RESEARCH REPORT

IN THE BEST INTERESTS OF WOMEN AND CHILDREN: EXPLORING THE ISSUE OF “FAILURE TO PROTECT” IN THE ACADIAN PENINSULA

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I. INTRODUCTION

In the last decade or more, Canadian provinces and territories have amended child welfare legislation and policies to include child exposure to intimate partner violence as a form of child maltreatment. In six of ten provinces and one territory, the statutory definition of child maltreatment has been expanded to include child exposure to domestic violence (Nixon et al., 2007). In New Brunswick, the Child Victims of Abuse and Neglect Protocols (2005) state that child abuse includes “exposure to domestic violence...It includes children seeing, hearing or being aware of violence perpetrated by one parent figure against another parent figure” (p. 11). The Woman Abuse Protocols (2004) state that “children witnessing violence in their home is...child abuse...[that]...must be reported to the Child Protection unit within Family and Community Services [now called Social Development]” (p. 19).

One of the main critiques of these changes to child welfare legislation and policies is that they have had detrimental consequences for some women; women have been re-victimized and constructed as risks to their children (Nixon, 2002; Strega, 2005; Alagia et al., 2007). Women’s advocates have been particularly critical of child welfare intervention in situations of intimate partner violence. Abused women have been perceived by child protection as failing to protect their children from exposure to intimate partner violence, either when they permit their children to watch them being abused or when they do not prevent their partner from abusing their children. Although the term “failure to protect” is not found in child welfare legislation in Canada, the concept stems from the premise that parents have the responsibility to protect their children from avoidable harm (Hayes, Trocmé, & Jenney, 2006). “Failure to protect” usually expects mothers to protect their children from fathers or father figures who have equal access to, and are equally responsible for, their children (Davis, 1995; Enos, 1996).

At the time that I initiated this research in the Acadian Peninsula in January of 2007, two Canadian studies had been done that examined child welfare policy and practice in situations when men beat mothers (Nixon, 2002; Strega, 2005). Both found that child welfare interventions focused their interventions on abused women, accused them of failure to protect their children, held them responsible for alleviating the situation, and avoided intervention with the aggressors. Although the detection of domestic violence by child protection workers has been explored in two health regions of southern New Brunswick (Bourassa et al., 2006), no study has specifically examined child protection practice in situations of intimate partner violence.

The intent of this research is to improve child welfare and community interventions with abused women and their children. To this end, the study explored the current knowledge and practice of workers in situations of intimate partner violence and child exposure, as well as the experiences of abused women who had received child protection services. This research also intended to foster further collaboration between the child welfare and transition house constituencies. Policy and practice in situations
of intimate partner violence could be improved by building on the distinct perspectives and practice experience of each constituency.

Historically, antiviolence woman-centred services for abused women and their children developed in the context of the Women’s Movement and community concern about woman abuse. In contrast, child welfare services are usually institutionalized in governmental departments. Given the different histories, mandates and service populations of child welfare and transition houses, policies, programs and services responding to each issue have tended to operate separately from each other, with tensions and conflicts between the two (Beeman et al., 1999). Susan Schechter, a pioneer in the battered women’s movement, was one of the first activists to advocate collaboration between child welfare and domestic violence constituencies (Schechter & Edleson, 1995).

In the Peninsula, Child Protection and l’Accueil Sainte-Famille have a rich history of working together on intimate partner violence. In addition, both participate in the Table de Concertation and the Department of Social Development funds the outreach position at the Transition House. This history provided a solid foundation for their engagement in a participatory research process to reflect on current knowledge and practice and continue their work for change.

This report will first briefly describe the methodology of this study and then present a short review of the literature on intimate partner violence and child maltreatment and child protection practice in situations of child exposure to intimate partner violence. Findings from the focus groups with helpers in the region are then presented, followed by the findings from interviews with women who had received services from Child Protection in the Peninsula. I then analyze and discuss the findings from the focus groups and interviews and offer recommendations for change.

In this report, I use the term “intimate partner violence” (IPV) to signal that the majority of intimate partner violence is violence against women by men. However, in order to vary the terms used in the text, I occasionally use the terms “woman abuse” and “domestic violence”. In the analysis and discussion section, I refer to the women individually interviewed for this research as “women survivors” to distinguish them from women as a social group. I refer to those who participated in the focus groups as “participants,” and when necessary I distinguish among them, for example, “Transition House interveners” or “Child Protection social workers.”

II. METHODOLOGY

Marcelle Woods, collaborator in this study, first approached Émilie Bourgeois, then Program Delivery Manager, Department of Family and Community Services to partner in this research. Given her positive expression of interest, I then approached Nadia Losier, Executive Director, l’Accueil Sainte-Famille. In January of 2007, Ms. Bourgeois, Ms. Losier and I met to discuss the research proposal and our collaboration began. We defined the purpose of our research as twofold: 1) to better
understand the perspectives and interventions of Child Protection and Transition House workers in situations of child exposure and intimate partner violence, and to better understand the experiences of abused women; and 2) to build on the knowledge produced through the research to further enhance working relationships and improve services to women, children, and families.

We identified several key areas for exploration with Child Protection and Transition House workers: knowledge about intimate partner violence; current practice in situations of IPV; the issues and challenges that workers face in intervening with women, children, and men; factors that contribute to successful intervention as well as barriers to intervention; and the benefits of, and barriers to, collaboration between agencies and services. We chose focus groups as the method to explore the key areas identified for knowledge-building. We also broadened our list of participants beyond Child Protection and the Transition House in order to enrich discussions with multiple perspectives.

In June of 2007 we held four focus groups with a total of 19 participants from Child Protection (Access and Investigation and Ongoing Services), Housing and Income Assistance, l’Accueil Sainte-Famille, Santé au Communitaire, and community services. Three of the groups consisted of a mix of participants from government and community. We wanted to learn from the dialogue among participants and to encourage cross-fertilization of learning among participants. Discussions were taped and later transcribed. The interview guide for the focus groups can be found in Appendix A.

In November of 2007, we held three follow-up focus groups with Child Protection, Housing and Income Assistance, and l’Accueil Sainte-Famille to clarify and deepen points that were unclear in the first round. In the follow-up focus group with Child Protection, we also wanted to secure greater participation of seasoned workers, including supervisors. This objective was achieved with ten new participants attending the follow-up focus group; five from the first round also attended. These discussions were also taped and transcribed.

Both research partners and collaborators Marcelle Woods and Elizabeth Blaney thought that it was imperative to interview women who had received Child Protection services and hear their perspectives and experiences. To recruit potential participants, interveners at Services à la Famille graciously agreed to identify and talk with women in their practice who had been involved with Child Protection because of child exposure to intimate partner violence. In May and June of 2008, Marcelle Woods interviewed ten women about their experiences of abuse, mothering, and involvement with Child Protection. Women received an honorarium for their participation and remuneration to cover transportation and childcare. Interviews were taped and transcribed. The interview guide for the individual interviews conducted with women can be found in Appendix B.
Women survivors were between the ages of 19 and 43, with some in their twenties and thirties; four women were in their forties. Most women had completed high school education. Some were employed in the service and retail industries and one practiced a profession. Women had been with partners anywhere from under a year to almost 30 years. Two women had been with their partners for over 25 years, with relationships for two others lasting over 15 years, while another two were with their partners for over six years. At the time of the interview, women had been out of their relationships anywhere from four months to 12 years. Two women had been out of their relationships for over five years, three for between two and three years, and five for less than two years. Women had between one and three children: five women had two children and two women had one child each. The ages of the children ranged from toddler to adolescent.

Prior to their decision to participate in the research, each participant had received an invitation and letter of information describing the purpose and details of the research and the conditions of participation. For potential focus group participants, Ms. Bourgeois and Ms. Losier played an important role in motivating attendance. For potential participants in the individual interviews, interveners at Service à la Famille explained the research and informed consent to women, taking care to clarify that their decision to participate or not was in no way connected with any service or services that they had received, were receiving, or had a right to receive in the future.

This research was approved by the Research Ethics Board of St. Thomas University and was discussed with Family and Community Services Central Office. In future research with communities, I would advocate for funding to enable research participants to take part in opportunities such as the research forum hosted annually by the Muriel McQueen Centre for Family Violence Research. For example, workers’ time at l’Accueil Sainte-Famille could be compensated to facilitate their involvement in producing and sharing knowledge. Otherwise, budget and time constraints do not permit workers in the community to be equal partners in research carried out by workers in the academy.

III. LITERATURE REVIEW

Intimate partner violence and child maltreatment

Co-occurrence of intimate partner violence and child maltreatment

In Canada, the 1993 national Violence against Women Survey estimated that “three in ten women currently or previously married in Canada have experienced at least one incident of physical or sexual violence at the hands of a marital partner” (Rodgers, 1994, p. 1). While evidence suggests that some women abuse their male partners, the majority of violence in intimate partner relationships occurs against women (Statistics Canada, 2000, 2001; Tutty & Goard, 2002). Women victims also report more frequent, serious, and injurious violence (Mann, 2007) and fear their partner’s violence to a much greater degree than do men (Statistics Canada, 2000). Women also face
greater social and material barriers in leaving relationships and achieving economic independence.

In the early 1980s, transition houses and other woman-centred services, as well as children’s advocates, clinicians, and researchers in the fields of woman abuse and child welfare began to document the co-existence of woman abuse and child maltreatment (abuse and neglect) in families. As early as 1975, child welfare literature noted concerns about the risk of physical abuse to children in situations of IPV (Appel & Holden, 1998). Despite differences in definitions of abuse, sampling and methodology, studies have found co-existence rates ranging anywhere from 30% to 70%. Where either child maltreatment or woman abuse is occurring, the other form of violence is also occurring (Straus, 1983; Bowker et al., 1988; Stark & Flitcraft, 1988; Straus & Gelles, 1990; Herskowitz, 1991; Appel & Holden, 1998; Edleson, 1999a; Findlater & Kelly, 1999; Magen, 1999; Shepard & Raschick, 1999; Whitney & Davis, 1999; Magen et al., 2001; McKenzie & Trocmé, 2003; Coohey, 2004; Hazen et al., 2004).

In 2003, over one-third (34%) of substantiated child maltreatment investigations in Canada, excluding the province of Québec, involved exposure to IPV (Black et al., 2008). In the United States, studies estimate that IPV is a significant issue in 30%-40% of families involved with child protective services (Edleson, 1999a; Hazen et al., 2004). Peter Jaffe et al. (1990) estimate that in families where IPV occurs, between 60 and 80% of children are witnesses. A pattern of woman abuse is also present in 70% of child abuse fatality cases (Mills et al., 2000).

**Child maltreatment in situations of IPV**

Children in situations of IPV are at risk of being physically abused (Appel & Holden, 1998). Research suggests that anywhere from 30% to 87% of children exposed to IPV are also victims of direct violence (Lessard, 2007). In his extensive review of studies on domestic violence and child maltreatment, Jeffrey Edleson (1995) found that in 32% to 53% of families where women are beaten, children are abused by the same aggressor. Consequently, between one-third and one-half of children in shelters are also victims of physical abuse (Edleson, 1999a). Einat Peled (1997a) reported similar results in her review of research on intervention with child witnesses. She found that 28% to 70% of the children were physically and/or sexually abused. She also underscores that the aggressor’s act of subjecting children to the victimization of their mothers is itself a form of psychological maltreatment (1997b). When abuse, either woman abuse or child maltreatment, becomes more frequent and severe, the other type of abuse is also more likely to become more severe (Hart, 1992; Magen, 1999; Shepard & Raschick, 1999; Magen et al., 2001).

**Child abuse by mothers and fathers**

The most common form of child maltreatment committed by mothers is neglect (Edleson, 1999a; Swift, 1995a, 1995b, 1995c). Women who neglect their children
comprise just over half of parents who abuse children (excluding sexual abuse); just less than half of abusers are men even though women are usually the primary caregivers and thus have greater opportunity to abuse (Edleson, 1999a). Men are the perpetrators of the most severe forms of child abuse (Edleson, 1995, Edleson, 1999a) and commit the vast majority of sexual abuse (Farmer & Owen, 1995). Children are three times as likely to be physically abused by their fathers as by their mothers (Bowker et al., 1988; Stark & Flitcraft, 1988; Davidson, 1995).

In situations of IPV, studies have found that more abusive men than abused women abuse their children (Gayford, 1975; Stark & Flitcraft, 1988; Peled, 2000) and they use more frequent violence (Giles-Sims, 1985). In a review of literature comparing the risk that abusive men and abused women will physically abuse their children, Saunders (1994) found that approximately half the men who abused their partners also abused their children; just over a third of women reported that they themselves were abusive to children. In a national US survey, Murray Straus & Richard Gelles (1990) found that 50% of men who frequently assaulted their partners also physically abused their children, seven times more than nonviolent men. Men who abuse their partners are more aggressive and use stricter disciplinary measures with children than abused women (Holden & Ritchie, 1991).

Research in IPV and child maltreatment also indicates that mothers who are abused are at least twice as likely to physically abuse their children than mothers who are not (Straus & Gelles, 1990; Edleson, 1995). While a significant proportion of abusive parents are fathers or father figures, mothers are often perceived as complicit in permitting their children to be abused, neglected or witness to their own subjugation (Magen et al., 2001). Mothers themselves thus become constructed as the primary risk to their children at the same time that this “risk” is de-contextualized from the realities of their lives (Krane & Davies, 2000; Callahan et al., 2005). Furthermore, when mothers are victims of abuse, the double standard (where women and men are treated inequitably) found in child protection and custody cases is exacerbated (Magen et al., 2001).

**Exclusion of non-heterosexual families in research on IPV**

Most research on intimate partner violence reflects the heteronormativity of dominant society; queer families and their children are largely invisible in body of literature on IPV and child maltreatment. Despite the identification of intimate partner violence as an issue in lesbian couples in the early 1980’s (Ristock, 2002a) and the lack of reliable estimates in gay and lesbian couples, research as well as practice experience suggest that intimate partner abuse is a significant issue in same-sex partnerships (Gillis & Diamond, 2006). However, Roy Gillis & Shaindl Diamond (2006) point out that similarities between abuse in same-sex partners and opposite-sex partners “should not lead one to conclude that the two forms of abuse share a common etiology, express themselves in the same way, or respond to the same treatment interventions” (p. 130). While domination of one partner by the other is the goal in same-sex partner abuse (Mcclennen, 2005), “the contextual factors that distinguish same-sex partner
abuse from opposite-sex partner abuse can alter the nature and the expression of the abuse experience” (p. 131). Emphases on patriarchy, male dominance, and gender-based hierarchies are insufficient for understanding same-sex partner abuse (McClennan, 2005) and must give way to a deeper understanding of power differentials in intimate relationships and the place of cultural heterosexism in partner abuse (Gillis & Diamond, 2006).

In her research on violence in lesbian relationships, Janice Ristock (2002b) argues for an analysis that recognizes the multiplicities of women’s identities and the complexities and differing contexts of their lives rather than one that assumes and reproduces universality. Since violence in lesbian (and gay, bisexual, Two-Spirited, and transgendered) relationships is a political issue, she cautions that understanding and responding to abuse must embrace complexity and difference at the same time that they avoid supporting heterosexist and homophobic views. Research into IPV and its consequences for queer families is very much needed.

Consequences for children of exposure to intimate partner violence

Concept of exposure

Children are no longer considered to be “unintended” or “secondary” victims of IPV (Jaffe et al., 1988; Kelly, 1996; Krane & Davies, 2007). Exposure to IPV can significantly affect children’s social development and mental health. The concept of exposure, now used more frequently than the concept of witnessing, encompasses a range of situations, such as when a child watches physical and verbal violence inflicted upon the mother, hears abuse from another room, or sees the mother’s injuries; when a child is used as a pawn or weapon against the mother, or is forced to watch or participate in assaults or degradation of the mother; when a child is interrogated or otherwise involved in spying on the mother; when a child fears for his/her own and the mothers’ lives; when the child witnesses the mother’s suicide attempt; and when the child watches as the parent or parents are arrested and removed by police (Kaufman Kantor & Little, 2003).

Exposure also includes situations where children are caught in the crossfire of violence and violent acts, for example when a woman who is holding a child is assaulted by her partner, or when children hear the aggressor’s threats to injure or kill either himself, the children, and/or the mother. Children exposed to IPV live “in an environment where relationships are shaped by the emotional and psychological dynamics of domestic violence” (Hayes et al., 2006, p. 202). Similarly, Liz Kelly (1996) argues that although an aggressor’s violence is apparently directed toward one person, it is, at the same time, intended to affect another/others, for example, the abuse and humiliation of a mother in front of her children. The categorization of such acts of abuse as either child abuse or IPV defies the reality of lived experience.

Also included in the concept of exposure are the patterns of abuse that men direct toward their children (Enos, 1996). Although they may unintentionally injure their
children while abusing the mother, they may begin to abuse their children when their violence against the mother fails to yield sufficient control (Enos, 1996). Men may also purposely abuse their children to harm and control their partners and retaliate against their children when they try to defend their mothers (Enos, 1996). They may also harm their children in response to women’s attempts to end the relationship or in order to coerce them to return.

**Consequences of IPV for children**

Studies have shown that children exposed to IPV exhibit more social, cognitive, emotional, and behavioural problems than children from non-violent homes (Peled, 1997b). A chronic pattern of violence has long-term consequences on children’s development, including self-concept, self-worth, emotional and physical health, social skills and learning abilities, that are not easily remedied and do not necessarily dissipate when children are no longer exposed (Hayes et al., 2006). Girls and boys also show marked gender differences, with girls more likely to internalize their emotions, become depressed and withdrawn, and boys more likely to externalize their responses through increased aggression (Sudermann & Jaffe, cited in Hayes et al., 2006, p. 206).

Unfortunately, not enough empirical research has been done with children exposed to IPV (Hayes et al., 2006) and not enough is known about children’s resiliency (Jaffe et al., 1990). The sole focus on children’s vulnerabilities underestimates their coping strategies as well as contextual factors that buffer negative effects; some children are not seriously harmed by exposure (Jaffe et al., 1990). Jeffrey Edleson (1995, 2004) suggests that a number of factors mediate the degree to which children are negatively affected; these include the patterns, severity and frequency of abuse, whether or not the children are also physically abused, their age, coping mechanisms and individual resiliency, bonds with others, and family situational factors.

Magen (1999) asserts that an association between exposure and negative emotional and behavioural responses does not necessarily mean that exposure caused the outcomes. Most researchers fail to consider more complex multiple pathways such as how other adverse events in children’s lives, for example, community violence, contested divorces, and poverty, contribute to negative effects (Magen, 1999). Given that the degree of harm is so variable, assessments must take mediating factors into account. Although in some situations the degree of harm suffered by children may warrant child protection intervention, other families where children are less affected would benefit from voluntary, community-based services (Edleson, 2004).

In addition, in studies on children and IPV, the effects of exposure have not been isolated from the effects of being directly abused (Edleson, 1995; Kerig & Fedorowicz, 1999; Hayes et al., 2007) or from the unhealthy relations and behaviours inherent in other forms of abuse and neglect in families (Strega, 2006). In children who have also been physically and sexually abused by the men who abuse their mothers, the psychological effects that they suffer may result more from the direct experience of
abuse than from exposure (Farmer & Owen, 1995; Edleson, 1999b; Nixon et al., 2007). Edleson (1999b) proposes that a child’s coping mechanisms and resilience affect the impact of exposure differently than their experiences of physical abuse. Clearly, a more nuanced consideration is needed to determine what circumstances of exposure result in more serious harm to children (Nixon et al., 2007) and what kinds of permanent effects such as learning and physical disabilities are the legacy of abuse (Kelly, 1996).

Women’s mothering in situations of intimate partner violence

**Issues and preoccupations affecting mothering**

The detrimental consequences of IPV on women’s health and well-being have been amply documented, particularly through the links made between woman abuse and depression, panic attacks, self-harm, substance abuse, suicide attempts, and post-traumatic stress disorder (Tutty, 1998; Golding, 1999; Humphreys & Thiara, 2003). In the context of living and coping with abuse, women also worry about their children’s well-being. They may maintain their relationships because they believe that their children are better off with their father than without; they want their children to have stability and consistency in school and with friends, and they worry about how to provide for the needs of their children (Enos, 1996). In a study by Hilton (1992), the desire to be a good mother inspired some women to stay with their partners (30%) while motivating others to leave (55%). For immigrant and refugee women, immigration concerns, fears of losing their children, and fears of child welfare intervention, are particularly salient (Alaggia & Maiter, 2006).

Women also live with the anxiety that their children are being harmed by exposure to IPV or that their partner will begin to directly abuse the children (Strega, 2005). Their fears that their partners will act on their threats to take the children, get custody if they leave, and/or report them as bad mothers to child protection or social services are all well-founded. Men’s patterns of abuse often include attempts to exert control through threats to harm or take the children (Kerig & Fedorowicz, 1999). Women may also believe that leaving would place her and her children at risk of harm. More than 50% of child abductions are connected to IPV, with most abductions carried out by fathers and their agents (American Psychological Association Presidential Task Force on Violence in the Family, Violence and the Family, cited in The “Failure to Protect” Working Group, 1999-2000, p. 862).

Such fears must be taken seriously. Leaving increases the likelihood that women will lose their children (Strega, 2006). For example, abusive men are more likely to seek sole custody of their children than non-violent fathers (American Psychological Association Presidential Task Force on Violence in the Family, Violence and the Family, cited in The “Failure to Protect” Working Group, 1999-2000, p. 862) and not pay child or spousal support (Taylor, 1993). In addition, when aggressors fight for custody, they are more likely to be granted it than are women (Liss & Stahey, 1993; Becker, 1995; Magen, 1999; Strega, 2006). In custody disputes, being identified as a
victim of abuse reflects badly on women; gendered stereotypes operate in the judicial system to view men as more able to offer a stable home than women who seek refuge in a shelter (Strega, 2006).

**Research on women’s mothering**

Recently, researchers, particularly in the US, have begun to investigate the effects of IPV on parenting, albeit mostly on mothering, not fathering (Peled, 2000). Findings on the impact of IPV on women’s parenting are equivocal. Some studies suggest that the effects of IPV on mothering are limited (Margolin et al., 2003) while others suggest that women who experience more stressors (Holden & Ritchie, 1991) and women who suffer from the cumulative stress of being abused may be more likely to abuse their children (Holden et al., 1998). In one study, George Holden and Kathy Ritchie (1991) found that although there were no differences in discipline approaches and mothering practices between abused and non-abused women, differences did exist in the degree of mothering stress the two groups experienced. In another study, Holden et al. (1998) found that although abused women did not differ from non-abused women on such indices as being emotionally available and positively reinforcing their children, abused women in one of the samples reported more physical aggression toward their children. In another comparison study of abused women with non-abused women, abused women reported that they were less warm and effective parents than did non-abused women (McCloskey et al., 1995). Abused women may use more authoritarian methods to make their children behave; partners thus have one less “reason” to become angry (Margolin et al., 2003, p. 434).

Several studies challenge the common perception that abused women are less emotionally available to their children (Sullivan et al., 2000) and conclude that the majority of abused women are emotionally available, responsive and attentive to their children’s needs (Schechter & Edleson, 1995; Levendosky & Graham-Bermann, 2000; Levendosky et al., 2000; Sullivan et al., 2000). In their study of the interrelationships between women’s experience of abuse, parenting stress, quality of parenting and children’s behavioural adjustment, Cris Sullivan et al. (2000) found that mothers were emotionally available to their children, supervised them, and enjoyed mothering. They were not aggressive toward their children but instead used non-corporal methods of disciplining. One important finding of this research was that aggressors’ abuse of women directly affected the behavioural adjustment of children to the situation of violence in which they were living. Children’s behavioural problems, in turn, increased women’s parenting stress and their need to discipline. Although women may need assistance with understanding what their children are experiencing and helping them to cope, more emphasis should be placed on the direct relationship between men’s violence and children’s behavioural adjustment.

In a study that asked abused women to integrate their experiences of abuse with their parenting, Alytia Levendosky et al. (2000) found that most women believed that their partners’ violence affected their mothering. They were conscious of the impact and actively worked to prevent or buffer the effects of violence on their mothering as well.
as on their children. During times when parenting was most difficult for them, women were concerned about their children’s emotions and behaviours, suggesting awareness of, and attentiveness to, their states of being. Therefore, helpers should recognize women’s strengths as parents and build on their perceptions of what is happening to themselves and their children.

Although abused women may be worried about their children, a major factor in their reluctance to seek help for themselves and their children is fear of losing their children (Mills et al., 2000). In a US study of help-seeking, abused women delayed or avoided seeking help or protective services for themselves and/or their children for fear of losing the children to child protection (DeVoe & Smith, 2003). Their fears prevented them from getting help even though they were aware of resources and needed help with coping, parenting and mitigating the impact of violence on their children. In some cases where women reported their own abuse, their children were removed from them on the basis of exposure to IPV alone.

To date, the majority of studies on mothering have focused primarily on the deficits of abused women (Sullivan et al., 2000) and have failed to recognize the ways in which women actively protect their children despite abuse (Schechter & Edleson, 1995). Future research on mothering should distinguish between aggression and socially sanctioned corporal punishment such as spanking (Sullivan et al., 2000). This distinction, which has been overlooked so far, could be used to undermine advocacy for women, “either holding women accountable for remaining in a relationship that exposes children to the fathers' harsh treatment or holding women accountable for their own suboptimal parenting” (Margolin et al., 2003, p. 436). Another significant gap in research is parenting by abusive men (Peled, 2000), particularly since they often have continued contact with their children (Margolin et al., 2003).

Of course mothers who intentionally abuse their children should be held accountable as well as those who have the capacity to prevent such harm. Brid Featherstone & Liz Trinder (1997) make the point that “challenging ‘woman blaming’ should not exonerate women from any responsibility at all, for this would diminish women’s sense of effectiveness and agency altogether” (p. 156). Clearly, some women are so trapped in their situations that they cannot adequately mother them, however, many women are unable to control the violence of their partners and try to protect their children in the ways that are available to them (Magen, 1999).

**Social beliefs about mothering**

The beliefs and attitudes of helping professionals can interfere with effectively helping abused women and their children (Magen, 1999). Social beliefs in the maternal instinct of women to protect their children at all costs and under any circumstances hold women accountable even when they cannot stop the aggressors (Enos, 1996). Like other helpers, transition house workers may hold unexamined and idealized constructions of mothering and advocate that women privilege their children’s needs.
at the same time that they urge women to honour their own needs and autonomy (Krane & Davies, 2007).

Julia Krane & Linda Davies (2000) suggest that helpers critically examine their own taken-for-granted definitions and standards of good mothering and understand how these ideals are derived from their own social locations and maternal experiences. On a broader scale, helpers may also hold unexamined beliefs and attitudes about women as well as IPV. For example, they may believe that women are complicit in their own abuse or adhere to the commonly held notion that after leaving one abusive partner, women will automatically “choose” a new relationship with yet another abusive partner.

**Child welfare practice in situations of intimate partner violence and child exposure**

**Origins of the term “failure to protect”**

Although the precise origins of “failure to protect” are elusive, Jeanne Fugate (2001) traces the term to the passage of a Bill in 1996 in New York State designed to help victims of IPV. In the US, “failure to protect” has gained considerable purchase as a response to protecting children from exposure to IPV. Legally, as a crime of omission, it refers to the “failure to act in certain situations where common law or statute has imposed upon a specified class of persons an affirmative responsibility for another’s safety” (Fugate, 2001, p. 276). Across the US, abused women have been convicted of the crime of child abuse or have had their parental rights terminated on the grounds that they failed to protect their children from exposure to IPV (Davis, 1995; The “Failure to Protect” Working Group, 1999-2000).

In his work on this issue, Randy Magen (1999) argues that the common but mistaken approach in child protection of alleging “failure to protect” is based on two erroneous assumptions: “that witnessing domestic violence is inherently child maltreatment and believing that the battered woman and her children must leave to be safe” (p. 127). Abused women are overwhelmingly charged with “failure to protect.” Although “omission statutes” can punish anyone who fails to fulfill her/his duty to protect a child from abuse (Enos, 1996, p. 236), men are rarely, if ever, charged with “failure to protect” (Fugate, 2001). Neither have men ever been held responsible for failing to protect their children from an abusive mother (Davidson, 1995; Lecklitner et al., 1999; Kopels & Sheridan, 2002). Women are most often perceived as neglectful; “the common injustice done to women by attributing to them sole responsibility for children’s protection and well-being” (Peled, 1997b, p. 431) is exacerbated when drug or alcohol abuse impairs their functioning (Saunders, 1994).

**Canadian research on child welfare practice**

In Canada, two studies have been done in British Columbia and Alberta on child welfare policy and practice in situations when men beat mothers (Nixon, 2002; Strega,
In interviews with social workers and mothers in British Columbia and England, Susan Strega (2005) found that child welfare interventions almost always took the form of accusing mothers of child abuse or neglect for failing to protect their children from exposure to violence. Intervention with aggressors was avoided. She draws attention to erroneous and dangerous assumptions underlying the “failure to protect” concept: a) that “a mother has (some) control over the perpetrator’s violence, i.e. the mother could protect the child;” b) that “leaving will put an end to the violence;” c) that “leaving is the mother’s responsibility;” and d) that “a mother who fails to protect her child from harm is responsible for that harm even if she made efforts to prevent it” (p. 28). Strega argues that child welfare must challenge the gendered concept of “failure to protect” and hold violent men accountable for their actions while assuring the safety of mothers and children.

In her research into child protection practice in Alberta, Kendra Nixon (2002) found that workers focused their interventions on abused women. Women as the primary guardians were viewed as responsible for alleviating the violence. They were often threatened with child apprehension if they did not leave their partners. Workers viewed abused women as inadequate mothers who were unable to protect their children. Like Strega, Nixon found that men remained absent from the intervention plan. She argues that child welfare systems must have the necessary legislative and organizational resources to respond effectively to woman abuse and that child welfare must implement policies that attend to the safety needs of women and children.

Child welfare policies in Canada have had harsh consequences for some women who have been cast as risks to their children by the very system designed to protect children (Alaggia et al., 2007; Friend et al., 2008). Women have been held to very different standards than men. Nevertheless, recent research in Canada suggests that child protection responses to situations involving exposure to IPV do not necessarily result in higher levels of intervention, including child placement (Friend et al., 2008). Tara Black et al. (2008) found that while child welfare is substantiating exposure to IPV, the system’s response to exposure largely depends on whether it occurs in isolation or with another form of child maltreatment.

**Child protection considerations in protecting children and their mothers**

The concept of “failure to protect” suggests that not only are women expected to take action to stop the violence, their action is expected to be successful (Magen, 1999). In other words, the term implies that the opportunity to not fail is available to women (Magen, 1999, p. 128). In actuality, the probability that women can be successful in protecting their children from exposure may be relatively low (Magen, 1999). Women may also fear that taking action would be perceived as provocative to an aggressor, resulting in further harm to themselves and/or their children.

Women are also assumed to be responsible for leaving the relationship. Leaving is presumed to be a solution to the violence and appropriate and available to all women (Mahoney, 1991); however, not all women desire an end to their relationship (Davies
& Krane, 2003). Upon separation, women may find themselves even more alone and isolated from family and community. Although leaving can be a life-saving act, it is no guarantee that the aggressor’s violence will be either eliminated or reduced (Enos, 1996). If leaving is intended as a strategy to keep children safe, it has not been altogether successful since children are often exposed to still more violence from aggressors after separation (Magen, 1999). The fact that women face increased danger of violence, stalking, harassment, or even murder when they do leave, or attempt to do so, has been well documented in the literature (Wilson et al., 1993; Campbell, 1995; Magen, 1999). Sometimes staying is a strategy used by women to save their children from being killed (Magen, 1999).

Many abused women do leave their partners, however, it is often a long and arduous process. Pualani Enos (1996) suggests that those women who do manage to leave are often considered by others to be more caring mothers. However, women often require more than "the will to leave" to disentangle themselves from their relationships (Enos, 1996, p. 245). Women’s decision-making about leaving involves a complex process of weighing and balancing many factors, for instance the impact of abuse while in the home on themselves and their children and its frequency; dangers related to knowing what they are facing while at home compared to not knowing what they must face after leaving, and uncertainty about the future, including what kind of living arrangements are possible; and a spectrum of risk to their children that includes at one end their potential loss. In reality, trying to end the abuse is a considered response, given the considerable evidence that exists to demonstrate that society cannot provide abused women and children with safety and protection (Magen, 1999).

The literature strongly suggests that women face significant barriers to leaving: inadequate income, lack of decent, affordable housing, day care, isolation from family and community, poverty and the threat of poverty. For women who leave and are thrown into poverty (O’Connor et al., 1999), their vulnerability to the scrutiny of the child welfare system is increased (Swift, 1995b). In the context of present day neoliberal agendas and shrinking community resources, women’s fears of poverty and unemployment are especially poignant (Morrow et al., 2004; Rankin & Wilcox, 2004).

If women leave, they may face post-relationship violence and custody concerns; they may lose custody in divorce proceedings, and/or be forced to have contact with their former partners as part of custody arrangements (Strega, 2005). Mothers must also take care not to “alienate” children from fathers or reveal abuse to child protection for fear of the accusation that they are “alleging” it (Strega, 2005). In Linda Neilson’s Canadian study (2001) on spousal abuse, children and the legal system, women lost custody of their children in situations of IPV in 9 out of 22 cases, either by judicial order or agreement, because of their inability to protect their children from watching their partners abuse them. In her study of the effects on children of legal proceedings in partner abuse cases, Neilson (2004) found that abusive partners not only gain unsupervised access to their children but also obtain custody in appreciable numbers.
Neilson (2001) also found that women and children continued to be abused and harassed after child custody and access agreements were put in place. Patterns of harassment and conflict included threats and intimidation, surveillance, abuse through and of the children, involvement of children in the conflict, multiple applications to the court, and child abuse allegations against the primary caregivers. Neilson’s summary of research from multiple sources found that 30% to 50% of abusive men will transfer the abuse previously directed at their partner to their children after separation occurs. In a US study on IPV and child visitation after separation, one-third of women experienced ongoing physical and psychological abuse from their former partner in the context of child visiting (Shepard, 1992). Even when abuse has been documented, visitation orders between children and aggressors are often enforced (McKay, 1994), thus increasing the exposure to danger for both women and children (Shepard, cited in Magen et al., 2001, p. 588).

Several studies raise serious concerns about safe custody visitation arrangements when men’s violence against women and children continues during separation and divorce (Saunders, 1994). Joint custody allows aggressors to continue to exert control over women and expose children to further abuse (Levin & Mills, 2003). Judges fail to take IPV seriously and award sole or joint custody to abusive men (Liss & Stahy, 1993). Joint custody may even be contraindicated in cases of domestic violence (Elkin, 1987; Levin & Mills, 2003).

The invisibility of men in child protection

In “failure to protect” cases, the onus has generally been on mothers to control, predict and manage the violence, with the problem defined in terms of what mothers have failed to do rather than on the aggressors’ actions (Edleson, 1998). Gender and feminist analyses of child welfare have long critiqued the system for holding women to different standards than men and assessing proper mothering through the lens of ‘race’, class, gender, and culture. As a result, a disproportionate number of Aboriginal, working-class and poor mothers come to the attention of child welfare (Callahan, 1993; Swift, 1995a, 1995b, 1995c; Davies & Krane, 1996; Davies et al., 1999; Krane & Davies, 2000; Turney, 2000; Callahan et al., 2005). Although public responses to child exposure have been determined by the manner in which the issue has been constructed (Peled, 1993), researchers and practitioners are increasingly challenging the construction of women as failures and raising questions about the invisibility of men in child welfare and specifically in situations of IPV (Milner, 1993; Magen, 1999; Nixon, 2002; Callahan et al., 2005; Strega, 2005, 2006). In the gendered discourse of child protection, mothers are responsible for the effects of their behaviour on their children but men are not; instead men are constructed as threats, useless, irrelevant, or simply absent (Scourfield, 2003).

Men are absent in many ways in child welfare systems as well as in child protection literature (Edleson, 1998). Child protection records and information systems often track child maltreatment solely through the mother’s name so that the male aggressor is often invisible (Edleson, 1998; Beeman et al., 1999). Case service plans often focus
on the mother, omitting intervention plans for the aggressor that would attempt to ensure the safety of women and children (Edleson, 1998). Men who do not have a biological or legal relationship with the child or children are simply invisible in the system and often escape child protection intervention altogether (Edleson, 1998; Beeman et al., 1999; Strega, 2005; Alaggia et al., 2007).

Strega (2006) argues that “the failure to protect category of child maltreatment not only supports but codifies the avoidance of violent men” (p. 256). This happens in different ways. For example, men are often not perceived as risks to children’s safety and thus, not deemed in need of intervention. Furthermore, child welfare oddly conceptualizes fatherhood as a role where “a man’s violence to a child’s mother can somehow be seen as irrelevant or of little import in his relationship with the child” (p. 249). In her study of child protection practice in situations when men beat mothers, Strega (2005) found that neither workers nor mothers disqualified men from being “good fathers” even though they beat their children’s mothers. IPV and child exposure have been constructed in such a way that “a mother being beaten [is not] a problem in its own right”; it is only a problem when children witness it (p. 37).

Researchers and practitioners have recommended ways to improve child welfare practice with men in situations of IPV. Child protection workers should purposefully engage and work directly with men in all child welfare work, both as potential dangers and potential assets to women and children (Daniel & Taylor, 1999). Aggressors must be held accountable for their violence rather than focusing on the responsibility of mothers to protect (Cummings & Mooney, 1988; Daniel & Taylor, 1999; Findlater & Kelly, 1999; The “Failure to Protect” Working Group, 1999-2000). Men’s role in parenting, custody and access should be supported only when it is known that they will not jeopardize the rights of women and children to safety, protection and validation (Peled, 2000). Strega (2005) suggests that men’s rights to custody and access could be made contingent on their engagement in change efforts. Finally, child protection workers require adequate training to intervene effectively and safely with men and ensure women’s and children’s safety.

Issues concerning child welfare legislation, policies, and practice in situations of intimate partner violence and child exposure

Child welfare researchers and practitioners have identified a number of issues concerning legislation that defines exposure to IPV as a form of child maltreatment. The first issue involves the ability of child welfare systems to effectively respond to the increase in reporting of child maltreatment in situations of IPV. The rise in reporting threatens to overwhelm already overburdened systems (Nixon et al., 2007) at a time when neo-liberal governments have reduced funding for child welfare (Strega, 2006). Furthermore, funding for child protection services has not accompanied legislative or policy changes to keep pace with the increased attention to child exposure.

A second issue is the Nixon et al. (2007) concern that legislation or policies that broadly define any children exposed to IPV as maltreated may further victimize
women and children. Women’s perceived inadequacies, parenting skills, “unwillingness” to protect their children, lack of awareness of the impact of exposure, and “inability” to choose good partners, often become the focus of child protection (Nixon, 2002, p. 74). Women may avoid seeking help for fear of losing their children and when they do, child protection often cannot provide women with the support and protection that they need. Social issues like poverty and gender inequality are transformed into personal inadequacies, turning present needs into future risks and service into surveillance (Callahan et al., 2005). Child welfare legislation needs to be formally evaluated to determine whether it actually helps children, if and how it is being used to re-victimize women, and the nature of the negative unintended consequences of legislative and policy changes (Weithorn, 2001; Jaffe et al., 2003; Kaufman Kantor & Little, 2003).

An issue related to the re-victimization of abused women is whether all parents, men and women, who expose their children to IPV should be held responsible for “failure to protect” (Kaufman Kantor & Little, 2003). “Is it fair to say that parents are aware of the consequences of exposure and therefore, exposure per se is a fair criterion of neglect?” (Kaufman Kantor & Little, 2003, p. 350). Since patriarchal social structures and norms perpetuate, condone, and normalize IPV, parents may not be cognizant of the potential harm to children’s well-being.

The third issue relates to the vigorous debate about whether exposure to IPV should be defined as child maltreatment – whether as child abuse, neglect (related to failure to protect children from exposure), psychological, or emotional abuse (Magen, 1999). The presence of IPV is considered by some to be synonymous with emotional abuse, neglect, or failure to protect children from maltreatment by another person; however, others do not believe that exposure alone in the absence of direct child victimization should be defined as maltreatment, including as a form of emotional abuse (Kaufman Kantor & Little, 2003). The question then becomes: Does exposure to domestic violence automatically constitute psychological or emotional abuse? “There is no consensus on what constitutes a threshold of dangerousness in children’s exposure” (Kaufman Kantor & Little, 2003, p. 340). The gravity of the effects of exposure on children likely depends on multiple factors.

And finally, the fourth point in this regard is that across Canada legislation varies with respect to how child maltreatment is defined and how risk is conceptualized. Nixon et al. (2007) clarify that in most definitions, actual emotional harm as a result of exposure must have occurred in order to be considered in need of child protection. Some provinces consider children in need if they have sustained physical or emotional harm as a result of exposure. Others define a child in need if harm from exposure is likely to result in physical or emotional harm, suggesting the possibility of future harm. Nixon et al. (2007) note that some provinces define risk more broadly. Neither New Brunswick nor Newfoundland “require that a physical or emotional injury be sustained before child protective services become involved” (Nixon et al., 2007, p. 1476). None of the provinces or territories clearly define domestic violence or child exposure/witnessing.
Thus, Nixon et al. (2007) raise the issue of how harm to children from exposure is assessed. Legislation in Canada has not adequately addressed how to assess the emotional or psychological harm experienced by children through exposure (Nixon et al., 2007). Consequently, “policies in the forms of legislation, regulations/standards, or internal procedures need to incorporate clear guidelines as to when child protection intervention is warranted” (p. 1482). Kaufman Kantor & Little (2003) suggest the need for criteria of demonstrable harm to the child rather than exposure per se; such factors would encompass frequency and severity of violence, parental and child injury, parental ability to nurture, women’s experience of violence and their attempts to protect their children, and whether multiple forms of victimization are present. However, despite concerns about legislation on exposure, such legislation may sensitize front-line workers to higher-risk families, leading to better assessment and intervention (Nixon et al., 2007). Additionally, greater cooperation and coordination among services may result in more consistency of handling and managing cases among agencies (Weithorn, 2001; Jaffe et al., 2003).

Another issue in legislating child exposure to IPV as maltreatment concerns how child welfare interventions can increase the risk of harm to children (Nixon et al., 2007). Unnecessary or intrusive involvement could put more stress on the family and be potentially dangerous for women and children (Nixon et al., 2007). Women who are already under stress may lose their capacity to respond to their children’s needs (Parkinson & Humphreys, 1998). Women and children may also be put at greater risk if they avoid or delay help-seeking for fear of losing their children (DeVoe & Smith, 2003). The risk to women may also increase if children are removed from the home (Magen, 1999). If child protection workers do not have the knowledge and skill to assess IPV, asking questions about it could potentially cause greater harm to women and children (Magen et al., 2001).

Finally, child protection workers have the difficult task of balancing the safety and well-being of children with the safety of their mothers. In situations of IPV, child welfare practice has narrowly interpreted the principle of the best interests of the child so that it often works against the needs of abused women (Magen et al., 2001). The practice of assuming that the needs of abused women and their children are in conflict is “false but…rarely challenged” (Schechter & Edleson, cited in Magen et al., 2001, p. 588). Even though the mandate of child protection is the well-being of children, it must protect the adult victim and prevent further violence from the aggressor. “The safety and well-being of the children in domestic violence cases is usually linked to the safety and well-being of the mother” (Whitney & Davis, 1999, p. 160). However, Peled (1997b) cautions that while this may be true in many cases, it is naïve and irresponsible to assume that empowering and protecting the mother is always the most effective way to protect children since children’s and women’s needs do not always coincide.

The work of child protection in situations of IPV is complicated by the reality that workers have little input into either making or changing child welfare policy (Beeman et al., 1999). A significant hurdle in child welfare policy and practice has been the
institutional belief that IPV is beyond the scope of child protection (Shepard & Raschick, 1999; Whitney & Davis, 1999; Mills et al., 2000; Magen et al., 2001). Thus, some workers may not see helping abused women as part of their mandate (Cummings & Mooney, 1988). Even when workers ally with mothers about their concern for their children and try to protect the victims of IPV, they are often forced to make choices between either the children or the mothers, especially if a woman does not attempt to leave the aggressor (Friend et al., 2008). To make situations more complex for workers, it may be difficult to accurately determine whether women have unreasonably failed to protect their children from aggressors (Enos, 1996); and additionally, women may be maltreating their children as well. Jasmine Hayes et al. (2007) point out that skilled workers resist penalizing or pathologizing women in order to keep the best interests of children at the heart of their interventions. How child protection can protect children and help and protect women without further victimizing them remains an ongoing challenge, and one that goes to the heart of society’s views about family in general and women in particular.

IV. FINDINGS FROM FOCUS GROUPS

This section reports the findings from the focus groups conducted with participants from Child Protection, l’Accueil Sainte-Famille, Housing and Income Assistance, Santé au Communitaire and community services. The following section describes the findings from interviews with women who received services from Child Protection.

Understanding of “failure to protect”

Responsibility of mothers

Although a few participants were unsure of the meaning of “failure to protect,” most understood that the term is used to refer to allegations of abuse or neglect against mothers for failing to protect their children from exposure to IPV.

Often we will try to get the mothers to take responsibility, telling them that it is also their responsibility to protect their children...but as you say, one should not blame her as there are circumstances concerning the situation. (Child Protection)

One participant raised the issue of the father’s or father figure’s role in protecting children from exposure.

You have to consider the mother’s role but there is also “failure to protect” on the father’s part. (l’Accueil Sainte-Famille)

Shift in Departmental practice in the Peninsula

Some participants reported that about six years ago, a positive shift occurred in Child Protection social workers’ understanding of IPV and practice with women, children,
and families. Prior to this shift the predominant attitude was that if women weren’t protecting their children, Protection would take “drastic” measures to apprehend the children. While unsure of precisely why and when this shift occurred in the region, Child Protection social workers identified the following contributing factors: leadership in Child Protection began to question established practice and stimulate thinking about alternatives; Child Protection and the Transition House began to work more closely together; social workers received training in the risk management system and in CORE; and reflection on practice revealed that forcing women to leave partners or removing children from mothers was counterproductive. Women are now recognized as victims of abuse who also require protection.

I would make a nuance here because I don’t think that we want to convince the mother to leave her partner. Each situation of spousal violence is unique; we can’t treat them all the same way…It is certain that our first mandate is the security of the child but what we do not want is to re-victimize the mother by separating her from her children or to take decisions regarding her children without taking into consideration the fact that she is also a victim and that she also needs protection. Our objective is also to protect the mother and to bring the mother to become able to protect her children. We want to give her means, to support her in order to protect her children and consequently to protect herself. (Child Protection)

**Women’s awareness of the effects of exposure**

Participants concurred that in most cases, mothers were not fully cognizant of how children were exposed to violence or its effects. If violence was normalized for women, for example if abuse from partners was not as extreme as abuse experienced in families of origin, women would not necessarily name the present violence from partners as abusive.

I think they [women] are conscious [of the fact the children were exposed to the violence] up to a certain point, but not as much as it warrants…It seems as if it is pushed back in their minds but by talking about it they come to realize it. (Child Protection)

Participants emphasized the need to educate mothers, particularly those who minimize the consequences of living with violence.

That is where the intervention with the mother is important at the level of education, bring her to have insight and to ask herself is that what she wants her children to experience? (Child Protection)

Participants did not explicitly refer to the need to educate fathers or ask them if violence was what they wanted their children to experience.
Recognition of women’s fears and the power of the Protection mandate

Some participants acknowledged women’s fears that revealing details about their realities might lead to the loss of their children. Given public perception of Child Protection and previous practice in situations of IPV, one participant perceived the need to change the language used to talk with families about their role. She also noted the vulnerability of individual workers within the system should children be hurt further while on their caseload.

Yes, I believe that it is urgent that we change our language a little because, yes, we have had that time period where we would have taken the children away because our first concern was to protect the children at all costs and also to protect ourselves as social workers. (Child Protection)

Understanding of women’s realities

Some participants were more attuned than others to the realities, dilemmas and fears of abused women. They emphasized that women protect their children in ways that we may not identify or recognize, for example when they stay with their partner, particularly in situations where men threaten to harm or kill the children if they leave. In many cases, women fear for their own safety and consequently what would happen to their children if the mothers were harmed or killed.

It is often because of fear that the mother does not protect her children. When you are threatened with, “I am going to kill myself… I am going to kill the children… I am going to commit suicide… I will kill myself in front of the children” [to name a few examples], it is not because they [the mothers] don’t want to protect the children, but they think it is going to be worse after and when you are afraid, you are afraid. (l’Accueil Sainte-Famille)

Some workers also recognized the material and social barriers facing women in becoming independent. Staying often seems to be a better solution than poverty and isolation. The barriers noted by participants are described later in this report.

Understanding of intimate partner violence

Causes of intimate partner violence

Participants offered a cornucopia of causes for IPV. Learning patterns of violence in the family of origin was commonly cited. When violence is normalized, men assume the role of aggressor and women the role of victim. In families where violence is an everyday part of life, members have a higher tolerance to violence than those who are not accustomed to it.

Other causes included the inability of aggressors to appropriately communicate and/or deal with feelings such as sadness, frustration, insecurity, fear and love; previous
victimization of the aggressor through physical or sexual abuse; lack of self-esteem and relational skills on the part of both men and women; violence as an addictive behaviour; mental illness on the part of the aggressor; money troubles; and drug and alcohol addictions. One participant noted that some men stop using alcohol but continue to exercise violence.

**Gender inequality**

Some participants identified gender inequality as a cause of violence against women in the context of social values that inherently perpetuate and uphold dominance and violence. They referred to a pervasive social ideology in which man is the master, and woman is subordinate.

Violence is an exercise of power, it is about having control. Men have often been in a situation where for them it has been easier to be in positions of control...It is certain that it is deep-rooted but it remains a fact to this day that we accept violence from men more so than from women... In a family situation there are some that decide that they still have the right to that power and control. In groups for men, it is that sentiment of entitlement that they have, they still have the right to control their partner. (Community service)

One participant explained that men know very well that they can “lose control” with their partner with impunity, but not with others such as bosses or neighbours.

Women’s subordination in male-female relationships is shaped and reinforced by economic dependence on individual men and forms of public patriarchy such as Social Assistance.

When a client tells you that she has a small income from Employment Insurance, you know that she will not be able to get out of her situation. Where is she supposed to go without furniture? Income Assistance doesn’t help when they have an income. We have seen some women who had to go back home. (l’Accueil Sainte-Famille)

Given society’s tacit acceptance of men’s violence against women, except perhaps in cases of femicide, the wider community and family members do not want to get involved in either reporting it or stopping it when they are witnesses. One participant recounted how women who were recently murdered in the area were actually blamed by some for their own demise. The fact that one of the victims was on medication was cited as an explanation for her murder. Another participant referred to the fact that everyone talks about IPV as something that happens in the lower economic strata, but she pointed out that none of these families had been on Social Assistance.

Spousal violence is trivialized; there is always an excuse for violence. We had murders in the Peninsula and it was insinuated that it was the woman’s fault: “It looked as if she was on medication”...There are many other factors
[contributing to violence] but for sure the primary factor comes from way back [the differences in social power between men and women].

Class differences

Participants drew attention to important class differences in both the visibility of violence and the use of helping resources. While several agreed that IPV occurs in all social strata, one participant observed that families of low income are over-represented in Child Protection while families of more economic and social means are referred much less often. In the latter, violence is better hidden because social class protects these families from interference in their affairs.

The financial factor – that is a myth. At investigation we do more and more investigations in cases where professionals are involved; they are not all on Social Assistance… Is it because the mentality is beginning to change? Is it because these mothers who are victims are more daring and ask for help? Is it less shameful? (Child Protection)

Abused women with access to more financial resources can use services outside the region or in the private sector, however women with fewer resources rely on public services. Some participants also noted that poor families are more compliant in relation to Child Protection while men with financial resources are more resistant to change and the interventions of Child Protection. Their priority is to preserve social status and professional image. They also threaten to seek custody of their children and can pay for lawyers to fight for them.

I had a financially well-off man in the community who was very well known. It took time, until finally I could explain the service and our plan. It took months until I succeeded, whereas with others it was quicker. He had reputable lawyers and he had to consult with them. The lawyers would intimidate us. (Child Protection)

Transition House practice

Naming violence

Transition House interveners educate women about what constitutes violence, including psychological and verbal abuse and more subtle forms of manipulation and control. Over time women begin to name what they are experiencing as violence and become less able to silence that knowledge within themselves.

One [woman] told me: “I had not realized that pulling me out of bed was physical violence.” (I’Accueil Sainte-Famille)

If the woman doesn’t recognize that she is a victim of psychological violence or see that behaviour as violence, I will often use the wheel of power and
domination because it is about psychological verbal abuse. She recognizes herself – “Ah, I experience this and this” – and we underline it in yellow. I explain how the man makes them feel guilty through psychological, verbal or sexual violence. Then she can position herself and say, “Ah, okay, this is why he was behaving that way, he wanted to control.” We use different videos to show them that they are not alone; while listening to others explain their situations, they realize that their situation is similar. (l’Accueil Sainte-Famille)

**Building self-worth and dignity**

Interveners work to build up and reinforce women’s self-worth, dignity, and right to life without violence. For many women, the road to reclaiming self and uprooting the guilt that their partners have assigned to them is a long one. However, the longer women reside at the shelter, the better equipped they are to reclaim their power.

We observe that when they stay here a little longer, they will come out of their situation quicker, they will return less to the violent situation. (l’Accueil Sainte-Famille)

Interveners also help women with issues in parenting and reinforce their competence as mothers. They also strategize with women about how to respond to partners seeking to re-establish contact. Women are encouraged to attend support groups at Services à la Famille in order to better equip themselves for making choices, often in the context of limited financial means. The Outreach Worker provides service to women in the community as well as follow-up for women and children who have left the Transition House. She meets with women in a convenient private location or in the woman’s home, and makes referrals to community services.

**Men’s capacity to change**

Given interveners’ experience listening to Transition House residents, they are realistic about men’s capacity for change and the likelihood that families will reunite and live free of violence. Although they work only with women and children, they witness women’s return home only to re-visit the Transition House a couple of months later to report that men’s violence is worse.

It [the violence] is worse because the partner will reproach her for having disclosed the violence and accessed the shelter… it won’t work unless the man has gone to long-term help, for example, not a month-long therapy. The rate of success is not high. The man has to recognize that he has a problem. If the therapy is court-ordered, that he is obligated to go to [therapy], it will go in one ear and come out the other. (l’Accueil Sainte-Famille)

Interveners do not predict whether or not partners will change; women must come to realize for themselves what capacity exists for change. Even though women may return based on promises to change, they do so with more confidence and
determination to accept less violence and the knowledge that they can again utilize community services. Some carry with them a sense of what it was like in the Transition House to live without tension, abuse and harassment.

**Referrals to Child Protection**

Transition House interveners present Child Protection to women as a resource that can help them with both children and partners.

It is the approach that we take with the mother, “I am concerned for the children and it is your children that are your priority.” When they come here, I explain many things, telling them how Protection can help them, how it has helped many, that Child Protection workers are trained to face the man and help her to take care of the children. In the majority of cases it is the mother herself who calls Protection to say that she needs their help in order to keep her children since she is unable to deal with that man and take care of her children at the same time. (l’Accueil Sainte-Famille)

Not all women who use the Transition House are referred to Child Protection, only those in situations of severe violence and those who return to their partner.

When the situation is severe we get Child Protection to open a file but we are not obligated to refer each woman who comes here. If she returns to her partner, we refer, but if she protects her children and makes the right choices, we don’t. We tell her when she comes in: “If you return with your partner, it will have an effect on the children and we have an obligation to refer.” (l’Accueil Sainte-Famille)

Once a relationship of trust is established between interveners and residents, many women will divulge more openly the extent of the abuse that they and their children have experienced. However, with women who have been forced by Child Protection to use the Transition House, this trust is more difficult to build. They are very reluctant to disclose information because of the dynamics of abuse and the consequences they will face if they convey the reality of the violence in their home.

**Child Protection practice in the Peninsula**

**Assessment of children’s safety in situations of IPV**

**Risk management system**

Access and Assessment use the risk management system to assess the family situation in its entirety, including an immediate safety assessment, a broader risk assessment, and NB Families, an electronic system that provides information on antecedents of child abuse or IPV. (Housing and Income Assistance now have access to this system). Supervisors are integral to the assessment and decision-making
When we receive a report of family violence, we meet with the family. We can do a surprise visit to the children at school to get the information without interference from the parents who tell them not to disclose. We meet the parents and collect data to build our file. We can call the people in the community to find out if they have made some observations. We also make contact with professionals who are involved [with the family]. It is at that point that we will determine what the situation is. We have tools like risk management which is an online document. There are different categories that we complete including a section on family violence and we give a rating depending on the levels of risk. We have descriptions that provide explanation of each level of risk. Then we determine if it is high risk or low risk in that category. There are several other categories, like the child's behaviour, the mother's development, drug consumption and stress factors. We consider most aspects of life. (Child Protection)

Detection of IPV

In referrals of child abuse or neglect, workers automatically check for IPV as part of the risk assessment. Currently, in the Peninsula, approximately 20% of all cases referred to Access and Assessment involve intimate partner violence. The first step is usually to investigate the abuse and/or neglect referral and the second is to determine the occurrence of IPV, including interviews with the children. For obvious reasons, children may be reluctant to disclose because of the loyalty they feel to their parents and fear of foster care. IPV is more difficult to detect when it isn’t part of the referral.

Maybe it won’t be evaluated at our first meeting, our first meeting will probably focus on the risk elements that we have… For example, when you have a case of neglect like the child is not clean and has no lunch, you won’t touch on it [domestic violence] right away. We will, however, consider it in our global evaluation. (Child Protection)

One participant noted the importance of adequately assessing IPV situations, as men’s use of violence is sometimes situational.

This is controversial [but] we need to be cautious when dealing with separation cases; taking the man completely out of the picture is not necessarily the thing to do. There are situations where it is situational [violence] because of the separation. There may have been violent words but it isn’t necessarily a spousal abuse situation…We are at a point where we include the fathers when we assess that there are no risks for the child and that it is in the best interest of the child to have contact with both parents. (Community service)

One participant reflected on the limitations of the risk management system and the adequacy of the section on domestic violence. It overlooks important areas such as
the mother’s network, her strengths and capacities, the stage of the cycle of violence, and her financial means. Another expressed concerns about how extensive evaluations are presently creating a dispersion of focus.

Another tool to evaluate! I think that one of our big difficulties in the recent years or the trend that we have adopted is that we have many things to consider… It has become difficult, I don’t know how to say but at a certain point we would like to focus on one thing but the process or the recommendations in the reports on child deaths bring us to react like, “Hey, hey, we must not forget anything.” (Child Protection)

A participant from a community service stated that another tool for assessing risk in situations of domestic violence does exist, however Child Protection workers were unaware of it since they had not been invited to the training organized by a government department other than Social Development.

If at one point I evaluate a situation and determine the level of risk, it would be good that the people at the Department know what I am talking about. It is not necessarily their responsibility to do the evaluation but they should know about it. (Community service)

Approaches to intervention in intimate partner violence

Determining failure to protect

Access and Assessment and Ongoing Services workers attempt to work with all members of the family; this is critical in understanding the dynamics of abuse and family dynamics as well as to facilitate change. To ensure the safety of the children, they intervene with the mother and usually refer the father to specialized services at Services à la Famille to work on his violence.

Assessment and evaluation of “failure to protect” depends, to some extent, on the experience of the worker. After successive sessions with the mother, workers have to re-evaluate the situation, particularly if she does not collaborate. Some participants commented that they found it easier to work with women who agreed to leave or who had started the process of leaving compared to situations where they had to say, “If you don’t leave, we will apprehend the children.”

Some participants affirmed that they usually worked with the mother over a long period of time before concluding that she was unable to protect her children. When this point did arrive, workers had unsuccessfully persuaded the woman to leave her partner. If mothers understood the harm and danger to her children or made attempts to leave, there were fewer apprehensions. Throughout this process, workers made use of assessment tools and supervision. A social worker gave an example of such a situation where all family members had received services.
It happened over a long period of time, we gave chances to the mother. First, we apprehended the children and placed them with her mother. She came here to l’Accueil several times until such time when we told her, “Look, your partner will not change and you are faced with two choices, you either lose the permanent care of your children or you leave your partner, we will set you up in an apartment and we’ll give you a try with the children.” She chose to leave but even when we returned the children, set her up in an apartment, she maintained contacts with the father. She would initiate contacts and it provided hope to the dad and he would go to the home. The father had alcohol-related problems and often he would go under the influence and there were more violent incidents and at that moment we had to apprehend. (Child Protection)

With the shift in vision and practice over the past six years, social workers no longer automatically assume that the aggressor has to leave the home in order to ensure the children’s safety.

In immediate danger, if you get there and there has been a lot of violence, we will protect immediately and eventually look at the possibilities of returning the children. In one of my cases there is a lot of violence. The father is violent toward his children and a lot of psychological violence toward the mother. I never asked the father to leave. We took the necessary steps together. The father was willing to do something about the situation… the children were able to remain in the home. It is certain that when I arrived, it created a crisis but at the end, it was a stimulus for these people to want to change. It has been one-and-a-half months and I already see some changes in the family. I find that more and more in Child Protection we will preserve the family unit instead of doing like we did five years ago. (Child Protection)

**Intervention with men**

Some participants mentioned difficulties in working with men who do not admit to their use of violence or recognize their actions as violent. Many men refuse to attend counselling unless mandated to do so. Child Protection social workers usually meet with the father and try to motivate him to change, emphasizing how his violence affects the children.

Right now I have a situation of family violence and I would like to meet the aggressor but he doesn’t come to his appointments. I met him once. I want to find out what is happening. I want to have his version. He may add some elements that I didn’t suspect. (Child Protection)

In most cases, men are referred to specialized services; however, referral to outside services is not automatic but may depend on workload as well as the aggressor’s needs. One participant talked about a situation where she intervened directly with the father.
The father exercises a lot of control over the family. I will analyze the form of violence and following that I will do my own intervention. In this situation it is certain that if the father admits [violence], it is much easier for the social worker to work with the situation. If he doesn’t recognize it, then I will [work with] the father to be open to a follow-up outside of the Department because we have deadlines. We also need a safety net because during weekends we are not there. In this case I put a safety plan in place so the father could call someone if he needed to… We verify his network. (Child Protection)

**Consideration of women’s and children’s safety**

Another participant raised the issue of timing in meeting with all family members. The safety of women and children must be carefully considered when including the aggressor in meetings.

There is a question of timing; you will intervene with the abuser after you have analyzed if it is appropriate. I know that when the case is ongoing, the aggressor will receive services from Services à la Famille. They have groups for men. The social worker works with the family but it is always done jointly [with Services à la Famille]. They won’t necessarily have a meeting with all the family members without knowing where the man is in his process. It is difficult to tell because you will have your own approach, you will decide depending on each situation. (Child Protection)

**Perspectives on role of Child Protection and the limitations of women**

One Child Protection social worker did not see counselling as part of her role. Community services such as l’Accueil Sainte-Famille and Services à la Famille do this work with women, children and families.

We must not forget that we are not necessarily there to do counselling. We are there to ensure that they can protect their children...Our role is more at the level of whether they go to their follow-ups and if she doesn’t, we will call her and ask her why she didn’t go and tell her that she has to go. (Child Protection)

Some participants perceived women’s inadequacies, background and emotional dependency as influencing the success of interventions. Childhood or adult experiences of violence, the dynamics of abuse, and emotional dependency are factors that can lead some women to become repeatedly involved with violent men.

I don’t know, it may be because my experience is in Protection, but often the women have limits. Maybe you see professionals here... that make it while non-professional women may not. For us in Protection, for me personally, they are all women with inadequacies. (Child Protection)

**Referrals to Child Protection**
Deciding whether or not to refer

When abused women seek help from the Transition House or community services in situations of IPV, workers often refer to Child Protection; however, deciding whether or not to make a referral is not always easy or clear cut. When unsure, they call Child Protection to talk over the specifics of the situation. Workers may also accompany women to make a referral if they need moral support to make a declaration.

We do an evaluation and if we sense that the children may be in a violent situation, we will call Child Protection. Sometimes we will call Protection directly before talking to the mother or the father. Usually if it is the father who is the aggressor, we won’t deal with him. If we feel the mother can protect the child, we will try to create an alliance with her in order to do the referral, but if we have doubts, we will call Protection directly and get them to deal with it. Usually it is the contrary, the files come to us from Protection when it is not working out. (Community service)

The choice is not always easy, does she or doesn’t she protect [her children]? It is the entire context that one must consider. (Community service)

Role of community partners in referrals

In a new trend in Child Protection practice, community partners who refer may be asked to accompany the social worker when she/he meets with the mother.

This is a new way, we use our partners more. For example, the daycare makes a referral but they don’t want the parent to know, they don’t want to affect their relationship with the parent. “No, no, we are going to sit down together with the parent.” We use our partners more effectively, we take the time to discuss the situation, and we get them involved in the process. We have had comments from partners, they say they like our new way of functioning. (Child Protection)

However, for relatives asked to testify in Child Protection cases, assuming responsibility for what they have witnessed in a family can be difficult. One participant related a situation where a relative was pressured by family members not to testify in court.

Numerous participants agreed that schools do not sufficiently identify child abuse and make appropriate referrals. One participant commented that schools appear to be fearful of repercussions from the aggressor.

I find that Child Protection seems to be a little scared when the parents are rougher. It is the same thing for schools. As an example, if a child is behaving very badly, he can do anything because the attitude is “If we call the parents, they will come in and make a big fuss.” They seem to be protecting the family.
**Housing and Income Assistance**

Workers in Housing and Income Assistance are sometimes unsure about when they should refer to and/or follow-up with Child Protection. Case managers may suspect that a woman is being abused when she applies for financial assistance and confirm this through contact with her; however, they do not make a referral because of confidentiality. When women apply for Social Assistance, Income Assistance can access NB Families to see if there is an open file in Protection. The recent amalgamation of departments has somewhat facilitated the process of making referrals.

Before the three sectors were together, we referred using a form; now it is done more frequently by telephone because we are under one roof. The referrals are done and if there is a doubt, a call is made to the social worker or to Access and Assessment to ask if they think a situation should be referred. It is done on a regular basis.

If Housing workers have checked with NB Families for antecedents of child abuse or IPV, they may contact Child Protection if they have any concerns, but this is not common practice.

Is the family followed by Child Protection? [If so], contact the social worker to advise if we have a concern. If the case is not followed, we will look and see if there are reasons to make a referral. This is a new approach adopted not very long ago. There is still work to do…we don’t do it automatically. (Housing and Income Assistance)

For workers in Housing, making appropriate referrals is hindered by little or no training about IPV or knowledge of community resources available to families. The need for such training is overlooked because the focus of their work is narrowly presumed to be housing alone. Workers with social work training feel more equipped to act on their preoccupations about women’s and children’s safety. One worker described the advantage she had as a woman in developing relationships of trust with residents and making them aware of community services. Women may eventually disclose abuse and then further action can be taken.

**Evaluation of the effectiveness of interventions with women, children and families**

**Women’s empowerment**

Participants evaluated success in various ways. For many, successful intervention means that women gain self-confidence and a sense of independence, overcome their guilt, realize they are a good mother, and take control of their lives by leaving the aggressor or accepting less violence; in other words, women reclaim their own power.
It is through education generally that the woman will learn that she doesn’t have to accept violence, she will realize that what she thought wasn’t violence before is definitely violence and that she doesn’t have to accept it. (l’Accueil Sainte-Famille)

We will work on her gaining back power in her life, her confidence and management of her emotions...Our philosophy is mostly based on regaining power over one’s life; someone has taken control and the woman has to take back that control. Within a spousal abuse environment where the partner has taken the power, only the woman can regain that power. (Community service)

**Building relationships of trust and understanding women’s realities**

Most participants reiterated that a relationship of trust with women was essential to the success of an intervention.

In Transition Houses we are lucky because we are with them 24 hours a day. They see how we form our team. They see something different than what they had at home. They see the security, the empathy and the friendship. Creating that trust is Number One because after that you can work on many things. (l’Accueil Sainte-Famille)

Some emphasized the importance of understanding women’s realities and the dilemmas they face in sorting out their lives, for example, their affective ties to partners. Exploring how women experience their situation is crucial.

We shouldn’t tell her, “You better leave, he is bad,” she has to tell you herself because she loves him even though she gets there with bruises. (l’Accueil Sainte-Famille)

Empathy, it is her decision; we must respect her decisions, her choices. We are there as interveners. (Housing and Income Assistance)

Sometimes interveners in the Transition House and community services are rewarded when women drop by to share their successes.

We have the opportunity to see the differences in women who are at the point of losing their children to women who are no longer living with violence and are going back home with their children. (Community service)

**Shifts in risk factors**

For Child Protection, success may mean that risk factors have shifted or decreased in severity, for example, a man’s violence has diminished or a woman now has more financial means.
No more violence, the children have had follow-ups, father has left the house, I close my file, the mother thanks me, no more risk factors. I do a comparison with the “before” and “after.” I always do this in every situation. When I evaluate if there has been progress, I ask the mother: “When I came into your life, how would you have described your situation?” I then ask her how she sees herself now. I ask her what have been the changes and what things she has done to have these changes occur. She identifies them all to me herself; I want her to be aware of the changes. (Child Protection)

**Improvement in children’s well-being**

Success also meant that children were calmer and felt more secure. Their behaviour and non-verbal communication had improved; children who were aggressive became less so. One participant pointed out that women may need to rebuild trust with their children, even after separation occurs.

A separation between the father and mother doesn't mean it is the end [of problems], there is some rebuilding that has to take place and I think sometimes we forget that. (Community service)

**Reconnecting women to their natural networks**

Effective intervention also meant that women are reconnected to their natural networks after the isolation enforced by the aggressor. Families sometimes also isolate women when they become aware of abuse.

We try in our investigations to find out about their network we can connect them with. It often helps when the services are no longer present. (Child Protection)

For Housing and Income Assistance, success means that women move to non-subsidized housing; when they apply for Social Assistance, they receive comprehensive information about the service, community resources, and suggestions about how to approach other service providers.

**What has worked well in effective intervention**

**Relationships of trust and follow-up**

The Outreach Worker plays a critical role in follow-up with women after they leave the Transition House. She supports them during a difficult transitional period, sometimes for substantial periods of time, and helps them to protect themselves.

Sometimes they are still being harassed by the men, and it means more intervention by police. I have worked with women for a long period of time
because of court processes. They need support with court documents and the court process takes a long time. (l’Accueil Sainte-Famille)

Transition House interveners also act as advocates for women in Family Court, playing a pivotal role in custody proceedings. Victim Services also accompanies women to court.

**Partnerships and communication among services**

Participants emphasized the importance of partnerships and communication in ensuring that the best plan is in place for the safety of the mother and children. Case conferences where all service providers participate enhance coordination, planning, and insight into women’s situations.

We have gained in that area; we are more open, we don’t need permission each time we want to speak with an intervener. As far as case conferences, I had several this year and it is always with the goal of bringing the client to be autonomous and to help the client to find solutions…As far as confidentiality goes, either the client gives consent for the sharing of information or is present at the case conference. (Housing and Income Assistance)

When services work together, there is a greater chance of success. Trust and understanding between services is constructed over time, for example, new Child Protection workers visit the Transition House and witness the work that interveners do.

Recently the social workers are telling the women when they bring them here that they will be well-treated at the Transition House, that they are not worried. They seem to bring them to us with confidence, like “I am leaving them with you and I know they will be in good hands.” (l’Accueil Sainte-Famille)

**Barriers to effective helping and intervention**

**Lack of political will**

Participants recounted a host of structural barriers that hinder the work of helping. At the government level, there is a lack of political will to take IPV seriously and allocate the necessary resources to address it. To achieve independence, women need, at minimum, an adequate, stable income.

The limit is at the provincial level; we don’t take this seriously. We don’t want the women to pull out of this. It is very nice to have the Minister say that she doesn’t agree with domestic violence and they try to gain political capital with big statements. When you look at the concrete things that women need to get out of these situations, I work in a system where we are limited at the Social Assistance level, sometimes we can help them, but other times we can’t. (Child Protection)
The focus in Child Protection on exposure to IPV as a form of child maltreatment has not been accompanied by more resources. Furthermore, participants advocated that more social workers should be hired per the recommendations of the John Ryan Turner Report.

**Inadequate and shrinking resources and heavy workloads**

In relation to Child Protection policy and practice, Child Protection workers have increasingly been asked to make do with insufficient and shrinking resources, resulting in the overriding of professional assessments and judgments.

When the problem identified is a child out of control, you have to work specifically on that problem…I would like to refer [women] for counselling but it will not be necessarily approved. I used to refer and there was no question; I was doing prevention… The challenge in Protection is to do with a lot less. I remember when I started out in 2001, it was automatic you referred, but perhaps there was too much abuse. (Child Protection)

In addition to making do with inadequate resources, Child Protection increasingly works with families with more complex family structures and issues than in the past. Social workers also spend large chunks of time contacting everyone in the family network. Administrative requirements and heavy workloads allow little time for social workers to build relationships and intervene directly with families.

When we go to visit them it is to confront them. (Child Protection)

In the last few years in Ongoing Services we have been analysing the caseload and the workload. We have a point system and we try to have a balance. When a social worker has a 14- or 15-point workload, not caseload, it is a lot. We are asking them to do more and more and do intensive intervention. The intervention can take one day to prepare, for example by doing some reading. I am talking about one family and that family may have two interventions during the week. There are seven or eight other families that are waiting…If we want [social workers] to be more involved with families and to do intensive work, then time has to be allowed for the intervention and its preparation. (Child Protection)

**Negative public perceptions of Child Protection**

Negative public perceptions of Child Protection as an apprehender of children continue to shape community response to child maltreatment and IPV. Consequently, women fear reaching out for help.
There is the question of the image of Child Protection; often the mothers are afraid, they fear that if they say they are experiencing violence or if the children disclose the violence, [Protection] will remove the children. (Child Protection)

At times, Child Protection is viewed by other agencies such as schools, for instance, as possessing a magic wand, creating unrealistic expectations on workers to resolve issues and share confidential information.

**Lack of community and professional understanding of IPV**

Participants were concerned that communities are not sufficiently informed about IPV in order to adequately confront it. Many members minimize IPV and are reluctant to get involved, often for fear of reprisals from the aggressor. Professionals such as emergency physicians are not trained to probe the cause of women’s injuries; those physicians on rotation in the region do not know the families or the community resources, making it unlikely that women will reveal the cause of their injuries. Some police officers also minimize the danger to women and are not adequately trained to intervene effectively and respectfully. As a result, many women do not call the police because they know that the law does not protect them.

For example, in case of death threats, they are often taken lightly and so women often don’t report. Sometimes women change their minds and do not want the police to press charges. (l’Accueil Sainte-Famille)

I went with an RCMP and the mother to get her belongings. The police officer made a comment to the mother and it was almost like, “Stop wasting time and get out.” The partner has discredited his wife in front of the Police Officer to the point where I wonder if he is on the side of the man. She was packing and the police officer told her, “Look, I had told you to come and get a few things, a lighter, do you need that for the children?” The man had just come in and was asking if his partner had taken his lighter. (Child Protection)

Some women are still ignorant about their legal rights and when intimidated by their partners they acquiesce to arrangements that further disadvantage them.

Women don’t have money to get a lawyer but they know that their partner does. They are afraid of losing everything...They don’t know that they have the right to half of the assets. (l’Accueil Sainte-Famille)

**Deficiencies in the judicial system**

Some participants noted that judges are too lenient on abusive men. In some cases, they are given house arrests where they continue to live at home and abuse their partner.
There are times when we don’t understand the judge’s decisions; it is ridiculous to give house arrests in domestic violence situations. (Community service)

The slowness of the judicial system also poses significant issues for women, children, and families. Family Court proceedings often take four to five months for a hearing; adjournments and delays frequently take place and cases can go on for two to four years or even more.

There are many women who no longer believe in the judicial system. She comes here at the Transition House because of her partner’s behaviour and the next day he is free. She says “I am here with my children and he is in the house and tells me to come and get my things.” It will take a year before she has the right to anything. If she works for a low income, she will not be eligible for Income Assistance, or furniture. (I’Accueil Sainte-Famille)

The scarcity of Legal Aid for women to get custody was identified by some participants as a serious issue. One participant also expressed concern about women losing their children in Family Court because of IPV, as documented by Neilson in her research in New Brunswick (Neilson, 2001, 2004).

I find it difficult when a mother seeks help from Protection because of her concerns for her children and ends up being the target. She finds herself without the children and he ends up with the children. Is it because the men are so manipulative? It is true that we only have the mother’s version and not the man’s version, but sometimes the men play games. (I’Accueuil Sainte-Famille)

Lack of avenues for redress with Child Protection

Another participant spoke at length about a situation where a woman was worried about her children’s safety when visiting with the father. She was unsure if or how she should proceed to help the woman, or what avenues existed in order to get to the truth of the matter.

She started to have concerns when her child visited his father. According to her she found that things were not normal at a sexual level. The mother became worried to the point where she called Child Protection. They [mothers] call everywhere for help because they are afraid something might happen. Once Child Protection gets involved, they say that they are not concerned, that they have met the father and that he is okay and there is no problem. They remove the child from the mother and send him/her to live with the father because they claim that the mother is engaging in parental alienation. I continue to see the mother because she is a victim of violence. He [the father] is manipulative, sometimes you don’t know if he has manipulated the system, the social worker. It is hard to assess and it is difficult in my work because I would like to do a lot of things for her. I don’t know at what level to go, I don’t want to go to Child
Protection and tell them that I am not sure they have made the right decisions. I don’t really know how far I should get involved. Sometimes I tell myself: “They must know; it is their work.” I am not always in agreement with their decisions; I don’t know why they make these decisions. The case is still in court and I have always seen the mother as a good mother. Then, progressively the mother gets to have visits and they [Protection] come to realize that there is no concern. It is not easy to deal with this because I know that it takes a lot for them [Protection] to say that someone is a sexual abuser but it turns against the woman because they say that she invents this [sexual abuse]. I find that sometimes these situations create conflicts. I have difficulty with these cases because I feel a little powerless, what do I do, where do I go? Protection has its system which is a little closed. In this case, at the beginning, the social worker had called me to verify the situation and she was trying to tell me things against my client. I didn’t say anything against her because I had no concern. It seems as if they [Protection] are trying to get you to say things. It is not easy, one needs to remain neutral and not necessarily get involved. It is not only that one wants to defend a client because if she wasn’t a good mother, I wouldn’t say that she is. It is certain that I don’t work with the child or the man; I know what the mother tells me, this is why I tell myself: “They may have other information that I don’t have.” (l’Accueil Sainte-Famille)

### Barriers to women’s independence and families accessing services

#### Lack of financial resources and a livable income

Participants emphasized the lack of timely and adequate resources that keep women from achieving independence and families from accessing help. Women leaving abusive partners desperately need short-term emergency and financial resources for security or damage deposits, hook-up fees for telephone and electricity, furniture, and food. Income Assistance does not pay for security deposits and Social Assistance for women without children is dire. The waiting time for Social Assistance is a further huge barrier.

There is no logic when it comes to resources; there are so many steps that need to be completed before the woman can access help. One woman who came here had no income, not even Income Assistance. She wanted to get out of here and we wanted to help her find an apartment. Once in an apartment she needs to put down a deposit. She has no income but to have Income Assistance she needs an address in order for them to go and complete an evaluation. She couldn’t give an address, couldn’t give a deposit and needed a trustee. These are all limits that are frustrating and beyond our control. (l’Accueil Sainte-Famille)

When she comes here and finds an apartment, we have to look for an apartment where the electricity is included because she has lost her good credit rating [the woman had the electricity in her name but the bill was not paid
because she did not have access to the family income. She also needs a telephone; it is a necessity for her safety and security. We try to find ways with different companies but there are still some costs. (l’Accueil Sainte-Famille)

If women receive Social Assistance, child support is deducted; women must live on an income that falls below the poverty line.

We get alimony from the man, this can inflame the situation a little because the father doesn’t have the choice, and he has to pay. If the mother is on Social Assistance, she doesn’t get anything. When the mother works, she may get the alimony. (Housing and Income Assistance)

**Lack of decent, affordable housing and transitional housing**

Lack of decent, affordable family and single housing keeps women trapped. There is too little social housing and women cannot afford quality housing on Social Assistance.

What bothers me the most regarding our work is when we get a call from Child Protection for a housing unit but at that particular time we don’t have any units available. It may take six months before we have a unit. Victims of family violence are a priority but we also have other priorities. (Housing and Income Assistance)

Some participants identified the need for fully subsidized transitional housing for women to allow them time to get on their feet after leaving a violent partner.

Through Housing we need transitional housing for a period of six months to one year. This would allow the woman, at no cost, to take charge of her life with a follow-up if needed. There are women in some situations who take from one year to five years to come out of it psychologically. (l’Accueil Sainte-Famille)

**Lack of transportation**

Transportation was identified as a barrier in accessing service, particularly in rural areas. Many families don’t have a car and live too far away to access services. Women in rural areas may not have childcare, making it difficult to attend follow-up appointments. Services charge more to cover administrative and employees’ costs and people who do have cars and provide transportation charge steep prices that are out of reach.

There is a lack of transportation; people don’t even have transportation to go to their medical appointments.

Finally, participants frequently remarked on the limited family and natural helping networks available to support women and children financially and morally.
Ways to improve interventions and facilitate work with women, children and families

More time to build relationships

Participants suggested numerous ways to improve their work with women, children, and families. Child Protection participants reiterated the need for more time to build relationships and work with families. When trust is established, women usually collaborate in a more effective manner and are consequently better able to protect their children.

It would facilitate my work if I could visit the mother every week. I could do some prevention with her and not necessarily pay an external service. I could do some education without spending money to refer her to someone else. I could develop a rapport and trust and she would be less reticent. (Child Protection)

Training in IPV, “failure to protect,” working with aggressors, and violence in same-sex relationships

Participants also emphasized the need for more intensive training in IPV, including the issue of “failure to protect.” When Child Protection workers lack sufficient understanding of IPV or practice experience, they go “by the book,” and fail to grasp the bigger picture. For example, a woman could be protecting her children by staying, especially where the father has threatened to kill or harm the children if she leaves.

To this end, one participant in Child Protection advocated the need for training in IPV that would promote a more consistent approach to working with women, children and families, one that balances the need to protect women and recognize their victimization with the need to help them develop the necessary tools to deal with their situation. Knowledge and leadership is required in order for this to happen.

I believe that there is a need for leadership regarding family violence. The cases have been dealt with depending on the individual [social worker] – one could be apprehending, the other not; one could be placing the mother, the other not. Personally, I have never taken the children away without the mother being also removed. Don’t ask me why I have taken this approach, I did not receive more training than another one. I am sure that others intervene the same way, but there are others who only protected the children, it became an individual intervention. I think it is because of a lack of knowledge. We need leadership, people who know this dynamic well and who can become resources and provide training. Clinical teams need to be established where we could discuss cases, receive assistance during case conferences. We need leadership to develop a community approach for this dynamic. We would have
resource people who would do prevention in the community, people who would provide training who would act as leaders. (Child Protection)

In addition, the need for training on how to work with aggressors was identified by participants.

There must be a tool that exists regarding violent men, to assess the degree of violence, whether it is an isolated incident or more than that… I think we have one person in the Peninsula to whom we can refer but as interveners we need to know how to work with these men. We are lacking in tools and ways to intervene. I myself would like this training because we have more and more family violence situations. With the new model that promotes more intense work with the family and where we won’t necessarily remove the children, we want to work with the man so we need [training] to achieve this. (Child Protection)

Some participants also identified the need to become knowledgeable about IPV in same-sex relationships in order to effectively intervene. Learning how to better engage parents who refuse counselling for their children was another area identified for knowledge-building.

Recognition of child sexual abuse

In addition, the sexual abuse of children must again be brought to the forefront and recognized as a form of child maltreatment with serious, long-term repercussions. In relation to this issue, Transition House interveners suggested that in sexual abuse investigations, children would benefit from being interviewed by Protection social workers at the Transition House where they feel more comfortable.

Staff turnover in Child Protection and the importance of Outreach Workers

Concerning human resources, some participants expressed concern with staff turnover in Child Protection. Incoming workers aren’t always operating with the same critical base of information as the previous worker, thus affecting the quality of service. The Outreach Worker provides critical support for women and children in the community after they leave the refuge. Follow-up by the Outreach Worker, who has already established a bond with women, significantly decreases women’s isolation whether or not they have children.

Public education on IPV and child abuse

Participants recommended more education for all segments of the community – the public, families, children, police officers, doctors, nurses, the judicial system, and school personnel – on IPV and child abuse, how to help families, and when to report suspected child abuse. They reiterated that the whole community must share responsibility for these issues. Education for school personnel on the realities of families living in poverty would be helpful, along with more prevention programs on
abuse for students in school.

**Training and education for social workers and police officers**

One participant reported that the Table de Conception was planning to train police officers in order to improve their slow response to women in danger who repeatedly call the police. This training would also address the poor treatment of women by the RCMP when they retrieve belongings from their home. Another participant emphasized the need for education on Child Protection in Social Work programs, through coursework and practicums alike.

> I took a course in Child Protection because I wanted to work in that field after university. When I sat down in my office and started doing Protection it was not what I had learned; it doesn't explain the challenges of working in Child Protection. We spent part of the semester talking about poverty. Poverty is important but it is not Child Protection. (Child Protection)

**Issues of confidentiality**

Most participants reiterated concerns and questions about confidentiality. Although confidentiality is a value and priority in service provision, it sometimes prevents the exchange of information that would be useful in helping women and children and alleviating safety concerns. For example, it would be useful to know if an aggressor is in Detox, which is adjacent to the Transition House, or the particular nature of a mental health diagnosis.

> At the Mental Health level we can have their clients but we don't know their diagnosis and we don't know what we are dealing with. It is not a habitual practice to get consent from the women. (l'Accueil Sainte-Famille)

In governmental departments, some information can be accessed through NB Families and legislation gives Access and Assessment the power to obtain the information they need.

Participants recommended more effective confidentiality protocols such as a standard protocol agreement among all governmental departments, including Mental Health, to facilitate the sharing of critical information among service providers and reduce the number of times that women are asked to give consent. Child Protection participants reported that they had been working on this issue with partners to develop a new document, recognizing the client’s right to confidentiality as well as Child Protection’s need for information about risks to children’s safety.

> The message that I am getting from the partners is that they are reassured now that we have this document. The attitude is that they will provide the information without consent as long as they get an original copy of the document. (Child Protection)
Child Protection participants had some questions about confidentiality in relation to Ongoing Services.

My questioning is around domestic violence situations. It is certain that you need to work with the father in order to facilitate his progress, but if you need information [from someone else], will he sign consent? So we tell him we can access information without his consent? (Child Protection)

It depends; this form is also designed to protect the child or another person. Sometimes it is preferable not to ask consent because we need to do some investigations in Ongoing Services. For security reasons, we don’t always ask for consent, but generally we do. (Child Protection)

Strengthening community partnerships

A substantial number of participants recommended that partnerships be developed and nurtured between Child Protection and governmental departments such as Housing, Mental Health, Justice, Income Assistance, and Education, as well as between governmental departments and community partners. This would improve service provision and help ensure the safety of women and children.

We say child protection belongs to everyone. When a partner calls us, we are very happy, but now we say “Okay, you are going to help us regarding the situation.” …There is work in this area that is presently being done but I think that one of the recommendations is that working in partnership needs to be nurtured, you need to have meetings on a regular basis every year with your partners. We need to talk to one another; we need to speak the same language. What I have seen to date is that there are a lot of prejudices as much from our sector as from the others. We can have prejudices towards Mental Health the way they are working, the same for Detox, Education… In order to be able to work together in a good partnership, you need to nurture your partnership and you need to sit down together, not only to discuss a case, but to have discussions, for example, What is your work? What do you do? Why do you react this way? There is a lot of work done in partnership at the case level but not at the level where we sit down and ask ourselves how can we better provide services to our common clientele. (Child Protection)

To achieve this end, a vision of how Departments can work together is needed, along with the leadership to implement it. Presently a leadership role is not included in anyone’s mandate or day-to-day responsibilities. Leadership is required to create an atmosphere of cooperation as well as the structure that allows workers to participate. Management must commit to freeing up workers’ time for such endeavours, otherwise expectations are burdensome. Along this line, regular interdepartmental meetings could be scheduled well in advance so that all could attend. Although the physical integration of departments has occurred, there are no clear and common directives set
Integration must mean not only physical integration, but integration at the community and social levels.

**Interagency collaboration and networking**

Many participants emphasized that further inter-agency collaboration and networking would improve the quality of services for women, children and families. Benefits of collaboration and networking among service providers include: better comprehension of the scope and approach of each other’s work; transparency and openness; mutual learning; constructive feedback from those outside one’s ambit; insights from reflection on practice; reduction of confusion, unrealistic expectations and judgments of services; and increased knowledge of familiar as well as less well known resources. In addition, families’ cooperation is often increased when they see services united for their well-being and sometimes women will regain confidence that help can be there for them. Stronger, grounded relationships would help resolve the following examples.

From what I can observe, as long as the file is still in investigation, all the information is not given to either the women or to us. As an example, one woman didn’t understand or was saying she didn’t understand why she had to leave her region. I called to get some answers. I dare more with Income Assistance than with Protection. With Protection, it is like, “Don’t touch, it is none of your business.” They [Protection] don’t tell me that but I feel that… Oops, this is secret. When it comes to Income Assistance, I will often call and ask, “Why can’t she have this?” I will be advocating more. (l’Accueil Sainte-Famille)

I don’t know how they train them [at Income Assistance], but often they will scare the women before they come here. It has happened several times recently with the same person. This employee would tell the women, “You will have to get an apartment next week, you can’t stay long [at the Transition House].” It is not up to him to decide how long she will stay; that is our responsibility. He also said, “You can’t have any money when you go to the Transition House, you don’t have the right to anything because you don’t have an address.” The women have been on Social Assistance while being at the Transition House for 20 years…How many women have not come here because of that misinformation? We don’t know. I don’t know how to solve this problem. (l’Accueil Sainte-Famille)

In the same vein, some participants recommended that relationships be improved between Child Protection social workers and workers in other governmental departments and community services. Recognition of, and respect for, each other’s role is essential to effective helping. The practice of information-sharing has to be a two-way street. For example, Transition House interveners are expected to provide a good deal of information about women and children to Child Protection, yet reciprocal sharing is uneven.
Once I wanted to help a woman and answer some of her questions. I was told by a social worker that I didn’t have the right to tell the woman, “Maybe it will be this, maybe it will be that.” The women ask a lot of questions and sometimes we dare say, “Maybe you will have the right to this or that.” I called and one social worker told me, “Your role is to provide Transition House, give them food, and ensure that the woman is secure. If the women ask other questions, you just have to refer them to our services.” I probably caught her on a bad day, but now when the women come I tell them that I don’t have answers. Maybe in some ways this is correct, I don’t dare say maybe you will get this or that, I tell them we are here to provide Transition House and food, call over there, I had my lesson. (l’Accueil Sainte-Famille)

Workers in other governmental departments also experienced a similar attitude from some Protection workers. When an attitude of superiority is assumed, others then feel as if they must justify the importance of what they do. In practice, sometimes roles do overlap, and ideally this should be something that can be accepted as inevitable rather than constituting a threat to professional status.

In striving to better serve women, children and families, some participants recommended discussing the provincial protocols on domestic violence. In a recent example of building relationships, Housing invited Child Protection to talk about this protocol, helping to clarify how and what to report to Child Protection.

Case conferences

Some participants suggested case conferences as a more holistic way of providing service. Helpers can share information and get feedback on how their interventions are working. Case conferences can be more energy-efficient than trying to resolve each issue separately. They also foster transparency and accountability among service providers and recipients.

I think that collaboration with the parent is easier when she [parent] sees all the people sitting down together. One is not hiding in her office calling me to tell me things against the parent behind her back. We are all sitting down together making the intervention plan together. (Child Protection)

If I consider a few files that I had recently, the interveners involved were the Child Protection social worker, the intervener at Services à la Famille who does the follow-up with the father, and an intervener with the children. They won’t necessarily take the approach of sitting down together with the parent. The contact is done individually between interveners. I am not sure that they always take the time to discuss common points or the progress made… In general, I believe that we don’t use case conferences enough in the Peninsula. It was a practice that we often used ten or fifteen years years ago. We had them a lot in the early 90s but we made a change and we became more focussed on
coordination. We are in the process of another change where we will be more focused on intervention with the new model in Protection. I think that not having a lot of case conferences is true for all types of problems, not only domestic violence. (Child Protection)

Some participants suggested that service recipients be present at case conferences and that all present be allowed to participate. Others cautioned that case conferences with both partners in situations of IPV must take into account the safety of women and children. These would require further training on IPV.

We are in the process of introducing case conferences but domestic violence will be the last type of problem where we will use case conferences. We probably don’t have the tools to do it. We are not at ease to facilitate a case conference where a violent man is present. We need to facilitate the case conference well; we need to be in control so that we don’t put the mother and the children at a higher risk. (Child Protection)

V. FINDINGS FROM INTERVIEWS WITH WOMEN SURVIVORS

Help-seeking and trying to stop men’s violence

Social isolation and dirty linen

Several participants experienced patterns of isolation similar to those documented in the literature on woman abuse. Women were isolated from family, friends and neighbours by their partners and eventually isolated themselves, making it even more difficult to reach out for help.

I was withdrawn a lot, very reserved. We get to a point where we isolate ourselves. I didn’t go out at all, it was like a prison. My family saw it [the violence], but I didn’t realize it.

I remember one neighbour we had and if I went there to make a phone call he would go and check to find out about the phone call and if I had talked about something. I was really isolated, I didn’t see my family or friends. It was really complicated, I couldn’t turn to anyone for help. I could only turn to myself.

Several women kept the abuse to themselves for some time before seeking help: dirty linen was not to be aired publicly. Eventually they began to disclose to others and ask for help, often immediate family, relatives, and friends, as well as the shelter and community and government services.

Trying to stop men’s violence

Leaving and returning
Getting their partners to stop their violence was the primary change that participants tried to effect in their lives. Most tried to achieve this goal by leaving. Several left and then returned on multiple occasions, thinking that their partners would change. Upon returning, one participant dropped the charges of assault against her partner. Men’s crying, cajoling, and promises resulted in women’s return to short episodes of calm but then men’s violent behaviour resumed apace.

Three years ago, yes [I tried to get out of there], he took a course for violent men. I was told that there was only a certain percentage of success. After that [course] his violence diminished, he wasn’t hitting the child. He had diminished his psychological abuse also. After awhile it started again, not at the physical level but all the rest. That is what got me to leave because I thought he wasn’t able to change more than that.

I went to l’Accueil Sainte-Famille for a couple of days but he was crying and I came back but it was the same thing. After two weeks I left again, I couldn’t stand it, it was worse. He has the will [to change] but the capacity [to change], I am not sure if he has it.

Some women realized the futility of waiting for their partners to change, often after years of hoping.

It took me almost eight years to realize that he wouldn’t change. I wanted him to change, I got back together with him, I would have liked him to change because he was the father of my children. It was important for me to continue what we had begun.

Minimizing abuse and the process of elimination

Despite using the shelter, one participant minimized the abuse due to her belief that his violence was her fault.

I tried to leave at least four or five times [at one point], I had enough, I got scared that I would die. As long as you only have little shoves, little punches and pushes off the bed, you tell yourself, look, it will come to pass, he is only in a bad mood…He made me feel guilty, he made me feel as if it was my fault. He was telling me if you had not gotten mad, I wouldn’t have lost it. They always make us regret, that we are the guilty ones, that we are crazy and whether you like it or not you end up believing them.

Other participants engaged in a process of determining and eliminating the causes of a partner’s violence before leaving for good. One participant thought that her partner would change with the arrival of a child.

Perhaps it was the environment, you know, I was trying to find out. When I was trying to figure it out, I was telling myself that by moving there would be new
people, another job, maybe he will be less stressed at work perhaps it will work but in the end, it wasn’t better it didn’t change.

Before I had the child I was leaving and then I got pregnant. I told myself maybe it will change things but no it didn’t change anything. In my case it was worse because he would take it out on the little one. When I told him no to [sexual] relations or other things, it was the little one who got hit; he was saying it was the little one’s fault.

**Seeking counselling**

Several women tried to convince their partners to attend counselling and parenting courses, however, they weren’t motivated to do so. Some partners attended a few sessions and then withdrew completely or refused to go altogether, belittling the helpers.

I tried, I told him there is help out there, I may have a problem also, I know it is not working. [He would reply] no, no, no, it is only a bunch of damn fools.

**Facing fears**

Women faced many fears in their help-seeking and decision-making processes: fears that partners would take their own lives, kill them and/or their children; fears of homelessness and destitution; and fears of being alone, having nowhere to go, and of not ever being able to get away.

I knew the apartment was not in my name, I was going to be without a place to live. The furniture was mine, but how was I going to get them out? You get out but you get out with fear. What about the children, changing schools what are they [school] going to say about that? You are so afraid of not pleasing people. I was so afraid to get out of there and not find anything [housing]. I left a couple of times but in my view he was going to find me anywhere; he always found me. I tried to leave five times in 18 months.

**Sources of help and helpful interventions**

**Family support**

Family was a source of support for most participants, reinforcing that they were being treated unjustly, offering moral support and child care, and helping women escape by intervening in crisis situations, often providing housing and other material support.

My family supported me in my decision to leave because they saw how my partner treated the little one and me.
When I got pregnant at 16 years old, I left. My family came and said it is enough, they had seen enough. They had arrived when he was in the middle of a crisis. They are the ones who helped me to get out: “If you don’t get out, he will kill you.” My sister and brother got me out of the apartment. I was in real danger. I left twice and both times it is my family who helped me to get out.

**Transition House and Outreach Services**

Of the ten participants, five utilized the shelter, sometimes on more than one occasion. One woman who didn’t use the shelter noted that Child Protection and Services à la Famille suggested it if she found herself in danger. Two other participants received services from the Outreach Worker at the shelter (for help in dealing with the ex-partner’s harassment after separation and accompaniment to court).

**Courses**

One participant found courses on parenting, self-esteem and communication helpful because they raised her consciousness about abuse and healthy communication; she realized that what she was experiencing in her home wasn’t normal.

I was trying to find the person I was inside myself because I was realizing that I had no place for myself. I also took a course on being a parent.

**Calling the police**

One participant recalled that the police affirmed her right to dignity and a life without abuse, which she found reassuring.

The policeman who motivated me to go forward, to go ahead with charges, he said: "It is not the first case and we would appreciate that you don’t give up. We are there and he has no right to do that to you."

Another woman explained that although she wanted to call the police, she was unable to do so in the midst of her partner’s violence.

Police for me are there when things get very serious but it is not easy either to call in the middle of a crisis. In the midst of a crisis you won’t take the telephone and call because you risk being thrown against the wall.

**Housing and Income Assistance**

Eight of the ten women received Social Assistance at some point. Income Assistance workers helped by furnishing an apartment for one participant, ensuring that another got a cheque in her name at a critical juncture, connecting one woman with a minimum wage project where she would have medical coverage, and allowing another to remain on Social Assistance until she could get a driver’s license. One participant
on Social Assistance currently receives help with transportation to get to her follow-up appointments at Services à la Famille, Victim Services, and Child Protection.

Two women received services from Housing. One woman lost the unit after her partner returned from prison and began to fight with the neighbours. The other participant lived in public housing for eight years and found that it greatly reduced her social isolation.

This is where I had the most neighbours, the children had more friends and I didn’t feel alone there, [compared to before] all the time hidden in the sticks or in an apartment where he held me all to himself. I had my cheque in my name and I could do things with the children.

**Unhelpful attitudes and interventions**

**Mothers-in-law**

Several women noted that the mothers of their ex-partners contributed to their troubles: they bailed their sons out of irresponsible spending habits, reinforced gender scripts that a woman obeys her man, and protected their sons even when they had proof of their physical violence.

My arms were full of bruises, she didn’t say anything as if I had said nothing. His parents were the only people I talked to, to try to say something to them, they will cover up for him because to them he is all kindness, a child that couldn’t have been better.

**Transition House interventions**

While the women who used the shelter were thankful for the service, they expressed concerns about some interventions. One woman who used the shelter on two occasions commented on an intervention with her child.

There was one of them [l'Accueil Sainte-Famille interveners] who had told him that he would be placed in a foster home. She had no business telling him that. The Protection said, “Even us, we don’t tell that to the children in that manner.” She told him, “Look, if you don’t listen to your mother, I will call social services and they will place you in a foster home.”

Another woman was unclear about the rationale for an intervention. Most likely the interveners felt ethically compelled to act because of the danger that she might harm herself and/or others.

I met with them [l'Accueil Sainte-Famille] and after two meetings she told me I wasn’t the problem, it was him. I was at the end of my rope, I was exhausted, I was angry, I had no control on myself, I could have done anything. When I told
her that, she said: “I am giving you 24 hours to leave, either you leave on your own or we take you out by force. I had to figure it out within 24 hours, I think it would have been more difficult if I had been taken out by force. [Participant was asked what was meant by force.] She meant that they would have send someone like the police or Child Protection or I don’t know, she would have send someone to take me out of that violence.

One participant reported that shelter staff judged her prematurely because of her “foolishness and parties” and thus refused to admit her despite her need for refuge. Another woman was still distressed that she had been refused admittance when she reached out for help.

I remember the first time I went to l’Accueil Sainte-Famille, I went there and asked for some help and they told me that I didn’t look like someone who was a victim of violence. I had to turn around and leave. The second time I went, I said, "Look, it won’t take a broken arm or leg to be able to get in here. I am experiencing violence and help me," – and then they let me in. [The first time] I felt rejected because I really needed help. In my view I was close to death because it was at a point where he grabbed my throat, he shoved me in the closet, he pulled my hair, he shoved me all over the place, for me I was between life and death. I didn’t have any bruises, it was at the beginning, I was telling myself I am going there and have a break and afterward I’ll be able to let go of him and not have any contact with him. I wanted to be safe because anywhere I went he always found me. I thought perhaps I would have been safe because he couldn’t get in without authorization. Men cannot get in as they wish. I felt bad because it was my only way out.

This participant also thought that her Child Protection social worker could have advocated on her behalf to secure her a space at the shelter since she later helped her secure housing through NB Housing.

**Women’s experiences with Child Protection**

**Sources of referral to Child Protection**

Child Protection became involved with women and their families because children were exposed to IPV and at risk of harm. The six referral sources known to the participants were the school (two), Mental Health, police, l’Accueil Sainte-Famille, and self-referral.

L’Accueil Sainte-Famille called [Protection], the worker had told me at the beginning: “We will have no choice but to call”. She said automatically when you come here and there is violence, whether it is verbal or physical, we have no choice [but] to make a referral. With or without my consent, they would have called. I told her to call; I wanted to speak to them.
I got involved last fall, I went to school for my son’s report card. The teacher told me that he [my son] was not absent minded but that he had moments of fixation and it was bizarre. The teacher told me he had no choice but to report the situation to Protection. I said: “Do it, no problem.” The Child Protection social worker came and met with me. My husband never wanted to meet with her, he was mad at me. They told me that they would trust me and that if something happened... After that I got out and went back to l’Accueil Sainte-Famille. They had closed the file but when I went to l’Accueil Sainte-Famille, they reopened it because it [the violence] had started again.

Child Protection became involved with women at different points in the trajectory of violence, when they were living with their partner (eight women) and at the point of separation (two). For the latter two, their partners had called Protection to report poor mothering and children’s difficulties at school. Before IPV came to light, Child Protection had already been involved with a few families, for example, due to a previous complaint concerning a child apparently left alone (the ex-partner was sleeping on the couch). Two participants maintained involvement at the time of the interview.

Obligatory use of shelter

Of the five women who went to the shelter, one reported that she was given the choice to go there or somewhere else that was safe and another said that she was forced by Child Protection to go.

I was obligated to go back to l’Accueil. I had [name of Child Protection social worker], she is the one who helped me the most. When I went there [l’Accueil Sainte-Famille] the first time, I was held there almost three months and I said I don’t want to go there again. She said, I swear to you that you will be there one or two weeks at the most.

Women’s responses to Child Protection

Fear of losing the children

Participants’ most predominant response in relation to Child Protection was fear of losing their children. Women described how this fear was linked with other emotions and realizations: guilt about what the children had been put through, including changing schools; fear of being found to be crazy; rage at the knowledge that Child Protection could apprehend; and the stark knowledge that the “choice” was between leaving or apprehension. Fear predominated despite some workers’ reassurances that they were there to help.

It was terrible, I really had Protection on my back; I could lose my children. I was really afraid – when you talk Protection, right away you think [that you can lose your children]. Even [name of social worker] said it: “When you say
Protection, it is scary because you think of losing your children, but we are not just there to take away children, we are there to help you. It has to be big before we take children away.” This is why perhaps no-one asks for help.

When a social worker came with a complaint, I was always stressed because for me, my children are my hands, my eyes, they are everything to me. It is enough that my partner was not much for me so I was holding onto them [the children]. It is always a big social worker [who wields power and status in the community.] You know that if it starts, you don’t know when it will end.

Yes, I was scared when she started to come to my home, the police had sent her. I panicked, I didn’t want to lose my children. She [social worker] told me, “Why would you lose them?” She reassured me, she said: “Look, you are a good mother; all that is going on with your ex is not your fault.”

Only one participant said that she was not afraid; she explained that she was protecting her children and had always wanted to do so. She experienced Child Protection overwhelmingly as a source of help for herself, her children and her partner. The social worker would help whether she was separated or not. She eventually left her partner because she did not want to put either her children or herself at further risk, particularly when his threats escalated.

**Role of Child Protection in women’s decision-making to stay or leave**

Several participants, including the woman who was not afraid of Child Protection, stated that the involvement of Protection had played a critical role in their decision-making to leave their partner for good.

Although after I got out, you are taken into all kinds of directions and you ask yourself, “Do I go back or not?” Then I thought No, if I go back they will say it is dangerous for the children, we will take the children away if you go back. You are responsible, get organized. I think that [knowledge that Child Protection could apprehend] has helped me as well.

I followed everything to the letter, I was so afraid I followed all their recommendations.

It [Child Protection] scared me, it stressed me, this is why I didn’t go back with [name of ex], because of fear...Yes, he [the child] saw violence, but he was never hit, his father never touched him and I never touched him.

Looking back, two participants reflected that the pressure put on them to “choose” had a beneficial outcome.

Perhaps a little [forced] but I don’t hold that against them. Today I am happy they told me if I didn’t decide to leave, they could come and take the child. I
didn’t want the little one to go and be alone. That is the reason that made me decide to leave, I didn’t want the child to go and live in a foster home, a family he didn’t know. It was also because the little one was talking about suicide and my friends were telling me that I didn’t have to go through all of what was happening in my home.

Another participant reflected that the choice to leave or stay was up to her and that Child Protection would help either way.

**Women’s struggles in decision-making**

Participants described how hard it was for them to sort out their situations as they simultaneously coped with a partner’s violence, tried to keep their children safe, and dealt with the expectations of Child Protection. During this time, they struggled with their states of mind and dashed hopes for their relationships, and tried to determine what was best for their children.

My choice was already made, even if Child Protection would have asked, “Do you choose him or the children?” – I would have chosen the children.

It was always about my children, I was afraid for the children, I was afraid for myself, but more for the children because they were young, very young, and I was the only one who could help them.

Even in the courses that we take [they tell us] yes, we have grieving to do, we have lost a man. Whether you like it or not, we loved that man in spite of all that he did…I didn’t have enough strength to move forward because I still loved him. It was quite something that was going on within me but I had to think about the children.

One woman who considered suicide because of her feelings of worthlessness decided to chose life because of her children.

I thought of suicide, I thought of the children. I said: “No, the children don’t deserve that.” That is what helped me; it gave me strength because otherwise, I wouldn’t be here.

Several participants reiterated that they had to act for their children; they were the only protection their children had.

Yes, [I feel responsible for the children] because I tell myself there is no-one else. When I was at the house, he would tell me, “You always stand up for him.” It is not that I was standing up for him [the son], it was that if I didn’t protect him, there is no-one to protect him from you – he is a child and he [the partner] is a 6-foot, 2-inch adult.

**Child Protection as helpful**
**Relationship with social workers**

Several participants evaluated the assistance that they had received from Child Protection. Two felt that Child Protection was there to help them as well as their children.

They were there for me, they brought me a lot of support. They listened a lot, just the fact of listening is good. They were there for me even if the children were in school, they would come to my home and asked me how I was and if I needed something. I was at a point where the social workers had become friends, it was as if we were family. I was sad when we had to part ways, teary eyes and all. Now when we see each other somewhere, we are pleased to see each other.

They wanted to protect me as well because they were giving me suggestions, where to go, what to do in case it would get worse. They were giving me a lot of suggestions and advice. It was helping me a lot.

Another participant felt that her relationship with her social worker changed over time as she became less fearful; she had learned this fear from her partner. One woman reflected that if she had not hidden what was going on out of fear of her partner, the Child Protection social worker could have helped her more than she had. Another participant assessed that despite the fact that she was “stuck with them,” (Child Protection), she had desperately needed their help.

I am the one who had asked for it [Protection] the first time I went to l'Accueil Sainte-Famille. Then I was stuck with them. I was the one who had asked for help and I couldn’t get rid of them. When you are very tired, it becomes a big thing. Now I realize that it is during those times that you need most help.

**Communication among helpers and case conferences**

Several participants reported that appropriate information-sharing among Child Protection, other government departments, and community agencies helped them negotiate and receive timely services. Furthermore, case conferences yielded some positive results, demonstrating to women that helpers could be there for them. One participant gave an example where Child Protection and other community services educated the police and pushed them to realize that her ex-partner was a real danger to her.

**Child Protection as unhelpful**

**Change of worker and appropriate consultation**
Several participants reflected on how Child Protection could have been more helpful. One woman was distressed at the loss of her worker and the lapse of a month when she had no-one to help her. Another participant raised concerns about the appropriateness of a meeting with her and her partner. They checked what we needed and even between [name of child] and his father because their relationship was not healthy and work had to be done on that. He [partner] met with them and she scheduled a meeting for the three of us. I didn’t agree because I had not met with her alone, I didn’t agree with a meeting where the three of us would meet because of a recent incident at the apartment where he had threatened [name of child].

**Fear and ambivalence about accepting help and the accountability of men**

One woman thought that if Child Protection had intervened in her family before separation, they could have helped her realize that what she was living was not “normal.” Another reflected that she had been ambivalent about receiving help. When I decided to leave him, I wanted to help myself. So they helped me, but at the beginning – perhaps it is that I wanted to stay with [name of ex-partner]. They were trying to help me, but I kind of didn’t want to. It was a dilemma. To do it again I think I would have abandoned everything at the beginning and I would have said “Yes, I will listen to you.” They try to help you but when you are in that situation you have difficulty listening. I don’t know all the social workers, but for me if they would all have been like [name of social worker], I am sure that they [other abused women] would all be helped. You can tell that she [her social worker] is not only there for her job, she is there for the person.

Another participant didn’t recall any meeting with Child Protection where the father was present. She also emphasized that men should have the same responsibility towards their children when women abuse children.

**Resentment toward Child Protection for accusation of abandonment**

One participant expressed strong resentment that she was accused of abandoning her children when, in her view, she was trying to remove them from a violent situation. She had asked the father of her children (not the aggressor) to care for them while she marshalled her inner resources to get away. My children have always been my priority because I got them out of there. This is one thing that I have always had some resentment [about], I took the children out of that relation because I believed that my children had the right to play, to live, to breathe. As a mother I didn’t have the right to make them suffer that [violence]. By sending the children with their father, I was able to flee because I was alone. I have never accepted that the Department said
that I had abandoned my children [by leaving them with their father so that she could escape the aggressor].

She recalled the way that she was treated when her children were apprehended because the Department knew that her father had a history of sexually abusing his daughters. She had fled to her father’s house to escape her partner and had reunited there with her children.

Protection came to get the children with the police. They came into the house and said “We are taking the children away.” I didn’t have any say in the matter, they picked up the children as if they were garbage bags that you would put on the side of the road, they grabbed their coats, they didn’t give time to the children to say good-bye. Why did they come and get them, treating me like a criminal because of my father who had a background of sexual abuse [with his own daughters]? It is not me who was the problem in all of that. They never talked to me, they never took me outside and they never called me on the telephone and tell me: “Look, we are giving you 24 hours to get out of there because the children are in danger because of your father’s background.” They never warned me, they came and took them away. Who got hurt again, it is me who saw the police take the children away as if I was the worst criminal on earth. I couldn’t even say good-bye, the police held me back. He [police] took me in the living room so I didn’t see them leave. And how did they manage to take the children away? – “Come and see the police cars, there are a lot of buttons and you will be able to touch them. And we will get the siren going”…just like a sexual predator who is trying to approach children with candies. I saw it the same way, is it right to do things that way? It is the other one who had hurt me by hitting me and it is me who passes as a criminal.

**Women’s experiences of mothering during abuse**

**How abuse affected mothering**

Participants were asked how they thought the abuse they suffered had affected their parenting. They reported a range of responses, such as feeling disillusioned and alone after the shattering of their dreams for a happy marriage, regret at missing out on time with their children, and as survival needs became paramount, a lack of patience with their children’s clinginess and demands. One participant was hospitalized for depression and on medication that affected her ability to be present. Overwhelmingly, women spoke of lost time and missed opportunities that would never come again.

It affected me in the sense that I wasn’t there for them. I wasn’t patient because I was tired; I was tired, I was exhausted. I didn’t sleep. It [violence] morally exhausts you, just the fact of putting up with a person like that.
It was at a point where I didn’t have the option of being a parent. What I said or what I was trying with the children was considered to be stupid. I would tell something to [name of child], he would make me shut up, telling me that I couldn’t bring him up.

We didn’t have the right to shout or run, so if I was noisy I had to stop because it disturbed Mister. All of that prevented me to do things that one normally does with a child, to teach him. For a boy to play with cars and go *Vroom, Vroom* is fun and makes some noise, to make accidents happen [with toy cars]. We couldn’t make any noise, had to play in silence. A child has to learn that making noise is normal.

When asked if there were times when it was particularly difficult for them to mother, participants talked about feeling heightened stress, low energy, a sense of being overwhelmed, and displaced anger. They felt that they were less available emotionally and showed less positive reinforcement with their children than they had prior to the start of the violence. An atmosphere of oppression predominated in the home because of the partner’s domination. Women experienced a tumult of feelings in relation to these difficult times: an apprehensiveness that their children would judge them as guilty; fear of what would happen if the children disturbed the peace; tension from worrying if a partner’s violence would wake the children; and conflict between making the relationship work and worrying about the children’s well-being.

The time most difficult was when he would get on my back and say that he didn’t have to hear my children scream. He complained about the children, it is as if he got me into a trap, as if I became more…that I resented the children, it is like as if he would have liked that. I resented the children’s existence because he didn’t like them. Whether you like it or not, you feel ill-at-ease in that situation, you love your children, you have carried them for nine months. My children were not his pleasure [he wasn’t the father] so he had no business having them in his car, hear them scream, no business hearing them ask for me, Mom, Mom, Mom, because they were not his children. The children couldn’t be with me, I had to be with him all the time. In the last years during the violence, the apartment was designed so that there was a bedroom, a bathroom and a living room downstairs. Upstairs there were bedrooms and a bathroom. The children had to stay upstairs, they had a bathroom, they only had to come downstairs to eat. That was the way it had to be according to him; the children had to stay upstairs all day, they had a large living area to play in, they had the hall. I didn’t accept that I had to stay all day with the children until the children went to bed at 8 pm. He would go in the bedroom and then by 8 pm I had to spend the night with him because I had spent the day with the children. I was up all day and all night. When you sleep only an hour or two you are not well-rested to take care of the children the next day. I was exhausted, I was weak, I was between the two, I was morally tired; I had no time for me.
No, he never touched the children but that is what I didn’t want to wait for. I was asking myself, If he kills me, what will he do to my children?

**Discipline strategies**

Participants also related how their discipline strategies were affected by abuse. Four women disciplined very leniently or not at all, opting to give their children what they wanted and make them as happy as possible. Withdrawal from life and utter exhaustion prevented one participant from actively engaging with her children; they learned to fend for themselves while she sought to avoid her partner and his complaints. For the participant whose partner was not the father of her children (but who did have his own children, whom he did not care for), her lenient approach to discipline was in part a response to his control: she didn’t want to discipline them because he would get great pleasure from it. Four participants spoke about how partners would interfere with their parenting and disciplining, undermining their attempts and/or taking charge and belittling their efforts.

The interveners at Services à la Famille would suggest things to try with my older child. I wanted to try certain things but he [the ex-partner], on the other hand, as far as discipline was concerned, he would say, “It is not the way it works, it doesn’t work, you are crazy.”

He was the one in charge of the discipline because if I started he would interfere so I shut up because what I was saying wasn't worth anything.

There was no discipline. I would start things and he would undo them. I worked night shifts and it was at a point I wasn’t making any effort. “Go to bed at whatever time you want” – I didn’t care anymore. I said, “Yes,” he said “No,” when he said “No” I said “Yes”. We were not on the same wavelength and the conflicts happened in front of them.

Only one participant said that she didn’t have any issues concerning discipline; she disciplined her children effectively before, during, and after her partner’s violence toward her.

**Women’s inappropriate behaviour toward their children**

Three participants reflected that they behaved inappropriately with their children. Two participants acted hastily without weighing the consequences. One of these women slapped her child in anger and felt guilty; she explained that at that time she couldn’t take her partner’s abuse any longer. Another participant reflected that out of fear, she acted oppressively.

If there was one thing, I panicked. I was afraid of the father’s reaction. I was always after them, don’t do this, don’t do that; don’t touch this, don’t touch that,
Threats by partners and mothers-in-law to report participants to Child Protection so that they would lose their children were commonplace. Women were also threatened with Child Protection if they didn’t seek help since they were deemed to be the “crazy” ones. One participant who did reach out for help under her mother-in-law’s threat to call Protection was thankful that the social worker at Services à la Famille ultimately helped her see what kind of man her partner was and all that she had survived.

Shame for being bad mothers

Several participants commented about their feelings of failure as mothers. Constantly told by their partners that they were lousy mothers, feelings of shame were sometimes compounded by guilt and the belief that the violence was their fault. Consequently, they felt responsible for what was happening to the children. Ex-partners continued to harass them by accusing them of not properly caring for their children and calling or threatening to call Child Protection.

At first I was asking myself a lot of questions because he was telling me that I wasn’t a good mother, that I wasn’t bringing him up properly. He was telling me that I shouldn’t be going upstairs every time he [my son] was crying, but I think that as a mother you know that the cries of a child are not all the same, you know when it is a caprice, but with [my partner] it was “No, you don’t go.”

Efforts to protect their children from abuse by their partner

Five participants described the ways in which they tried to protect their children from abuse by their partners. Strategies included assessing the situation to determine if it was best to keep quiet in order to prevent more abuse to the child; intervening in the verbal dynamic to deflect the partner’s focus on the child; and confronting the aggressor and telling him to stop. Children were often used as pawns to denigrate mothers and blamed as the source of family problems. One participant reported that a course gave her the tools to tell her partner that he must talk with the child (who was three or four years old), not slap him.

As soon as he would say something to the children, I would put myself between the two. As soon as I would get in the bedroom, I was the one getting it [hit/slapped].

The older one heard all kinds of things, screams, he was never good enough. He had slaps in the face. Once he [the father] went downstairs, took his blankets off the bed, and told the child it was his fault that we were fighting. When I had left, the child was sleeping; he woke him up by removing the blankets, punched the wall and door. When I arrived he [the child] had blisters, he was crying. The child wasn’t supposed to cry, otherwise, he would get hit. I
got angry, I said: “It is going to stop, the child is traumatized, you are finished with this. He said, “I asked him a question and he didn’t answer.” I said to him, “You ask him a question, the child starts to answer and you make him shut up – let him talk! How can he answer you when you make him shut up every time?” At the end, he [the father] had tears in his eyes. The next day I had an appointment at the doctor and I talked about it.

Another participant recounted an incident where she was so worn down and battle-fatigued that she did not act to protect her child. She was traumatized and her judgement was impaired.

Once we were at his parents’. The little one did something, nothing serious, a child’s behaviour [which is normal]. He ran after him all around the tree to grab the child and give him a beating, and beating, it wasn’t only a slap. I was traumatized, especially since his father [partner’s father, who as a witness to the violence] approved of his son’s behaviour. It seems as if I couldn’t do anything, I would have liked to do something, but what? You have been told so many times that you are no good for nothing that even if you want to move, you think, I am not good enough to go and tell him that he shouldn’t be doing this.

**Support for mothering**

While with their partners, some participants received support from family and friends, the Outreach Worker, Services à la Famille, and Child Protection. Currently, most receive support from a range of sources: their mothers, other family members such as grandmothers, the fathers of their children (not the aggressors), Early Intervention and day care, a psychologist, a pediatric psychiatrist, and a course called Parent-Enfant at Services à la Famille. Several women also go to counseling for themselves at Services à la Famille. Two participants are involved with Legal Aid in order to get legal custody of their children. The two participants still involved with Child Protection received assistance with the behavioural issues of their children.

**Children’s responses to violence**

**Emotional and behavioural responses**

Participants identified many ways in which their children were affected by exposure to violence. Two women reported that when they came to realize the impact on their children, they left their partners. However, by this time, the children’s self-esteem had already been damaged. Others tried to avoid or control situations that would set off the partner; this dynamic generated a great deal of tension for the children. Children missed socializing with friends at home because of the violence of their father, and had difficulties in school such as low marks. One child resisted homework because it was connected with his father’s harshness. Women observed behaviours such as nervousness, increased sensitivity to surroundings, and fear of abandonment.
She cried a lot, she was very nervous, she had a lot of negative effects. She had stomach problems and it has been going on for three years. She was very nervous, nauseated during the night because she knew about our fight the night before.

[Name of child] he didn’t want to be with anyone, he didn’t want to go anywhere else to spend the night. He didn’t want to be apart from me...I couldn’t do my laundry, if I went downstairs he would scream: “Come back, hurry up!” He didn’t want his bedroom far from mine and it was close by but often at night he came and got in bed with me. His father called, he didn’t want to talk to him, he wasn’t going to my mother’s, neither. I had no slack at all, he was always after me. Yes, I love my children and I like to do things with them, but I needed a little time for me. As soon as we would talk about a boyfriend or something like that, he would panic and be upset. He would start to cry, he would squeeze my hand, “Mom, don’t do that [meeting someone].” I met someone, I had to send him away.

Imitation of the aggressor

Two participants reported that their children began to adopt the aggressors’ behaviours; one child was two-and-a-half years old. After separation, another participant sought help from a social worker to get her children on the right track.

In the last two years that we were married, they [the children] began to use the same language as their father. When I was talking to them, let’s say I would ask them if they would please pick up their rooms, [the response was], “You don’t have any right to talk to me that way”...I was trying to tell them that it wasn’t right to speak to me that way, that it was important to respect others. They [the children] were also throwing things like their father did, made holes in walls. I said to myself, my God, I am not out of the woods. They are following the example. Perhaps my daughter will follow my example. When I separated, they continued to be that way. I told myself, I will get them on the right track.

Defense of mother

Several children took on the role of defending the mother, in one case by siding with her during the father’s abuse of her; another (a boy) who actually intervened between the two, vowing that he wouldn’t let a man treat his mother so poorly; and a third who raged constantly against the aggressor.

He [the woman’s son] would kill him [the aggressor] if he were old enough. In his eyes he [the child] is the one protecting me. He is just a child and he is the one protecting me, he is the man in the house and he has to protect me. That is not his role, he is a child, that is what I try to make him understand...I don’t want him to take on that responsibility. Yes, he can love me, do things, but not that – it is too much of a burden to bear. I try to make him realize that it is not
his fault nor mine [the abuse that happened]. (10-year-old boy is receiving help for rage; the aggressor is not his father)

They have been touched and very much, that is what is the hardest.

Services for children

When asked if they thought their children were still affected by their exposure to IPV, six women said that their children were receiving some sort of help for psychological and emotional difficulties and/or violent behaviour. One child had wanted to commit suicide and the child of another participant was treated for infantile depression.

I get them followed, the older one he was having an infantile depression, all that he was doing could have led him to commit suicide. When the doctor told me that, I wasn’t going to leave that alone. I am going to take this further, he sees a pediatric psychiatrist. As far as the younger one, he attends Parent-Enfant – he talks more now, he is less withdrawn.

Now it is all right, since we have been taking the program here [Parent- Enfant], he will express himself better, he will say, “Look, leave me alone.” Those kinds of fights between brother and sister, before he would push and scream at her, now it is as if his anger has all…It is like a big bag has been taken away from his shoulders. I had wanted a program like this for a long time, a program for children victims of violence.

Three participants reported that since separation from their partner, their children have had fewer nightmares. They have friends over when they choose, and the violence that the children had experienced within themselves, expressed through punches and hurtful words, has dissipated.

Changes in women’s mothering after separation

Mothering on their own, five participants reported that they used more discipline, were less stressed because they did not have to control their children’s actions out of fear of consequences, and had more time to attend to their children’s needs without constant demands for attention from partners. One participant saw no difference in her mothering, only that her partner was not around to give her grief and make her keep the children quiet.

Another participant found that she had become overprotective with her children in response to their apprehension by Child Protection during the time she had sought refuge with her father; she was afraid that something would happen to them. For another woman, however, mothering was in some ways more difficult now that she was alone. She longed for a good relationship.
Realization of how children were affected by IPV

Women were asked if they had been able to recognize any harmful effects of IPV on their children at the time they lived with their partners, and if so, what they noticed and how they had dealt with it. Six participants said they had not; two said they had; one said both Yes and No; and another said, Not really. Women were so caught up in the dynamics of their partner’s violence that they didn’t fully grasp how their children were doing. Only in retrospect, after they were out of the relationship, did most women realize how their children had been affected.

Now I recognize it, but when you are in the midst of it you don’t see it. I knew that what was happening, the conflicts didn’t make sense but I didn’t see, I don’t know how to say it, but as far as negative effects on children, I didn’t see it. They were doing well in school. I saw signs [only] afterwards, like her stomach problems, she had to be treated – it was nervousness.

One participant saw a movie about IPV in a group at Services à la Famille and felt guiltier as a result.

No, I didn’t notice it at all, I was disconnected from my children. Usually there is a link unifying a child and a mother. It seems as if while in that relationship, that link was severed. The children were always in their room so they wouldn’t see the violence. In my own head because they didn’t see, it was all right. I was trying so hard to save my own life because I had children. I couldn’t get it through my head how they were experiencing it… The goal of that movie was to see violence through the eyes of a child. We shouldn’t feel guilty about that [The facilitators might have told participants this]. Watching that movie I still felt guilty…I felt guiltier than I did before. Do you know why I felt more guilty? Because I put in my head that I had not realized that while I was in that relationship. I am guilty for not having seen that [violence] through the eyes of the children, how they were experiencing it, how they were living it. In other words you didn’t give a damn about the children, what was happening to them, how they were living it on the other side of the door. Are they crying? Are they screaming? Do they want to come out of the bedroom? You are watching for him not to kill you. He was slapping me around, I was afraid for my life, your children, you know they are secure, they are in a bedroom. You are afraid for your life plus you think of what will happen to your children if he succeeds in killing you. You are not connected to what they are doing but to the situation, you are surviving in the moment.

Another participant had experienced violence all her life and thus did not realize how it had affected her children. One woman thought that her children were asleep and therefore unaware of the violence. Others wondered whether their children had heard, but were too afraid to ask.
No, not when it was happening, for sure I was afraid for them and I was asking myself some questions: I wonder if they heard [the abuse]. I wouldn’t have asked them because I was too scared that they would have told this to my husband. I was too scared, I was scared to talk. As soon as he left the house, I went to find them in their room and I played with them, tickled them and hugged them. I took advantage as much as I could when he wasn’t there.

Another participant tried her best to reassure her children in the aftermath of violence and protect them from witnessing it.

I talked with them, I told them that everything would be all right, you are with Mom, I always protected them...I talked to them, I watched them all the time so nothing would happen or that the children would witness it [violence]. It was hard on me because I had him doing bizarre things to me and I had the children that I wanted to protect, I didn’t want them to see some things.

Recommendations for change

Based on their experiences of abuse, mothering, and involvement with Child Protection, participants recommended a number of changes that would help women and children in similar situations.

Child Protection practice

Two participants spoke of the need for workers to create an atmosphere of trust and respect. If workers treat women coldly, they will put up a wall and the opportunity that the workers have to understand them will be lost. One woman commented on the threatening approach used by Child Protection.

They threaten you right away, it is either this or we take your child away. What do you think a woman who experiences violence will do? Will she trust them? They want to take away the only thing that keeps you from committing suicide. The only thing that keeps you standing, it is your child. But if you have a relapse that you go back...that is like a magnet, it is like a drug when you live in that cycle, you get to come for it and they [Protection] are not there to detox you. They give you an order, it is either that you stop seeing him or that they take away your child. I know many who are experiencing violence and they will never go see them for help, they are too scared...Perhaps if they would have presented it in another manner.

She suggested that Child Protection establish a camp where women and their children could go to experience a peaceful atmosphere without constant stress and violence, or alternatively, women and their children could be placed with a foster family that modeled equality and respect. This period of relief would help women experience and desire a different kind of life.
The participant whose children had been apprehended recommended that Child Protection first establish the truth of the situation before they act.

The only thing that I can advise them to do if they have things to change is that they get the real/right information about the person, to know for sure if the person is a problem for her children. They should at least call, give a warning: We give you 24 hours, if you don’t get out we will go and get the children. We are not animals, we are able to understand, we are able to speak, if they had called I would have called my sister and asked her to come and get me…On the other hand, when it came to help me in my journey, they were all right. They were okay, “We need to help you, you have been victim of violence, the father [biological father of children] is not able to care for the children but you want the children back.” I had to readapt myself to a normal life [in order] to have my children back.

She went on to say that Child Protection workers must demonstrate that they are people who want to help, not hurt.

We have the right to be treated like anyone else with a reasonable approach. Not to be brushed off because if a person comes to your home and you feel attacked, in other words just by the look [body language] or just looking at the paperwork or by the manner the person acts/behaves towards you. It takes a certain technique. I am not telling you that they should treat us like children but I believe that there are certain ways to get to a person in order for us to have confidence.

The participant who noted the lack of consultation about organizing a meeting with her partner recommended that social workers meet with women separately to hear their perspective before scheduling meetings with their partner present. Another woman recommended that more education and information should be given to women about Child Protection.

Perhaps there should be more information [on Child Protection], they are not only there to take away children from their family but to also help the mother who experiences [violence], to help her in making good decisions. There should be more information given on what their work is. They are not only there for the child but for the mother as well.

**Community resources for women: Income security, employment, housing, childcare, and moral support**

Participants recommended the provision of community resources that would enable women to leave violent partners and live with dignity: decent affordable housing since women cannot afford market rents of $600 and up a month; child care, particularly after separation when there are so many appointments to attend; transportation;
decent employment; and a decent living income. Women often leave their homes with very little or nothing and need help to buy furniture and other necessities.

One participant explained the limitations attached to receipt of Social Assistance.

I don’t have the rights to have friends, I don’t have the right to have a family. As soon as you go out with someone, you lose your income. They judge everyone; if you cannot work, you cannot have a boyfriend. This is not how it works. I would like to work but I can’t, and because of that, I can’t have a man in my home.

Several participants emphasized the need for moral support for victims of violence in light of judgmental attitudes toward abused women. Without knowing the reality of what is going on behind closed doors, women are often blamed for “looking for it.” Frequently heard comments included, “It must be her fault if her husband behaves that way,” and “Why doesn’t she just get out of there?”

What some people think is that you get what you deserve. I know some people think that way but I think that if they experience violence they won’t think the same way.

Given such attitudes, two participants recommended that there be more moral support for women. For example, this could occur through a helpline for abused women or a network of women who have had similar experiences. More programs and support groups that encourage discussion among abused women, with childcare available, would enable mutual learning, for example, about how to become a whole person again after separation, how change can be frightening, or how to solve specific issues. The logistics of meeting in a rural area might make this idea difficult to implement, but not impossible. For women who attend structured support groups for victims of violence, these groups could continue after the formal program ends.

Several women were aware of the structured support groups in the community and indeed had benefited greatly from their participation in them; others were planning to attend. One participant found, however, that with 10 to 15 women in a group, there wasn’t sufficient time for everyone to express themselves.

What I find important is that we do not really have the opportunity to [express ourselves in groups]. I don’t know if it is because of time or the program that they have to follow but the person [should be able] to express herself. She should be able to tell what she has experienced. In one of the groups I was in, there was one who talked about her situation. It was focussed on her situation. If there was another one who had a feeling while she was talking, they continued [on with the first one.] The other one had to keep it to herself... You have to live with that all through the group. You go home and you still have it on your chest. You don’t have the opportunity to talk about it and the next course it focuses on another person within the group.
This participant recommended that the program format be modified, perhaps incorporating small group sharing and discussion, to allow all women to benefit both from the content covered and the opportunity for mutual learning. Women learn from others how to deal with issues that they themselves have not yet resolved.

Some participants talked about the many agencies and services involved in their lives, sometimes to the point where they didn’t have time for themselves and their children because of so many weekly appointments. They recommended that they be more included in decision-making processes to determine the pace and timing of appointments, given the intensity of an exclusive focus on violence.

Several participants advocated programs in schools for children and adolescents that would teach them about their rights and how to protect themselves. They also commented on the need for public education, programs and courses on family violence.

**Police response**

Participants had two recommendations for improvements in police response to IPV. One suggested that the police better educate women victims so that they are less afraid of the police and better understand how they can help. Another exhorted the police to take IPV seriously and to ensure the safety of women and children.

> As far as I am concerned, the police don’t do very much, they are not effective. When violence occurs, they don’t do anything, they cross their arms and wait until she is half-dead before doing something... They act quickly for children, why don’t they act quickly like that? It is good for children that they act quickly...There was not enough support from the RCMP, as far as I am concerned they laugh at that [violence]. If they would act as quickly as they do with children, there would be less violence towards women, it wouldn’t last as long, and violence wouldn’t be as serious as it is today. They are not quick enough.

Another participant explained that police respond very differently to IPV, depending on the detachment. She recommended uniformity and consistency of response.

> I have a friend who is experiencing the same thing and she is not helped the way I was. With me they didn’t fool around, they said we will pick him up and once he is picked up, we will call you so you come and get your things out. Here it is hell, you call and they laugh at you in your face. It is as if he has the right to do that. I don’t hide it and I told one RCMP in this area, I said, “At least there is one RCMP officer who does his job.”

**Court preparation and sentences for men**
One participant reported that she was ill-prepared to testify in court against her partner because she wasn’t clearly told by police that she would have to do so. She recommended that women be prepared psychologically to testify. Through personal experience, another participant found that the sentences given to men are too lenient; even though her partner had a long record of offences, the judge always let him go on conditions with which he never complied.

Why would they [men] have the right to be free? It is unfair; as far as I am concerned, the sentences are not severe enough.

**Shelter rules**

One participant recommended that rules and regulations at the shelter be changed to allow women more freedom. Although she was treated well by interveners, she feared that the rules reproduced oppressive dynamics of power and control. Why are women expected to leave their homes to escape men’s violence; why are there no other alternatives?

I found it cruel, not the way that they treat you, they treat you well. I found it cruel – how can I explain it? – we are the victims and to protect the victims, we have to be in a prison. We are the victims and we are the ones supervised through cameras, we have to be fenced in order to go and have a smoke outside. We have certain hours to get out and time to get in. We have so many telephone calls a day, we can only go out to smoke so many times a day. You have to be in your room at a certain time, you are not allowed to go in the living room after a certain time to watch television. It is the same as if we were in prison. I find the security door normal, as well as the surveillance system around the building, but not [rules] inside the building…I didn’t feel at ease, I felt locked in so I always went to my sister…I didn’t want to be locked or closed in, I had just experienced a locked/closed in relationship.

**Final reflections**

The reflections of several women indicated that their perspectives on their lives had shifted; others were still making sense of their experience. For some, many questions still remained; making sense of abuse is often a long process. One participant observed that after she separated, she was able to see that there was something else for her besides a life of violence. Growing up in an abusive home, violence had been normalized for her. For most women, individual and/or group counselling was critical in helping them clearly see what they had suffered and what they had done to survive.

Sometimes I ask myself how I managed to put up with that, how I came so low to the point of being able to endure all that. Right now, I wouldn’t put up with it, right now it would be, “Go away – I don’t want to see your face.” That is what is coming back to me often, how I managed to live through that. Now I am so happy, why didn’t I stay that way? Before meeting him, I had fun, why did I get
to a point where I wasn’t going out, I wasn’t doing anything. I ask myself these questions and I work on this with [name of intervener at Services à la Famille]

Several participants expressed sadness and regret for lost dreams and lost years in which they could have enjoyed their children much more than they did. The specter of violence erased their memories of small joys with them. One participant spoke of her fear that her happiness with a current partner will be short-lived. Others talked of their struggle to regain self-respect, self-confidence and hope in order to move beyond their reduced worlds. A key piece of this process for one woman entailed uprooting the voice of her ex-partner inside her that told her she was worthless.

It is a matter of changing the voice inside us, it is how to change what is in our head, what we have lived for several years, and live a normal life.

Of the ten women, five talked about their experiences of childhood abuse, either physical abuse by parents and/or sexual abuse by fathers, uncles, and neighbours, or witnessing their father’s abuse of their mother. Some had lived in poverty and with a father’s alcoholism. However, others talked about childhoods free of violence. Five participants also reported getting involved with their partner at a young age (from between 13 and 16 years old); two of these reflected that although they love their children, they would have preferred to have waited longer to have them.

VI. ANALYSIS AND DISCUSSION

Child Protection practice in the Peninsula

Current practice and impediments to better practice

Child Protection intervention in situations of child exposure and intimate partner violence substantially improved with the shift in vision and practice that occurred six years ago. Leadership in the Department encouraged reflection on current practice at that time and social workers concluded that the “drastic” practices of forcing women to immediately leave partners or separating children from mothers were ultimately unproductive. Moreover, workers no longer automatically assumed that aggressors had to leave the home in order to ensure children’s safety. These changes were important steps in furthering the best interests of children and the self-determination of women.

Several principles now inform the current approach of Child Protection. Children’s safety is the primary mandate, however, women are perceived as victims of violence who merit protection in their own right. The need to protect and support mothers as they act to protect themselves and their children is recognized as an important piece of intervention. Child Protection participants expressed a clear intention to not re-victimize women who are already victimized by their partner. Child Protection also relies heavily on individual and/or group counselling at l’Accueil Sainte-Famille and Services à la Famille to provide women with significant opportunities to reflect and
gain clarity on their situations. In addition to acknowledging women as victims, Child Protection emphasizes intervention with all members of the family, including the aggressors. Although some workers do intervene directly with aggressors, most men are referred to Services à la Famille for individual and/or group counselling. Finally, Child Protection attends to women’s and children’s safety through putting safety plans in place for family members and planning meetings that involve both aggressor and victim.

According to the findings from focus groups and women survivors, several factors prevent Child Protection from realizing their vision of protecting children, supporting mothers, and intervening with all family members. First, intervention in situations of child exposure and IPV depends on the approach of each individual social worker rather than a systemic approach. Although the dynamics and needs of each family will determine appropriate intervention, social workers would benefit from additional knowledge and training in intimate partner violence that would provide them with a more systemic and systematic policy approach to intervention. Thus, the participant who observed that she had never apprehended children without also removing the mother but could not say precisely why she had acted this way would be able to justify her approach with a clear rationale.

Another impediment to matching vision and practice concerns an issue raised by some focus group participants that assessment and evaluation of “failure to protect” may depend to some extent on the experience of individual social workers. Social workers with less knowledge and understanding of woman abuse or less practice experience may “go by the book” and follow policy and protocol but fail to understand women’s coping strategies and behaviours in the larger context of the dynamics of abuse and gender inequality. In such situations, women may be more likely to be forced to leave their partner and children may be more likely to be apprehended.

Other systemic issues such as insufficient human and material resources for Child Protection work hamper social workers’ practice. A further impediment resides in the socio-economic context in which there is a scarcity of resources to help women realistically achieve independence, such as living wage jobs, affordable, decent housing, accessible quality childcare, and transportation. Organizationally, social workers have little time for building relationships and working directly with families because of administrative demands and heavy workloads. As one social worker noted, a good working relationship is difficult to build when visits are mainly avenues for confrontation.

Clearly, Child Protection work necessitates a significant set of values, knowledge, and skills but it also requires time and resources. Social workers must effectively engage women in exploring their situation and problem-solving, assess children’s safety and their state of physical and emotional health, and intervene with men to signal their need to change. They need sufficient time and resources to research, consult, prepare interventions, contact everyone involved with any particular family, liaise with community services and other Departments, educate parents, and intervene directly
with all family members. The allocation of time and resources to Child Protection work involves policy and program decisions and thus must be made at the policy level by policy makers and elected members of government.

The allocation of sufficient resources for Child Protection work is linked to an issue raised by a focus group participant: Should social workers be case managers or engaged in counselling with women, children, and families? Most Child Protection social workers in this study wanted more time to counsel or intervene with families. In situations of child exposure and IPV, a substantial body of research has shown that when women are protected and safe, children are also more protected and safer from exposure and abuse (Schechter & Edleson, 1995; Beeman et al, 1999; Whitney & Davis, 1999). If the objective of Child Protection in these situations is to ensure the safety of the children, and if children's well-being is closely linked to mothers' well-being, then social workers must be skilled at intervening with women, children, and men, whether or not such intervention is called counselling and regardless of the intensity, depth or length of intervention.

**Mothers as the predominant focus of intervention**

Although Child Protection intends to intervene with all members of the family in situations of child exposure and IPV, abused women remain the target of much intervention. The language used by participants reveals the directionality of intervention: trying to get mothers to take responsibility for protecting their children, educating them about the consequences of exposure, teaching them the tools to deal with their situations, supporting them so that they can protect their children, helping them make choices about their future, and pressuring them, subtly or not so subtly, to leave their partner. Thus, women still bear most of the responsibility of shielding their children from exposure to violence even though the aggressors exercise violence against both mothers and children. The implicit and sometimes explicit message is still that it is the mothers who are responsible for alleviating the violence for themselves and their children.

Women survivors tried different ways to stop their partners' violence toward them and their children. They tried to leave the relationship (sometimes on multiple occasions), and eventually did leave in some cases. Some used a process of elimination to discard the causes of men’s violence one by one and made an effort to convince partners to go for counselling. They sought help from various sources: the shelter, other helpers, courses, and the police. Women employed a range of survival mechanisms, including the ubiquitous “walking on eggshells,” keeping the children quiet, and giving up friends, family, and everyday routines and activities to lessen men’s abuse.

Women also tried to protect their children in the ways that were available to them. They sought help from friends, family, community services, Child Protection, and the police. They inserted themselves between the partner’s abuse and the child, confronted the aggressor to tell him to stop his abusive behaviour, and shut up and
gave in to their partner’s demands in order to prevent violence. They made efforts to keep children from witnessing violence, relaxed discipline to make the children happy, and talked with them to assure them that things would be okay. Since some women expressed fears that their partner would kill them if they tried to leave, they may also have stayed to protect their children from losing their mother.

Given the dynamics of abuse, women survivors used the strategies they deemed most likely to succeed to protect themselves and their children. Most appeared to be trapped in their situations; over time they became so worn down from the constant abuse that their ability to think clearly and strategize diminished. However, even if women could have strategized more effectively, they could not have controlled their partner’s violence at every turn and shielded their children from exposure or direct abuse no matter how hard they tried to do so.

In relation to women’s attempts to shield their children from exposure, the question thus becomes: To what degree is it reasonable to expect mothers to protect their children given that they are unable to control their partner’s violence? Given the unpredictability and uncontrollability of their partner’s violence, to what degree can mothers be held responsible for protecting children from exposure? In this context, when Child Protection states that its objective is to help mothers protect their children, what does this mean when women are clearly unable to control men’s violence?

For most, if not all, of the women survivors, the only option available to them for eliminating, or at least reducing, children’s exposure to IPV was leaving the aggressor. In the two Canadian studies on child protection practice in situations of IPV, both leaving and alleviating the violence were assumed to be women’s responsibility (Nixon, 2002; Strega, 2005). In the absence of women’s ability of stop men’s violence, the implicit, and sometimes explicit, expectation of women is that they must leave the aggressor in order to shield children from exposure. Even in cases where women do leave, there is no guarantee that either they or their children will be free of men’s violence. As two women survivors attested, separation did not guarantee the end of exposure or abuse. One participant had to call the police when her ex-partner arrived at the door.

Susan Strega (2006) states that in child welfare intervention when men beat mothers, a dichotomy of staying versus leaving has been erected: good mothers are those who leave and bad mothers are those who stay. If women are reluctant to leave, they are often perceived as choosing not to protect their children; they have made the wrong choice. Yet if it is true that women must leave their partner in order to effectively safeguard their children from exposure, resources are clearly insufficient for them to do so. They are expected not only to leave violent men but also to leave behind their own home and belongings while the aggressor remains there. When women do leave, what kind of safety plan is in place in the larger community to protect them and their children? Helpers may perceive barriers to leaving such as fear and lack of resources as lesser considerations when in reality they are obstacles of considerable complexity.
that implicate gendered socio-economic systems that are well beyond the power of any one individual to resolve.

In relation to leaving their partner, five of the women survivors indicated that Child Protection played a key role in their decision-making. They understood that the choice was between leaving the aggressor or losing their children. Although the language of intervention of many participants speaks of encouraging women to make their own choices, the implicit message to women may be that the right choice for them is to leave. Women who are referred to Child Protection by the Transition House when they return to their partner likely receive the message that they have indeed made the wrong choice in protecting their children by returning home. Although Child Protection intervenes differently now than in the past, in the face of society's inability to hold the aggressors accountable for their actions, the best and last option for women to try to stop their partner's violence against them and their children still remains that of leaving.

Understandably, most women survivors feared Child Protection and experienced ambivalent and contradictory feelings in relation to its intervention in their lives. Paradoxically, at the same time that they feared Child Protection, the five women survivors who evaluated its involvement in their families appeared more or less accepting of Child Protection intervention. They felt that Child Protection was there to help them as well as their children; became more open as their fear of Child Protection diminished; realized that their ambivalence had prevented acceptance of help; and recognized that despite being "stuck with" Protection, they had desperately needed help at the time. Of course, it is possible that their measured acceptance of Child Protection involvement could also have reflected the level of entrapment they experienced as a result of the violence and the extremely circumscribed choices available to them, which include poverty, fear, isolation, or resignation.

For these women, Child Protection may have offered them a way out of the entrapment inflicted by a partner's violence. Although it is difficult to discern precisely the degree to which they felt forced to leave or the degree to which intervention helped them to act on their own desire to escape, their narratives indicate that Child Protection played a pivotal role in their decision-making. Their use of language suggests that they were in a pure survival mode and traumatized to different degrees. Worn out, weary, confused, and beaten down, some women had lost the sense of who they were as human beings. Enduring violence was spiritually and physically exhausting. In this context, Child Protection was able to help women achieve more clarity about their situation, nurture the strength they had inside themselves to leave and take other actions, and reinforce their own internal desire for a better life. While in no way diminishing women's personal agency, Child Protection appeared to help them make a break from their partner. Clearly, some social workers were able to maintain the delicate balance between achieving the Protection mandate and helping the women, while not explicitly coercing them to leave.
Fear of Child Protection on the part of women survivors was pervasive. The challenge of Child Protection is to engage women in talking about their realities even while women know that Child Protection may need to apprehend their children to keep them safe. Participants as well as women survivors reiterated the need for clear, unequivocal language about the realities and possibilities of Child Protection intervention. Women need to know how Protection is able to help them, their children and partners. The language that social workers use to approach women, including their body language and their disposition to help, must signal openness to understanding their experience and fears. Social workers must address women's fears that their revelations of the fact or extent of abuse will be used against them, possibly with apprehension of the children; they must demonstrate to women their understanding of IPV and speak to their fears.

**Intervention with men**

On the whole, Child Protection intervention with men appears as less purposeful and consistent than intervention with mothers in meeting its mandate of protecting children from exposure to intimate partner violence. Men are held much less responsible for shielding children from exposure than are women, whether the children are their biological offspring or the children of their partner. Difficulties clearly exist in motivating aggressors and holding them accountable for their actions. Some do not admit to their use of violence or recognize that their actions constitute violence; others do not attend appointments with Child Protection or follow through with counselling. Some men do attend counselling and consequently reduce their use of some forms of violence; however, the psychological and verbal abuse may continue unabated. If men do assume responsibility for their actions, then Child Protection is much better able to work constructively with them.

According to women survivors, their partners' violence was persistent and recurrent. It wasn't confined to the physical violence of slaps and punches but permeated the entirety of family life through constant verbal abuse and harassment and the oppressive domination and control of themselves and their children. In this sense, the assessment of men's violence and their capacity for change by Transition House intereners concurred with women survivors' experience of men's aggression. Child Protection files that are closed and then re-opened because the women return to the shelter also show that men's violence does not readily subside or desist. Considerable research exists to demonstrate that abusive men often find it difficult to change their patterns of behaviour, even with group intervention.

In this study, most of the aggressors were violent toward their partner and the children. Women survivors reported that their partner directly abused the children: slaps in the face, beatings, and verbal harassment and humiliation. They tore the blankets off a child during sleep and blamed children as the cause of their own violence. Although one aggressor did not physically abuse his partner's children, he confined them to the rooms upstairs, emotionally maltreating them. Indeed, the very act of subjecting children to the victimization of their mothers is child maltreatment
(Peled, 1997b, 2000). From the women survivors’ narratives, it is unclear if or how Child Protection held men responsible for the direct abuse that they inflicted on these children.

At the time of the interview, all of the women survivors were separated from their partners, half of them for a period of several years. Only one woman was undecided about reunification with her partner. According to the risk management system, when the aggressor has left the home, the risk factor has supposedly been removed or at least reduced. However, statistics suggest that many, if not all, of these aggressors will likely establish relationships with women who have children or who may possibly bear their biological offspring (Saunders, 1994). In at least some of those relationships, children’s safety and well-being will be in jeopardy. Although the risk for one woman and her children may be reduced or eliminated when the relationship ends, the possibility that the aggressor will victimize other women and children remains. Some men also continue to have contact with their children through custody and access. If as a society we are truly concerned about children’s - and women’s - well-being, men will be held accountable for their violence, thus heading off the multiplication of threats to both children and women.

Most women survivors were afraid of Child Protection and felt they could or would lose their children. In this sense, fear served as leverage; women knew that they must follow the intervention plan. But what leverage does Child Protection have with the aggressors to spur change? While the mandate of Child Protection is the safety of children, men need to be urged to change by understanding that women have basic human rights to freedom from violence, not only by understanding the effects of their violence on children. The fact that mothers are being beaten is a problem in its own right (Strega, 2005). A key question is how can men be held accountable for their violence in order to ensure the safety of women and children? Whether they are referred to community services or counselled by Child Protection, more effective ways to hold men accountable must be found, and further training on how to intervene more successfully with them must be developed.

In this respect, policy change may be necessary. There is the further question of the legal mandate of Child Protection to intervene with aggressors once they have left the home. If men continue to have contact with their children, they can be held accountable for their violence through supervised visits by setting boundaries and conditions on their visitation while simultaneously protecting women and children. An analogy could be made between this practice and the laying of charges against an aggressor for assault where the woman victim does not have to testify. In situations where a woman lives separately from the aggressor and maintains contact with him outside of her residence and away from the children, the onus should be placed on the man to stay away from her home and refrain from violence, not only on the woman to keep him away or prevent his violence.

Men, whether fathers, father figures, or partners, should have equal responsibility for protecting children from exposure to violence. As critiques of child welfare have
argued, child welfare holds women and men to different standards. Women are perceived as ultimately responsible for the care and control of their children, especially if something happens to them. In situations of IPV where women are abused and children are exposed to violence, women may be held responsible for the actions of the aggressor that are beyond their control. For women to be held responsible for the actions of an aggressor which are clearly beyond her control might be viewed as a logical absurdity except that it has obviously informed social work practice in ways that continue to randomly re-victimize women and children. It could also be argued that men are rendered child-like when no measures are enshrined for their accountability or responsibility vis-à-vis “failure to protect” children, let alone for the causal aggression against women partners.

**Understanding of IPV and women’s experiences of violence**

Some Child Protection social workers stated that they found it easier to work with women who had agreed to leave or who had started the process of leaving, which is understandable since it is much more difficult to say to a woman, “If you don’t leave, we will apprehend.” Given the scarcity of options for keeping children and women safe, leaving may be perceived as the best or only solution. Social workers may be better able to intervene if they had a deeper and more thorough understanding of IPV, the dynamics of abuse, and the realities, dilemmas and fears that women experience.

Participants relied mainly on three categories of theories to understand IPV: individual (intra-psychic dynamics and issues, personality disorders, mental illness, and addictions); social-psychological (social learning theory where male and female children who are exposed to IPV are assumed to repeat patterns of abuse as aggressors and victims respectively; or situational explanations where, for example, psychological inability to cope with stress combines with unemployment); and socio-cultural (subculture of violence, systems theories, cultural attitudes and norms about family life, and socially structured inequalities). In the latter category, some participants referred to cultural attitudes and norms about relations between men and women and how social class shaped the visibility of IPV and access to resources.

Few participants drew on an explicit power analysis of gender relations to explain IPV or integrated a gender power analysis with individual or social-psychological theories. For example, men’s inability to express emotions was noted as a cause of men’s aggression; this explanation could be situated and understood in the context of gender socialization and social inequality. Similarly, class differences in women’s and men’s differential access to resources can be understood through the intersection of class and gender; abused women face substantial social and material barriers in leaving abusive partners and achieving independence. In addition they will suffer increased vulnerability in coming to the attention of Child Protection.

A gender analysis of IPV would be useful to social workers because it systematically examines the particular place of women and men within their political, economic, social and cultural contexts. For example, attention is paid to the root causes of the
major differences in women’s and men’s lives relative to quality of life, work hours, health and literacy levels, political and social standings, decision-making, access to resources and other measures of equality. In IPV, a gender analysis would make connections between social, political, and economic conditions and women’s and men’s experiences of violence, whether of victimization or aggression.

A gender analysis is essential in understanding the causes, manifestations, and dynamics of IPV as well as the social and economic barriers that women face in coping with and confronting violence. Gendered expectations about heterosexual intimate relationships still very much shape women’s decision-making about their relationships and the life opportunities available to them. Women are still considered the emotional nurturers and caregivers and many such scripts shape women’s lives, for example, that men change when women love them enough; that intimate relationships make each person happy and whole; that children are better off having a father at home; and that marriage is a sacred vow that should not be broken. These scripts are reinforced by women’s financial dependence on men or public patriarchy; on leaving their partner, they may be thrown into poverty and social isolation. Gendered expectations of women and men also still very much shape beliefs and notions of mothering which, in turn, can influence service provision.

A gender analysis is also essential for understanding social institutions; furthermore, laws shape and reinforce women’s second-class social status. Systems of power and control based on gender, class, “race” and other axes of oppression such as (dis)ability, age, and sexual orientation intersect to produce, sustain and reproduce gender inequality, including women’s access to resources. Finally, a gender analysis can also be useful in looking at systems such as child welfare to assess the differential impact of proposed and/or existing policies, programs and legislation on women and men. It enables policy development from a perspective that appreciates gender differences, the nature of relations between women and men, their different social realities, life expectations, and economic circumstances.

Training about IPV from a gender perspective would help provide the theoretical framework necessary for social workers to justify a more systemic, uniform approach to intervention. Although child welfare perceives its mandate as the protection of the children, in situations of IPV the protection of women must be seen as integral to this mandate rather than beyond its scope. The protection and empowerment of women is frequently the most effective form of child protection (Kelly, 1996). Such an approach does not prevent an acknowledgement that in some instances, women’s and children’s interests and needs are not compatible in the short- or long-term.

Training on IPV from a gender perspective could potentially assist Child Protection in building trust and engaging women in deciding what is best for them and their children, recognizing their strengths and capacities, and better understanding the systemic barriers to women’s financial and emotional independence. Greater understanding of women’s interior struggles, fears, and dilemmas might help reach women who are ambivalent about accepting help from Child Protection.
Understanding of IPV and women’s experiences of abuse would further illuminate what women do to protect their children and themselves, thus enabling Child Protection to build assessment tools that begin with the strengths and capacities of abused women, rather than their perceived deficits. Understanding women’s experiences in the larger social context is essential to sensitive and effective Child Protection practice.

Finally, training on IPV could potentially assist workers in its detection. In a recent study of child protection workers in New Brunswick, Chantal Bourassa et al. (2006) found that only slightly more than half of workers systematically evaluated for the presence of IPV in the cases assigned to them. Workers faced various obstacles in effectively detecting IPV, including heavy workloads, the parents’ denial, and the hidden nature of violence in small communities.

Training on IPV for Child Protection workers should address partner abuse in lesbian and gay relationships. Attention must be paid to how cultural and structural heterosexism shapes the nature and expression of partner abuse in same-sex relationships as well as access to programs and services. Gender analyses that examine how systems of power intersect and operate together to sustain and reproduce inequality can illuminate the particular barriers that people who are lesbian and gay face in seeking help for themselves and their families.

In addition to the provision of more training on IPV, leadership in child welfare could research and draw on models already in place in other regions in Canada and the United States. Interagency training between child welfare and woman abuse service providers is common in both countries. Another model designed to more effectively identify and serve families where IPV and child maltreatment co-exist involves the creation of a specialized IPV unit (Whitney & Davis, 1999). All social workers receive training on IPV and an abused women’s advocate becomes an integral part of the child protection team. Her role is to consult with social workers throughout investigation, assessment, and intervention, providing case consultation, direct advocacy, and community networking. At the point of intake the advocate also helps workers identify domestic violence and works with them to interview mothers, assess risk to both children and their mothers, assist with safety planning, and link families to community resources. In this model, workers have reduced caseloads to enable them to focus on IPV cases.

Such models work to increase child protection workers’ knowledge and skills for effective intervention in situations of IPV. They operate on the principle that the safety of the abused woman cannot be separated from the best interests of the children and address the chief barrier that women face in seeking help, which is their fear of losing their children. They focus on developing safety plans for women and their children and holding aggressors accountable. Other models exist where child protection, battered women’s advocates, and family preservation services work together to try to ensure the safety of children and their mothers (Findlater & Kelly, 1999). Some work to enhance the response of service sectors by establishing linkages between child
protection and other services to oversee common cases, for example, Family Court and Probation (Edleson, 1999; Lecklitner et al., 1999).

**Women’s processes of empowerment**

Transition House interveners have a unique vantage point in witnessing the processes that women go through as they cope with and confront abuse: their struggles, fears, contradictions, ambivalence, and hopes. They also are uniquely placed to witness their empowerment: naming experience as violence and abuse; accepting the knowledge that what they are experiencing is violence; challenging immobilizing guilt, blame and shame; weighing a range of factors in decision-making about help-seeking and taking a range of actions; realizing the injustice of violence and that they deserve more as human beings; accepting and believing in their own self-worth; and reclaiming a lost sense of self.

Many participants defined successful intervention in terms of women’s empowerment: women reclaimed their power by refusing to accept their partner’s violence and left to live free of violence. The services offered by l’Accueil Sainte-Famille (including the Outreach Worker), and Services à la Famille (through individual counselling and structured support groups), were critical to women’s consciousness-raising on abuse, self-worth, and the consequences of exposure to children’s well-being. The Outreach Worker offered crucial information and support to women in the community and to women who had left the shelter; she helped women break out of their social isolation and protect themselves and their children. Given that the Peninsula may be under-resourced in comparison to the community services available in a more populated urban area, the level and quality of service provided to women, children, and men is particularly striking.

Most women survivors engaged in a process of empowerment simultaneously with, or immediately following, their involvement with Child Protection. The Transition House and Services à la Famille were instrumental in providing women with opportunities to step back from their experience and critically reflect on the dynamics and effects of violence. They helped women educate themselves about the dynamics of power and control, build self-esteem and confidence, explore emotions and fears, obtain information on community resources, and reclaim their own power. Women’s empowerment extended to recognizing the effects of violence on their children and attending more fully to their children’s needs. These services helped women in their process of reinstating and reclaiming self within the larger social environment of family and community (Wuest & Merritt-Gray, 1999).

Many forms of violence in our society, especially violence against women, are normalized and thus perceived as simply part of everyday life. Women who have lived with violence as children as well as those who have not may perceive violence as one of “society’s givens” (Patai, 1988, p. 143). Both focus group participants and women survivors noted that although women experience the devastating consequences of violence and know on some fundamental level that it is unjust, they may not name it
as violence per se. Its normalization in the social sphere prevents women from naming it as violence and assimilating its implications, either for themselves or their children. Focus group participants observed that most women were not fully cognizant of the harmful consequences of child exposure and most women survivors could not fully take in the effects of violence on them or their children.

In order to promote women’s empowerment, women survivors would benefit from support groups that provide more opportunities for them to analyze and reflect on their experiences in the company of others who have similar experiences (Hill, 2001). These groups, using a group work format, could build on the invaluable program of the structured support groups offered by Services à la Famille. After the support groups have ended, some women may maintain an informal support network, thus providing moral support and reducing social isolation. In their study of abused women’s process of leaving abusive men, Judith Wuest and Marilyn Merritt-Gray (1999) found that women needed even more support to sustain the separation from partners and not go back than they needed during the initial process of leaving. Informal networks among women may offer such sustenance.

Support groups may also provide an avenue for women to further analyze and reflect on their feelings about how their children were affected by family dynamics and forms of violence, including the aggressor’s “interference” with their parenting (Magen, 1999). Although most women survivors reported that they did not recognize the consequences of exposure on their children when they were with their partner, they nevertheless spoke about being worried about them and feeling responsible for them. They felt afraid for them and guilty for what their children were going through because of the violence. The contradiction between these preoccupations about their children, and women’s reports that they were not cognizant of the harmful effects of violence is suggestive, and requires further research. Perhaps women were aware of their children’s more immediate responses while not being able to comprehend the longer-term consequences, which would correlate with a feature of trauma that points to a world shrunken to basic survival.

When women survivors had removed themselves from the abuse, they were able to more clearly see the ways in which their children had responded to violence. Most were helped in this process through individual and/or group counselling. When women come to see how their children were affected by the abuse, and especially how their relationships with children were damaged, they may experience guilt more intensely (Hooper, 1995). Although interveners reinforce that the abuse isn’t the fault of the women and that they should not feel guilty for what happened, such feelings are complex and warrant a safe place to talk about feelings that don’t fit neatly into no-fault categories. Even though women may clearly see that the aggressor must take responsibility for his violence, they may, as one participant noted, ask themselves how they came to be at such a low point in their lives as to endure such abuse, or were perhaps unable to respond to an aggressor’s abuse of their children. While this “low” can be understood as the result of living with violence and fear, women may need to sort this out for themselves and come to understand how and why they endured.
Most participants emphasized that building relationships of trust with women was essential to engage them in understanding and making decisions about their lives and supporting them in protecting their children. This trust may be more difficult to build now that child exposure to IPV is considered a form of child maltreatment and as such must be reported to Child Protection. Indeed, some women survivors were already aware that if they use the shelter or call the police, they would be referred to Child Protection. Thus women may avoid or delay reaching out for help because of fears of losing their children. Rather than allies of abused women, Transition House interveners in particular may come to be viewed increasingly as agents of the State; this trend has already begun in transition houses across Canada (International Transition House Roundtable, 2008).

Building trust in relationships with women in the future may require addressing this issue more fully with women in the larger community, and especially with those who come to Transition House. For example, women may be receiving a contradictory message: Take your time to make your own decisions about your life; however, you must make the “right” decision to protect your children. If women have the sense that they are less of a priority than their children, they may not choose to use the shelter when they are in danger or they may not feel free to share their struggles or torn loyalties with interveners. The Transition House policy that not all women are referred to Child Protection, only those in situations of severe violence or those who return to their partner, was contradicted by a woman survivor who reported that the shelter had no choice but to refer her to Child Protection. Women who use the Transition House and community services may be unclear about how services assess the degree to which child exposure warrants reporting to Child Protection, or how services determine whether women are making reasonable efforts to protect their children.

**Training for helpers and the need for a public education campaign**

Housing and Income Assistance identified the need for greater knowledge about IPV, community resources, and the process of referring to, and following up with families already involved with, Child Protection. Focus group participants and some women survivors also indicated the need for training professionals such as police, teachers, judges, and physicians in order to adequately identify and intervene in situations of IPV and make appropriate referrals to Child Protection. A public education campaign should focus on patterns of abuse and violence in the larger context of healthy relationships based on equality and respect. Education about community services available to help families deal with IPV is also important. Education aimed particularly at women about their rights, including the human right to freedom from violence, is urgently needed.

Finally, a public education campaign about Child Protection in situations of IPV should address the issue of abuse, the rights of women and children, how violence affects children’s well-being, and how Child Protection can help women, children, and men. Such a campaign could form part of a local community initiative to further address the
issue of IPV given the rich history of community mobilization in the Peninsula. Many participants reiterated that the whole community must be on board in addressing IPV; a campaign might build on well-established community strengths and partnerships.

**Community partnerships and interagency collaboration**

Partnerships and open communication between Child Protection and other government departments and between Child Protection and community services are critical in ensuring quality of service and the safety of women and children. Participants made a series of recommendations aimed at nurturing and strengthening partnerships, opening lines of communication, and clarifying roles and processes. For example, discussions among different Departments of Social Development could help clarify the roles and scope of each, as well as identifying role overlap. Confidentiality protocols between Child Protection and other government departments and community services require follow-up; further discussion of the Woman Abuse Protocols would help workers to provide quality service. Such partnerships and interagency collaboration increases the level of autonomy that the region has over its programs and services and enhances the ability to respond to issues such as child maltreatment and IPV in the face of shrinking resources.

Focus group participants reiterated that leadership is required to create an atmosphere of collaboration and enable helpers to attend inter-departmental and other scheduled inter-agency meetings. Ongoing communication and consultation structures need to be put in place to facilitate these partnerships. These structures are especially important where workers in community services need to discuss concerns that arise about Child Protection attitudes or interventions in women’s lives, or simply have suggestions about improving service to families. They could also serve as forums for disseminating current concerns, trends, and research. Finally, focus group participants and some women survivors spoke about the value of case conferences that promote the successful implementation of case plans and ensure the safety of women and children.

**Collective advocacy and social action**

Participants identified a number of structural barriers to women’s independence. Although helpers advocate for the needs of individual women, for example that an abused woman get public housing, collective advocacy and social action on policy responses to issues such as quality affordable housing, accessible and affordable childcare, a livable wage and decent employment, adequate community services for women, children and men, and sufficient resources for Child Protection to meet demands for service, are not part of most helpers’ job descriptions. Despite this absence, helpers may indeed feel ethically compelled to act on these issues while at the same time feeling powerless to do so. Child Protection social workers may be acutely aware of how limited resources impinge on professional assessments and judgements and in some cases even contribute to violation of professional ethics.
In the Peninsula, participants identified the need for affordable housing, especially transitional housing, increased Social Assistance and financial aid for women and children, sufficient Legal Aid, the injustice of deducting child support from Social Assistance, and transportation as areas needing collective advocacy and social action. All helpers, including Child Protection regional directors, program delivery managers, and supervisors, can play a stronger role in advocating for changes to improve the conditions in their communities. Those in senior management positions can advance the concerns and recommendations of front-line staff to those in positions of power and decision-making in the system as well as to members of the Legislative Assembly. Despite the provincial government’s publication of “A Better World for Women: 2005-2010” (Government of New Brunswick, 2005), New Brunswick refuses to pass Pay Equity legislation or to meaningfully increase Social Assistance rates while some abused women and children struggle to survive below the poverty line.

Front-line workers know the struggles and issues that face them and the communities they serve and can join with others to mobilize their communities to respond to common and urgent issues. Continued participation within local, regional, and provincial groups for collective advocacy and social action would be beneficial; some examples are: the Table de Concertation, the New Brunswick Advisory Council on the Status of Women, the Coalition for Pay Equity, and Common Front for Social Justice. The now defunct Association of Transition Houses was a good vehicle for collective advocacy and social action on IPV; however, possibilities for advocacy on IPV could also exist in the Provincial Partnerships in Action Committee of the Women’s Issues Branch. Concerned local citizens and organizations may also mobilize to initiate such things as transitional housing for women and children. Of course, social workers can also be active through the Social Action Committee of the New Brunswick Association of Social Workers.

Although Child Protection does not see itself in the business of remedying poverty or other social inequalities such as gender inequity, the fact that poor women, Aboriginal women, and women of colour are over-represented in the child welfare system, and that women and men are treated not just differently but inequitably within this system, clearly makes interrelated issues of class, gender, and culture the business of child welfare. Although child maltreatment and IPV occurs across social strata, poorer women come to the attention of Child Protection more often than privileged families. Child welfare systems have an ethical obligation to assess how legislation, policy, and practice maintain and perpetuate inequalities of class, gender, and culture alongside other forms of inequality. In situations of IPV, child welfare as a system also has an obligation to examine the differential standards to which women and men are held and the intended and unintended consequences of legislation and policy on IPV and child exposure. The implications for communities and for society as a whole are in need of attention when it is known that abused women avoid and delay seeking help because of the fear of losing their children and that when they do seek help, they are liable to be re-victimized for “failing to protect” their children from men’s violence.
VII.    RECOMMENDATIONS FOR CHANGE

1. Training on IPV

Training on IPV for helpers should be rooted in a gender analysis of how gender, class, race, and other axes of oppression such as sexual orientation shape women’s experiences of violence, life expectations, and access to resources and services. A gender analysis would also explicitly recognize that in IPV, the majority of victims are women and the majority of aggressors are men and that IPV forms part of a larger social pattern of violence against women. Training on IPV should address partner abuse in same-sex relationships and examine how heterosexism shapes the nature and expression of abuse as well as access to programs and services. Training should include collective and individual self-reflection on the beliefs and assumptions we hold about mothering and how these expectations shape the services provided in the public sector as well as in the community.

**Recommendation**

That the provincial government and child welfare provide the resources for Child Protection and Housing and Income Assistance workers to receive the training on IPV that they deem necessary, and that this opportunity be extended to those in community services who are intervening in situations of IPV.

That the Department of Social Development ensure that training is provided for the police, judicial system, teachers, and other helpers who are in a position to intervene in situations of IPV and refer children exposed to IPV to Child Protection.

2. Knowledge building in communities

Community services such as l'Accueil Sainte-Famille and Services à la Famille have extensive experience in working with women victims of IPV and their children; Services à la Famille also has considerable experience working with men who are aggressors. Structured opportunities for agencies to share and build knowledge and enhance each other’s perspectives would contribute to a common knowledge base for intervention.

**Recommendation**

That Child Protection, l'Accueil Sainte-Famille and Services à la Famille engage in knowledge-building through sharing, reflection, and cross-training on theoretical perspectives and practice experience in intervention with women, children and men in situations of IPV.

3. Publicity on role of Outreach Worker
Women in the community need to know what services are available in the community to help them. The Outreach Worker provides an invaluable service to women in the community with information, education, and referrals to women at large, as well as follow-up for women after they leave the Transition House. More publicity on the role of the Outreach Worker is needed to inform women in the community of this resource, particularly since some women survivors did not seem to be aware of Outreach or of the fact that they could call the Transition House to talk with interveners when they did not intend to go to the shelter.

**Recommendation**

That the Transition House and Child Protection work together to publicize the role of Outreach Worker in the community.

**4. Holding men accountable**

Men who abuse their partners, expose their children to IPV, and directly abuse their biological children or the children of their partner must be held accountable for their violence. Men are equally responsible for protecting children from exposure to IPV. Subjecting children to the victimization of their mothers constitutes maltreatment and that mothers are abused to begin with constitutes an abuse of human rights. Men who continue to have contact with their children after separation must be accountable for their ongoing violence against women and children. Women’s empowerment is facilitated when women see that men are held accountable for violence and that parenting rights and responsibilities are distributed equitably.

**Recommendation**

That child welfare investigate and develop policies and protocols for holding men accountable for their violence in situations of IPV where Child Protection is involved with the family. This process should involve substantial collaboration with Child Protection social workers, community services, and women, children, and men.

**5. Mutual support groups for women**

Women benefit from learning from each other about their experiences and strategies for survival and empowerment. Mutual support can provide unique opportunities for learning and insight, thereby alleviating women’s isolation.

**Recommendation**

That more programs for women survivors be developed that use a group work format where women can learn from, and morally support, each other as well as learn from the professionals facilitating the groups.

**6. Toward gender equality and reducing poverty**
Women must have access to adequate financial resources, a livable income, decent employment, social support, and safe options in order to achieve a viable, sustainable independence and live free of violence. Many women who live in rural communities do not have adequate financial resources to achieve independence or to access the programs and services that they and their children need in the aftermath of IPV.

**Recommendations**

That the provincial government substantially increase Social Assistance rates and increase the financial aid available through Income Assistance to help women and children leaving abusive men, with special funding available to buy furniture, cover hook-up fees and security or damage deposits, and otherwise cover the costs of re-establishing shelter in the community. The waiting time for Social Assistance should also be reduced.

That the various levels of government fund more safe and affordable transitional housing and longer-term social housing for women and children and that this housing be integrated into the broader community.

That the appropriate levels of government investigate and implement alternative transportation systems to assist citizens of rural and isolated communities.

7. **Leadership**

Child Protection social workers are looking for leadership to help them develop a uniform approach and rationale for intervention in situations of IPV which will avoid the re-victimization of women, provide real protection for women and children, and hold aggressors accountable.

**Recommendation**

That the regional director and program delivery manager, Department of Social Development, provide leadership in IPV by researching and developing a community approach to effective intervention for IPV. Supervisors and front-line Child Protection social workers should be an integral part of the research and development process.

8. **Community partnerships and inter-agency collaboration**

Partnerships and open communication between Child Protection and government departments and between Child Protection and community services are critical in assuring the quality and effectiveness of service and the safety of women and children. Ongoing relationships need to be nurtured, and effective communication and consultation structures put in place.

**Recommendation**
That Child Protection management provide leadership in conjunction with social workers and the larger community to strengthen partnerships with relevant government departments and community services.

That communication and consultation structures allocate the necessary time and resources to workers to allow them to participate without additional burden and stress.

That Child Protection continue to engage in discussions with government departments and community services to develop effective confidentiality protocols that also respect the rights of service recipients.

That Child Protection clarify with community services what avenues are in place to communicate and discuss concerns about Child Protection practice.

9. Allocation of resources for Child Protection

Child protection workers do not have sufficient resources to adequately assess and intervene in IPV. They must have the mandate to intervene with women, children, and men in situations of IPV and the resources to carry out more in-depth intervention as opposed to crisis-oriented remedial intervention.

Recommendation

That the provincial government take intimate partner violence seriously and building on the publication “A Better World for Women: 2005-2010” (Government of New Brunswick, 2005) allocate additional resources (material as well as human resources) to address IPV and child exposure and facilitate Child Protection in carrying out its mandate.

10. Allocation of resources for community services

Communities must work together to address the issue of IPV. Community services are integral to the intervention plan developed by Child Protection with women, children, and men, and essential to its success. Community services need sufficient resources to meet the demands of the women, children, and men affected by IPV who now come to the attention of Child Protection. Adequate resources need to be allocated to community services to meet these demands. Policy decisions of the provincial government affect funding for these services.

Recommendation

That the provincial government increase funding to community services to enable them to meet the demand for service generated through the attention of Child Protection to IPV and child maltreatment.
11. Public education

A public education campaign about patterns of abuse and violence in the context of healthy relationships of equality and respect is needed in addition to violence prevention education with girls, women, boys and men. Such education should also reflect cultural diversity and non-heterosexual relationships. Public education is also needed to address the negative image of child protection and to educate community members about its role in situations of IPV and child exposure. The need for such a campaign has already been discussed in the Provincial Partnerships in Action Committee.

Recommendation

That the Department of Social Development, particularly in light of the new model of child protection under development, implement a broad-based public education campaign on IPV, relationships based on equality and respect, and the role of child protection in situations of IPV and child exposure.

12. Analysis of intended and unintended consequences of legislation on child exposure to IPV

Government legislation, policies, and protocols often reproduce social inequalities such as gender inequality. The government has a responsibility to examine the intended and unintended consequences of legislation and policy on child protection, IPV, and child exposure, as well as the different standards to which women and men are held in child welfare and in situations of IPV. A review of legislation, policies, and protocols would reveal how they re-victimize abused women and children.

Recommendation

That the child welfare system institute a review of the intended and unintended consequences of legislation, policies, and protocols concerning child protection, IPV, and child exposure, and the ways in which women and men are held to different standards.

In closing

Like other studies on IPV and child exposure, this research urges that communities and governments take the issue of IPV seriously and act in concert not only to provide adequate services and resources for abused women and their children but to hold men accountable for their violence. Focus group participants and women survivors have made a series of recommendations that, if followed, would significantly improve Child Protection and community intervention with families, the lives of women, children, and men, and communities as a whole.
APPENDIX A

INTERVIEW GUIDE FOR FOCUS GROUPS

Parameters

1) What knowledge do you draw on to make decisions about intervening with mothers and children in cases of “failure to protect” where women are deemed unable to protect their children from exposure to domestic violence?

2) How do you determine the harm done to children by exposure to domestic violence?

3) What is your understanding of why domestic violence happens?

4) How do you assess for woman abuse in cases of child maltreatment and vice versa?

Strengths and Limitations

5) How do you intervene in situations of “failure to protect?” What does that look like? Do you intervene with abusers? If yes, how so?

6) What makes a successful intervention? What works well?

7) How do you assess whether your interventions have improved the lives of mothers and their children?

8) What are the limitations that you face in intervening with women and in situations of “failure to protect?”

9) What else could be in place that would make your intervention more successful?

Changes

10) What would help you work more successfully with families where children are exposed to woman abuse?

11) How does collaboration with other sectors contribute to the success of your interventions? Are there any recommendations you would make to improve working relations?

12) Do you have any other comments or issues that you would like to bring up that haven’t already been identified or discussed?
APPENDIX B

INTERVIEW GUIDE WITH WOMEN

Women’s experience of abuse and help-seeking

Often in talking about the abuse of women by intimate partners and the impact of this abuse on children, no-one speaks about women being abused as a problem in its own right. In this research we would like to acknowledge the abuse of women as a problem in its own right.

1) a) Perhaps we can start there and ask at this point, during the time that you were being abused, where did you turn for help and support (excluding Child Protection for the moment)?

   b) Who and what was helpful for you, and why?

   c) Who and what was unhelpful for you, and why?

2) What kinds of changes were you trying to make in your situation and what were the main obstacles or difficulties for you in making them?

Involvement with Child Protection

3) a) How did Child Protection become involved in your family?

   b) Referral made by…?

   c) Were you told by Child Protection to go to the Transition House?

   d) If you did go to the Transition House, did workers encourage you to call Child Protection yourself? How did you find that?

4) Tell me about your experience with Child Protection, for example, what was it like for you as a mother, what did you think and feel at different times during your contact with Child Protection, your fears, your experience of your worker, how did s/he work with you? – whatever you think is most important for you to share.

5) How could your Child Protection worker have been more helpful to you at the time? What would have made a big difference to you and your family?

Effects of abuse on mothering

6) How do you think the abuse that you experienced from your partner affected your parenting of your child(ren) when you were in the relationship with your partner?
7) Were there times when it was more difficult for you to be a mother? If so, what made it more difficult?

8) What support did you receive from others for your mothering?

9) Has your mothering changed since you have left your partner? What support do you receive now from others?

Effects of exposure to violence on children

10) a) How do you think your children were affected by their exposure to the abuse you experienced from your partner?

b) How do you think they are still affected?

c) When you were living with your partner and being abused by him, were you able to recognize any effects on your children of exposure to abuse? If yes, what did you notice and how did you deal with these effects?

Changes

11) Reflecting on your experience of abuse, mothering and involvement with Child Protection, what changes do you think could be made to help women in these situations?
REFERENCES


