’ standard is used to assess a parent’s knowledge of abuse and the steps she took to prevent it (Lothian, 2002). Influenced by motherhood ideology and open to judicial interpretation, this standard is problematic for women because it is oftentimes applied with strict or absolute liability, meaning without consideration of context.
appreciation of its consequences, and capacity to do something about it. Shaped by modern schemas of intensive mothering (Hays, 1996), standards of reasonableness, however, are commonly applied with scant regard for social location, material conditions, and personal characteristics or knowledge. Universal application operates unfairly against multiply marginalized women, particularly those who are victims of violence, economically disadvantaged, racialized, newly immigrated, or disabled, yet still held to standards that do not reflect their life experiences. Through a child-centric lens, little consideration is given to the circumstances under which it might be reasonable for mothers not to act.\(^{91}\) Discussed in further detail later in this chapter, evidence emerged from this case file analysis to suggest that child welfare expectations and responses were not realistically grounded in the adversities faced by individual mothers. The psychological turmoil, physical tasks, and material resources required to satisfactorily fulfill the protection role were largely unacknowledged.

The natural conclusion of these three assumptions is a causal link between maternal failure to protect and the resultant harm, or risk of harm, to the child. The problem of CSA, therefore, becomes defined in terms of the mother’s acts of omission, rather than the perpetrator’s acts of commission. Blaming mothers for their powerlessness diminishes perpetrator accountability and deflects liability from child welfare and criminal justice systems, thus reinforcing unequal gender-based relations of power.

5.7.3. Mixed signals: Expectations of unwavering maternal belief in the shadow of doubt.

Analysis of the child protection case files uncovered the struggles mothers faced as they grappled with the allegations that their children may have been sexually victimized by their intimate partners, men they loved and trusted. The mothers exhibited a continuum of postdisclosure responses, both fixed and fluid. Of the four cases, one mother’s belief of her

\(^{91}\) For example, what if the mother herself was a victim of violence by the CSA perpetrator with whom she was in a dependent relationship? What if leaving the relationship or involving the authorities would put the mother’s or child’s life in jeopardy? What if leaving meant a life in poverty and homelessness? What if maternal capacity to appreciate the concern and act on it was impeded by mental illness or cognitive impairment? What if her incapacity was the result of substance abuse? Is a 15-year-old mother held to the same standard as a 35-year-old mother? Do standards apply equally to a wealthy white man and a poor minority woman?
daughter’s disclosure was instantaneous and enduring (negative case); one mother’s belief was compelled by undeniable videotaped evidence, though appreciation of the implications was limited; one mother’s initial disbelief evolved into belief within days, then vacillated between the two ends of the spectrum; and one mother’s immediate disbelief was lasting. With maternal disbelief taken as evidence of inability to protect, both of the disbelieving mothers had their daughters abruptly removed from their care. As illustrated by the following case recordings and court form excerpt, the process of coming to terms with the allegations for one mother occurred over several days of reflection marked by initial shock, confusion, and secondary trauma:

*When the society and police interviewed [Mrs. Martin] she indeed verified being cognizant of the child’s disclosure but she refused to believe the child. She insisted that the child’s allegations were fake and the child was using them to punished them because they are strict with [Emily]. Consequently, both children were apprehended on the night of Thursday [exact date]. On Monday morning, [Mrs. Martin] approached the agency.... She indicated that she had been reflecting on the allegations, that she had been psychological traumatized by the findings; she asserted that she believed the child, and was agreeable to work with the society.*

* [Ms. Martin] advised that she had time to think about her daughters disclosure and realized that she was initially shocked and confused, and now believes her daughter was truthful.*

* [Ms. Martin] advised the Society worker of [Mr. Lewis] not residing at the family home. She did not plan to reconcile with [Mr. Lewis] and she believed [Emily’s] disclosure. She requested to have both children returned to her care and custody and was willing to cooperate with the Society.* (Case 3)

Conclusions about whether this relatively rapid transition from maternal disbelief to belief was genuine or feigned in attempt to have her children returned to her care cannot be drawn.
Maternal belief eventually waned, as noted in a family and child strengths and needs assessment almost one year postdisclosure:

[Ms. Martin] ambivalent about sexual assault against [Emily] by step-father [Mr. James Lewis]. She commented that she had not witnessed sexual assault and could not make a firm comment about its validity. (Case 3)

With little differentiation among the overlapping but discrete dimensions of maternal responsiveness, workers appeared to directly correlate maternal disbelief or ambivalence with maternal unwillingness or inability to be supportive and protective, contrary to research evidence that challenges the synonymity of various response constructs (Bolen & Lamb, 2007; Elliott & Carnes, 2001). Despite this mother’s vacillation in belief, she consistently demonstrated commendable protective behaviours (e.g., severing her marital relationship with the perpetrator with no intention to reconcile, filing for custody of the children, preventing contact between the perpetrator and the victim). There were no documented concerns of emotional harm related to maternal ambivalence. Still, CPS remained involved with the family for more than four years, until the victim aged out of the system’s mandate. Maternal strengths and reasonable efforts to keep her children safe were overshadowed by a mostly deficit-based and intrusive approach to protection.

Expectations of unwavering maternal belief, support, and protection persisted in the context of factual uncertainties. In each of the three failure to protect cases, there were, from the mothers’ perspectives, valid reasons to doubt the allegations or minimize the degree of concern. Sources of skepticism emerged in the form of adamant denials and excuses from the perpetrator, questionable disclosures and recantation by the victim, unsupportive institutional responses, and conflicting messages from child welfare and criminal justice systems.

In both cases wherein maternal disbelief was the initial response to the CSA disclosure, the perpetrators convincingly denied the allegations and skillfully countered them with innocuous explanations. Blinded to the truth by trust, persuasion, and perhaps fear-based denial, these
women were not immune to the patriarchal tendency to believe the voices of powerful men over those of powerless children. Both were effectively manipulated by coercive tactics that redirected blame and sabotaged the mother-daughter relationship, as suggested by the following case file quotations:

_Mother advised that she later had a conversation with [David] who advised that he touched [Anna’s] bra strap while encouraging her to wear more appropriate clothing. Mother believed [David] version of the incident._

_[Maria] later asked [David] about the incident however he described it as playful and not sexual in nature._ (Case 2)

_[Police officers] advised [Ms. Martin] of [Emily’s] disclosure. [Ms. Martin] stated that [Emily] makes ups stories because the child’s stepfather [Mr. Lewis] does not allow her to go out. [Ms. Martin] admitted that [Emily] approached her to report that [Mr. Lewis] touched her breasts. [Ms. Martin] said that she questioned her husband, [Mr. Lewis] about the incident, however he denied it and explained that the child was lying because they are strict parents._ (Case 3)

Both mothers took purposeful steps in search of the truth, and both perpetrators were successful in their efforts to detract from the truth. Maternal knowing was further hindered by common perpetrator silencing strategies that extended to the victim:

_[Emily] disclosed that [Mr. Lewis] instructed her not to disclosed anything claiming that her disclosure would create ‘a big problem’ and that [sibling] and her ‘will be taken away. I love my mom and I do not want to be away from her.’ _ (Case 3)

92 Again, the biased naming device used here (addressing the mother by her maternal identity and the stepfather/perpetrator by his first name) reinforced gender-based roles and power imbalances.
In the sole case with videorecorded evidence of sexual exploitation and, thus, no room for denial, the mother accepted the perpetrator’s apologies and promises of change, whether genuine or not:

*Regarding [Michael] [Kate] indicated she went to visit him a couple weeks ago. He apologized to his behaviour, and promise her to take well care of the kids.... She indicated she is willing to give [Michael] another opportunity as he promised her he will change and realized how important is his family for him.*

*According to mother he is regretful and wants another chance to demonstrate that he has changed.* (Case 1)

The mother in this case, as well as the others, also had to cope with emotional distress and pressure related to the younger siblings of the victim missing their father and wanting to see him, some too young to understand the nature and extent of the concerns. Mothers were left to manage the implications of access restrictions independently, with no clinical guidance on how to process the family loss.

To add to their confusion and doubt, the mothers had to make sense of delayed disclosures, partial or weak disclosures, recanted disclosures, and contradictory statements from their daughters that were interpreted as discrediting their claims of sexual abuse. While intentionally false allegations are rare (Lefebvre et al., 2012), maternal skepticism arose from suggestions of ulterior motives that undermined the validity of the allegations:

*[Anna] told her [mother] in the past that she will regret someday that she was what [Anna] felt was spending more time with step-father and putting him before her, and that the allegations were false and was deliberate to get her back.*

*[Maria] talked about how [Anna] wanted her to reunite with [biological father] and advised that [Anna] never really accepted [David] as a step-parent.* (Case 2)
[Ms. Martin] stated that [Emily] does not like to be disciplined, and that she has threatened her (mother) when she had raised her hand at her. [Ms. Martin] stated that [Emily] has lied in the past. [Ms. Martin] further stated that [Emily] made up the abuse as a means of getting revenge against her husband and her. (Case 3)

Reinforcing maternal ambivalence, one child retracted her disclosure of sexual abuse by her stepfather immediately prior to a criminal court appearance almost one year later. Whether the recantation was credible or the result of family pressure or fear of testifying in court was not indicated in certain terms. There was some suggestion in the file that the allegations may have been a desperate attempt on the part of the child, triggered by fear, to have her verbally and physically violent stepfather removed from the home:

*Criminal charges withdrawn due to child recanting.*

[Emily] saw her video tape of first disclosure and claimed that it was not true.

[Emily] advised Society worker of her wish not to have [Mr. Lewis] return to the family for fear and ‘worry’ that [Mr. Lewis] would continue to be physically and verbally violent toward her mother and verbally violent toward [sibling] and herself.

[Emily] informed that she was scared of [Mr. Lewis] returning to the family home/apt. because she did not know if [Mr. Lewis] would be able to forgive her. (Case 3)

Offering evidence of the power and legitimacy of forensic discourse, the CSA disclosure credibility impressions of child welfare and law enforcement authorities93 solidified maternal doubt even further:

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93 There was an insufficient verbatim account of the quality of the forensic interviews in the files to comment on the disclosure credibility impressions of investigators. It is, however, important to note that some law enforcement officers and child protection workers are undertrained in child development and forensic interviewing best practices with children, particularly young children with special needs.
Disclosure from the child is weak and inconsistent and child was confused. Despite charges from police [Mr. Lewis] will not be placed in the CAR [child abuse registry] at this time. (Case 3)

[David] was interviewed by the police and participated in a polygraph test. [David] denied the allegations and the polygraph was inconclusive.

Police do not know if it did happen, they have doubts, and were not able to prove it. There were inconsistencies in [Anna’s] disclosure.... [Anna] became unbelievable because of the other things that she reported that were lies. (Case 2)

This stood in contrast to the negative case file, where there was no ambiguity regarding the validity of the sexual abuse allegations:

This worker believes that [Jill] was groomed by her father and then sexually abused in [date]. Her disclosure was clear and she was able to remember several details about the room, clothes, and what happened to her when asked to repeat it several times.

Child’s disclosure was credible. (Negative case)

Grounds for maternal disbelief legitimately stemmed from lack of support from the criminal justice system and inconsistencies in child welfare responses. The standard of proof for establishing maltreatment in the child welfare system is required only on the balance of probabilities, not beyond a reasonable doubt as it is in criminal court proceedings (Bala, 2011). Notwithstanding CPS dispositions of verified sexual abuse in all four cases, in the two cases with disbelieving mothers, criminal charges were either not laid due to insufficient evidence or withdrawn following a recanted disclosure. One mother’s (dis)belief in the allegations rested on the conclusion of the police investigation, which ultimately deemed the child to be untruthful. The tension this created for both CPS and the family was reflected in the following recording of
a telephone conversation between the child protection worker and investigating officer, and again during a family group conference:

I called [police officer] and advised that I understand that she investigated the allegations of sexual abuse and apparently felt that there was insufficient evidence to charge [Mr. Johnson]. I expressed that our difficulty is that we believe and have verified [Anna’s] disclosure, we have put [Mr. Johnson] on the abuse registry, and feel that he needs to be held accountable, that the family is in disbelief because he was not charged, [Anna] maintains her disclosure.... I explained that the family was waiting on the outcome of the police investigation on whether to believe [Anna] and that based on no charges being laid, that they do not believe [Anna].... She informed that they counselled the family to make up their own mind.... they looked at what are the risk and it felt that [Anna] was not truthful about the information she provided to them.

The Society to reinforce with [Mr. Johnson] that our threshold for verification is different from police; we remain concerned that he continues to have contact with [Anna] and he is to refrain from doing so.

The Society sent the message to the family that we believe [Anna] and have verified and put step-father on the abuse registry.... The Society sent the message that we can appreciate that it must be difficult for the family when the outcome of the police investigation was not to charge. (Case 2)

These texts reflect divergent professional, legal, and ethical discourses that weighed the rights and credibility of the victim, a young (disempowered) female, against those of the accused, an older (empowered) male. Nevertheless, the outcome of the criminal investigation reinforced what nearly any mother would hope to be true – that it was highly unlikely that her husband sexually abused her daughter. The mother in this case chose to believe the findings of trained and trusted law enforcement authorities, a seemingly reasonable conclusion under the circumstances. Despite having to reconcile conflicting professional opinions, however, child
welfare judgments of maternal failure to protect were established as truth claims and did not wane. This mother not only had to discern between inconsistent child welfare and law enforcement responses, but received mixed messages from within CPS as well. For instance, her husband was permitted to remain in the home with unsupervised access to a younger sibling of the victim, who was not deemed to be at risk, while the victim was permanently removed from the home due to a high level of ongoing risk. This unfairly left the mother to grapple with discrepancies in evaluations of risk and severity.

Further highlighting contradictions between child welfare and criminal justice systems causing misunderstandings, inadequacies in the judicial response were evident in the case resulting in criminal prosecution and brief incarceration, but no court-issued access restrictions upon the perpetrator’s release from custody. As noted earlier in this chapter, the mother in this case was reprimanded by CPS for allowing the perpetrator to visit the home and threatened with apprehension, despite there being no court-ordered conditions in place with respect to his access to children. The authority of a no-contact order, though not guaranteed to be enforceable, may have diffused some of the onus of responsibility for protection beyond the mother. The following case note highlights the advocacy efforts of the child protection worker and investigating officer in response to procedural deficiencies within the broader criminal justice system, for which individual mothers inevitably shoulder the blame:

I [child protection worker] asked [police officer] why the JP [Justice of the Peace] would allow [Michael] to go back into the home where there are children residing? He stated that sometimes they make decisions that don’t take these considerations into account. He gave an example of a recent case of [child welfare agency] that the judge made a similar decision. I advised him that if the father did not leave the home, the Society was going to have to apprehend the children…. [Police officer] expressed disappointment that he had recommended 17 conditions to the Crown for [Mr. Jones’] release, however, they were not implemented by the Justice of the Peace. He said that the Crown may be different each day, consequently the information may not be passed on to the Crown who takes the case in on a particular day. (Case 1)
5.7.4. Intrusion, surveillance, and threats: Protecting without helping? Helping is a core objective of the social work profession. In child welfare, however, the boundary between helping and protecting is sometimes blurred. The aforementioned dual child welfare mandate of protecting children and supporting families is fraught with tension. In each of the child protection case files reviewed, with the exception of the negative case, helping discourses were eclipsed by protection discourses – with protection conceptualized as safeguarding children from maternal failure to protect through punitive interventions. Contrary to the principles of least intrusion and self-determination, child protection workers exercised their authority over mothers through invasive and lengthy court-ordered involvement, close surveillance and intense scrutiny, and repeated threats of more intrusive measures in the pursuit of protection through prevention. Thus, the supportive function of CPS merged with a highly adversarial and inherently unsupportive context marked by a considerable imbalance of power, resulting in countless missed opportunities for empathy, collaboration, and clinical guidance.

There has been progress in child welfare efforts to abate victim-blaming by removing the perpetrator from the home, as opposed to the child; however, legal backing through the criminal court process to do so is oftentimes denied. As this study confirmed, downloading victim protection from the criminal justice system to the child welfare system ultimately left individual mothers responsible for ensuring child safety and well-being. Blame and reprimand for maternal failures in protection manifested through intrusive and disparaging child welfare interventions. As noted, each of the three failure to protect cases resulted in court-mandated supervision by CPS and/or placement in care, with some yet meager evidence of collaborative planning and mutual decision-making with mothers. In accordance with the permanency principle, CPS petitioned the court for permanent state wardship in one case where maternal disbelief appeared fixed. In the other two cases, the girls were returned to the care of their mothers under child welfare supervision orders, the conditions of which narrowly focused on risk reduction via strict maternal compliance with access restrictions and surveillance. As illustrated by the following quotations extracted from family court documents, both mothers were ordered by the court, at the recommendation of CPS legal counsel, to monitor and control
perpetrator whereabouts, behaviours, and contact with the children; mediate the relationship between the perpetrator and children; and allow CPS unrestricted access to the children, themselves, the family home, and collateral information:

The children, [Emily and sibling, dates of birth], shall be placed in the care and custody of their mother, [Sofia Martin], subject to the supervision of the Society for a period of six months and subject to the following conditions:

a. [Sofia Martin] shall ensure that [Mr. Lewis] does not reside at the family home.
b. [Sofia Martin] shall ensure that [Mr. Lewis] has no access to the child [Emily].
c. [Sofia Martin] shall ensure that [Mr. Lewis] has no access to the child [sibling], except as directed by the Society.
d. [Sofia Martin] shall advise the Society forthwith if [Mr. Lewis] attempts to have access with [Emily or sibling] in contravention of the access orders made in these proceedings.
e. [Sofia Martin] shall support [Emily’s] treatment needs and follow up with reasonable treatment recommendations made for [Emily] at [counselling agency]....
f. [Sofia Martin] shall cooperate with the Society, including the following:

i. allow the Society worker(s) private access to the children in their home, in the community, or at the Society’s office, as may be requested;

ii. permit the Society worker(s) to attend her home for both scheduled and unannounced home visits;

iii. make herself available to meet with the Society worker(s), as may be requested;

iv. advise the Society at least 14 days in advance of any change in her address or telephone number; and

v. sign consent forms allowing the Society to obtain and exchange information with collaterals with whom she and children are involved. (Case 3)

THIS COURT ORDERS THAT:

Kate Smith, the mother
a. [Ms. Smith] shall permit the Society worker(s) to conduct both announced and unannounced home visits and shall allow the Society worker(s) to meet with the children privately at any location deemed appropriate by the Society.

b. [Ms. Smith] shall fully cooperate with the Society and shall follow through with the reasonable requests and recommendations made by the Society with respect to the parenting and safety of her children.

c. [Ms. Smith] shall ensure that the children are not exposed to their father and she shall ensure that [Mr. Jones] is not residing in the family home.

d. [Ms. Smith] shall ensure that there is no contact between [Mr. Jones] and the children except as directed by the Society.

e. [Ms. Smith] shall sign consents to the release of information allowing the Society to obtain and exchange information with collaterals....

f. [Ms. Smith] shall advise the Society of any change in address or telephone number, or of any change to the number or identity of the persons residing in the family home at least 48 hours prior to such change occurring. (Case 1)

This legal discourse invited the conclusion that mothers were both powerless in their relationship with the state and powerful in relationship to the perpetrator of abuse. Much of the dialogue transpired in the form of abrupt commands. Mothers were obliged to subject their lives to intense scrutiny by CPS and abide by imposed conditions, or otherwise risk losing custody of their children. Reflective of familiar constructions of the all-sacrificing, all-knowing, and all-powerful mother, many of the court-ordered directives were based on the fundamentally erroneous and dangerous assumption that women have the ability, will, and resources to monitor and control the whereabouts and actions of abusive men. While this may have, in an unorthodox sense, promoted agency, ordering mothers to regulate perpetrator behaviour with insufficient support from the system defied logic. Nonetheless, it effectively displaced the protection role from CPS (to mothers) and reduced the function of workers to one of surveillance (of mothers).
CPS surveillance of mothers took many forms, including announced and unannounced visits to the family home. According to the Child Protection Standards in Ontario (MCYS, 2007a), announced visits are “generally preferred where it is assessed that there are no immediate threats to the child’s safety” and “may be experienced by the family as being more respectful and may maximize the potential to engage parent/caregiver in a discussion regarding the alleged concerns and possible solutions” (p. 29); however, unannounced visits “may be necessary when the worker needs to determine whether or not the perpetrator is in the home” (p. 30), among other reasons. The timeframe between visits generally ranged from 14 to 90 days, with most conducted once every 30 days, at minimum. Unannounced visits enabled workers to carry out their mandate of safeguarding children by policing the decisions of their mothers when they least expected it. Case file documentation of home visits typically included a brief description of how well the mother received the worker upon arrival, which may have been interpreted as a tangible indicator of cooperation and transparency. As shown in the following case notes, one mother, who was involuntarily subjected to home visits for several years, demonstrated markedly different emotional reactions to scheduled versus unscheduled visits, for which she was inevitably judged, both positively and negatively:

*Attended home for scheduled home visit with FSW. [Sofia] greeted us with a smile.*

*Sofia* was very pleasant and smiled throughout visit. She was appropriately dressed and was easy to converse with.

*FSW went to [Martin/Lewis] home unannounced. [Ms. Martin] opened the door. She did not present as being pleased to see fsw.*

*Ms. Martin* had an angry disposition and asked her about this. She informed that she knew social workers can attend [un]announced to her home and do what ever they want. (Case 3)
For some mothers, theoretically speaking, unannounced home visits may present a welcome opportunity for support. For others, they may represent an intrusion into the family’s personal space, invasion of privacy, inconvenient disruption of daily living, and sign of mistrust, suspicion, or disrespect, thereby exacerbating feelings of resentment, hostility, and powerlessness. One mother, who did not always embrace unscheduled visits and had an increasingly adversarial relationship with CPS, was ‘caught’ in the presence of her ex-partner outside of the home when a worker arrived unannounced:

*FSW saw mother in [Mr. Lewis’] van arriving to the home. [Ms. Martin] informed she needed money and she was quite confrontative with FSW. FSW spoke with [Ms. Martin] regarding being more transparent regarding her relationship and contact with [Mr. Lewis]. This would assist in ensuring that [Mr. Lewis] followed up with counselling and for plan should couple’s goal be to reconcile. [Ms. Martin] denied maintaining a relationship with [Mr. Lewis]. She also mentioned that there was no court order prohibiting contact between herself and [Mr. Lewis]…. [Ms. Martin] and [Mr. Lewis] both denied having any type of relationship and seemed to have been bothered by the Society’s discovery.* (Case 3)

The language selected to capture this interaction activated a portrait of a mother who was deceitful and defiant – despite her repeated denials of reconciliation and insistence that her ex-partner was merely contacted “*for the purpose of obtaining money for rent,*” despite there being no court-ordered prohibitions in effect, and despite there being no access to the children or imminent safety risks during this brief encounter. This incident was subsequently depicted out of context in a family court status review:

*Society worker saw [Ms. Martin] together with [Mr. Lewis] outside the family home, and it appears that, despite [Ms. Martin’s] assertions to the contrary, they may have reconciled.* (Case 3)
Through the eyes of the court, writing something down establishes it as fact, making it nearly impossible to contest with other versions of knowledge. The mother in this case later voiced her opinion on what she felt constituted a misrepresentation of the truth:

[Ms. Sofia Martin] continued to present upset and asked to the reason – she was upset about fsw putting on court documents that she was going to reconcile with [Mr. Lewis]. Felt social workers can write and make up things. (Case 3)

In the context of no additional child protection concerns, suspicions, arguably unjustified, continued to surround this mother long after she divorced the perpetrator and began a new, seemingly healthy relationship with another man:

She had conveyed her fear with men and denounced future relationships. However, she is pregnant and expecting a baby.... It is uncertain as to the reason [Ms. Martin] has kept the pregnancy a secret to this point. (Case 3)

Child protection workers are not immune to the natural human tendency to maintain initial impressions once they have been formulated, regardless of evolving circumstances, at times contributing to fatal errors in child protection work (Munro, 1996). This certainly held true in the failure to protect cases, where, despite some substantial gains over time, mothers were viewed through the same deficit-based lens coloured by fixed opinions.

For many child welfare-involved families, there is a looming risk of custody loss, often unstated but known. In the face of already intrusive interventions, case file analysis showed that cautionary warnings (i.e., threats) of more invasive measures were explicitly used to manipulate maternal attitudes and behaviours until they were more in line with those demanded of them. For example, repeated threats of petitioning the court for a child protection order escalated in severity when it was believed that one mother was in breach of no-contact conditions:
I told them, they have 2 options, or [Mr. Jones] leave right now or I will apprehend the children.... I informed [Kate] that I’ll proceed with a protection application at the court and will ask for a supervision order. Then the children will be under the supervision of the Society. As mom was in tears when I was leaving, I told her she needs to be strong because she was about to give birth, and that she needs to take care of her children.

I cautioned mother that [Michael] has serious charges, and I don’t want to see him around her children or I have to take ore intrusive measures if I don’t see her following this instruction. She said she will.

FSW advised the family that [Michael] is NOT to live in the home. Failing mother’s ability to protect her children, the children would be apprehended. (Case 1)

Fear-inducing threats of child custody loss were directly linked to maternal (in)ability to protect via effectively preventing the perpetrator’s access to the children and to the family home. Again, the underlying assumption of these directive speech acts in the form of ultimatums was that this mother was armed with the power to control her abusive husband’s actions and the emotional and financial resources to independently support herself and her five children. Devoid of constructive helping, compassion, social context, and maternal safety risk considerations, the use of fear tactics to intimidate mothers into compliance with CPS instructions most likely had a disempowering effect and succeeded in shaming, blaming, and ultimately silencing mothers.

In another case, blatant threats of more invasive measures were communicated to the mother via the teenaged victim during a school visit when her mother was demonstrating resistance to intrusive CPS involvement, nearly three years after the initial CSA referral:

*Impressed the importance to continue to work with Society. Informed will try again to attend her home and see her mother with [sibling]. Asked her to inform her mother of need to see her and the baby. Informed [Emily] that if not able to see mother with baby*
then Society can become more intrusive and go to court so that Society can see baby. Informed her not best action but can be done if not able to see baby. Informed her did not want to take this action but can if need to. (Case 3)

In addition to instilling fear and anxiety, this communication strategy unfairly placed this child in the position of gatekeeper (of threats of "more intrusive" action) and likely aggravated an already strained mother-daughter relationship. The pressure of being questioned about her mother and worry of apprehension was also felt by the younger sibling of the victim, as suggested by a recording of a private meeting with the worker:

She [sibling] was reluctant to speak about her mother. Explored this with her. She stated she did not know if this would remove her from home. (Case 3)

Once again, competing discourses of protecting and helping were evident in each of the above file excerpts, where the protector role discursively shadowed the helper role. The contradictory demands of child welfare work, enveloped by neoliberal constraints and ideological influences, signal a departure from how the social work profession traditionally conceptualizes helping. While the Child Protection Standards in Ontario (MCYS, 2007a) underscore the importance of family engagement, “not [as] an end, but rather a means of effectively assessing and securing the safety of a child” (p. 26), intrusive and threatening interventions naturally presented a roadblock to constructive engagement. A glaring absence from the failure to protect case files, with few exceptions, was a tone of compassion, empathy, warmth, kindness, and encouragement – all vital for effective engagement and motivation for change in a positive direction. It is possible that these qualities were present in some worker-mother interactions, but not adequately captured in text. Nevertheless, perceptions of bad mothering clearly evoked strong emotional reactions that may have encumbered workers’ capacity for empathy. This, coupled with a child-centric protection mandate and maternal resistance to involuntary, highly intrusive interventions, resulted in mothers and, thus, children being deprived of the type and level of help they required.
There was, however, a sentiment of sympathy and support extended to the nonoffending fathers and mother profiled in the negative case that was simply denied to the other mothers, as illustrated by the following case file recordings:

\[I \text{ acknowledged that we would not want to set him and his daughter up for failure but success and would want to put supports in with him}. \ldots \text{ I acknowledge that we can be present to support them both as we recognize that this will be difficult.}\]

\[I \text{ acknowledged that he approached his daughter from a place of wanting to protect her, loves and cares for her, and never did I question his love for his daughter}. \ldots \text{ I said that I am fighting with him for his relationship with his daughter. (Case 2)}\]

\[\text{This worker met privately with [Jill] and spoke for an hour and a half. [Jill] appeared ready to talk to someone about everything that happened and thanked this worker at the end of the interview for listening.}\]

\[\text{This worker spoke about how she will probably grieve the loss of her marriage and dreams and that is normal even given the abuse and right decision to leave.}\]

\[\text{Thanked worker for listening, cried several times during the interview and gave worker a hug when worker left the home. (Negative case)}\]

These texts moreso reflect a counselling discourse characterized by empathic understanding, reassurance, praise, and collaboration, with far fewer linguistic commands and negative connotations. In their gravitation toward dominant paradigms, it may be considerably less trying for workers to extend compassion and help to fathers, who are not held to idealized standards, and to mothers, who live up to idealized standards, than to mothers, who fail to do so.

The mothers in the failure to protect cases encountered repeated demands for behavioural and attitudinal change to meet good mothering standards, yet were provided with very little
concrete assistance or clinical guidance on why it was important and how to achieve it. Attempts at helping generally came in the form of referrals to community-based children’s mental health centres for child-focused trauma assessment and treatment with a parent component. When mothers agreed to participate in counselling with their daughters, they encountered lengthy waiting lists, during which time the family’s needs went unmet. Then, they were typically obliged to consent to the release of confidential information shared in therapy sessions, which could later be used against them in child protection proceedings. Accountability for systemic obstacles was erased from the texts.

Though well-intentioned and necessary, counselling referrals were made coercively and, in some cases, without an accompanying (documented) explanation for the reason for, or potential benefit of, clinical treatment, resulting in push back from at least one mother (and father). In the absence of adequate exploration of the barriers to follow through, noncompliance with referrals was taken as further proof of poor mothering and ongoing risk. The following case notes demonstrate one mother’s confusion about the purpose of counselling, and how her decision to discontinue with “voluntary” services was unfairly documented as factual evidence of a “guarded” prognosis and additional grounds for placing the family at “high risk” of future abuse:

*She expressed at reactivation session with [counselling agency] staff that she believed [Emily]. However, [Ms. Martin] does not clearly understand the reason counseling is required other than it is the ‘Children’s Aid’ wants her to.*

*Clinical counselling is voluntary.*

*Prognosis: guarded. The lack of counselling and trust toward professionals puts the family at high risk of vulnerability and from future possible abuse (either to mother or to children) more likely to occur.* (Case 3)

Despite explaining that she was unable to continue with counselling services because “she did not have time” given her employment obligations, parenting responsibilities, transportation
challenges, and health complications, the reason for this mother’s lack of follow through was reduced primarily to her wariness of professionals. That being said, one might speculate that maternal mistrust of professionals, and consequent reluctance to seek help, were the inexorable byproducts of a history of negative experiences with child protection workers perceived as blaming and judgmental. Noncompliance with referrals then gave rise to further blame and judgment, thus perpetuating a cycle. Documentation of community-based counselling referrals and subsequent refusal of services, therefore, conveyed an impression of helping, while concurrently building a stronger case for maternal failure to protect. Moreover, gender bias was apparent in the language used to articulate parental readiness to follow through with referrals. For instance, in one case, the stepfather was “not ready at this time to participate in counselling,” whereas the mother “refused” counselling (case 3). The mother in the negative case, on the other hand, was far more trusting and receptive to clinical resources.

It is also important to note that one teenaged victim, who had the cognitive capacity for informed decision-making, independently declined counselling, yet her mother continued to be the target of blame for her nonadherence with referrals. While it could be argued that she may have been more inclined to follow through with services had her mother been more supportive of the therapeutic process, there was no guarantee of such. This tension in the texts reflects incompatible discourses of the child as vulnerable and in need of protection versus a rights-bearing individual with preferences and competence to make autonomous decisions (Collings & Davies, 2008).

Narrowly defined child protection discourse branded by intrusive interventions and repeated threats of more invasive measures appeared to contribute to maternal stress and anxiety, with little benefit, and impede help-seeking behaviour, possibly reducing maternal capacity to respond effectively and sensitively to their children’s needs. This power-over and deficit-based approach to ‘helping’ failed to capitalize on maternal strengths and faculties, which may have hindered, rather than enhanced the welfare of the children.
5.7.5. Maternal acts of resistance: Shifting the balance of power. In the context of relative powerlessness, the mothers in the child protection case files were, for the most part, compliant with voluntary and involuntary CPS interventions. There was, however, some evidence in the failure to protect cases of maternal resistance to the authority and control workers had over many aspects of their lives. The goal of resistance, according to Foucault, is not to extort a finite amount of power from another group, but to produce an alternative power-laden discourse (Little, 1999). Through big and small acts of defiance, mothers were able to alter the amount and quality of interactions with CPS, thus unilaterally negotiating and slightly shifting the balance of power. One mother’s decision to maintain her relationship with the perpetrator at the expense of losing custody of her daughter was perhaps the ultimate show of resistance – or put another way, the ultimate act of self-determination. More often, maternal resistance, intentional or unintentional, manifested in the form of unreturned telephone calls, not answering the door for home visits, and not availing themselves to services, as evidenced by the following case recordings:

*The Society worker has telephoned [Mrs. Johnson] several times, however, to date and [Ms. Johnson] has not returned any calls.*

*Mom distancing herself from daughter and [CAS] given our stance around her husband.*

(Case 2)

*Fsw arrived early for the scheduled h/v [home visit] for 9:30 a.m. Fsw knocked several times and no-one answered. Fsw attempted to contact [Sofia Martin] by telephone and fsw was not able to leave a vmm [voicemail message] as the vm box had not been initialized. Fsw returned for 9:30 a.m. and knocked several times and there was no answer.*

*FSW attempted several home visits and no one answering the door. Phone number out of service.*
[Ms. Martin] does not seem to trust professionals with her personal matters and consistently does not participate in counselling. (Case 3)

Through an alternative lens, maternal actions or inactions labeled as resistant or defiant may constitute a self-protective process of alienation from a disparaging and threatening system. To the detriment of mothers, oppositional behaviours were often countered with even more intrusive measures or threats of more intrusive measures.

5.7.6. Decisions without choices: Decontextualizing women from the realities of mothering in the face of adversity. Balancing the safety and well-being of both children and their mothers is a challenging feat in child welfare. Throughout the child protection case files, there were glimpses of the harsh realities of mothers’ lives, personified by acute and chronic crises, psychological trauma, family conflict and violence, relationship problems, parenting stress and labour, physical illness, loss and bereavement, employment struggles, financial insecurity, and housing instability. For the most part, however, their day-to-day lived experiences went critically unexamined and essentially disappeared through the documentation process. There were few discernible connections in the texts between social conditions and the child protection problem at hand. The potential impact of maternal adversities on maternal capacity to protect in the context of CSA garnered little consideration, with inflated expectations for protection persisting under any circumstances and at all costs.

There was a documented history of high conflict and IPV in all four child protection case files, in three of which the physical, psychological, and/or financial abuse against the mother was committed by her current intimate partner, the CSA perpetrator. For at least two mothers, the violence continued until the relationship ended in the aftermath of the sexual abuse allegations. IPV is often experienced against a backdrop of love and emotional attachment, control and fear, family and childcare responsibilities, financial stress and dependence, social isolation, and countless uncertainties. While many mothers parent effectively through violence, parenting capacity and decision-making can be directly or indirectly compromised, not only by the crisis of CSA, but also by the traumatic impact of chronic IPV (Jaffe & Crooks, 2005;
Levendosky & Graham-Bermann, 2001), including perpetrator strategies to control and undermine the quality of women’s mothering (Lapierre, 2010a, 2010b). Authorities invest mothers with the power to protect under circumstances in which they have been stripped of their power – physically, psychologically, and economically. Case file references to IPV were, for the most part, vague, fleeting, and, at times, minimizing. It appeared that CSA risk greatly overshadowed IPV risk throughout the recordings. Notably, despite the high prevalence of co-occurring IPV and CSA (Holt, Buckley, & Whelan, 2008), there was no explicit link between women’s experiences of violence and their ability to protect in the context of CSA in any of the provincial policy or practice texts.

Mediated and moderated by a number of intersecting influences, direct and indirect exposure to IPV can negatively affect children’s psychoemotional, behavioural, and social development in both the short- and long-term (Edleson, 1999; Evans, Davies, & DiLillo, 2008; Holt et al., 2008; Jenney & Alaggia, 2012; Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003), at times warranting legislated child welfare involvement – with some controversies attached (Nixon, Tutty, Weaver-Dunlop, & Walsh, 2007). While mindful not to reinforce a ‘deficit model of mothering’ in the context of violence (Lapierre, 2008), it is important to acknowledge that the child victims in these cases were doubly harmed, or at risk of being doubly harmed, by exposure to both IPV and CSA, among other traumatic events. The following case notes detail the ongoing violence in one home and illustrate, through the eyes of the child, the adverse effects of witnessing IPV and some insights into the so-called cycle of violence:

She reported that the domestic violence between mother and step-father [Mr. Lewis] was verbal and physical. She and [sibling] were often present when both parents were arguing and fighting. [Sibling] cried. Mom and step-father [Mr. Lewis] would slap each other. One morning, [Emily] saw mom have broken blood vessels underneath her eye and some scratches on mom’s shoulder and face. [Emily] got angry with [Mr. Lewis].

[Emily] informed that she does not want him to return as she is fearful of what he may do – i.e. physically harm her mother and verbally abuse her and her sister. She informed
that everyday [Mr. Lewis] would be fighting. She informed that mother would react back
to the violence (mutual violence). [Emily] informed that she did not want [sibling] to
continue to witness the violence as [sibling] may think that it is okay to be hit by a
husband. [Emily] informed that for herself she did not want the violence to continue
between [Mr. Lewis] and her mother as she may become fearful of going out, she may
get herself in an abusive relationship with a male later in her life. (Case 3)

Representing gender symmetry discourse, the phrase “mutual violence” was referenced several
times in the file, including court documents, to describe the physical violence perpetrated
against this woman by her husband. Applying this naming device to describe her response to
being assaulted, whether in self-defence, physical reaction, or retaliation, erroneously implied
shared culpability, minimized the gender-based power imbalance at play, deflected
responsibility from the aggressor, and reinforced victim-blaming discourse. The use of
comparable gender-neutral language, such as domestic violence or family violence, has also
been rightly criticized for degendering and depoliticizing men’s violence against women
(Muehlenhard & Kimes, 1999; Strega, 2012). Despite recurring language disguising agency,
the notion of mutual violence was challenged in the following file excerpts, wherein, through
the filter of the worker, the mother in this case poignantly described the fear and volatility of
the home environment consequent to her husband’s violence, the profound impact it had on
her relationship with the children, and the steps she took to shield them from it:

[Ms. Martin] informed that she and her daughters feel safer and at ease now that [Mr. Lewis]
is not home in that she feels that she is developing a better relationship with her
daughters. When [Mr. Lewis] was at home, the home environment was tense,
unpredictable, fearful, violent and volatile. She preferred her daughters to be in their
room because she did not know what [Mr. Lewis] would be addressing in a violent
manner. He would confront her about anything.

94 Gender-specific language, on the other hand, has been challenged for being exclusionary of violence perpetrated
by women against men and violence within same-sex relationships, hence implying compulsory heterosexuality
(Muehlenhard & Kimes, 1999).
[Ms. Martin] informed [worker] that she is not reconciling with [Mr. Lewis] because she does not want to continue to have an intense, unpredictable, fearful and violent relationship with [Mr. Lewis] as she recognizes that was impacting on her daughters and herself. (Case 3)

There was also some suggestion in the file that this mother was plagued with feelings of self-blame, guilt, and responsibility, perhaps evidence of internalization or assent to the societal and child welfare judgments cast upon her:

   She [mother] informed that she wants the best for her daughters. She cannot live with herself if she were to reconcile with [Mr. Lewis] and knowing what he had done to her daughters and the possibility of doing it again. (Case 3)

Offering evidence that contrasted bad mothering discourse, this mother expressed that she “wants the best for her daughters,” yet faced obstacles to actualizing her hopes and dreams. There was a brief link made in the text between her own experience of abuse and her ability to support her daughter, though its implications did not appear to be afforded much consideration beyond this one reference and a subsequent counselling referral that did not materialize:

   [Sofia Martin] informed of her own physical abuse and is not able to support [Emily] fully at this time. [Ms. Martin] informed that she wants to see someone (counsellour) for herself so that she can speak about her feelings, experience, and confusion. (Case 3)

In this case, two of three documented service plan outcomes were “to ensure the safety and well being of both children and their mother” and “to have a violent free home environment.” Identifying maternal safety and well-being, alongside child safety and well-being and a violence-free home, as desired outcomes seemed to, at least superficially, acknowledge IPV-related risks to the mother, which signals an important step in the right direction. One of the primary persons assigned responsibility for the tasks required to achieve these goals, however, was the
mother herself. Endowed with power she did not have, the mother was destined to fail. It follows that maternal blame was reinforced and perpetrator accountability was diverted.

In the remaining case, there was no mention of current IPV in narrative form, though it seemed highly probable based on previous patterns of abusive behaviour and relational dynamics. It was unclear from the documentation, however, whether this was overlooked as a potential concern given the absence of imminent risk due to the perpetrator’s temporary court-ordered removal from the home, or whether the mother was directly asked about current violence and denied it. For many women, the IPV disclosure process can be impeded by a number of risk factors across all levels of the ecological system that generally outweigh anticipated benefits (Alaggia, Regehr, & Jenney, 2012; Alaggia, Regehr, & Rischynski, 2009). From a mother’s perspective, particularly one with prior (unhelpful) CPS involvement for IPV, intentionally withholding or downplaying such information would be a rational, fear-based response. Acknowledging the presence of violence in the home could add further fuel to attributions of maternal blame and failure to protect (from exposure, or risk of exposure, to both IPV and CSA), possibly resulting in even more intrusive child welfare interventions. Choosing silence over disclosure is, therefore, quite comprehensible.

A theme that cut across all four case files was the imposed condition that mothers instantly and permanently separate from the CSA perpetrator, should they have wanted to retain or regain custody of their children. Abuse prevention was, therefore, explicitly downloaded to mothers. In this zero-tolerance approach, silences in the texts suggested that the significance of socioeconomic, psychological, and physical safety risks to mothers were disregarded or minimized by key actors. Against the backdrop of child-centric notions of best interests and risk intolerance, the complexity of this decision-making process was reduced to a maternal ‘choice’ between partner and child. For example, in the sole case resulting in a petition for state wardship, the mother was presented with an ultimatum in which, in the context of contested allegations of CSA, she was forced to choose to reside with either her husband or her daughter:
[Ms. Johnson] maintains that her daughter is safe to return to her care even with her husband (the child’s step-father) is living in the home and she believes that [Anna] wants to return to her care.

The family members informed the Society that they would like for [Anna] to return to their care, however, the Society disagrees that it is safe for [Anna] to return to her mother’s home while her partner remains living in the same home.

[Counsel] spoke to the judge that mother could choose her husband over her child and there could be implications. (Case 2)

The staunch expectation to immediately sever a relationship following CSA allegations, regardless of the presence of IPV, is based on three flawed assumptions: 1) women are liable – that is, they are responsible for stopping the abuse; 2) leaving is a viable option for women – that is, they have the power and means to leave; and 3) leaving is an effective solution – that is, leaving will put an end to the abuse. The decision to stay or go following the discovery of CSA, like IPV (Alaggia et al., 2012; Anderson et al., 2003; Baly, 2010; Bell & Naugle, 2005; Martin et al., 2000), involves careful contemplation of known and unknown but anticipated dangers associated with both outcomes, often with children’s best interests as a core consideration. The foremost risk in staying is, undoubtedly, continuing or escalating abuse and related harms. Among the many potential losses consequent to leaving are loss of the idealized nuclear family unit and paternal presence, child custody, love and intimacy with the perpetrator, home and neighbourhood, financial and housing security, employment and health benefits, school consistency, childcare, means of transportation, immigration status, and social support. In the sociopolitical context of neoliberalism and a dissipating safety net, fears of poverty are especially fervent. For women in violent relationships, there is a heightened risk of harassment, injury, and death postseparation, even more so when child custody is at stake (Brownridge, 2006; Campbell, 2007; Campbell et al., 2003). Moreover, risks can intensify when leaving is not executed planfully, as is commonly the case during CSA crises.
Interestingly, in the negative case, the child’s initial disclosure of sexual abuse was made directly to the mother, allowing her the time to carefully plan her exit from the relationship and home before contacting the authorities. Maternal safety planning in this case involved arranging bank transfers, requesting job relocation, securing alternate accommodation, and a concerted effort to “keep things as calm as she could until she could leave.” In the failure to protect cases, on the other hand, the mothers were advised of the CSA allegations in the midst of the forensic investigation and forced to make life-altering decisions in the spur of the moment with insufficient opportunity for, or assistance with, the safety planning process. For some mothers, barriers to leaving are insurmountable. For others, the decision to stay is a matter of choice or a calculated attempt to keep themselves and their children safe(r) within the constraints of appraised risks and available options. Despite being labeled as failing to protect, not leaving may have been a valiant effort to protect by some of the mothers in this sample, though purely speculative.

The failure to protect case files were nearly void of cultural and religious considerations. There was scant documented assessment of the impact of the family’s belief system on protection decisions, regardless of policy and practice standards that accentuate the need for a holistic approach that seeks knowledge and understanding of “the family’s uniqueness, including ethnicity, culture, religion, and relationship to the family’s extended family and community” (MCYS, 2007a, p. 65). For instance, as reported in Table 1, three of the four mothers self-identified as Roman Catholic, yet there was no analysis of how this particular worldview, which traditionally prohibits divorce and preaches forgiveness, may have influenced their ‘choice’ to either revere or rescind on their marriage vows. Insistence that women leave abusive husbands to increase safety violates the religious covenants of marriage and family, thus providing evidence of clashing discourses in child welfare texts. To add further discord, good wife ideals that command women to ‘love, honour, and obey until death do they part’ diverge with good mothering ideals that adhere to the social order of love, wherein a mother’s love for her children is ranked above all else. Religion aside, leaving the socioculturally privileged, nuclear family unit for the devalued state of single motherhood, for many women, comes with stigma and shame.
A comprehensive clinical analysis of the cases goes beyond the narrow scope of this thesis. It is, however, worth briefly reporting here that meaningful assessments of the quality of the pre-existing mother-daughter attachment relationship and impact of traumatic separation postabuse were greatly lacking in the files. While fundamental attachment principles are carefully infused throughout child protection policies, they seemed to be weakly integrated into everyday practice. In one failure to protect case, for example, the child was raised primarily by her grandmother in another country before reuniting with her mother in Canada several years later, only to have her stepfather obstruct their efforts to mend their relationship and sexually victimize her. This ultimately resulted in a foster care placement due to an unsupportive postdisclosure response from her mother, with whom she had a severed attachment bond. Likely premeditated, perpetrator efforts to emotionally alienate this mother from her daughter secured secrecy and deflected attention away from his abuse and toward her bad mothering. The texts, however, were mute on the potential impact of perpetrator corruption of the relationship and attachment disruption on maternal responsiveness, despite observational evidence in the file suggesting poor mother-daughter attachment:

*Mother appeared flat affect throughout the course of the meeting, particularly when her daughter started to cry and when it was mentioned that [Anna] has been doing well in care, following rules. Mother did not respond to her daughter to soothe her or commend her. (Case 2)*

With the majority of documented descriptions of mothers reflecting the nature of their dealings with workers, rather than the quality of their interactions with their children, this quotation represents one of the few that captured an observed mother-daughter interface. To their detriment, a comprehensive clinical assessment and intervention to repair their attachment did not ensue (at least not during the time period for which file recordings were available). The ambivalent or even negative feelings some mothers experience toward their children stand in the face of romanticized images of motherhood and are often silenced in child welfare when emphasis is fixated on protection (Hollway & Featherstone, 1997). In the negative case, the child’s decision to disclose to her mother and the mother’s supportive response may have been
indicative of stronger pre-existing attachment security, as suggested by a case note in which the mother expressed that “she always had a special bond” with her daughter.

Highly relevant information pertaining to maternal abuse and trauma exposure, mental health functioning, and coping capacity was also largely absent or glossed over in the case files, despite their known influence on CSA postdisclosure response. In each family risk assessment, the ‘no’ box was checked for all items related to primary caregiver mental health problem, substance problem, and childhood maltreatment history. This merely indicated that the presence of these risk factors was unreported or unknown at the time, not that they were necessarily explored in any clinical depth. Despite the availability of supplementary screening tools to assess adult mental health, coping, and support (MCYS, 2007b), they were not utilized in these cases. Given the circumstances, symptoms of maternal distress, depression, and posttraumatic stress, among other adverse reactions, would not have been unexpected. Like IPV, it is conceivable that maternal struggles, if assessed, were outright denied, selectively disclosed, or strategically minimized by mothers to avert further scrutiny and judgments of incompetence.

All recordings remained silent on the intersection of class- and race-based marginalization and its impact on the lived experiences of mothers and their children. The socioeconomic conditions of mothering were generally obscured through the texts. As noted early on in this chapter, there were hints of financial and resource deprivation in each of the failure to protect case files, but no explicit connections between maternal protective capacity and material deficits. Again, some mothers may have been reluctant to raise finances as a concern for fear of being perceived as inadequate in their parenting role. It is also plausible that poverty has become so naturalized in child protection work that it does not factor significantly into the discussion or documentation. Conversely, the mother in the negative case was financially independent and, therefore, economically empowered to end her marriage and relocate with the children to ensure their protection.
When the past and present adversities faced by mothers, both personal and structural, are not fully understood, there is a propensity to simply attribute suboptimal responses to CSA to unfit mothering. Through this narrow discursive frame, mothers are decontextualized, while blame is individualized. Unvoiced life stories and unspoken problems render needs invisible and goals unattainable, inevitably setting mothers up for failure.

5.8. Synthesis of Key Study Findings

Important findings have emerged from this feminist critical discourse analysis of an interconnected network of child welfare policy and practice documents representing the current state of evolving child welfare discourse in Ontario, Canada. Though partial and nongeneralizable beyond the study sample, interpretive analyses of textual and contextual evidence support the plausibility of the following sociocontextually contingent conclusions:

- Gendered attributions of blame and responsibility in contemporary child welfare system responses to the sexual abuse of children persist and are discursively constructed, enacted, and reinforced through the culturally- and institutionally-entrenched doctrine of failure to protect, which has an inherently disproportionate and troubling effect on women, particularly marginalized mothers, in the interest of sustaining patriarchal relations of power.

- Neoliberal ideology and managerial modes of governing permeate our threshold approach to child protection. Increasingly bureaucratic institutional discourse emphasizes personal over collective risks and responsibilities, fiscal restraint and efficiencies, proceduralized intervention protocols, and stringent top-down regulatory measures, resulting in excessive documentary demands, restricted professional agency, and reduced capacity to help. Through this paradigmatic lens, sexual abuse risk is attributed to the deviant character or poor life choices of bad mothers, the least threatening target for scrutiny and blame deflection. Surveilled unless or until they demonstrate behaviours and attitudes in line with
societal scripts, responsibility for protection lies with individual mothers, thus sanctioning state retreat from social welfare obligations and obscuring macrolevel power imbalances.

- Notwithstanding a seemingly progressive shift toward gender inclusivity marked by the infusion of gender-neutral language in child welfare policy and practice documents, textual representations of child protection clients and processes are constituted through a complex interplay between gender and power, whereby the role of nonoffending mothers in protection is deemed obligatory, the involvement of nonoffending fathers is regarded as discretionary based on maternal (in)capacity, and the engagement of sexual abuse perpetrators is limited and unconstructive. Though not fully actualized, efforts to promote involved fatherhood in child welfare offer some resistance to this dominant gendered discourse.

- Anchored in fear-based reasoning and a subjective moral stance, the rapid detection and regulation of risk are fundamental organizing principles in child welfare, and vital mechanisms for social order and scarce resource allocation. The best interests of the child are evaluated against maternal capacities to protect, with appraisals of sexual abuse risk superseding all other considerations. Despite manifesting across all levels of the ecosystem, formulations of risk are circumscribed almost exclusively to maternal behaviours, knowledge, and attitudes – past, present, and future. Risk reduction plans rely on maternal compliance with orders to monitor and control perpetrator whereabouts, actions, and access, thus investing mothers with power they may not have, displacing the protection role from the child welfare system (to mothers), and reducing the function of child protection workers to one of surveillance (of mothers). The consequence of constructing mothers as the embodiment of risk and primary agent of change is effective deflection of blame and responsibility away from child sex offenders, nonoffending fathers, deficient system responses, and structural power asymmetries.

- Firmly grounded in child-centric notions of best interests and mother-centric notions of risk, the doctrine of failure to protect gains its power by drawing upon hegemonic ideologies of
gender and motherhood to render women assailable for the sexual transgressions of their intimate male partners. Naturalized constructions of good mothering infiltrate child welfare decisions, expectations, and interactions, wherein mothers are unfairly and unrealistically judged against idealized archetypes of the all-sacrificing, all-knowing, and all-powerful mother, and inevitably characterized as deviating from their socially prescribed role.

- Failure to protect standards are poorly conceptualized and operationalized in overly broad policies and practice instruments, compelling child protection workers to rely on available schemas to inform their thinking, acting, and writing, thereby leaving room for discretionary judgment and personal biases to seep in. Blinded by maternal ideals and the basic premise that mothers always can, and always will, act to protect their children, the socioemotional distress, material resources, and physical tasks involved in acute and enduring protection go largely unnoticed.

- With little tolerance for maternal ambivalence and uncertainty in the face of sexual abuse allegations, expectations of unwavering maternal belief, support, and protection rigidly persist irrespective of perpetrator tactics, child statements, child welfare responses, and criminal justice findings that operate together to plant seeds of doubt. The corollary of succumbing to reasonable doubt is judgment of failed mothering.

- Highlighting the tension arising from the dual child welfare mandate to protect children and support families, protection discourses eclipse competing discourses of helping. With protection conceptualized as safeguarding children from maternal failure to protect through punitive interventions, child protection workers exercise their power over mothers via intrusive and lengthy court-ordered involvement, close surveillance and intense scrutiny, and repeated threats of more invasive measures, at times in the absence of empathy, compassion, and meaningful clinical guidance. The authoritative and adversarial dynamic of worker-mother relations seemingly preclude constructive engagement, trigger acts of resistance, foster alienation, and impede help-seeking.
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Deficit-based child welfare evaluations are generally isolated from the disadvantaged social
location, cultural conflict, psychological trauma, and material deprivation that characterize
the day-to-day lived experiences of mothers. With few discernible connections between
maternal capacity to protect and maternal adversities, particularly domestic violence and
poverty, suboptimal responses are decontextualized and myopically attributed to bad
mothering, while impractical yet incessant demands for protection endure under any
circumstances and at all costs.


CHAPTER 6
DISCUSSION AND IMPLICATIONS

6.0. Fracturing Gendered Paradigms of Blame and Failure to Protect in Child Sexual Abuse: Constructing an Alternative Discourse for Child Welfare

This doctoral dissertation endeavored to expose discursive manifestations of institutionalized relations of power that operate to enact, sustain, and resist gendered attributions of blame and failure to protect in contemporary child welfare system responses to sexual violence against children in Ontario, Canada. Through a comprehensive feminist critical discourse analysis of a systemically linked network of child welfare policy and practice texts that represent semiotic points of entry into the social problem under investigation, this study unmasked and denaturalized hegemonic ideologies of gender and motherhood that fuel textually mediated discourses of blame and failure to protect rooted in child-centric notions of best interests and mother-centric notions of risk. Contextually-grounded in critical analyses of the shifting sociohistorical landscape over time, social constructions of blame across theories of CSA, and vast conceptual and empirical literature that has been instrumental in supporting and refuting prevailing assumptions, the evolution of this thesis has built a progressively persuasive case for social change with a strong epistemic and evidentiary foundation for understanding and challenging patriarchal hierarchies of power in child welfare discourse.

This represents the first Canadian study, to my knowledge, that has applied CDA methodology through an explicit feminist lens to explore maternal blame and failure to protect in the context of intrafamilial CSA in textually embodied child welfare discourse. In addition to demonstrating the merits and utility of a currently underdeployed method of interpretive inquiry in social work
research, this study accomplished its intention to advance the deficit state of empirical knowledge in the field by building upon the important theoretical and scientific works of leading scholars in comparable areas (e.g., Alaggia, 2002; Bolen, 2003; Davies & Krane, 1996; Krane, 2003; Krane & Davies, 1995, 2000; Lapierre, 2008; Magen, 1999; Scourfield, 2003; Strega, 2009, 2012; Strega et al., 2013; Swift, 1995; Swift & Callahan, 2009).

True to the objectives of critical social science research, this final chapter considers avenues for resisting and remedying the social injustices that were uncovered with the insight and knowledge generated through this discursive critique. While it would seem that massive scale ideological and sociopolitical change is a fundamental prerequisite for reversing the trends that have come to light in this study, I propose tangible approaches for working toward surmounting the problem that are anchored in the construction of an alternative discourse with greater coherence and explanatory power. To this end, through an overarching poststructural feminist frame, relevant attachment and ecological principles and research literature reviewed in earlier chapters are integrated with the findings of this study to underscore four key areas for discursive resistance in child welfare policy and practice: 1) denaturalizing motherhood ideology – embracing imperfection, 2) dismantling risk and failure to protect – unblaming mothers, 3) disrupting child-centrism – striking a balance of best interests, and 4) destabilizing gendered processes – promoting involved fatherhood. The implications of this reconstructed discourse for child welfare policy and practice are threaded throughout the discussion. This chapter concludes with reflections on discourse-led social transformation and future pathways for social work education and research.

6.1. Denaturalizing Motherhood Ideology: Embracing Imperfection

The sexual abuse of children and the mothering failures of women are so intricately linked that they have become naturalized. Recycling traces of traditional psychoanalytic, family systems, and attachment theories, the centrality of the mother to child safety and well-being persists to such an extent that any supposed wrongdoing is regarded as catastrophic – or as spoken by
Scourfield (2001b), “more is expected of women, but when they fall they fall from a great height” (p. 85). This study unearthed engrained and enduring cultural constructions of idealized motherhood, the powerful and uncontested ideological effects of which support gender-biased child welfare policies and practices that overtly and covertly fix their gaze on women’s mothering, while largely neglecting men’s fathering, both abusive and nonabusive. Originating in child welfare law and emanating through policy and practice texts, the systemically-entrenched doctrine of failure to protect has emerged as a present day mutation of historically ubiquitous claims of maternal collusion and complicity following CSA, both of which imply culpability, constitute mother-blame discourse, and reinforce patriarchal power relations. Despite steady momentum toward gender equality in Western societies, women continue to demographically comprise the gendered majority of primary childcare providers and victims of violence and are, therefore, disproportionately impacted by failure to protect principles and protocols. Corroborating the observations of others (Davies & Krane, 1996; Krane, 2003; Strega et al., 2013; Swift, 1995), the women profiled in this failure to protect case file analysis inevitably failed to measure up to moral, social, and legal expectations when harshly judged against culturally-embedded and systemically-ensconced maternal ideals based on heteronormative, Eurocentric, middle-class standards. Consequently, they were characterized as defective in their mothering role, worthy of blame, and deserving of punitive repercussions. Largely achieved through silences in the texts, these mothers were abstracted from their social context in individualistic and deficit-based child welfare representations, whether consciously or not, leaving dominant discourses of pathology relatively untroubled. Maternal decontextualization enables the romanticized portraits that socially construct the institution of motherhood and fixed prescriptions of proper mothering to proliferate as uncontested truth.

Formulating a particular model of mothering as natural and universal invites the conclusion that it is both superlative and unchangeable. From a poststructural feminist perspective, fracturing the social reproduction of dominant motherhood discourse in child welfare begins with exposing and resisting taken-for-granted notions of the all-sacrificing, all-knowing, and all-powerful mother that dichotomize women as good or bad according to where they rank on the yardstick of societal ideals. This does not inherently negate or undermine the strong feelings of
love and desire to protect that many, perhaps most, mothers have for their children. It does, however, challenge essentialist narratives of innately intuitive and omnipotent mothering, and demand the recontextualization of decontextualized women. Moving away from deficit paradigms of mothering that attribute perceived failures in protection to individual inadequacies and pathologies necessitates careful consideration of women’s complex lived experiences and material circumstances, intersecting sources of oppression and marginalization, potential consequences of life-altering decisions, and overlapping psychological, socioeconomic, and structural barriers to fulfilling their protection mandate. Rejecting the binary thinking that underlies universalized applications of good mothering ideals means accepting the reality of maternal imperfection, embracing subjectivities and diversities among women, making visible the emotional and physical labour of mothering, and replacing discourses that shame and blame with discourses that empower and support. This paradigm shift calls for increased awareness and attitudinal change among professionals across all levels of service delivery, and child welfare policies and practices that are derived from evidence, not driven by archaic theory and oppressive ideology.

6.2. Dismantling Risk and Failure to Protect: Unblaming Mothers

The Ontario child welfare system has undergone momentous reforms in philosophy, administration, policy, and practice reflective of the fear-based, risk-averse climate within which it remains securely anchored. Constitutive of and by scientific, psychological, institutional, political, moral, and legal discourses, highly structured and bureaucratic processes for identifying and mitigating risk have become key governing mechanisms for allocating scarce resources and maintaining social order in the context of neoliberally driven performance measurement systems and growing reliance on statutory interventions. This thesis called into question the epistemological and empirical underpinnings of risk appraisal practices, specifically with respect to current applications to CSA recurrence secondary to maternal failure to protect. Consistent with the insight of others (Krane, 2003; Krane & Davies, 2000; Swift & Callahan, 2009), this study uncovered firmly entrenched, mother-centric discourses of risk in child
welfare responses to CSA, wherein mothers were narrowly constructed as the embodiment of risk and, therefore, the target of blame. In parallel with risk being ascribed almost exclusively to maternal behaviours, knowledge, and attitudes void of context, perpetrator and environmental dangers were textually backgrounded. In the same token, risk management relied predominantly on maternal willingness and ability to instantly sever ties with the perpetrator and successfully monitor and control his whereabouts and actions, often without judicial backing. Corollary to a neoliberal welfare state agenda, “contracting out the surveillance of fathers to mothers not only saves time but displaces the burden of risk, providing workers with some insurance against being blamed should matters later go awry” (Strega et al., 2009, p. 75). By extension, the prime role of workers was reduced to gathering evidence and policing maternal compliance in the absence of effectual helping. Each of the mothers who failed to efficiently and effectively eradicate risk faced years-long state regulation marked by court-ordered child welfare supervision and/or loss of child custody. Comparatively speaking, only three percent of all child maltreatment investigations in Ontario in 2008 resulted in an application to child welfare court by the end of the initial investigation (Fallon et al., 2010).

Good mothers, according to mainstream narrative, are presumed to be rational actors capable of weighing and avoiding risks by way of their own self-efficacy. Socially constructed against images of good mothers are images of bad mothers. Bad mothers are ineffectual at circumventing risk due to their own pathology or poor choices, consequently rendering them deserving of blame and intrusive state interventions. Constructing risky mothering as a primary hazard roots the genesis of CSA in maternal acts of omission over perpetrator acts of commission, systemic failures, and patriarchal forces – a fundamental blame attribution error emerging from our natural human tendency to assign causal explanations for social problems to individual (maternal) rather than contextual variables in order to gain some semblance of control. Such microlevel reasoning conveniently reinforces the basic tenets of neoliberal ideology that emphasize individual over social risks and responsibilities. Through this lens, the institution of child welfare can, arguably, be viewed as inadvertently colluding with the abuser and oppressive social structures within which sexual violence against children flourishes.
This thesis has not condoned the school of thought that abdicates nonoffending mothers from any or all responsibility for protecting their children from preventable harm, as such a stance would undermine women’s agency, worth, and capacity, as well as unjustly exonerate the small fraction of women with malicious intent. Moreover, all children, by nature of their developmental vulnerabilities, are in need of, and have a basic human right to, protection. This thesis has, however, emphatically argued for evaluations of CSA risk and failure to protect to be more firmly grounded in four fundamental assumptions: 1) intersecting sources of risk should be understood as coalescing at all levels of the ecosystem, not merely beginning and ending with mothers; 2) attributions of blame and accountability should be wholly and unequivocally situated with those perpetrating the abuse against the backdrop of patriarchal culture and unresponsive institutions, not deflected onto mothers; 3) liabilities for child protection should be dispersed among all significant caregivers and mandated systems, not solely relegated to mothers; and 4) expectations for protective action should mirror subjective lived experiences and diverse social locations, not fantastical motherhood ideals. Contemporary child welfare discourse, as this study revealed, does not fully adhere to these basic principles, thus calling for changes to the ways in which risk and failure to protect are conceptualized and operationalized in CSA policies and practices.

This analysis exposed how effective linguistic devices can be in masking responsibility and averting blame. A shift in risk discourse can be set in motion with the conscious use of language in active voice that does not minimize, conceal, or obscure agency for committing acts of sexual abuse and generating risk (e.g., *Michael sexually abused Sarah,* instead of *Sarah was abused*). By extension, the heavily loaded phrase *failure to protect* should be abandoned in child welfare policy and practice altogether, and replaced with the contextualized notion of *capacity to protect* in necessary evaluations of caregiver competence. Admittedly, this does little to resolve gendered applications, but it may evoke less disparaging, blaming, and deficit-based connotations. A less extreme alternative to wholly eliminating failure to protect as a maltreatment type would be to reserve it for caregivers who were consciously complicit in the abuse with no extenuating circumstances, in order to avoid unfairly penalizing nonoffending mothers for acts perpetrated by others that were beyond their scope of knowledge and control.
Compared to other forms of child maltreatment, sexual abuse is investigated and substantiated by authorities at relatively low frequencies (Fallon et al., 2010b; PHAC, 2010) and recurs to a lesser extent (Sinanan, 2011). Accordingly, the development and evaluation of most standardized approaches to risk assessment have concentrated on the prediction of nonsexual abuses. The unique dynamics and indicators of CSA recurrence are, however, operationally distinct from those of other maltreatment typologies. Levenson and Morin (2006), therefore, surmise that “currently available models for assessing risk for physical abuse and neglect are, at best, irrelevant, and, at worst, dangerously misleading in sexual abuse cases” (p. 76). While sexual abuse risk rests on the presence of an adult with a proclivity toward sexually violating children within a broader social context that condones age- and gender-based violence, sex offender recidivism risk factors and macrostructural forces are largely disregarded in child welfare practices that demarcate risk in terms of maternal willingness or ability to protect, as this study showed. This stands in stark contrast to the person-in-environment philosophy at the heart of social work.

Destabilizing maternalistic discourses of risk demands an ecologically-informed understanding of future risk that considers potentiating and compensatory influences that operate together across hierarchically-nested levels of a child’s social ecology. Accurately quantifying powerful sources of risk that originate in the macrosystem may not be feasible in actuarial methods of assessment, yet various manifestations at lower levels do lend themselves to statistical measurement, some of which are absent from current instrumentation and de-emphasized in clinical evaluation. For example, incorporating empirically-sound data on static and dynamic risk factors for sex offender recidivism into existing models of child welfare risk assessment could greatly improve their predictive power and better inform safety decisions (Hanson & Morton-Bourgon, 2005; Levenson & Morin, 2006; Seto, 2008), as well as effectively divert attention away from maternal risk and toward perpetrator risk. Needless to say, this would oblige child protection workers to routinely engage directly with perpetrators, thereby necessitating policy and practice amendments, system-wide training, and an institutional culture shift. Alternatively, formal partnerships could be established between child welfare and adult sex offender evaluators with appropriate expertise to conduct joint recidivism risk
assessments and develop collaborative risk reduction plans. This would be particularly crucial when the criminal justice system fails to restrict perpetrator opportunity to reoffend and reunification with the victim or unsupervised access to other children is being contemplated by authorities.

Critical analyses of child welfare texts found weakly conceptualized and operationalized failure to protect standards within overly ambiguous, child-centric policies and practice parameters that ultimately left child protection workers to rely on available discourses and discretionary judgment to inform highly complex decisions. This finding underscores the need for well-established criteria to systematically consider in the evaluation of past, present, and future caregiver capacity to protect in the context of CSA risk assessment, with a clear delineation of expected plausible measures. Like risk, failure to protect is an abstract concept difficult to objectify. As also noted in Swift’s (1995) critical analysis of child neglect, defining a category concerning the absence of something is an arduous feat. To echo the recommendations of Coohey (2006) and Shadoin and Carnes (2006), operational definitions for the substantiation of failure to protect should be versed in empirical research knowledge of the multitude of dynamic factors that impact the interrelated but discrete dimensions of caregiver belief, support, and protection. In defiance of taken-for-granted notions of maternal instinct and intuition, tangible knowledge of the abuse should be a precondition for duty to protect – because, logically speaking, unknowing mothers cannot effectually act on information they do not have. Moreover, standards of reasonableness must take into account the structural, psychosocial, and material impediments to immediate and enduring protective action, both surmountable and insurmountable. In other words, capacity to protect assessments and dispositions ought to be filtered through a contextual lens, rather than blinded by socially fashioned maternal ideals that pragmatically cannot be met; must move beyond overly

95 The multidimensional construct of maternal response has yet to be fully and consistently developed across studies, particularly with diverse populations, which limits evidence-based applications for clinical and forensic purposes. There are, however, reasonably reliable and valid maternal response assessment measures that could aid in child welfare decision-making (Bolen et al., 2002; Everson et al., 1989; Mannarino & Cohen, 1996b; Smith et al., 2010).
simplistic and stigmatizing dichotomizations; and should be revisited over time to capture the evolution of risk and oscillation in response postabuse.

Child welfare work is not an exact science, notwithstanding rigorous attempts to craft it as such. The current preoccupation with risk and overreliance on standardized methods of assessment have been staunchly condemned for compromising good social work, detracting from sound clinical practice, individualizing blame, abstracting from social context, and reinforcing oppressive power relations (Anglin, 2002; de Montigne, 2003; Kemshall, 2010; Krane & Davies, 2000; Munro, 1999; Parton, 1998; Swift & Callahan, 2009; Wharf, 2002). It is, however, highly unlikely that the field will move away from empirical protocols, nor should it. Contrary to common criticisms, some workers manage to maximize the utility of structure and exercise considerable professional autonomy within existing proceduralized decision-making processes (Parada, Barnoff, & Coleman, 2007; Spratt & Callan, 2004). Carefully validated actuarial risk assessment, combined with sensible professional judgment, rectifies the fallibility inherent in clinical wisdom or intuition alone, to some degree (Baird & Wagner, 2000; Schwalbe, 2008; Shlonsky & Wagner, 2005), therefore lending credibility to protection decisions and elevating the status of the profession from a mainstream perspective.

That being said, the messiness of human behaviour is difficult, perhaps impossible, to forecast with precision, reducing most predictions of risk to educated guesswork. This harsh reality beckons the call for child welfare to move toward embracing a greater tolerance for the uncertainties and ambiguities intrinsic to protection work (Carlton & Krane, 2013b; Parton, 1998). While upholding the ultimate goal of reducing the probability of harm to children, resisting overly rigid, procedurally driven manifestations of risk-averse child welfare discourse commands a slower pace, flexible and transparent protocols that refrain from restricting the knowledge base from which workers can draw, integration of clinical insight and meaningful engagement, and reliance on critical thinking and reflective practice – within an evidence-informed framework.
6.3. Disrupting Child-Centrism: Striking a Balance of Best Interests

The polarizing nature of child-centric child welfare policies and practices that pit the needs, interests, and rights of children against those of their mothers can ultimately fail both. This thesis has put forth the argument that the best interests of children are best served by wholeheartedly supporting the best interests of their mothers (and fathers), thus controversially challenging the fundamental concept of paramountcy in child welfare law. Promoting the best interests, protection, and well-being of children is, irrefutably, essential and worthy of codification. However, the overriding best interests principle, when narrowly defined, rigidly applied, and strictly ranked above all else, invariably works against the interests of women, particularly those who are themselves victims of violence (Alaggia, Jenney, Mazzucca, & Redmond, 2007; Magen, 1999; Magen, Conroy, Panciera, & Simon, 2001). Contesting reductionistic discourses of paramountcy does not dispute or discount the best interests of children, but rather puts them on equal footing with those of their nonoffending mothers, thereby diminishing harmfully divisive effects.

This study exposed the inherent tension arising from competing child welfare mandates, where child-centric discourses of protection eclipsed family-centric discourses of support. Achieving a healthier balance between the two equally important functions demands a disruption of child-centred discourse and expanded construction of mother- and child-centred discourse. Toward this quest for equilibrium, sustained emphasis on child safeguarding must be infused with heightened empathy, care, and compassion for maternal struggles and adversities. The discovery of CSA is an emotionally turbulent process for mothers, too often characterized by acute and chronic traumatic stress and diminished social and economic resources that flood usual coping faculties (Elliott & Carnes, 2001). Nonetheless, most mothers act, or come to act, protectively with time and support (Bolen, 2002; Bolen & Krane, 2013). As this study demonstrated, however, there was an unremitting child welfare expectation of immediate

96Mother- and child-centred discourse is proposed here to reflect the study’s gendered analysis and narrow focus on mothers. Family- and child-centred discourse would, however, be more linguistically inclusive of fathers and other significant caregivers.
maternal readiness, willingness, and ability to forgo their own needs and overcome their own crisis state in order to effectually fulfill onerous childcare and protection responsibilities with little support. The overwhelming stressors, traumas, and losses that epitomized the day-to-day lived experiences of mothers were textually overshadowed by the incessant demand for child-centredness to the point of self-sacrifice. Despite the empirically supported effects of psychological, relational, material, and cultural influences on maternal response to CSA (Bolen, 2002; Knott & Fabre, 2014), this analysis uncovered few discernible connections between capacity to protect and emotional or contextual barriers, with inflated expectations for protection persisting under any circumstances and at all costs. While the inner thoughts and feelings of mothers could not be thoroughly gleaned from this study, there was some suggestion that punitive child welfare interactions were experienced as mostly unhelpful, blaming, and controlling, possibly contributing to resistance and alienation, thereby echoing the stories of stigmatization and persecution shared by mothers in other qualitative inquiries (Alaggia, 2002; Carter, 1999; Hooper, 1992; Krane, 2003; McCallum, 2001; Plummer & Eastin, 2007a).

According to Dumbrill (2003, 2006b), even when adhering to seemingly neutral policies, child protection workers have access to several power mechanisms in their application – coercion, resources, knowledge, definition, and procedure – each of which can be used individually or in combination for ‘power-over’ or ‘power-with’ practice. Emerging as the dominant dynamic in this failure to protect case file analysis, a power-over approach, wherein workers oppressively exert their power over clients to make them conform, is likely to elicit resistance or feigned cooperation. Apparent in the negative case file analysis, on the other hand, a power-with approach, wherein workers constructively join their power with that of clients to establish mutual goals, fosters true cooperation and opportunities for change. Recognizing that a positive worker-mother relationship is a potent channel through which children can be better protected, the mindful use of power and nonjudgmental language is essential for effective engagement, anti-oppressive relations, ethical practice, and respectful and empathic exchanges that form the core of authentic helping.
A mother-conscious approach would compel concerted efforts to unravel the complex histories of women – women like Kate, Maria, and Sofia – that are dangerously silenced in and by narrow child protection mandates, excessive documentary processes, rigid procedures, strict timelines, and punitive interactions. Fostering an open and ongoing dialogue that empowers women to tell their stories without being stifled out of fear of judgment or retribution could facilitate a deeper appreciation for maternal subjectivities and social contexts through the child welfare process. Drawing from Davies, Krane, Collings, and Wexler’s (2007) clinical concept of the ‘mothering narrative’ in child protection practice, the co-construction of narratives consciously gives voice to the everyday complexities of mothering, nurtures trust and rapport building, promotes resilience and reflection, and enables constructive exploration and negotiation of ambivalence and resistance. Guided by an integration of feminist principles and attachment theory, mothering narratives shed light on the emotional and material conditions that shape mothering and attachment; enhance meaningful assessment of strengths, risks, and needs; and generate insight to formulate well-informed and contextualized protection plans (Krane et al., 2010), thus serving the best interests of both mothers and their children.

The focus, therefore, shifts from risk-averse practice dominated by bureaucratic procedures to reflective, relational, participatory practice that aims to establish or repair protective and emotionally responsive parent-child relationships by mobilizing maternal strengths and capacities and mitigating risks and needs. Among the main objectives would be to recognize and commend protective efforts that have been made, and collaboratively identify and work toward ameliorating barriers to optimally supportive responsiveness, while mindful not to shame or blame mothers for normative postdisclosure reactions, wherever they may be on the continuum. A history of IPV, disrupted attachment, and instrumental resource limitations, for example, were three of several major obstacles to adequate maternal protective action in the failure to protect case file analysis, yet these malleable contextual and interpersonal risk factors harvested little attention in child welfare assessments and service plans.

Advancing mother- and child-centred discourse in child welfare demands an integrated response that prioritizes the safety and well-being of both without compromising the safety or
well-being of either. Historically, the insular mandates and rival priorities of child welfare and violence against women sectors have culminated in tense relationships, fragmented services, and competing discourses, though important gains in collaboration have been made in recent years (Friend, Shlonsky, & Lambert, 2008; Jenney & Alaggia, 2012; OACAS, 2010b). Empirical research, clinical frameworks, and forensic approaches to CSA and IPV have developed largely in isolation of one another, despite the high prevalence of co-occurrence and potentially adverse impact of IPV on maternal response to CSA, as held true in this study and several others (Alaggia & Turton, 2005; Coohey & O’Leary, 2008; Hiebert-Murphy, 2001; Holt et al., 2008; Kellogg & Menard, 2003). To the detriment of both women and children, IPV-related concerns seemingly took a backseat to CSA-related concerns in isolation of context. A healthier degree of convergence between the two would better inform thinking and practice in both. Adopting language that refrains from masking gender-based power imbalances and culpability for violence against women is an essential starting point (e.g., James physically assaulted Sofia, instead of mutual violence between Sofia and James).

In addition to routine and transparent screening for IPV at the outset of CSA forensic investigations, child welfare assessments of CSA risk and failure to protect should systematically consider the well-founded physical, psychological, and socioeconomic risks posed to mothers who face pressure to swiftly and decisively sever an abusive relationship with the perpetrator in the context of constrained choices and deprived resources. This unrealistic expectation is based on the erroneous assumption that leaving (and, consequently, protecting) is simply a matter of maternal free will and good decision-making that will be a surefire way of ending the abuse. It is true that some women have no desire to disentangle themselves from violent partners on account of cultural beliefs, emotional attachment, or hope for change, and, arguably, have a right to voice their dissent in adherence with the principle of self-determination. For others, however, staying in the relationship is a carefully calculated effort to keep themselves and their children safe(r) by avoiding known and unknown risks – physical, psychosocial, cultural, and economic. From this angle, mothers are striving to protect by escaping the danger in leaving.
This is in no way to suggest that children at imminent risk of harm should remain in the home with their sexual abusers. A mother’s decision to stay, however, should not be hastily interpreted as de facto evidence of maternal unwillingness to protect that is worthy of reprimand without consideration of circumstance, particularly when there is a reasonable belief that action may pose more danger than inaction. When the legal system fails to issue and enforce court sanctioned protective orders to prevent violent men from revictimizing women and children, the responsibility for protection should not be unfairly bestowed entirely upon mothers in the absence of concomitant, cautious, and collaborative safety planning and support, as appeared to be the disconcerting case in this study. Mothers require tangible material assistance to resist violence and safeguard children, especially marginalized women who are more vulnerable to poverty and social isolation as they transition to single motherhood. In the context of broader socioeconomic constraints emerging from regressive neoliberal policies and structural inequalities, financial security, safe and affordable housing, reliable transportation, affordable childcare, and sound legal counsel are included on the laundry list of essential but scarce resources that empower women to reclaim a sense of agency and bolster protective capacity.

The extent to which adjunctive support services fall under the umbrella of child welfare will depend upon the quality of the worker-mother relationship and level of cooperation, needs and preferences, unique circumstances of the case, organizational scope of practice, and availability of resources. Mother- and child-centredness can be augmented by collaborative partnerships between child welfare and community-based, trauma-informed counselling agencies that provide noncoercive, easily accessible, customized, and evidence-based services as needed in the short- and long-term postabuse. With crises come windows of opportunity for change. Whereas many of the factors mediating the impact of sexual abuse on children are fixed, the fluid manner in which mothers respond is amenable to change in a positive direction.

97 Safety must be prioritized in CPS intervention plans, above all else. Carefully and mutually developed safety plans should build upon maternal strengths, while attending to the logistical, emotional, and situational needs of children and their mothers in an effort to keep themselves safe(r), in collaboration with interagency professionals and trusted social networks. Empirically speaking, however, the effectiveness of safety planning on violence reduction and safety improvement is mostly unknown (MacMillan, Wathen, & Varcoe, 2013).
Entrenching maternal supportiveness of the child, reducing distress, and strengthening adaptive coping mechanisms are, therefore, essential in the acute stages postdisclosure. To this end, early intervention with mothers (and other significant caregivers) should include clinical screening, normalization, psychoeducation (on abuse dynamics, effects, responses, system navigation, etc.), emotional support, parenting assistance, and mobilization of social support (Corcoran, 2004; Elliott & Carnes, 2001; van Toledo & Seymour, 2013). Ongoing parallel and integrated therapeutic processes are vital for mother-child dyads as they process their trauma, (re)build trust, and nurture healthier attachments.\textsuperscript{98}

Failed engagement and poor alliance should be considered high on the differential of reasons for maternal refusal of counselling referrals or noncompliance with follow through, rather than abruptly taken as further evidence of failure to protect and grounds for ongoing surveillance and scrutiny, as it seemed to have been in this study.\textsuperscript{99} Where collaboration and cooperation are unattainable and child safety remains in jeopardy, decisions concerning alternate care placement and reunification should be attachment-informed to reduce system-induced traumatic separation (Mennen & O’Keefe, 2005). At the other end of the spectrum, early evaluations of supportive postdisclosure reactions should not legitimate nonintervention by default. Maternal responsiveness, as illustrated by this study and others (Bolen & Lamb, 2004; Carnes & Shadoin, 2006; Cyr at al., 2014; Elliott & Carnes, 2001), fluctuates in positive and negative directions based on evolving circumstances and degrees of adaptation, thus altering the type and level of support required by children and families over time.

\textsuperscript{98} While this study gleaned clinically meaningful findings, this chapter’s focus on discursive change precludes a detailed discussion. Important to note in brief, however, is the small but growing range of evidence-informed interventions targeting parents of CSA victims using individual, family, and group modalities (Alaggia & Knott, 2008; Alaggia et al., 1999; Baynard, Englund, & Rozelle, 2001; Corcoran, 2002, 2004; Deblinger et al., 2001; Elliott & Carnes, 2001; Forbes, Duffy, Mok, & Lemvig, 2003; Hernandez et al., 2009; Hill, 2001; van Toledo & Seymour, 2013), as well as parent-involved, child-focused trauma interventions (Berkowitz, Stover, & Marans, 2010; Cohen & Mannarino, 1996b, 1998b, 2008; Corcoran & Pillai, 2008; Deblinger & Heflin, 1996; Saunders, Berliner, & Hanson, 2004). Specialized services for concurrent mental health disorders, addictions, or complex trauma should be tailored to address unique needs on an individual basis.

\textsuperscript{99} Though criticized for undermining self-determination, the principles of motivational interviewing lend themselves particularly well to therapeutic engagement with involuntary, reluctant, or resistant clients (mothers and fathers) in child welfare, with the goal of promoting motivation to change through the exploration and resolution of ambivalence (Corcoran, 2002; Maxwell et al., 2012; Scourfield et al., 2012).
For a mother- and child-centred approach to come to fruition, child welfare must reclaim opportunities for human connection and professional autonomy that have fallen by the wayside in overly prescriptive protocols and rigid timeframes. Consistent with the pedagogy of social work, moving toward revitalizing and expanding a clinical counselling role in child welfare calls for the acquisition, refinement, and application of requisite clinical knowledge and skills in ways that embody the principles of anti-oppressive practice to promote client empowerment and social justice (Clinical Counselling in Child Welfare Committee, 2010). A less hurried, therapeutically-oriented process would afford workers the opportunity to critically reflect upon the overt and subtle ways in which their privileged social locations and taken-for-granted assumptions about good mothering permeate their protection decisions and judgments. The highly sensitive nature of this work and inevitability of cumulative vicarious traumatization also underscore the importance of routine clinical supervision and peer support. Needless to say, reducing the administrative burden imposed upon workers would allocate more time for direct clinical engagement, critical self-reflection, and meaningful supervision, each of which is a subtle indicator of good practice not customarily captured by official measures of performance and modes of governance.

Grounded in a more nuanced conception of risk and failure to protect, the slower pace of a holistic, clinical framework would, at times, entail tolerating a degree of risk that might have otherwise been eradicated with more invasive interventions – while simultaneously eliminating risks arising from more invasive interventions, compensating for the partial knowledge gained through technical-rational methods alone, and generating a more accurate and sensitive understanding of children and families. The helping (vs. punitive) nature of a mother- and child-oriented approach to child welfare is not easily accommodated in a neoliberal context of statutory power and institutional authority, again highlighting the struggle between the dual child welfare role of protecting children and supporting families. Nevertheless, pursuing meaningful avenues for therapeutic engagement and empowerment, rather than exercising absolute power and control, would reverse the observed trend whereby protection discourses overshadowed competing, but not irreconcilable, helping discourses. The underlying philosophy supporting this discursive shift toward better weighting of care and control functions is in
keeping with Ontario’s child welfare transformation policy agenda and legislated mandate (MCYS, 2005), as well as other progressive models of service delivery that emphasize a child and family welfare paradigm (Cameron et al., 2007), attachment- and relationship-based practice (Howe, 1998; Lawler et al., 2011; Mennen & O’Keefe, 2005; Ruch, 2005), trauma-informed care (Ko et al., 2008), collaborative intervention (Dumbrill, 2005), and anti-oppressive principles (Wong & Yee, 2010). Striking a balance of best interests is also congruent with research that underscores the key role of effective engagement and helping relations in facilitating change and promoting successful outcomes in child welfare, even within an existing context of oppressive power dynamics and without compromising child safety (de Boer & Coady, 2007; Gladstone et al., 2012; Kemp, Marcenko, Hoagwood, & Vesneski, 2009; Lee & Ayón, 2004; Palmer, Maiter, & Manji, 2006; Trotter, 2002, 2004).

6.4. Destabilizing Gendered Practices: Promoting Involved Fatherhood

Fatherhood ideology has evolved remarkably in recent years, with contemporary public and professional discourses promoting involved fathering, increased media visibility, and mounting research and theory that support the significance of the paternal role in healthy child development (Featherstone, 2009; Lamb, 2010). Father inclusivity in the occupational culture of child welfare, however, has lagged behind this progressive shift in discourse, as corroborated by this study. There is a well-founded proclivity toward failing to purposefully engage and support fathers and father-figures in child welfare, regardless of whether they are a risk and/or resource (Alaggia et al., 2015; Brown et al., 2009; Maxwell et al., 2012; Scourfield, 2003; Strega et al., 2008; Zanoni et al., 2013). Irrespective of paternal presence, mothers are invariably identified as the primary caregiver and centre of child welfare processes in the vast majority of cases (Fallon et al., 2010b; PHAC, 2010), a finding also observed in this study’s small, nonrepresentative sample of child protection case files.

Gendered discourse was apparent in what was and, perhaps equally revealing, was not written in the case files, wherein the maternal role in childcare and protection was constructed as
biologically compulsory, the involvement of nonoffending fathers was discretionary based on maternal (in)capacity, and perpetrators were seemingly irrelevant sources of risk under maternal management. Likely a function of antiquated gender role dichotomies, this observation echoes Silverstein’s (1996) and Scourfield’s (2003) earlier insights into fathering ideology, highlighting its longstanding resolve. Although study design precluded causal explanations for disproportionately nominal contact with men, there was evidence to suggest that paternal and perpetrator avoidance, resistance, or refusal to engage transpired in the context of ideologically driven child welfare policies, practices, and attitudes that sanctioned their disengagement.

The ultimate social transformation goal of feminist CDA is for gender not to predetermine or mediate social relations or practices (Lazar, 2007). Dismantling the gender hierarchy in child welfare demands critiquing and challenging the ‘natural’ order of things that is embedded in, and constituted by, discourse. Supported by contemporary attachment theory and empirical research, mothers and fathers can assume independent yet complementary and equally meaningful roles in children’s nurturing, protection, and socioemotional adjustment (Zanoni et al., 2013). Perhaps reflective of this emerging conceptual and scientific knowledge, case file analysis revealed competing discourses of involved fatherhood – a finding to be embraced with cautious optimism. While this ‘double voicedness’ in the texts may be an indication of broader sociocultural change in a progressive direction (Lazar, 2007), paternal inclusivity appeared to be contingent on judgments of maternal inadequacy against mothering ideals. Monolithic stereotypes of all men as irrelevant, incompetent, or dangerous likely contribute to child welfare’s ambivalence toward fathers and consequent overemphasis on mothers (Dubowitz, 2009; Scourfield, 2001, 2003). Worker assumptions are reinforced when efforts to actively engage fathers are met with opposition or ill-preparedness to parent, as shown in this study. Potentially stemming from their own perceptions of parenting inadequacy, fears of the consequences, or lack of faith in the system (O’Donnell et al., 2005), men’s avoidance of child welfare is tolerated, therefore enabling and fortifying gendered discourse.
Resisting presumptions of maternal primacy in child welfare requires a proactive, father-inclusive approach that is cemented in policy and integrated throughout all phases of service delivery. To reiterate Risley-Curtiss and Heffernan’s (2003) proposal of more than a decade ago, a potential gateway to discursive change is to prioritize the restructuring of the mother-centric child welfare filing system, despite any purported logistical functions. The current practice of labelling child protection files under the mother’s name by default, regardless of whether she is an offending or nonoffending parent, legitimates maternal centrality and culpability, while simultaneously reinforcing paternal invisibility. A feasible alternative would be to file cases under the child’s name, with an electronic link to sibling records for organizational and tracking purposes. This small but important modification would detract from the overconcentration on mothers from the outset, at least semiotically and symbolically if not in practice.

Critical engagement with the language of gender and lexical choices for parent is fundamental to discursive disruption of unspoken maternalism in child welfare policies and practices. Like analyses of gender-neutral language in parenting literature (Fleming & Tobin, 2005; Lazar, 2000; Sunderland, 2004, 2006), the infusion of common gender vernacular in child welfare texts, while seemingly conducive to gender equality and inclusivity, appeared to mask mother-centric philosophies, processes, and interventions in this study. Still heavily weighted toward women in everyday child protection work, genderless parenting terminology that consolidates mothering and fathering into a homogenous category has done little to correct the problem (Brown et al., 2009), prompting advocacy for the regendering of language to unmask and politicize gender biases (Clapton, 2009; Hooper & Humphreys, 1997). Disaggregating gender-neutral terms, such as parent and caregiver, into gender-specific terms, such as mother and father, in policies and practice tools acknowledges the presence and importance of both parental roles and dissuades focus on one over the other. This language is, however, also inherently problematic in that it is exclusionary of same-sex parents, communal families, and other diverse family compositions that do not fit the heteronormative mould of the traditional nuclear family. Plural tense vocabulary that is inclusive to both or all significant parents or caregivers in a child’s life beyond the mother (e.g., all mother-figures and father-figures, or all parents/caregivers, instead of the or a parent/caregiver) might be a slightly more acceptable alternative that effectively activates
shared parenting discourse, though less descriptive and open to interpretation. Backed by policy, this seemingly trivial shift in semantics would provide the clout for child protection workers to mandatorily engage with fathers and father-figures with a biological, legal, or social relation to the child, rather than surrender to paternal resistance or succumb to worker prejudice. The additional time and funding required to actualize a gender inclusive approach to identifying and mitigating all risks and capitalizing on all assets in a child’s ecology would be a well-justified investment for promoting short- and long-term safety and well-being – from human resource, budgetary, legal, and ethical standpoints.

Fathers must be held to the same childcare and protection standards as mothers. It follows that all risk and resource assessments and intervention plans consider both maternal and paternal influences independently and without bias. Along with mothers, all of the significant men in children’s lives should be engaged early in the process and included in direct correspondence, supervision order conditions, home visits that accommodate employment schedules, and family group conferences, assuming they do not present a safety threat. Even with the inherent friction between the democratic, participatory discourse of family group conferencing and the legalistic, bureaucratized discourse of conventional child welfare practice (Ney, Stoltz, & Maloney, 2011), the transformative and collaborative intention behind family group conferencing supports an alternative discourse to maternal primacy in protection, at least theoretically.

Paternal and maternal strengths and limitations generally diverge based on the differential effects of gender socialization, varying parenting capacities, and discrete social and material resources, thus calling for tailored child welfare and parenting interventions that accommodate unique needs and preferences. Respectful, empathic, honest, nonjudgmental, and strengths-based child welfare interactions appear to be the cornerstone of effective engagement with fathers (Cameron et al., 2012; Saleh, 2012), like mothers. Unlike mothers, fathers’ feelings of parenting inadequacy may be rooted in dominant ideologies of masculine fatherhood that narrowly define their paternal role as breadwinners and providers, underscoring the importance of offering practical assistance with employment programs and housing stability.
Many men, including the nonoffending fathers profiled in this case file analysis, also require help with developing parenting skill competencies and strengthening self-efficacy (Dubowitz, 2006; Dubowitz, Black, Kerr, Starr, & Harrington, 2000), and appear to benefit most from activity- and skill-based approaches that provide opportunities for direct father-child contact (Maxwell et al., 2012). For men with a history of violence, interventions must balance supportive and assertive practices that hold them solely accountable for their actions (Laird, 2014). With help and encouragement, child welfare-involved fathers can, and do, have a capacity to better themselves for the sake of their children (Coady et al., 2012).

A renewed emphasis on gender would encourage child protection workers to exercise critical reflexivity on the ways in which they perpetuate gender role stereotypes, both personally and systemically. Constructive involvement of fathers requires workers to be armed with the confidence, attitudes, knowledge, skills, and resources for meaningful engagement. Workers generally lack adequate education and training on how to work effectively with men, particularly violent men that invoke fear or moral discomfort, thus contributing to feelings of incompetence and resulting in paternal avoidance (Brown et al., 2009; Zanoni et al., 2013). Workplace training in father engagement can serve as an important catalyst for changing gendered occupational discourse in child welfare (English, Brummel, & Martens, 2009; Maxwell, Scourfield, Holland, Featherstone, & Lee, 2012; Scourfield et al., 2012). Improved efficacy at the level of the individual worker, however, may ultimately be futile without a corresponding shift in organizational and cultural consciousness.

6.5. Toward Socially Just Child Welfare Discourse: A Call for Collective Action

The alternative discourses that emerged from this study’s efforts to denaturalize dominant motherhood ideology, dismantle maternalistic paradigms of risk and failure to protect, disrupt child-centric notions of best interests, and destabilize gendered processes in child welfare lay the foundation for tangible social and institutional change that hinges on ideological shifts achieving salience. Through feminist theorizing on power relations, a common theme
underlying all four proposed areas for discursive resistance and transformation materialized as a call for more accountability and less scapegoating in child welfare and broader societal responses to the sexual violation of children – less scapegoating of nonoffending mothers and more accountability for social structures and systems, child maltreatment professionals, child sex offenders, and nonoffending fathers. When unfairly and endlessly focusing our gaze on individual women, we categorically fail to uncover and tackle the sociocultural norms and oppressive power relations at root of the problem – hence, we categorically fail in our pursuit of social justice. It is incumbent upon individual child protection workers, allied professionals, and institutions to actively support critical engagement with gendered social constructions, cultivate a willingness to go against the grain, and advocate for collective responsibility to resist their repressive manifestations in the child welfare system.

My pre-existing disillusionment with our patriarchal legal system was confirmed by the findings of this study, wherein gender-biased discourses of men as rights-wielding and women as responsibility-bearing (McMahon & Pence, 1995; Strega, 2009) were reflected and reinforced, and basic principles of fairness and justice were ostensibly violated. The troubling practice of revictimizing children who take the courageous step to disclose abuse by traumatically separating them from their seemingly unprotective mothers and homes in order to compensate for insufficient custody or protection orders summons the need for radical criminal justice system reform in the prosecution, sentencing, and monitoring of child sex offenders. Perpetrators must be subjected to consequences that fit the gravity of their actions without victims and their mothers being unfairly penalized in the process. Ongoing surveillance of child sex offenders must fall under the purview of child welfare and criminal justice systems, not downloaded to mothers struggling to cope with depleted emotional and material resources. Moreover, better integration of parallel family and criminal court processes would remedy the problem of contradictory protection orders that generate confusion, frustration, delay, and
In addition to promoting accountability, a just and coherent legal system response would deliver a strong public statement repudiating the sexual abuse of children.

Ontario has one of the most innovative and responsive child welfare systems in North America, with a highly skilled and dedicated workforce. While the philosophical, policy, and practice reforms that were set in motion by the child welfare transformation agenda represented a welcome move in a progressive direction, they have yet to become fully actualized and capitalized upon. A child welfare system invested with absolute power and dominated by the paradigm of risk against a neoliberal backdrop of resource constraints, individualized attributions, and growing social injustices is bound to fall short in securing safety and advancing well-being. Moving from the reactive responses that characterize our present day residual approach to child protection to proactive measures that promote child welfare requires stronger bridging between microlevel and macrolevel practices. The welfare of children should not be rendered the exclusive domain of any one entity, but rather the shared responsibility of states, systems, communities, agencies, and families within the confines of an infrastructure that supports cross-sector collaboration. Achieving social justice in child welfare demands collective advocacy for gender equality, contextualization of risk through an anti-oppressive lens, concomitant policies to alleviate poverty and strengthen the social safety net, public education and prevention efforts, broader community engagement and capacity building, and interagency coordination among institutions with shared interests that traditionally operate in silos – child welfare, mental health, healthcare, education, and justice, among others.

Though chronically overlooked in planning processes, mothers of diverse backgrounds must be given a voice in the development of policies, programs, and practices that so intimately and profoundly impact their lives. Genuinely soliciting and creatively applying their shared knowledge, experience, and insight is a viable path to more equitable services and social change.

100 Analogous to the Integrated Domestic Violence Court that opened in Toronto, Ontario in 2011 (Department of Justice Canada, 2015), the objective would be to provide a more holistic, rational, and consistent approach to children and families involved with both family and criminal justice systems.
6.6. Future Pathways for Social Work Education and Research

Despite historical discord between the fundamental values of the social work profession and the adversarial nature of child protection work, the highest concentration of field practicum students and professionals entering the child welfare sector come from the discipline of social work (Council on Social Work Education, 2013; Fallon et al., 2011). The state of the art of child welfare curricula in social work education, however, is discrepant in scope, theoretical and empirical foundation, and instructional design across undergraduate and graduate programs (Bellefeuille & Schmidt, 2006; Tracy & Pine, 2000). The complexity of child welfare practice necessitates a complementary blend of knowledge, skills, and attitudes that is, generally speaking, suboptimally fostered in social work education, leaving much of the required learning to be acquired on-the-job.

Most schools and faculties of social work integrate some basic substantive content on child maltreatment and child welfare, with varying degrees of depth and critical engagement with vast subject matter that spans incidence and prevalence, causes and correlates, intervention and prevention, and cross-cultural considerations. Whether generalist or child welfare specialized, social work academia should focus its efforts on cultivating the foundational theoretical and empirical knowledge and skill base that foster anti-oppressive practice, critical thinking, self-reflection, ethical reasoning, and evidence-based frameworks – five core competencies for effective child welfare work across micro, meso, and macro concentrations that are reflected in social work codes of ethics, standards of practice, and accreditation principles (Canadian Association for Social Work Education, 2014; Canadian Association of Social Workers, 2005a, 2005b). Each of these broad elements of practice promotes a critical stance to continuously interrogate taken-for-granted assumptions, sociohistorically contingent knowledge, and hierarchical ways of knowing – a stance to be nurtured through education and sustained moving forward in professional practice.

The classroom can provide a ‘safe’ space for students and instructors to explore and grapple with the uncomfortable discourses and social injustices that our profession has had an
influential hand in both creating and transforming. The high prevalence of maternal overrepresentation and paternal underrepresentation in core foundation social work curricula suggests that students invariably learn to accommodate excessive levels of gender bias and mother-blame over the course of their studies (Davies et al., 2003; Ruffalo et al., 1994; Shapiro & Krysik, 2010; Strug & Wilmore-Schaeffer, 2003; Walmsley et al., 2009). This points to the importance of heavily scrutinizing all course material for its gender and parenting content to avoid perpetuating prejudicial learning. To better prepare graduates entering the child welfare field to recognize and resist privileged discourses that reproduce gendered attributions of blame and individualized notions of risk, teachings on the social construction of gender, gender-based power and oppression, structural antecedents of violence, dominant ideologies of motherhood and fatherhood, and cultural variations in mothering should be infused throughout course syllabi and experientially applied in field practica, the signature pedagogy of social work (Shulman, 2005; Wayne, Bogo, & Raskin, 2010).

The partiality of the knowledge generated by this small scale, interpretive study, together with the research gaps identified in the comprehensive literature review, revealed several avenues ripe for further scholarly investigation. Included among potential lines of future social work and interdisciplinary research with important implications for child welfare policy and practice are the following:

- The systematic collection and reporting of national and provincial incidence and prevalence rates of caregiver failure to protect secondary to CSA would better elucidate the scope of the problem in Canada. The claims-making implications of epidemiological data, however nominal, are highly significant in the direction of policy, prevention, and intervention strategies.

- A randomized child welfare case comparison study of verified cases of CSA with and without verified concerns of caregiver capacity to protect would reveal important information concerning patterns in length of child welfare involvement, type of intervention and level of
intrusion, salient risk and protective factors guiding dispositions, and child and family characteristics and outcomes.

- Rich qualitative inquiry into nonoffending mothers’ lived experiences with the construct of blame and the doctrine of failure to protect in the child welfare and criminal justice systems would impart a deeper understanding of the problem and inform pathways for more responsive services and institutional change. Special efforts should be made for meaningful inclusion of marginalized women of diverse backgrounds, whose voices have been historically silenced.

- In-depth exploration of the maternal decision-making process for leaving or staying in a relationship with an intimate partner accused of sexually abusing their child would uncover the personal and structural factors that promote and impede protection. Areas of convergence and divergence in this decision-making process among mothers with and without a history of IPV or other trauma exposure, attachment security, social support, and financial independence would be especially interesting to examine.

- A child welfare risk assessment instrument that incorporates empirically-based items predictive of CSA recurrence specifically, including sex offence recidivism risk factors, would provide a more accurate, inclusive, and fair appraisal of risk. It would also disperse risk and responsibility beyond individual mothers.

- A standardized caregiver postdisclosure response assessment measure with strong psychometric properties that address the shortcomings of existing tools would have valuable forensic and clinical utility in child welfare. An instrument that can measure clearly conceptualized and operationalized constructs of belief, support, and protection as discrete continuous (vs. dichotomous) variables would better capture the multidimensional and fluid nature of responsiveness at various points in time postabuse.
• Longitudinal studies are needed to empirically investigate the manner in which maternal responsiveness evolves over time, what variables contribute to positive and negative fluctuations, and how immediate and enduring responses affect children’s adjustment differentially. Exploring areas of both risk and resilience would advance existing deficit-based maternal response research.

• A structured assessment screen to identify individual, familial, and contextual barriers and facilitators of caregiver capacity to protect would greatly complement clinical judgment, and compensate for potential oversights in child welfare evaluations, dispositions, and service planning. This would encourage systematic consideration of pivotal influences beyond maternal pathologies and deficiencies.

• A national survey of child protection workers’ attitudes and attributions of blame and failure to protect in the context of CSA allegations would advance our understanding of the current state of gendered child welfare discourse in Canada. Findings would highlight areas for targeted knowledge and skill development among workers to reduce gender-biased ways of thinking and practicing.

• Developing, implementing, and evaluating clinical interventions designed for nonoffending mothers (and fathers), particularly at the crisis stage of CSA disclosure when support needs are high, yet often overlooked, would greatly benefit maternal and child outcomes. Early intervention that effectively reduces the adverse health and mental health effects of trauma also has strong potential to alleviate longer term social and economic costs for broader society.

• To challenge paradigms of maternal primacy, the inclusion of nonoffending fathers across all domains of CSA and child welfare research is critical. Areas for further investigation include the impact of CSA disclosure on fathers, influence of paternal postdisclosure response on child recovery, paternal role in protection, effective techniques for working with fathers, and paternal experiences with service providers. The men in children’s lives
may be more difficult to identify and engage, thus requiring concerted recruitment efforts on the part of researchers.

- To advance the best interests, rights, and agency of children, further research is required to better understand and appreciate children’s unique perspectives and experiences with child welfare processes and decisions that directly and drastically impact their lives following a sexual abuse disclosure.

6.7. Charting a New Discursive Course: Concluding Remarks

Gender-based attributions of blame and constructions of risk remain ideologically- and institutionally-entrenched in child welfare system responses to the sexual abuse of children – so much so that they have achieved commonsense status. Cemented in hegemonic ideals of motherhood, the socially manufactured doctrine of failure to protect operates to the detriment of both women and children’s best interests. Well-intentioned child protection workers and policymakers, nevertheless, continue to gravitate toward dominant discourses with seemingly little fracturing, ultimately legitimizing and reproducing them through the powerful language of talk and text practices.

Social science researchers have amassed strong empirical evidence in support of the conclusion that mothers are integral to children’s safety and healing in the aftermath of sexual victimization. When armed with this knowledge, child protection workers are presented with a unique opportunity to mobilize and empower mothers to optimize their influence. Prevailing paradigms that blame and shame, in isolation of the social contexts and material conditions of women’s lives, paradoxically obstruct the safeguarding of children at risk. The way forward includes mothers as active partners in, not passive slaves to, the protection and recovery process through meaningful engagement, empathic understanding, and compassionate care.

Gendered child welfare discourse has proven itself to be remarkably impervious to change. Through a feminist lens, this doctoral dissertation has effectively problematized and
destabilized its stronghold on child welfare policy and practice by exposing the ideological content of textually mediated discourses, building a credible case for social and institutional reform grounded in a solid epistemic and evidence base, and proposing ambitious yet feasible strategies for discursive resistance, negotiation, and transformation. Moving beyond a myopic focus on failed mothering has unearthed profound structural power asymmetries, systemic failures, and social injustices. Possibilities for resolve rest on continued critical engagement with gendered child welfare discourse that has wrongly come to be regarded as inevitable. Discursive critique gives rise to discursive change – and from discursive change can ultimately emerge progressive avenues of thinking, being, and doing.
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Appendix A: Study Information and Consent Form

January 2013

XXX XXXX
Manager of Quality Assurance
Children’s Aid Society
XXX Street
XXX, Ontario, XXX XXX

Dear Mr. XXXX:

Thank you for taking the time to speak with me on the telephone. As discussed, I am a fourth year doctoral candidate in the Factor-Inwentash Faculty of Social Work at the University of Toronto and social worker with the Suspected Child Abuse and Neglect Program at the Hospital for Sick Children. I am requesting the participation of a children’s aid society in my doctoral research study entitled The Discursive Construction of Culpability for Child Sexual Abuse: A Critical Discourse Analysis of the Ideology and Practice of Mother-Blame in the Child Welfare System. My research is being conducted under the supervision of Dr. Ramona Alaggia, associate professor at the University of Toronto’s Factor-Inwentash Faculty of Social Work, and thesis committee members, Dr. Barbara Fallon, Dr. Delphine Collin-Vézina, and Dr. Ann Fudge Schormans. The proposed doctoral study has undergone scholarly review, has been awarded funding from the Social Sciences and Humanities Research Council of Canada, and has received approval from the Health Sciences Research Ethics Board at the University of Toronto (protocol reference number: 28407).

Purpose of the Study

The primary objective of the proposed study is to broaden our understanding of how dominant discourse within the Toronto child welfare system may construct and reinforce the ideology and practice of mother-blame for child sexual abuse. To this end, critical discourse analyses will be conducted of three sources of extant textual data: 1) retrospective child welfare case file recordings, 2) provincial legislation governing child welfare practice, and 3) child welfare practice standards and tools.

I am therefore requesting permission to access a small, theoretical sample of child welfare case files from your agency that satisfy the following criteria:

- The case was active within the past five years (2008 – 2012).
- The primary reason for child welfare service involvement was either intrafamilial or extrafamilial suspected sexual abuse of a child under 16 years of age.
• The primary nonoffending caregiver was identified as the child’s mother or mother-figure of any age, race, religion, sexual orientation, psychological/physical health status, and socioeconomic bracket.
• The mother was not suspected to have directly participated in the child sexual offences.
• Sexual harm or risk of sexual harm was substantiated by child welfare services.
• A child protection application (e.g., Supervision Order, Society/Crown Wardship Order) was filed with the Ontario Court of Justice related to maternal negligence or failure to protect in the context of child sexual abuse as the primary category of child maltreatment.
• There is no active child protection investigation. The case is currently closed to child welfare services or open at the level of ongoing children or family services.

Should your agency consent to participate in this study, assistance with identifying files meeting the above criteria and a temporary physical space to review the files within your agency will be requested.

**Potential Risks and Benefits**

There are no significant foreseeable risks associated with your agency’s participation in this research beyond those related to the provision of confidentiality addressed below. There will be no immediate direct benefits to your agency for participating. The agency will not receive any monetary gain or other forms of compensation. However, study findings will broaden our understanding of the implications of child sexual abuse for nonoffending mothers involved with the child welfare system and consequently inform recommendations for child welfare interventions aimed at reducing mother-blaming formulations and optimizing maternal capacity for support and protection, thereby enhancing child safety and well-being. Your agency’s participation will therefore potentially be contributing to the advancement of theoretical and practice knowledge.

**Participation**

Your agency’s participation in this study is completely voluntary. You have the right to refuse to participate. If you choose to participate, you may withdraw from the study at any time without negative consequences by informing the principal investigator.

**Confidentiality**

All potentially identifying information gathered for the purpose of this study will remain strictly confidential. As the principal investigator, only I will have direct access to the child welfare case files under review. The files will not leave the property of the children’s aid society. To respect and protect the confidentiality of child welfare clients and workers, only de-identified information will be recorded on data collection materials to which thesis committee members may have access, and all findings will be presented in anonymized thematic form. Standard data security procedures will be upheld. I will sign a confidentiality agreement binding me to treat all data collected for the purpose of this study as confidential.

**Dissemination of Findings**

Upon completion of the study, a summary report of the research findings will be provided to your agency and access to the completed dissertation will be offered. Knowledge transfer may also occur
through a scholarly journal publication and/or conference presentation, of which your agency will be notified in writing.

Questions or Concerns

Thank you for your time and consideration. If you have any questions or concerns regarding this study, please contact me at the telephone number or email address provided below. The contact information for my thesis supervisor is also provided.

Corry Azzopardi, MSW, PhD(c)  Ramona Alaggia, PhD
Doctoral Candidate  Faculty Supervisor, Associate Professor
Factor-Inwentash Faculty of Social Work  Factor-Inwentash Faculty of Social Work
University of Toronto  University of Toronto
Tel: 416-813-XXXX  Tel: 416-978-XXXX
Email: corry.azzopardi@XXXX.ca  Email: ramona.alaggia@XXXX.ca

If you would like to consult with someone not directly involved with this study regarding your rights as a research participant, please contact the University of Toronto’s Office of Research Ethics at the telephone number or email address provided below.

XXX XXXX
Research Ethics Manager, Health Sciences
Office of Research Ethics
University of Toronto
Tel: 416-946-XXXX
Email: XXX.XXXX@XXXX.ca

Consent

Your signature below indicates that you have read and understood the conditions under which your agency will participate in this study and are providing your consent to participate. Two copies of this letter have been provided. Please keep one copy for your records, and sign and return the other copy in the enclosed self-addressed envelope.

Printed Name  Signature  Date

cc:  XXX XXXX
Executive Director
Children’s Aid Society
XXX Street
XXX, Ontario, XXX XXX
Appendix B: Confidentiality Agreement

As the principal investigator of the doctoral research study entitled *The Discursive Construction of Culpability for Child Sexual Abuse: A Critical Discourse Analysis of the Ideology and Practice of Mother-Blame in the Child Welfare System*, I will have access to highly sensitive and confidential data contained within the selected child welfare case files at the XXXX children’s aid society. All potentially identifiable information will be held in the highest regard and kept strictly confidential.

My signature below indicates that I understand and hereby agree to abide by the above statement of confidentiality.

**Name of Principal Investigator:** Corry Azzopardi, MSW, PhD(c)

**Signature:**

**Date:**

________________________________

________________________________
### Appendix C: Ontario Child Welfare Eligibility Spectrum (OACAS, 2006)

<table>
<thead>
<tr>
<th>SECTION</th>
<th>SCALE</th>
<th>Level of Severity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Extremely</td>
</tr>
</tbody>
</table>

#### SECTION 1: Physical/Sexual Harm by Commission
1. Physical Force and/or Maltreatment
   - A, B, C, D, E
   - F, G, H, I, J
   - K, L
   - M
2. Cruel/Inappropriate Treatment
   - A
   - B
   - C
   - D
3. Abusive Sexual Activity
   - A, B, C, D, E
   - F, G, H, I
   - J, K
   - L
4. Threat of Harm
   - A
   - B
   - C
   - D
   - E

#### SECTION 2: Harm by Omission
1. Inadequate Supervision
   - A
   - B
   - C
   - D
2. Neglect of Child’s Basic Physical Needs
   - A
   - B
   - C
   - D
3. Caregiver Response to Child’s Physical Health
   - A
   - B
   - C
   - D
   - E
4. Caregiver Response to Child’s Mental, Emotional Development Condition
   - A
   - B
   - C
   - D
5. Caregiver Response to Child Under 12 Who Has Committed a Serious Act
   - A
   - B
   - C
   - D

#### SECTION 3: Emotional Harm/Exposure to Conflict
1. Caregiver Causes and/or Caregiver Response to Child’s Emotional Harm or Risk of Emotional Harm
   - A
   - B
   - C
   - D
2. Child Exposure to Adult Conflict
   - A, B, C, D
   - E, F, G
   - H
   - I
3. Child Exposure to Partner Violence
   - A, B, C, D
   - F, G, H, I
   - J
   - K

#### SECTION 4: Abandonment/Separation
1. Orphaned/Abandoned Child
   - A
   - B
   - C
   - D
   - E
   - F
2. Caregiver-Child Conflict/Child Behaviour
   - A
   - B
   - C
   - D

#### SECTION 5: Caregiver Capacity
1. Caregiver Has History of Abusing/Neglecting
   - A, B, C, D
   - E
   - F
   - G, H
   - I
2. Caregiver Inability to Protect
   - A
   - B
   - C
   - D
   - E
3. Caregiver with Problem
   - A
   - B
   - C
   - D
4. Caregiving Skills
   - A
   - B
   - C
   - D

<table>
<thead>
<tr>
<th>Section</th>
<th>Scale</th>
<th>Unranked Choices</th>
</tr>
</thead>
<tbody>
<tr>
<td>SECTION 6: Request for Counselling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SECTION 7: Request for Adoption Services</td>
<td></td>
<td></td>
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<tr>
<td>SECTION 8: Family-Based Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Customary Care</td>
<td>Scale 5: A, B, C, D, E, F</td>
<td></td>
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<tr>
<td>-------------------</td>
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</tr>
<tr>
<td>5. Custodial Parents – Application, Approval, Placement</td>
<td>Scale 6: A, B, C, D, E, F, G</td>
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</tr>
<tr>
<td>6. Custodial Parents – Postplacement Service</td>
<td>Scale 7: A, B</td>
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<tr>
<td>7. Licensed Services to Residential Care</td>
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</tr>
</tbody>
</table>

**SECTION 9**
Volunteer Services

A, B, C, D

**SECTION 10**
Request for Assistance

A, B, C, D, E, F, G, H, I, J, K
Appendix D: Child Protection Case File Demographic Data Extraction Form

<table>
<thead>
<tr>
<th>Child protection case file number:</th>
<th>Eligibility Spectrum ratings:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year of referral:</td>
<td>Current status:</td>
</tr>
</tbody>
</table>

Child’s gender:
- Female
- Male

Child’s age in years at referral: ________

Ethnoracial background:
- White
- Black
- First Nations
- Latin/Hispanic
- Arab/West Asian
- South Asian
- Southeast Asian
- Other ______________________

Religion:
- Roman Catholic
- Jewish
- Nondenominational
- Other ______________________

Primary female caregiver’s* relation to child: *hereafter referred to as ‘mother’
- Biological mother
- Stepmother
- Other ______________________

Mother’s age group in years at referral:
- ≤ 19
- 20 - 29
- 30 - 39
- 40 - 49
- ≥ 60

Mother’s primary language:
- English
- French
- Other ______________________

Mother’s primary source of income:
- Full-time employment
- Part-time employment
- Partner/child support
- Social assistance
- Other ______________________

Estimated household income:
- Low
- Medium
- High

Number of siblings living in home: ________

Perpetrator’s gender:
- Male
- Female

Child’s relation to perpetrator:
- Biological father
- Stepfather
- Relative
- Friend/acquaintance
- Other ______________________

Mother’s relation to perpetrator:
- Current intimate partner
- Former intimate partner
- Relative
- Friend/acquaintance
- Other ______________________

Nature of child protection application:
- Supervision order
- Society wardship
- Crown wardship
## Appendix E: Data Analysis Coding Structure

<table>
<thead>
<tr>
<th>Quoted Text</th>
<th>Genre/Source</th>
<th>Linguistic Devices</th>
<th>Intertextuality/Interdiscursivity</th>
<th>Sociocultural Context</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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