

MOTHERING AND INTIMATE PARTNER VIOLENCE

Who is Responsible? Discourses on Mothering and Protecting Children in Service Provider
Responses to Intimate Partner Violence

by

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Abstract

Over the last few decades, there has been a significant shift in how the Canadian state has constructed and responded to the issue of intimate partner violence in legislation and policy discourse. Although initial changes arose out of Violence Against Women Movement's critique of the state's inadequate response to men's violence against women, recent reforms in family violence and child protection legislation have involved framing intimate partner violence and subsequent child exposure as a gender-neutral problem. Feminist scholars argue that this de-gendering of domestic abuse in family violence and child protection legislation and policies has shifted the focus away from men's violence and onto women's failures as mothers. Embedded within dominant discourses surrounding mothering ("good mothers" versus "bad mothers") and notions of managing risks, feminists assert that these policies hold mothers responsible for maintaining a safe home environment for children through controlling, managing, and fleeing men's violence. While these policies aim to protect children from harm, existing research finds that, in practice, these policies responsabilize mothers who are victims of intimate partner violence.

Building on the feminist literature, this thesis examines how mothers and children are constructed by service providers in their responses to intimate partner violence in Manitoba. A sample of 19 interviews with service providers collected as part of the Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations was analyzed. The sectors represented include: social services workers, Crown Attorneys, police, probation workers, shelter staff, and victim services workers. Carol Bacchi's "What is the Problem Represented to Be?" framework and Critical Discourse Analysis were the two main methodological approaches employed to investigate how dominant understandings of intimate partner violence, managing risks discourse, and constructions of mothering in the context of abuse factor into service providers' responses towards women and children who experience violence.

The findings of this study suggest that despite gender-neutral legislation and policies, service providers tended to construct the matter in gendered terms: as abused mothers failing to protect their children in cases of intimate partner violence. Rather than intervening with violent fathers and challenging their abusive behaviours, service providers placed the responsibility on mothers to protect their children from harm.

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Introduction

Gendered violence against women and girls has been, and continues to be, a pressing social issue in Canada. Intimate partner violence is one form of violence that is particularly gendered: victims of intimate partner violence are most often women, and the violence is most commonly perpetrated by men (Women and Gender Equality, 2020). Intimate partner violence refers to violence inflicted by a past or present partner that results in physical, sexual, or psychological distress, including acts of physical aggression, sexual coercion, and psychological abuse (Krug et al., 2002). Other forms of intimate partner violence can include emotional, financial, social, and spiritual abuse. While much of this violence remains hidden in the home, police-reported intimate violence data provide some indication of the extent of that violence. In 2018, there were over 99,000 victims of police-reported intimate partner violence in Canada (Statistics Canada, 2019). Women accounted for the vast majority of the victims, representing eight out of 10 (79%) police-reported cases of intimate partner violence incidents that same year (Conroy, 2021).

In recent years, there has been increased recognition of the impact that intimate partner violence has on children. Data collected on children's exposure to violence in the home reveal that it is common for a child to witness incidents of intimate partner violence that are perpetrated against their mothers. In 2009, more than half (52%) of adults who had reported experiencing intimate partner violence indicated that their children had witnessed or heard assaults committed against them (Sinha, 2013). Men are also more likely than women to perpetrate incidents of violence that are witnessed by children, with 73% of substantiated cases of intimate partner violence being perpetrated by fathers and 15% by stepfathers or common-law male partners (Strega & Janzen, 2013). Research has documented the various impacts that being exposed to abuse has on a child's wellbeing, including: physical and/or emotional harm, negative behavioural, cognitive, and social developmental outcomes, as well as increased risk of child protection intervention and removal of children from the home (see Edleson, Gassman-Pines, & Hill, 2006; Levendosky, Bogat, & Martinez-Torteya, 2013; McTavish, MacGregor, Wathen, & MacMillan, 2016).

Over the last several decades, the Canadian state has responded to the issue of violence against women and children, largely under pressures from feminist-led initiatives such as the Violence Against Women Movement. Some of these changes include: mandatory charging

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domestic violence policies, specialized family courts, and the implementation of legislation and policies aimed at protecting children from being exposed to intimate partner violence in the home (Dobash & Dobash, 1979; Nixon et al., 2007; Ursel, Tutty & Lemaistre, 2008). In addition to these changes, there has been a shift in Canadian federal and provincial public policy discourse to adopt a more inclusive or gender-neutral view of violence. Some of these legislative and policy changes include: the launch of the Family Violence Initiative (FVI; 1988); the implementation of the *Best Interests of the Child* protection principles; and the inclusion of exposure to intimate partner violence as a form of child maltreatment under child protection legislation in several provinces and territories across Canada. With these changes, Canadian policy discourse has shifted the focus away from men's violence against women towards a more general view of family violence that assumes gender-neutrality – meaning that men's and women's likelihood of intimate partner perpetration/victimization (and child exposure as a result) is considered to be of equal risk (Brodie & Bakker, 2008; Mann, 2012; Nixon & Tutty, 2009/10).

Feminist scholars and researchers have raised concerns about how intimate partner violence abuse against women is constructed in this process of responding to it, as well as how mothers are constructed as responsible for protecting their children against intimate partner violence. Feminists assert that the adoption of gender-neutral family violence policies that prioritize children's potential victimization over men's violence against women do not stop the perpetrator from committing violence but, instead, hold mothers accountable for protecting themselves and their children from intimate partner violence victimization (McDonald-Harker, 2016; Nixon & Tutty, 2009/10). Much of the child welfare research conducted in this area shows that, in practice, these policies converge with risk-management discourse and dominant discourses surrounding mothering (i.e., “good mothers” versus “bad mothers”) to construct mothers as responsible for maintaining a safe home environment for their children through predicting, managing, and fleeing men's violence (McDonald-Harker, 2015; Strega & Janzen, 2013). With the changes in legislation, policies, and intervention efforts towards intimate partner violence and child protection, women who are perceived as unwilling or unable to leave their violent partners are framed as bad or deficient mothers who are either failing to protect or neglecting their children (Lapierre, 2010; Magen, 1999; Strega et al., 2008; Nixon, 2009; Nixon et al., 2016).

The Present Study

Building on findings from the feminist research on mothering and child protection in the context of intimate partner violence, this project examines how mothers and children are constructed by various service providers (e.g., police, victim services, shelter staff, etc.) in their response to intimate partner violence in Manitoba. The purpose of this research is to assess what kinds of discourses are evident in service providers' constructions of mothers, mothering, and the protection of children in the context of intimate partner violence, and to offer a critical analysis of these constructions for addressing the violence perpetrated against mothers and children in their homes. Connecting this issue to shifts in policies, legislation, and overarching discourses surrounding gendered violence and mothering, this project addresses three main sets of questions:

- How do service providers construct or conceptualize intimate partner violence as well as mothering and fathering in the context of violence? More specifically, what kinds of discourses are evident in service providers' framing of the issue and response towards women who experience intimate partner violence as mothers and towards men who perpetrate abuse as fathers?
 - Are there differences in service provision depending on the professional background?
- How has 'managing risks' factored into service provision for mothers experiencing intimate partner violence?
 - How has 'managing risks' discourse affected marginalized mothers, that is, poor mothers and racialized mothers?
- How are children constructed in service providers' accounts of intimate partner violence? Has risk management logic extended onto children? If so, how?

To address these questions, this research engages in an in-depth, critical analysis of key informant interview data collected as part of phase two of the Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations (CDHPVIP). Phase two involved a survey and key informant interviews with 370 service providers engaged in domestic violence-related work to explore best practices and challenges related to risk assessment, risk management, and safety planning for four identified vulnerable populations: Indigenous; rural, remote, and northern; immigrant and refugee; and children exposed to violence. From this larger sample, 19 transcripts of service providers working in criminal justice and social services sectors in Manitoba were

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selected to examine how mothers, fathers, and children are constructed in their responses to this form of abuse.

A critical feminist post-structuralist perspective informs the theoretical and methodological bases for this project. Carol Bacchi's (1999, 2009) "What is the Problem Represented to Be?" [WPR] approach for examining public policies and proposals is utilized to investigate how service providers interpret dominant or official constructions of intimate partner violence and children's exposure to its occurrence. The WPR approach aims to deconstruct *implicit* representations present in public policies and policy proposals (referred to as "prescriptive texts") in order to understand how a particular issue comes to be "problematized" or considered as a "problem" needing to be addressed (Bacchi, 2012 p. 4). The WPR approach rests on a basic premise, "that what we say we want to do about something indicates what we think needs to change and hence how we constitute the 'problem'" (p. 4). Adopting this approach uncovers important assumptions about the nature of the problem, including assumptions about its cause, the actors involved, and its effects (Nixon & Tutty, 2009/10). The ultimate goal of the WPR approach is to deconstruct policies in order to understand how the problem is represented within them and to subject these problem representations to critical analysis (Bacchi, 2009).

When intimate partner violence and child protection legislation, policies, and interventions problematize partner violence and child exposure/maltreatment as gender-neutral, service providers are expected to intervene in these cases through a gender-neutral lens. The purpose of this project, therefore, is to analyze how service providers negotiate the official problematization of intimate partner violence as gender-neutral against the gendered context of violence where men and fathers account for the majority of perpetrators and women and mothers represent the majority of victims. As such, this study interrogates the ways in which service providers construct intimate partner violence, child exposure, and mothering in the context of violence – both in terms of their understanding of these issues, as well as how they respond to the violence that women and children encounter in their homes. The extent to which gender-neutral interventions have converged with risk discourse, managing risks, and dominant constructions of mothers in service provision for women and their children who experience violence is also examined.

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Risk Discourse and Constructions of Mothering

Critical post-structural theorists assert that social hierarchies and inequalities can be established and reinforced through the use of language or discourse (Fairclough, 1995; Weedon, 1997). Discourse – which is defined as the “social activity of making meaning” – occurs through written text or spoken language, including face-to-face talk, non-verbal interactions, images, and documents among others (Forchtner, 2013 p. 1440). With the retraction of the Canadian welfare state and the rise of neo-liberalism, risk discourse and risk management (through the use of risk assessments and safety plans) have permeated approaches to intimate partner violence and child protection. In the context of violence, risk discourse holds individuals responsible for “becoming prudent managers of their own risk” through internalizing assessments of their risk of harm (e.g., intimate partner violence, child maltreatment), and engaging in risk-avoidant behaviours (e.g., fleeing a violent partner, calling the police, attending programs (Pollack, 2010 p. 1267).

Feminists have raised concerns, however, about the extent to which this risk thinking has converged with problematic constructions of mothers in service provision to women who experience intimate partner violence and their children (Lapierre, 2010; McDonald-Harker, 2015). Discourse has the power to constrain what can be known in specific social and historical contexts, and has major ideological effects that both produce and reproduce unequal power relations between social classes, gender identities, as well as ethnic/cultural majorities and minorities (Mogashoa, 2014; Weedon, 1997). Embedded within gendered assumptions about caring for children and constructions of mothering (“good mothers” versus “bad mothers”), mothers are expected to prove to child protective services and other involved agencies that they can effectively care for and protect their children through mitigating the risk of intimate partner violence and escaping it when it does occur (McDonald-Harker, 2015). If a mother is unable to control, manage, or cease men’s violence from occurring, she can be viewed by service providers as a bad or unfit mother, and can be subject to losing her children (Strega & Janzen, 2013).

In order to examine how power and social hierarchies between men and women are exercised and (re)produced through service providers’ discourses surrounding intimate partner violence and child protection, this project uses critical discourse analysis (CDA) as its main analytical approach. Merging linguistics and contributions from critical social theorists like Karl Marx, Antonio Gramsci, Michel Foucault, and Pierre Bourdieu, CDA examines how ideologies and unequal power relations are shaped, established, and resisted through discursive representations of

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groups and individuals through talk and text (Dijk, 2008). As a qualitative methodological approach for assessing language, CDA takes a deeper look at written or spoken discourses to deconstruct underlying meanings and connect them to their wider social, cultural, and political contexts (Fairclough, 1995; Dijk, 2008). In the context of this project, CDA is used to interrogate how service providers problematize and construct mothers, fathers, and children in their response(s) to intimate partner violence. Throughout this thesis, I argue that – with various changes in responses to intimate partner violence and child protection legislation, policies, and interventions (e.g., gender-neutrality, risk-adverse discourses) – Canadian public policy and professional discourses perpetuate unequal gender relations (e.g., patriarchy, women’s social and economic inequality) that contribute to, and perpetuate, men’s violence against women.

Organization of the Thesis

Chapter One situates the thesis within the larger literature by examining policies, practices, and discourses surrounding intimate partner violence and child protection in Canada (and in Manitoba, more specifically). This chapter provides an overview of the Canadian state, criminal justice, and child welfare response(s) to intimate partner violence and child protection, focusing on the various legislation, policies, and practices put in place since the second-wave Violence Against Women Movement to address the gendered violence that mothers and children experience in the home. Feminist critiques of de-gendered policies and interventions, risk-based/avoidant approaches, and dominant discourses surrounding mothering are drawn upon to examine how, in practice, these changes in responses to intimate partner violence and child protection have the unintended consequences of placing the responsibility on abused women and mothers to protect their children from violent men.

Chapter Two describes the methodology employed to answer the five questions of the thesis. This chapter provides details on how the key informant interview data from the Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations (CDHPVP) was used, including ethical considerations, sampling, study population, data analysis process.

The findings of the research are presented in two chapters. Chapter Three analyzes how intimate partner violence is constructed by service providers in their discourses and responses to the issue, including how children, victims, and perpetrators are constructed. Chapter Four

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examines how risk factors into service provision for mothers and children experiencing violence in the home, as well as how risk is conceptualized in terms of violent fathers.

The Conclusion summarizes the main findings of the research and offers recommendations for policy and practice and suggestions for future research.

A Note on Terminology

There are various terms used to describe the phenomenon and occurrence of male-perpetrated intimate partner violence against women within research, literature, legislation/policies, and professional discourse. Some of these terms include: “interpersonal violence,” “family violence,” “domestic violence,” “spousal abuse,” “woman abuse,” and “violence against women.” It is important to note that these terms explain different phenomena, and refer to different contexts in which the abuse is taking place. Karen Boyle (2019) argues that equating male-perpetrated violence against women and children with gender-neutral umbrella terms such as “gender-based violence” can distort the distinct and “specifically gendered patterns of violence and experience” (p. 19). In addition to masking the gendered nature of the violence (and thereby causing confusion about who is perpetrating the abuse and who is subjected to it), Boyle (2019) further notes that subsuming men’s violence against women and children under gender-neutral terms renders invisible structural gender inequities and men’s patriarchal dominance over women, and thereby perpetuates patriarchal structures and gendered inequities.

This research is rooted in the feminist paradigm which believes that intimate partner violence is the direct manifestation of male domination and the oppression of women within a patriarchal system (see Dobash & Dobash, 1979; Walker, 1979). As such, the language used throughout this thesis recognizes or names the gendered nature of violence. While gender-neutral terms such as “intimate partner violence” or “domestic violence/abuse” are used throughout the discussion, I make a concerted effort to engender these terms through shifting the language to include “male-perpetrated intimate partner violence against women” and “men’s violence against women.” Additionally, although various terms such as “violence” and “abuse” are used interchangeably throughout this thesis, it is important to note that these terms are employed to describe the same phenomenon: men’s violence that is committed against women/mothers and children. As emphasized by Boyle (2019), the naming of men’s violence against women and children is not to perpetuate biological or essentialist assumptions about men committing violence

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“*because they are men.*” Rather, the purpose of gendering violence is to challenge the “broader gendered social, political, and cultural conditions which facilitate men’s violence against women” (p. 33).

Another important consideration is the use of acronyms (such as IPV to refer to intimate partner violence) often found in research and government documents on the matter. Because such acronyms can have the effect of obscuring or distorting the gendered context of violence, their use will be avoided throughout this thesis.

Chapter 1: The Canadian State's Response to Intimate Partner Violence

Over the past 50 years, there has been a significant shift in state, criminal justice, and societal responses to women and children who experience intimate partner violence in the home. Most of these responses occurred as a result of pressures from the Violence Against Women Movement and are well documented in feminist works (see, for example, Brownmiller, 1999; Dobash & Dobash, 1992; Sheehy, 2002). More recently, however, there has been a shift in Canadian legislation and public policy discourse to recognize intimate partner violence and subsequent child exposure as a gender-neutral problem – meaning that both women and men are assumed to be at equal risk for perpetration and victimization of violence and of perpetrating child maltreatment (Mann, 2007; 2012). Feminist scholars and researchers have raised questions about how intimate partner violence has been constructed in this process of responding to it, specifically, how the move to de-gendered discourses and risk-averse approaches has rendered structural influences (i.e., patriarchy, women's social and economic inequality) and their impact on violence as invisible, and has placed the responsibility on victims of violence to predict and mitigate the risk of future harm (Jeffrey et al., 2018; Mann, 2012; Nixon, 2011; Nixon & Tutty, 2009/2010). Rather than protecting women and their children from men's violence, feminists assert that these shifts in responses have converged with dominant discourses surrounding mothering (“good mothers” versus “bad mothers”) to hold mothers responsible for protecting children when intimate partner violence breaks out (Lapierre, 2010; Strega & Janzen, 2013).

This chapter details the shift in the Canadian state's responses to intimate partner violence and protecting children in the context of that violence. Noting significant changes from the Violence Against Women Movement to current gender-neutral and risk-based approaches, a particular focus is placed on feminist critiques of the Canadian state's response to intimate partner violence and child protection over the past several decades. Special attention is given to the ways in which abused mothers and fathers who perpetrate abuse are constructed in public policy discourse and in interventions to address intimate partner violence and child protection.

The Violence Against Women Movement

Prior to the 1970s, the issue of men's violence against their intimate partners was regarded as a private matter not warranting state or criminal justice intervention. As a result, the violence that

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women experienced at the hands of their male partners was considered an individual problem that needed to be managed within the family unit (Schechter, 1982). Feminist scholars have outlined the various legislative and institutional responses that contributed to the perpetuation of men's violence against women during this time, such as the Right to Consortium, which gave husbands the legal right to rape their wives under the assumption of men's ownership over women (see Brownmiller, 1975; Snider, 1991), as well as misogynistic myths surrounding the "credible victim" which pervaded policing, court, and physician practices toward women who experienced abuse (see Clark & Lewis, 1977). Feminists argued that these responses served to uphold male domination (and women's subordination) through embarrassing and shaming victims into silence and, unsurprisingly, resulted in low reporting and conviction rates for domestic and sexual violence perpetrated against women (Clark & Lewis, 1977; Sheehy, 2002).

Frustrated with the state's insufficient responses to men's violence against women, the Violence Against Women Movement emerged in the early 1970s to bring the issue of violence against women to the forefront of importance (Dobash & Dobash, 1992). Women began to meet in women-centred, consciousness-raising groups to discuss issues such as women's physical and sexual autonomy, birth control and abortion, sexual orientation, as well as rape and battery (Brownmiller, 1999). It was out of this method of consciousness-raising that the long-existing silence surrounding men's domestic and sexual violence against women was being broken.

Much of the impetus for the Violence Against Women Movement drew upon a radical feminist analysis of the nature of women's oppression under patriarchy, which refers to "a system of social structures and practices in which men dominate, oppress and exploit women" (Walby, 1989 p. 214). Radical feminists argued that patriarchy exists in both the structure of social institutions and social relations in society, as well as the ideology that rationalizes the hierarchal order and male power over women's subordination (Dobash & Dobash, 1979). Understanding violence against women as a manifestation of patriarchy, the Violence Against Women Movement mobilized to pressure the state, criminal justice system, and larger society to realize meaningful change. One of the central goals of the Violence Against Women Movement was to implement strategies to protect abused women and their children. Efforts were directed towards meeting the needs of abused women and their children who required support or assistance, including: attending to physical injuries or emotional harms; addressing potential problems associated with escaping violence and living in a new or unfamiliar environment; supporting children who had witnessed

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or experienced violence; and providing information about the available legal, social, and medical resources (Dobash & Dobash, 1992).

Feminists have documented the numerous successes of the Violence Against Women Movement. One of the notable changes is the fact that the movement transformed societal understandings of the violence that women experienced at the hands of their intimate partners from a private matter to a public issue worthy of state and criminal justice intervention (Olsen, 1983). Feminist scholarship has also highlighted successes related to the establishment of women's shelters and crisis support lines for victims and survivors of gender-based violence (Dobash & Dobash, 1992; Goodhand, 2017; Hall, 2015). Prior to the advent of the Violence Against Women Movement, few shelters and support hotlines existed to support women and children who had experienced violence. As a result of feminist efforts, the number of emergency and second-stage domestic violence shelters increased dramatically. Between 1975 and 1992, more than 500 shelters were established for survivors of violence, most of which were feminist-run and women-centred (Guberman & Wolfe, 1985; Statistics Canada, 2006). The Violence Against Women Movement also led to substantive changes in legislation and policies related to gender-based violence. In 1983, the Right to Consortium was abolished from Canada's *Criminal Code*, meaning that husbands no longer had the legal right to sexually assault or rape their wives and that women could pursue legal avenues of justice (Guberman & Wolfe, 1985; Sheehy, 1999). Additional changes and responses implemented by the Canadian state and criminal justice system under pressures from the Violence Against Women movement included: mandatory charging policies related to domestic violence; the establishment of specialized family violence courts; and legislation aimed at protecting children from violence (PHAC, 2019; Sheehy, 2002; Singh, 2016; Ursel, Tutty & Lemaistre, 2008).

Child Protection Legislation

While feminists connected children's experiences of violence to their mothers' victimization, in recent years, there has been a growing recognition of intimate partner violence as a child welfare issue in Canada (Nixon, Tutty, Weaver-Dunlop, & Walsh, 2007). In response to the proliferation of child welfare research and concerns about the impacts that exposure to domestic violence has on children, the Canadian state (federal) and child protective services authorities (provincial/territorial levels) have implemented changes in legislation, policies, and practices to

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protect children from abuse and from being exposed to violence in the home (Humphreys & Stanley, 2006; Rivet & Kelly, 2006; Tutty & Nixon, 2020). One of the primary changes has been the expansion of definitions of child maltreatment and/or emotional abuse to include exposure to domestic violence (Edleson, 2004; Nixon et al., 2007). This is the case in most Canadian provinces (BC, SK, NB, NS, PEI, QÉ, NL) and territories (NT, NU; see PHAC, 2019; Strega & Janzen, 2013). In Manitoba, Alberta, Ontario, and the Yukon, child exposure to domestic violence is not currently formally encoded in child protection legislation as a concern.

Although most Canadian provinces and territories now encompass child exposure to intimate partner violence within a specific category of child maltreatment and/or emotional abuse in their legislation, policies and practices for intervention differ among provincial/territorial jurisdictions as they each have their own governing legislation, distinctive child welfare organizations and institutional structures, policies, and methods of intervention for protecting children from violence (Bala & Kehoe, 2017; PHAC, 2019; Tutty & Nixon, 2020). While each jurisdiction is unique, all provinces and territories aim to safeguard children from harm as a result of abuse or neglect and identify “child safety and child well-being as the paramount principles of their legislation” (Trocmé et al., 2019 p. 38). Within these provinces and territories, exposure to or living in a situation where intimate partner violence is present—either through the direct witnessing of violence between parents or caregivers or by being indirectly exposed through hearing the violence or seeing physical injuries or other after-effects of the violence—is grounds for the intervention of child protective services and other related justice agencies (Alaggia et al., 2007). Although other provinces and territories have not expanded their legal definitions of child maltreatment to include children's exposure to intimate partner violence, it is important to note that child protective services may still intervene by expanding existing maltreatment definitions to include exposure (Nixon et al., 2007; Nixon, Radtke, & Tutty, 2013).

Research has found that child maltreatment or emotional abuse through exposure to intimate partner violence in the home represents a significant proportion of child welfare investigations in Canada. National data reported in the Canadian Incidence Study of Child Abuse and Neglect (CIS) reveal that exposure to intimate partner violence, including direct and indirect witnessing or exposure to physical violence, as well as exposure to emotional violence, is the most frequently occurring category of substantiated investigations of child maltreatment – accounting for 34% of all substantiated cases of maltreatment in 2008 (Trocmé et al., 2010). Of the

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substantiated cases, the most commonly cited risk factor in child maltreatment investigations (46% of cases) was the primary caregiver being a victim of domestic violence (Trocmé et al., 2010). While official statistics do not represent the actual occurrence of the number of children that are exposed to violence in the home (due to underreporting, the hidden nature of the violence, etc.), it is noteworthy that the most common risk factor for child maltreatment investigations is being a victim of intimate partner violence.

In Manitoba, *The Child and Family Services (CFS) Act* and *The Criminal Code of Canada* also uphold the fundamental principle that the safety and well-being of children is paramount and dictate that the criminal justice system and all other legal authorities have the authority to enforce criminal law in the protection of all children, especially victims of child abuse. This principle, referred to as the “*Best Interests of the Child*” (see Section 2 of CCSM c. C80), guides specific considerations or decisions related to determining the best interests of the child’s safety and well-being. The considerations outlined include: a child’s opportunity to have a parent-child relationship and family structure; the appropriate care and treatment of a child’s mental, emotional, physical, and educational needs; a child’s need for continuity and permanency with the least possible disruption; balance of probabilities related to merit versus risks of the child returning to or remaining within the family; views and preferences of the child; the effect on the child of any delay in the final disposition of proceedings; and the child’s cultural, linguistic, racial, and religious heritage (CCSM c. C80, 2021). Under this legislation, parents and guardians have the primary responsibility to ensure that children’s rights are upheld and that the well-being of their children is protected (Government of Manitoba, 2013). If parents or guardians do or fail to do something that puts their child’s life, health, or emotional well-being at risk (i.e., acting against their child’s best interests), then legal authorities have the power to step in and enforce the law, including removing children from the home and placing them into state care.

Under the *Family Maintenance Act* (see CCSM c. F20), the *Best Interests of the Child* principle is also considered in relation to the impact of domestic violence on a child. Some of the issues considered include: the safety and well-being of the child and other family members who care for them; whether the parents involved in domestic violence are able to care for and meet the needs of the child; the willingness of both parents in communicating and co-operating on issues affecting the child; and the capacity of the parent seeking custody or access to provide a

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safe home and adequate care for the child (CCSM c. F20, 2021). Although these considerations are used to help courts and other legal authorities determine decisions about what parenting arrangement (e.g., custody/access arrangements) is in the child's best interests, the main purpose underpinning such considerations is to evaluate a parent or guardian's ability to protect their child's well-being.

Under the *Child and Family Services (CFS) Act*, a child is considered to be in need of protection where the life, health, or emotional well-being of the child is endangered by the act or omission (failure to act) of a person (see CCSM c. C80). This can include situations where a child is without adequate care or supervision or situations where the child is being abused or is at risk of being abused. In addition to considerations of a parent or guardian's (in)ability to care for the child, this legislation also deems a child in need of protection in situations where a person neglects or refuses to provide proper medical or other necessary remedial care treatment that is needed for the health or well-being of the child, as well as in cases where the care of the child is beyond the control of a person who has custody or who is in charge or control of the child (CCSM c. C80, 2021). Under the *(CFS) Act*, child exposure to intimate partner violence is not specified as grounds for protection.

Although children's exposure to intimate partner violence is not directly encoded in Manitoba's child protection legislation, extant literature finds that child protective services can, and do, still intervene in cases of child exposure through expanding existing (sub)sections of maltreatment within the legislation (Nixon et al., 2007; Nixon, Radtke, & Tutty, 2013). For instance, subsections that consider a child in need of protection when the child is at risk of suffering harm or injury due to the "behaviour, condition, domestic environment, or associations of the child or of a person having care, custody, control, or charge of the child," or in situations where the child is subjected to aggression or sexual harassment can be applied to cases where a child is exposed to intimate partner violence in the home (Section 17(e)(f) of CCSM c. C80). Under child protection legislation (where exposure to intimate partner violence is not specifically listed or encoded but rather can be included within definitions of maltreatment), a person has a duty to report information to an agency or to a parent/guardian of the child if they have a reasonable suspicion that a child is in need of protection. An agency has the duty to immediately investigate the matter. If they find that a child is in need of protection, further steps are required

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to ensure the necessary protection of the child, including the apprehension of the child (without a warrant) in cases of reasonable suspicion (CCSM c. C80, 2021).

Shift to Risk-Based Approaches

More recent literature on responses to violence against women details how the shift to neo-liberalism, risk-discourse, and risk-based approaches has impacted institutional and service provider responses to intimate partner violence and child protection. Elizabeth Comack and Gillian Balfour (2004) note that with the retraction of the Canadian welfare state and the rise of neo-liberalism, state responses to crime, social programming, and gender-based violence have all shifted towards a model characterized by minimal state and government intervention with an emphasis placed on risk discourse or risk-avoidance. As outlined in the literature, neo-liberalism or advanced liberalism (see Rose, 2000) is characterized by economic-dominated policies, practices, and ideologies. The focus is on privileging the market (i.e., free-market capitalism), global economic trade, and moving away from governmental spending and social programming and towards privatization (Comack & Balfour, 2004). Feminist scholar Shoshana Pollack (2010) argues that because neo-liberalism assumes that the social welfare state creates dependencies, neo-liberal policies are focused on offering fewer welfare supports and governmental interventions to promote "economic and social prosperity" (p. 1266). Some of the notable changes made to welfare and governmental supports by the neo-liberal state include: cuts to childcare, healthcare, social and mental health services; reduction of social programming and employment benefits; and a shift to targeted/means-based social assistance benefits. This shift to neoliberal governance emphasizes individualism over "big government": individuals are held responsible for their own successes and failures in the neo-liberal market (Pollack, 2010).

Research has found that the neo-liberal emphasis on individualism has permeated institutional strategies, techniques, and responses to social problems such as violence against women and children (Hunt, 2003; Walklate & Mythen, 2011). With the neo-liberal focus on individualism, citizens are viewed as self-reliant individuals who are responsible for their own self-governance, meaning their ability to surveil, internalize, and avoid potential risks through taking preventative measures (Comack & Balfour, 2004; Hunt, 2003). According to Sandra Walklate and Gabe Mythen (2011), this shift to neo-liberalism has brought the concept of calculative management or "risk management" to the forefront of responses to social issues.

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Professionals across a variety of sectors, including psychologists, psychiatrists, correctional workers, and social workers, increasingly utilize actuarial tools (i.e., risk assessments) to measure an individual's level of risk (e.g., being a victim and/or perpetrator of violence), to estimate the risk of a given event (e.g., child abuse, intimate partner violence) occurring, and to guide intervention efforts (such as risk management through counselling, parenting programs, etc. (see Jaffe et al., 2008; Knoke & Trocmé, 2004). Pollack (2010 p. 1267) explains that these risk-based approaches both reflect and (re)produce dominant individualized discourses: individuals are held responsible for “becoming prudent managers of their own risk” through internalizing potential risks and engaging in risk-avoidant behaviours. Those who fail to self-govern or avoid risk can be subject to government intervention (including criminalization).

Risk Assessments for Intimate Partner Violence

A growing literature exists on how risk-based approaches have permeated social service and criminal justice responses to mothers and children who experience intimate partner violence in the home. Over the last few decades, many risk assessment tools have been developed and adapted in response to concerns about improving intervention efforts for individuals facing the highest risk of intimate partner violence victimization or perpetration. Some of the risk assessment tools developed and employed in cases of intimate partner violence include: The Danger Assessment; Ontario Domestic Assault Risk Assessment [ODARA]; and the Stalking and Harassment Assessment and Risk Profile [SHARP]. Although risk assessment tools may vary depending on the profession, sector, or organization, the main purpose of these assessments is to estimate the level of risk for future intimate partner violence victimization or perpetration. As an evaluative tool (i.e., checklist of risk factors), risk assessments are typically completed by social service and criminal justice professionals (such as police, victim services, child protective services, etc.) to guide intervention efforts in order to reduce the likelihood of violence escalation and domestic homicide (Campbell et al., 2016; Hart, 2010; Hoyle, 2008).

Risk Assessments – Child Protection: Structured Decision Making (SDM) Model

In terms of intimate partner violence and child protection, risk or safety assessments are used to estimate and evaluate the risks present in a certain household, including: the future risk of

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perpetration or victimization of intimate partner violence (and child exposure to its occurrence); the risk of future child maltreatment; and the risk of future child welfare system involvement (Douglas & Kropp, 2002; Jeffrey et al., 2018; Knoke & Trocmé, 2004). In Manitoba, Child and Family Services (CFS) is the only agency mandated to complete assessments of risk or safety involving children (Evident Change, 2021). Although other service providers do not conduct risk assessments directly with children, they can do so by including children in their risk assessments with victims seeking services (e.g., shelter, victim services).

Across Manitoba, the Structured Decision Making (SDM) Model is the main tool used for assessing the safety and well-being of children. The SDM involves several structured assessments with the goal of improving agency and service providers' consistency and responses to reduce subsequent harm to children (Evident Change, 2021). Within the SDM, risk assessments are used to estimate the likelihood of future child welfare system involvement (and help to determine which cases need ongoing services and which may be closed after an investigation), while safety assessments are used to determine whether a child can remain safely in the home, with or without a safety plan in place (Evident Change, 2021). Other assessments under the SDM include: intake assessments; case planning in efforts to improve family functioning; risk reassessments; and family reunification assessments. SDM assessments can be used in cases of child maltreatment (related to domestic violence exposure) for assessing risk to the child's safety and well-being.

Safety Planning and Risk Management

Risk assessments are used to inform safety planning and risk management efforts. Safety planning and risk management processes are two of the main risk-based strategies that social service and criminal justice professionals use when working with victims or perpetrators of intimate partner violence. In its simplest terms, safety planning refers to a set of strategies applied to protect victims and to mitigate the risk of future harm (Bader et al., 2019). In terms of intimate partner violence, some examples of safety planning include: educating victims about their level of risk; relocating victims to a new residence or safe shelter; installing surveillance equipment; and creating a specific escape plan (Bader et al., 2019; Logan & Walker, 2018). On the other hand, risk management efforts, including the use of protection orders, close monitoring, as well as programming or counselling (i.e., addictions, anger management), are directed toward reducing the risk of the perpetrator being violent (Bader et al., 2019).

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While most of these risk-based approaches are directed toward adult victims or perpetrators of intimate partner violence, recent documents or guides have started to advise victims of domestic violence to include children in safety planning practices by teaching them how to recognize the beginning of an assault, hide or escape from the violence, and call the police (British Columbia Ministry of Justice, 2015). Service providers working outside of Child and Family Services can also create and conduct safety plans for children.

Feminist Critiques of Responses to Intimate Partner Violence

Not all of the changes in the Canadian state's response to intimate partner violence against women and children have been welcomed by feminists. In fact, with the shift to risk-based approaches for addressing the violence that women and children experience in the home, feminist researchers have raised questions about how intimate partner violence has been constructed in this process of responding to it. In particular, feminists have raised concerns regarding discourse shifts in Canadian legislation, public policies, and practices that have led to the de-gendering of men's violence (see Mann, 2012; Nixon, 2011) and the responsabilization of mothers for protecting themselves and their children from men when intimate partner violence occurs (see Lapierre, 2010; McDonald-Harker, 2016; Strega, 2013).

The De-Gendering of Intimate Partner Violence

Accompanying the shift to risk discourse and risk-based approaches, federal and provincial policies in Canada have constructed violence that occurs in the home in gender-neutral terms. With the Conservative government's launch of the Family Violence Initiative (FVI) in 1988, Canadian public policy discourse shifted away from the focus on violence against women and gender inequality toward a more general view of violence that prioritized family, children, and elders (Mann, 2012). In other words, this shift to a family targeted/child-centred approach (i.e., focus on the potential impact of children's exposure to intimate partner violence) has led to what feminist researcher Ruth Mann (2007: 70) refers to as the "de-gendering" of violence against women (see also, Nixon, 2011). De-gendering, in its simplest terms, refers to the elimination of the issue of gender or sex in considerations of the violence, assuming that men and women perpetrate and are victimized by violence equally. De-gendering has also been referred to as a form of "patriarchal

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resistance,” which means opposition to feminist constructions of intimate partner violence as a gendered social problem (see Berns, 2001).

Under the Family Violence Initiative (FVI), gendered issues such as violence against women and intimate partner violence are grouped with other forms of abuse (e.g., child abuse, elder abuse) under the broader umbrella term “family violence” (Mann, 2012). Similarly, child exposure to violence in the home has been grouped under the broader umbrella term of family violence within a specific category of child maltreatment (Nixon, 2011; Strega & Janzen, 2013). This policy considers children to be maltreated if they are exposed to violence in the home, and child protection intervention is warranted if it occurs (Nixon & Tutty, 2009/10).

The Official Construction of Intimate Partner Violence and Child Protection

Carol Bacchi’s (1999, 2009) WPR approach to understanding public policies and policy proposals helps to uncover how intimate partner violence and child exposure to intimate partner violence are officially constructed in the Canadian state’s policies, legislation, and institutional responses. Since the WPR approach examines *implicit* representations present in public policies and proposals, this framework is useful for understanding how intimate partner violence against women and child exposure are problematized or considered as problems needing to be addressed. As described by feminists Ruth Mann (2007; 2012) and Kendra Nixon and Leslie Tutty (2009/10), the shift towards de-gendered legislation and policies for domestic violence and child protection has officially constructed or problematized the issue of intimate partner violence or risk of harm as gender-neutral, meaning that men’s and women’s likelihood of intimate partner violence perpetration and victimization (and child maltreatment as a result of children’s subsequent exposure to this violence) is represented as an equal risk. In their work, Nixon and Tutty (2009/10) draw on the WPR framework to argue that because de-gendered and family or child-centred policies are focused on men’s potential equal victimization and protecting children from being exposed to intimate partner violence, the emphasis is not placed on gendered violence and which gender perpetrates/is a victim of intimate partner violence. Instead, the attention is placed on acts or omissions and who is capable/incapable of keeping children out of harm’s way. In short, gender is not accounted for in the official problematization or construction of the problem in domestic violence and child protection policies.

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As legislation and policies for intimate partner violence and child protection officially de-gender the problematization of the issues, the postulated solutions are in keeping with gender-neutrality. Underpinning these postulated solutions is the assumption that through implementing gender-neutral legislation, the Canadian state can ensure that all victims of intimate partner violence (and specifically children) are protected as best as possible. Following these assumptions encoded in Canadian public policy discourse is the expectation that agencies and service providers intervene in cases of intimate partner violence and child protection through a gender-neutral lens. In doing so, the construction of the issue becomes real or material through the ways in which social workers and other extra-legal services providers (e.g., police, victim services, crisis response) apply or negotiate gender-neutral policies in their daily practice.

Feminist Critiques of De-Gendering Violence

While the shift towards gender-neutral legislation for intimate partner violence and child protection appears to be more encompassing for addressing violence in the home, empirical evidence and feminist-led research show that, in practice, these policies and approaches can have the effect of distorting or de-contextualizing the gendered nature of violence. In particular, the official construction of intimate partner violence (and child exposure) in Canadian public policy discourse runs against the empirical evidence that violence is, in fact, gendered: women are more likely to be victims, and men are more likely to be perpetrators. Women are also more likely than men to be victimized by all forms of intimate partner violence throughout their lifetime, including physical assault (23% versus 17%), sexual assault (12% versus 2%), and psychological abuse (43% versus 35%; Cotter, 2021). Women also disproportionately experience the most severe forms of intimate partner violence, such as being choked (7% versus 1%), being threatened with a weapon (11.3% versus 8.4%), and being forced to have sex (10% versus 2%; Cotter, 2021). This severity is also evident in rates of domestic homicide. Between 2014 and 2019, there were 497 victims of intimate partner homicide in Canada; women accounted for eight in ten (80%) of those killed as a result of violence perpetrated by an intimate partner (Conroy, 2021).

Feminists argue that the de-gendering of domestic violence in Canadian public policy has de-politicized the problem of violence against women (Mann, 2007). According to Nixon and Tutty (2009/10), the equation of violence against women and intimate partner violence against women with all other forms of abuse (i.e., child abuse, elder abuse) that occur in a family under

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the broader umbrella term of family violence de-politicizes the problem of men's violence to the detriment of women's experiences of abuse. By de-contextualizing the violence from its systemic roots, feminists assert that these policies fail to adequately incorporate gender and power and, therefore, render broader structural influences (i.e., patriarchy, women's social and economic inequality) and their impact on violence invisible (Brodie & Bakker, 2008; Mann, 2012; Nixon, 2011).

One of the greatest concerns discussed in the literature is the effect that de-gendered policies have on women who experience intimate partner violence as mothers. Feminist researchers find that, in practice, these gender-neutral policies place the burden of responsibility on mothers to protect their children from being exposed to violence in the home (see Douglas & Walsh, 2010; Strega & Janzen, 2013). Nixon and Tutty (2009/10 p. 72) emphasize that the adoption of a gender-neutral approach to violence obscures women's experiences of abuse since a family violence approach "assumes that it is the *family* or its members, primarily children, that need to be protected, not women in particular." As a result, these policies inadvertently shift the focus "from women/mothers to the impact of the abuse on the children. Abused women are no longer viewed as the primary victims, but are in fact often viewed as quasiperpetrators of the violence that their children are exposed to" (p. 72). According to Caroline McDonald-Harker (2016), these policies do not place the focus on stopping the perpetrator from committing violence; rather, the onus is placed on victims (in most cases, mothers) to protect themselves and their children. The focus on children has the effect of de-prioritizing women's safety: child protective services workers are more focused on children's potential victimization and, therefore, aim their efforts at ensuring women are "good mothers" through assessing their protective capacities (Nixon & Tutty, 2009/10).

Research conducted with child protective services workers suggests that, in practice, these workers focus on the reaction and behaviours of mothers when intimate partner violence occurs rather than on the perpetrators of violence (Strega & Janzen, 2013; see also Hughes et al., 2011; Johnson & Sullivan, 2008; Landsman & Copps Hartley, 2007; Strega et al., 2008). In their review of 116 child protection case files, Susan Strega and her colleagues (2008) found that while most child protection workers determine fathers as the primary perpetrator/threat, the "'problem' is also defined in terms of mother's alleged 'failure to protect,'" and the child protection gaze and intervention efforts are focused on intervening with her, rather than with the father who is

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perpetrating the abuse. Their findings suggest that men are absent or rendered invisible in child protection; case files are largely put under the mother's name, and there exists a reluctance among child protective workers to “engage purposefully with fathers, either as risks or as assets” (p. 708). In half of the case files assessed, fathers were considered irrelevant to both mothers and children. When fathers were considered to be a risk to children, over half (60%) of them were not contacted by social workers. Further, 50% of fathers who were considered to be a risk to mothers were not contacted (p. 712). Their findings, therefore, indicate that even in cases where social workers or child protection workers recognize fathers as a threat or danger to children and mothers, there exists an avoidance to engage with them.

Qualitative interview data with mothers involved with child protective services because of intimate partner violence victimization also demonstrate the phenomenon of father exclusion and mother blaming. In their interviews with 64 Canadian women who had experienced intimate partner violence and were thus involved in the child protection system, Judy Hughes and her colleagues (2011) found that, in some cases, child protective services workers placed the sole responsibility on mothers to ensure that their child's safety and well-being are protected (often through threats of apprehending children if they do not leave the relationship). Only a few women reported that their abusive male partners were questioned about their violent actions or required to attend parenting or anger management programs. A similar study conducted in the United States with 20 abused mothers by Susan Johnson and Cris Sullivan (2008) found that the mothers believed that they were blamed for the perpetrators' violence while the perpetrator was not held responsible for his abusive actions. One mother explained her experience as being “treated like a monster mother who hated her kids” by child protection workers (p. 246). Another mother explained how she was held responsible for failing to protect her children while her partner's abusive behaviours were rendered invisible:

I had all these things I had to do. I was accused of being a bad mother. I had to “earn” my kids back. Nobody from CPS [child protective services] even talked to him about what he did. If I failed to protect my kids, then he is responsible for putting us all in that situation. Wouldn't you think somebody should tell him it's his fault? They ordered me into counseling...where's his counseling? He's the one with the problem.... If we both have equal rights as parents, which is what the court said, and he beat them and I didn't, why am I ordered into a parenting plan in order to have them in my home? He has to do nothing and gets them without question. (cited in Johnson & Sullivan, 2008 p. 248)

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Related research finds that the lack of intervention with abusive fathers extends past child protective services and social workers: other service providers (e.g., victim services, legal professionals, police officers, etc.) also tend to shift the focus or blame onto mothers. In their study involving interviews and focus groups with service providers (including child welfare workers, violence against women service providers, legal professionals, police officers, and health care providers) and survivors of domestic violence, Ramona Alaggia and her colleagues (2007) found that while most service providers agree with the principles underpinning child protection and mandatory reporting in Canada, they explained that universal reporting practices can take women's control and choices away from them, and can ultimately place the burden of responsibility on women to leave their abusive partner (and can put them in a position of blame for not leaving). This was evident in one service provider's response:

Ideally, it could be that children were not taken away but both children and mom got the support, rather than her being punished which really that is how it is presented, 'you messed up and for whatever reason you weren't able to [leave]'. I think there is an underlying message of blame the woman for being in the situation that she is in. (cited in Alaggia et al., 2007 p. 6-7)

In addition to recognizing the underlying message of mother-blaming, service providers also noted issues with holding perpetrators accountable. In their discussions about perpetrator accountability, another participant working in the violence against women sector described how the responsibility is placed on mothers (and not abusive men) for keeping their children safe: "No matter how you cut it, the abuser gets off most of the time. He is not held accountable and not made responsible, and the onus is still on the woman in keeping her kids safe" (p. 9).

Feminist Criticisms of the Shift to Risk

In addition to questioning the shift to a de-gendered approach to intimate partner violence, feminists have raised concerns about how the shift to risk-averse domestic violence and child protection practices have led to problematic constructions of and intervention efforts toward women who experience intimate partner violence as mothers (see McDonald-Harker, 2016; Strega, 2013). Critical theorists assert that, while neo-liberalism assumes minimal state intervention towards the economic market (see Garland, 1997), the increase in punitive or punishing measures has led to greater governance (or surveillance) of social marginality. In this sense, individuals and families who make claims on state supports (e.g., social assistance, unemployment insurance,

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medical benefits) or who are forced into contact with the state (e.g., coming to the attention of the criminal justice system or child protective services) become a risk to be managed, surveilled, and controlled (Morgen & Maskovsky, 2003; Pollack, 2010).

Kelly Hannah-Moffat's work (2005) expands on the interconnections between "need" and "risk" hybrid knowledges in targeted and penal interventions towards the "risk subject." Hannah-Moffat (2005 p. 41) argues that recent changes in risk technologies (i.e., risk assessments, risk management) narrowly evaluate a person's "dynamic needs" (also known as "manageable problems") in efforts to identify targeted interventions and transform them into a "rational decision maker who makes prudent choices" and avoids risk. Rather than addressing an individual's real needs, such as adequate housing and income, she notes that rehabilitative responses to need/risk are focused on making "manageable" lifestyle or behavioural changes, mostly through universal programming (e.g., substance abuse programs, education and employment programs), therapy, and other individual-level interventions that can transform them into the rational decision maker.

Because individuals are constructed as independent and self-reliant managers of their own risk, those who become entangled in the state apparatus (through economic need, criminal offending/victimization, child protection) are viewed as failing to negotiate or manage risks (Kemshall, 2002; Pollack, 2010). By attributing the management of risk to individuals, Hannah-Moffat (2005) and Pollack (2010) explain that the state becomes de-responsibilized in terms of ongoing social or structural problems and gaps in service: systemic issues such as poverty, patriarchy, racism, and unemployment become individual problems or inadequacies. By rendering structural issues invisible, the state can perpetuate narratives that social issues (such as crime, homelessness, children in state care) are the "outcome of poor choices or decisions, and not the outcome of structural inequalities or pathology" (Hannah-Moffat, 2005 p. 42).

Feminist researchers have drawn connections between risk-averse interventions and mother-blaming of women who experience intimate partner violence as mothers. In her work, Debra Brown (2006) draws on Dorothy Smith's (1987) concept of "relations of ruling" to demonstrate how the coordinated nature of power in government legislation, institutional practices, and professional responses contribute to the ongoing dependence, struggle, and oppression in people's everyday lives, including women/mothers. Rooted in a Marxist understanding of the modern capitalist society, Brown (2006 p. 355) explains how the "gendered subtext" of mothering – which assumes a "mothers' selflessly devoted role of caring as a woman's predetermined

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biological destiny” – not only pervades women’s paid and unpaid labour, it also determines how the state instructs professionals (including social workers in the child protective system) to intervene with families and mothers to protect children.

In the case of social work and child protection, Pollack (2010 p. 1275) notes that “social workers are increasingly being asked to function as ‘translators’ of state power,” further asserting that this “practice undermines the social justice roots” of the profession. As outlined by Brown (2006), gendered understandings of mothering and caring for children are mediated in social work texts (i.e., legislation, policies, codes of ethics) and established procedures (i.e., risk assessments) to determine the vulnerability of children and the potential need for protection. While risk-averse discourses and models of intervention appear to target areas of need/risk, Brown (2006 p. 369) argues that:

These discourses cast mothers as the focus of risk assessments and the recipients of corrective treatment rather than pivotal contributors to the process. The women are held accountable for ameliorating the effects of larger societal risk factors that are largely beyond their control, such as poverty or domestic abuse, and they are expected to compensate for service gaps in an increasingly understaffed and overstrained public service.

Instead of locating larger systemic issues such as social, political, and economic inequities between men and women, as well as men’s violence against women, this shift to risk has placed mothers at the centre of protecting their child’s well-being. Simon Lapierre (2008) asserts that these responses, which are centred on a deficit-model of mothering, can frame mother-victims of intimate partner violence as deficient or “bad” mothers who do not have the skills or abilities to ensure their own safety or their children’s welfare, and who need to be managed, controlled, rehabilitated, and surveilled by child protective services and other extra-legal agencies (see also, McDonald-Harker, 2015; Nixon et al., 2016; Strega & Janzen, 2013). As explained by Lapierre (2008), assessments and responses regarding the welfare of children in the context of domestic violence tend to locate women’s mothering as a determining factor in children’s exposure, both in terms of the protection of children and in how children are affected by the violence (see also, Edleson, 1999). This phenomenon was discussed by one of the mothers interviewed in Brown’s research:

[MCFD] keep saying they’re there for the children, but they really do not take the children into consideration whatsoever. They take everything you do into consideration, not those

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children. It's you that has to take those kids into consideration. (cited in Brown, 2006 p. 368)

This focus on women's deficiencies in mothering as a risk for placing the child in a position of exposure or harm can frame mothers as failing to protect since "the problem becomes defined in terms of what the mother failed to do rather than in terms of the father's actions" (Lapierre, 2008 p. 456). As a result, according to McDonald-Harker (2015), the onus is placed on mothers to prove to child protective services and other involved agencies that they can effectively care for, nurture, protect, and ensure the safety and well-being of their children through following risk-management intervention programs laid out for them by these agencies. Mothers are expected to avoid risk and protect their children through: attending risk assessment conferences with child protective services (to get their level of risk assessed and re-assessed); employing risk management strategies to predict and stop the violence from occurring and preventing their child from being exposed to it; and utilizing safety plans to flee an abusive partner with their children when violence breaks out.

Research conducted with mothers involved in the child protection system because of their experiences with intimate partner violence finds that current risk-adverse discourse and responses do not adequately address abused mothers' specific circumstances and needs. In fact, some women describe feeling excluded from the process or even being blamed for not leaving their abusive partner. When discussing the process of child protection risk assessments, all of the women (N = 14) in Brown's (2006) study described feeling inadequately prepared to participate in the assessment either due to the strong negative reactions they had experienced during the process or because of feeling like their needs or perceptions of risk were excluded in the assessment. Overall, the women in Brown's research felt like their strengths as mothers were ignored and that the standardized format of risk assessments did not allow for the inclusion of their perspectives or for the contextualization of their specific circumstances. One mother admitted that half of the time, she had no idea what was happening or what page the social worker was on during the assessment (Brown, 2006).

Issues related to risk reduction strategies such as risk management and safety planning for mothers affected by intimate partner violence are also identified in the literature. More aptly, feminist research has highlighted the paradox of the "irresponsible" state (and its gaps in supports and services) and of the "responsible" mother who avoids risk and protects her children (including

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fleeing a violent relationship) despite systemic inequalities (Hannah-Moffat, 2005; Lapierre, 2010). For instance, one mother in Brown's (2006) study who was raising her family on welfare explained the difficulty of managing risks without supports: "I'm just not quite sure how you are supposed to accomplish any of their [child protection social workers] expectations without the tools to do it, and yet here I am" (p. 362). Another mother likened the experience of incorporating risk reduction strategies into her everyday life to "cliff jumping" because she felt overwhelmed with the associated expectations as well as with the regular meetings, appointments, and conferences with social workers (p. 365).

Oftentimes, the most common risk management approach or safety plan identified for women who mother in the context of intimate partner violence is to put the children's needs first, typically through controlling men's violence and leaving the abusive relationship. Research has found that despite various efforts mothers make to control their partner's violence and protect their children from being exposed to abuse in the home, if they are not successful in separating from their abusive partner, they can be blamed for "failing to protect" and subject to losing their child (Strega & Janzen, 2013). Drawing on her experiences with protecting her children from a violent partner, one mother in Johnson and Sullivan's (2008) study describes this phenomenon of mother-blaming because she failed to manage the risks of her partner's abuse:

What was I supposed to do? I couldn't make him stop.... No matter what I tried; it didn't work. He did what he wanted, and nobody could help me. I got the PPO (personal protection order). I called PS (protective services) and the cops. I took the beatings to spare my kids. I tried to keep peace in the house. I tried to protect them, and now they blame me? The [CPS] caseworker said it was my job to control him and my kids. How could I do that? They could have helped, but instead they just blamed me and took my kids. The judge said he expected me to do whatever it took to protect my children. I'm telling you I did just that. Whatever it took. (cited in Johnson and Sullivan, 2008 p. 247)

While Johnson and Sullivan's study was conducted in the United States, recent findings from a Canadian study (Jenney et al., 2014) involving one-on-one interviews and focus groups with workers and clients of child protection suggest that risk assessments and safety planning strategies in Canada also tend to focus on the mother's actions (and inability to leave) while neglecting perpetrator accountability. As one of the child protection workers in the study stated:

...with our agency and our mandate, we have no choice but to get more intrusive and we have to pretty much stay involved if we feel there's a risk. I just had a really bad one — she just was not getting it, not leaving, and you know, doing what we wanted her to do— so we had to go for a supervision order so you know we do have to kind of—we don't want

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to threaten them with court but ... it ultimately could come to that. (cited in Jenney et al. 2014 p. 97)

The findings in the literature suggest a tension exists between the state, child protection social workers, and mothers in considerations of “risk” for intimate partner violence and child exposure. Although intervention efforts aim to protect children from violence, these practices can further place responsibility on the mother-victims of violence (e.g., mothers are expected to recognize the risk of violence, mitigate the risk of it from occurring, and intervene/escape when it does occur), and can construct women who are unwilling or unable to leave their violent partners as “bad mothers” who are either failing to protect or neglecting their children (Lapierre, 2010).

“Good Mothers” Versus “Bad Mothers”

Feminist scholars have drawn connections between how motherhood is constructed and the role designated to women in protecting their children when intimate partner violence occurs. Feminists contend that these constructions—which are based on dominant discourses surrounding “good mothers” and “bad mothers”—are rooted in patriarchal understandings of motherhood (see Hannah-Moffat, 2001; McDonald-Harker, 2016; O’Reilly, 2010).

In her book, *Motherhood in Patriarchy*, Mariam Tazi-Preve (2013) argues that patriarchal motherhood constructs women in terms of their reproductive functions. She asserts that under patriarchy, women are not only responsible for procreation, they are also responsible for providing “protection and care of human life in its entirety” through raising and nurturing children, emotionally caring for and supporting all family members (including other adults), and providing assistance to the “elderly, the sick, and neighbours” (p. 21). Hannah-Moffat (2001: 26) notes that patriarchal motherhood has been constructed in various ways over the past few centuries; however, the main ideals underpinning these conceptualizations are that women are “more virtuous than men and, in turn, more suited to the task of conserving society’s morals.” In this sense, within patriarchal understandings of mothering, women have been, and continue to be, delegated as “housekeepers of the state” who are responsible for restoring and preserving the “moral values of a society” in the private sphere while fathers are the traditional breadwinners in the public economic sphere (p. 26).

Feminists argue that these patriarchal constructions of motherhood have conflated women’s reproductive capacity with the social work of motherhood – also referred to as “social

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motherhood” in the literature (Neyer & Bernardi, 2011). Social motherhood is the assumption that the care of children and the household is a mother’s “natural responsibility” that is “performed out of natural love” (p. 165). Within the dominant discourse, “good mothers” are assumed to intrinsically possess certain characteristics: they are loving, caring, nurturing, and devoted to their mothering work (McDonald-Harker, 2016; O’Reilly, 2010). “Good mothers” are depicted as women who are instinctively attached to their children, act “intuitively in concert” with them to fulfill their needs, and completely revolve their lives around ensuring their children’s health and happiness (Tobin, 1990 p. 211). McDonald-Harker (2016) explains that these assumptions have led to specific expectations of mothers and mothering. Mothers must go beyond bearing and caring for their children; they are also expected to “dedicate and acquiesce their entire physical, psychological, emotional, and intellectual well-being to not only be *perfect* mothers but also raise *perfect* children” (p. 1). Reflecting the notion of what Sharon Hays (1996 p. 8) refers to as “intensive mothering,” mothers are expected to expend all of their time, labour, energy, and money into raising the perfect child. Mothers who parent outside the boundaries of “good mothering” or prescriptive practices of intensive motherhood can be labelled as “bad mothers” (McDonald-Harker, 2016 p. 9).

Building on these understandings of mothering, feminists have also argued that motherhood has been used as the “basis for the defamation and exploitation of women” (Tazi-Preve, 2013 p. 13). As specified by Gerda Neyer and Laura Bernardi (2011), because mothers’ biological and social work is considered in terms of their production and care of human beings, the relegation of women’s work to the private sphere serves to exclude women/mothers from the public sphere and maintains systems of patriarchy, capitalism, and settler colonialism (see also, von Werlhof, Bennholdt-Thomsen & Mies 1983; Mies 1986). By maintaining patriarchal, capitalist, and settler colonial structures through motherhood, feminists further note that these constructions of mothering have created the conditions for the discrimination of mothers who do not align with the characteristics of the hegemonic ideal of a mother: a married, heterosexual, middle-class, white woman who can afford to stay home and care for her children full-time (Fieldes 1992; Gavigan & Chunn, 2010; Hays, 1996).

In this respect, marginalized mothers – single mothers, stepmothers, teen mothers, mothers who gave their child up for adoption, mothers who drink or use drugs, working mothers, disabled mothers, incarcerated mothers, lesbian mothers, low-income mothers, and racialized mothers – are

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cast as the Other in the dominant discourse (Neyer & Bernardi, 2011: 166, see also McDonald-Harker, 2016; Lapierre, 2010). The construction of some women as “bad mothers” has significant consequences on how these women are treated by the Canadian state, including the criminal justice system, child welfare system, and other related institutions.

Indigenous Mothers and Families

Indigenous leaders and advocates maintain that the Canadian child welfare system has been designed to target Indigenous mothers and families and to take Indigenous children away. Justice Murray Sinclair, Chief Commissioner of the Truth and Reconciliation Commission (TRC) and Manitoba’s first Indigenous judge, describes the Canadian child welfare system as an extension of the residential school system: “The monster that was created in the residential schools moved into a new house... And that monster now lives in the child-welfare system” (cited in Krugel, 2018 para. 8). Former Nunavut MP Mumilaaq Qaqqaq also highlights connections between residential schools, the current child welfare system, and the suicide epidemic affecting Indigenous people: “Colonization is not over. It has a new name. Children are still being separated from their communities. Foster care is the new residential school system. The suicide epidemic is the new form of Indigenous genocide” (cited in Wright, 2021 para. 4). Currently, there are more Indigenous children (primarily First Nations) in Canadian child welfare care than there were at the height of residential schools (Blackstock, 2003). At the federal level, Indigenous children make up only 7.7% of the population under the age of 14 but account for 52.2% of children in foster care (Turner, 2016). In Manitoba (as of March 31, 2020), there were just under 10,000 children in care. Indigenous children accounted for 90% of those children (Government of Manitoba, 2020).

As outlined in the literature, the Canadian state’s apprehension of Indigenous children began with the forcible removal of First Nations, Métis, and Inuit children aged 5-15 years old from their homes and communities to attend residential schools. Indigenous leaders assert that the focus of residential schools was on assimilation rather than the protection of the children (see Royal Commission on Aboriginal People [RCAP], 1996), and the explicit intention of these schools was to “kill the Indian in the child” (cited in Blackstock, 2015 p. 96). Over the course of 160 years, the government funded church-run schools where Indigenous children were prohibited from and punished for practicing their culture and speaking their Indigenous language, and were cut off from contact with their parents and families. Children also experienced psychological,

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physical, and sexual abuse at the hands of staff working in the schools, and many children died at residential schools. The TRC reported that over 6,000 children died at the schools from preventable disease and abuse; however, Chief Commissioner Murray Sinclair maintains that the actual number is much higher, estimating that 60,000 children died from neglect or maltreatment (Sinclair, 2014, cited in Puxley, 2015). The recent findings (and ongoing searches) of thousands of unmarked graves at the sites of former residential schools support Sinclair's position and confirm that many of the children's deaths were never reported. Cindy Blackstock (2015), Executive Director of the First Nations Child and Family Caring Society of Canada, asserts that, rather than investigating the abuse and maltreatment at residential schools, social workers supported these schools by assisting in the removal of children from their homes as a result of "child welfare concerns" (p. 97).

The Canadian state's apprehension of Indigenous children continued throughout the 1950s and 1960s when provincial/territorial child welfare agencies were granted the authority to deliver services on reserve. Similar to the residential schools, what became known as the "Sixties Scoop" resulted in the mass removal of Indigenous children from their homes and families. But instead of being delivered to schools, the children were placed into foster care to be adopted by non-Indigenous families across Canada and the United States (Blackstock, 2011; RCAP, 1996). In his report, *No Quiet Place*, Associate Chief Judge Edwin Kimelman (1985) highlighted the connections between Indigenous children's overrepresentation in the Manitoban child welfare system to key systemic issues such as racism, cultural biases, and class-related factors such as poverty. Kimelman (1985; see also Blackstock 2011 and RCAP 1996) argued that service providers working in the child welfare system during the Sixties Scoop (including social workers, lawyers, and judges) had little to no knowledge about colonization and residential schools and, as a result, mistook issues of systemic racism and discrimination (e.g., poverty, breakdown of families, addictions, etc.) as occurring due to parental failure. In addition, Indigenous parenting practices and conceptions of community care – where children receiving inadequate care are placed with other community members, and the community is focused on supporting parents so that they have the tools needed to provide proper care for their children – were often perceived as "neglect." Because Indigenous parents were not helicopter parents with "constant eyes-on supervision" of their children, social workers viewed them as negligent parents, prompting the

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apprehension of their children (Kimelman, 1985 p. 162; see also Blackstock, 2003 and 2009; Comack, 2008).

Kimelman's (1985) investigation found that, despite ostensibly working under the principle of *The Best Interests of the Child*, the practice of removing Indigenous children from their families reflected "an abysmal lack of sensitivity" and resulted in the tearing of Indigenous children away from their parents and siblings (p. 274). This removal of children resulted in the loss of their Indigenous culture, languages, and connection to their families and heritage, and many Indigenous children experienced physical, sexual, and emotional abuse in their foster placements and adoptive families. Through the residential school system and the Sixties Scoop, Kimelman (1985) argues "unequivocally that cultural genocide has been taking place in a systematic, routine manner" (p. 51).

Several writers make the case that the Canadian government is perpetuating the mass removal of Indigenous children through the current child welfare system. Indigenous children and families are overrepresented in all areas of the child welfare system, including investigations, number of cases that are substantiated, number of cases that are kept open for ongoing services, as well as the apprehension of Indigenous children into Child Family Services or out-of-home care (Sinha et al., 2013; Blackstock, Trocmé, & Bennett, 2004). Blackstock (2015) asserts that, in addition to severely under-funding First Nations child welfare on reserves,¹ the federal government is instructing First Nations child welfare agencies to apply child welfare laws and standards that are at odds with the culture, needs, and conceptions of community care of Indigenous children and families (thus predisposing them to removal and permanent placement). Despite the implementation of Kimelman's (1985) recommendation to include the recognition of a child's cultural and linguistic heritage when applying *The Best Interests of the Child* principle, the overrepresentation of Indigenous children in the child welfare system suggests that not enough is being done at the federal and provincial levels to strengthen and support Indigenous families and keep Indigenous children in their families or home communities.

¹ Cindy Blackstock (2010), the Assembly of First Nations [AFN], and the First Nations Child and Family Caring Society of Canada filed a human rights complaint against the Government of Canada alleging discrimination against First Nations children and families on the basis of race and ethnic origin due to inequitable funding, resources, and supports. The Canadian Human Rights Tribunal ruled in their favour twice (2016 and 2021); the federal government appealed both decisions. In January 2022, the federal government and AFN reached a settlement of \$40 billion for compensating First Nations families who were victimized over the last three decades and for program reforms.

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Research conducted with Indigenous mothers highlights the gaps and inefficiencies of services provided at both federal and provincial levels, and the particular ways in which Indigenous women can be constructed as “bad mothers” in Canadian child welfare systems. In her article, “Complicating the Ideology of Motherhood: Child Welfare Law and First Nation Women,” legal scholar Marlee Kline (1993) argued that, “First Nation women are particularly vulnerable to being constructed by courts as ‘bad mothers’ because, as a consequence of colonialist oppression and different cultural norms, they do not always meet the dominant cultural and middle-class expectations that constitute the ideology of motherhood” (pp. 308-09)

Based on her analysis of 240 reported and unreported child welfare cases in Canada during the 1980s, Kline (1993) articulated how colonial assumptions and dominant ideologies surrounding mothering (i.e., “good mothers” versus “bad mothers”) pervade child welfare law and court decisions, which perpetuates the removal of First Nation children from their mothers, families, and communities. Together, these assumptions and ideologies have the effect of blaming First Nations mothers for their “individual difficulties” in child-raising (such as, poverty, inadequate parenting, violence, addictions) without recognizing the systemic colonial and racial roots of these issues while undermining First Nations’ child-raising practices and community values. These processes therefore “leave First Nation women particularly vulnerable to being constructed as ‘bad mothers’ in child welfare proceedings, and having their children taken away as a result.”

More recently, Catherine Wang (2018) draws on Kline’s (1993) work in her case review of the British Columbia Court of Appeal’s decision in *MM v. TB* to highlight how dominant ideologies of motherhood (“good” versus “bad” mothers) are still evident in child welfare proceedings regarding Indigenous children and their mothers. The case involved an Indigenous woman (T.B) who was attempting to regain custody of her child. Through her analysis of the case, Wang (2018) found that the BC family court system failed to acknowledge the broader, colonial context connected to the mother’s issues (which included addiction, homelessness, and incarceration) in their decision to grant an adoption order to the custodial parents (one of whom was non-Indigenous). Wang (2018) further argues that although the court did not overtly blame TB for being a “bad mother,” the omission of the context of her circumstances (and lack of supports provided to TB in interactions with child welfare services) “still implies that she failed to be a suitable mother, when in fact the odds were stacked against her from the beginning” (p. 194).

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Qualitative interviews with Indigenous mothers involved in the child welfare system find that these constructions of Indigenous women as “bad mothers” not only pervade the family court system’s decisions, they also permeate the child welfare system’s response at all levels (including interactions with child protection social workers). Through their interviews with 12 Indigenous mothers involved with Manitoba Child and Family Services, Suzanne Robertson and her colleagues (2021) found that Indigenous mothers described being “set up to fail” by Child and Family Services as a result of the lack of resources provided to support them (such as housing, psychological/social supports, counselling, food) despite being promised assistance. Further findings suggest that Indigenous mothers involved with Manitoba Child and Family Services felt intimidated or threatened by social workers, and felt as though the focus was placed on their on their “deficits” (such as, mental health issues, substance use, criminal justice system involvement) to construct them as unfit parents.

The Criminalized Mother

Research finds that mothers who are victims of intimate partner violence are one group that has become especially stigmatized, criticized, and responsabilized for mothering outside the boundaries of “good mothering” (see Lapierre, 2010; McDonald-Harker, 2016; Nixon, Radtke, & Tutty, 2013). Embedded within dominant discourses surrounding motherhood, mothers who are unable to manage or control men’s violence and protect themselves and their child(ren) from it are frequently framed as “bad mothers” needing increased surveillance, targeted intervention, and rehabilitation (McDonald-Harker, 2015; Nixon, Radtke, & Tutty, 2013; Strega & Janzen, 2013). Because these discourses place the responsibility on mothers to manage the risks of male violence and protect their children from harm, McDonald-Harker (2015) explains that the “abused mother” is constructed in opposition to the “good mother” as she has failed to protect herself and her children from the violence and provide a safe and secure environment for her children.

The literature suggests that these dominant discourses have permeated service responses towards women who experience intimate partner violence as mothers. According to researchers Jonathan Scourfield and Amanda Coffey (2002), “What we see in child protection work is a reflection of wider societal discourse that holds women ultimately responsible for things that go wrong in families, including the bad behaviour of men” (p. 33). In constructing mothers as responsible for the abuse that is perpetrated against them and their children, McDonald-Harker

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(2015) argues that mothers who experience intimate partner violence become criminalized, either through legal means of “failing to protect” or through informal means of being labelled as a “risk” for having such potential (p. 329). One mother in her study describes the slippage of abused women’s status from the “victimized mother” to the “criminalized mother” in the dominant discourse and in service provision:

When you’re abused, you’re under the microscope, they can see you and they have different views, different opinions, and different ideas of you.... Anybody that’s a mom, they take care of their kids and protect them. Whereas if you’ve been abused then it’s in question.... So, moms that are abused are viewed differently. (cited in McDonald-Harker, 2015 p. 329)

Through placing the onus on abused mothers, fathers are invisibilized or manufactured as what Debra Brown (2009 p. 25) and her colleagues refer to as “ghost fathers.” Despite the fact that men and fathers are the primary perpetrators of violence, abused mothers are the ones who experience this shift from the “victimized” to the “bad” or “criminalized” mother (Minaker & Hogeveen, 2015). This focus on abused mothers as “bad” mothers not only invisibilizes violent fathers’ actions, it also neglects the fact that many abused mothers actively resist the violence that is perpetrated against them and develop various strategies to protect their children (Nixon & Bonnycastle, 2015; Nixon et al., 2016). Some of these protective strategies identified in Nixon and her colleagues’ (2016) research include: physically moving the child to a different location; calling on informal or formal sources of help; attempting to de-escalate violence before it occurs; requesting a protection order; or keeping the abuse a secret.

Rather than recognizing the numerous protective strategies abused mothers and shifting the focus onto men’s violent behaviours, much of the discourse in service provision and the wider society continues to frame abused mothers as “bad” mothers because of their perceived unwillingness or inability to leave their abusive partner (Lapierre, 2010; Strega, 2013). Another mother who spoke to McDonald-Harker (2015) explained this lack of recognition of violent men’s actions and disregard of mother’s protective efforts in child welfare responses:

Child welfare, the way they deal with mothers that are going through this, like they’re just, they don’t even go on the fathers. The father gets away with everything. The mother, it’s just like, you’re bad, you’re not good, you’re doing this, you’re doing that wrong. Yeah, cuz I had five kids ... they were forever telling me what I did wrong, but they weren’t looking at what I did right, and then they weren’t looking at his part. (cited in McDonald-Harker, 2015 p. 331)

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This change from the “victimized” to the “bad” or “criminalized” mother status puts women at increased risk for losing their children, not having their children returned to them (if they have already been apprehended), or having charges laid against them (McDonald-Harker, 2016). Because abused mothers are constructed in opposition to “good mothers,” there is legitimacy given to their increased surveillance, criminalization, and loss of their children. One mother interviewed by Johnson and Sullivan (2008 p. 248) emphasized that she had to “earn” her children back from child protective services because she was accused of being a “bad mother” who failed to protect her kids while her partner’s abuse was overlooked.

For abused mothers, having their children removed from their care often results in significant physical and emotional impacts. In addition to being considered as “failing to protect” their children, some of the other effects that mothers experience includes: the loss of the child’s presence and interactions; feelings of grief, depression, or trauma; and the loss of their identities and statuses related to mothering (Haight et al., 2002; Nixon, Radtke, & Tutty, 2013). Mothering also serves as a buffer from violence and is key in women’s (and children’s) long-term recovery. Building on these impacts, Lapierre (2008; 2010) notes that these constructions of abused mothers as unwilling or unable to protect their children not only re-victimizes women through holding them accountable for the abuse that is perpetrated against them, it also diminishes and distorts the fact that the most dangerous time for women is when they attempt to flee a violent partner. Despite the fact that abused mothers utilize numerous strategies to protect their children from violence—in addition to findings which support the fact that abused mothers are often no different in their parenting capacity than mothers who do not experience intimate partner violence—women victimized by abuse continue to be constructed as “bad” mothers and are subject to criminalization (Ateah et al., 2016; McDonald-Harker, 2015; Nixon & Bonnycastle, 2015; Nixon et al., 2016).

Concluding Remarks

The Violence Against Women Movement was successful in bringing the issue of men’s violence against women and children to the forefront of importance. This movement was the first step towards recognizing the pervasiveness and gendered nature of intimate partner violence and led to various legislative and policy changes in Canada. Overtime, however, there has been a shift away from problematizing violence as a gendered issue in Canadian public policy discourse to a more general view of violence that prioritizes gender-neutrality and protecting children in the context of

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abuse. Neoliberalism and the emergence of risk discourse have also had significant impacts on the ways in which men's intimate partner violence against women has been constructed and responded to by the Canadian state. Overall, the literature presented throughout this chapter proposes that, in practice, the changes in responses to intimate partner violence and child protection have ultimately constructed mothers as responsible for protecting themselves and their children from violence in the home, while fathers are invisibilized or absolved of their responsibility. The feminist research presented in this chapter suggests that these constructions have created conditions where the gaze of child protection and other state agencies remains on mothers' capacity to protect children—even under circumstances where they are being victimized by their partner.

This study builds on feminist concerns outlined in this chapter to address how service providers maintain dominant discourses surrounding domestic violence that are reflected in Canadian public policy discourse. In particular, this study examines whether service providers working in the area of domestic violence perpetuate or resist constructions of mothers as responsible for protecting themselves and their children from intimate partner violence (e.g., “good mothers” versus “bad mothers”), and the extent to which they hold men responsible for their abusive actions. The following chapter discusses the methodological and theoretical approaches utilized to examine the ways in which constructions of intimate partner violence, mothering, and risk discourse have pervaded service providers' understandings and responses to women who mother in the context of intimate partner violence.

Chapter 2: Methodology

The aim of this project is to examine the ways in which dominant discourses surrounding intimate partner violence, conceptions of risk, and constructions of mothers and mothering in the context of abuse factor into service providers' responses to women and children who experience violence in their homes. In order to address the questions guiding the project, secondary qualitative interview data originally collected by the Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations (CDHPVP) was analyzed. Carol Bacchi's "What is the Problem Represented to Be?" [WPR] framework and Critical Discourse Analysis (CDA) were the two main methodological approaches employed to examine if, and how, dominant discourses – both those embedded in Canadian legislation and public policies, and other discourses present in the wider society – shape the ways in which service providers in Manitoba make sense of, and respond to, intimate partner violence and mothering. This chapter provides an overview of the CDHPVP project and details how the CDHPVP's key informant interview data were used to conduct the qualitative secondary data analysis for the current study. In addition to outlining the research process, this chapter also considers the limitations related to the project.

Canadian Domestic Homicide Prevention Initiative for Vulnerable Populations

The present study involves a secondary analysis of interview data that was originally collected as part of phase two of the Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations (CDHPVP). The CDHPVP was a five-year project funded by the Social Sciences Humanities Research Council (SSHRC) that examines domestic homicide in Canada with a specific focus on protocols and strategies that will reduce the risk for domestic violence and domestic homicide. The CDHPVP focuses on four populations that experience increased vulnerability to domestic homicide: Indigenous; rural, remote and northern; immigrant and refugee; and children exposed to violence. Phase two of the CDHPVP comprises a survey and key informant interviews with 370 service providers involved in domestic-violence-related work (e.g., police, victim services, shelter staff) to explore best practices and challenges related to risk assessment, risk management, and safety planning for the identified four vulnerable populations. The CDHPVP interview guide for phase two consists of 31 open- and closed-ended questions focused on five main areas: general demographic information; risk assessment; risk management; safety planning; and unique challenges for four vulnerable populations (Indigenous; rural, remote,

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and northern; immigrant and refugee; and children exposed to violence; see Appendix B for the CDHPIVP interview guide).

Secondary Data Analysis

Secondary data analysis refers to “the use of an existing data set to find answers to a research question that differs from the question asked in the original or primary study” (Hinds, Vogel, & Clarke-Steffen, 1997 p. 408). Differing from other methods that review findings from published studies, secondary data analysis involves revisiting the actual data to investigate new or additional research questions and/or verify the findings of previous research (Heaton, 2008). According to Janet Heaton (2008), there are three modes of secondary analysis: formal data sharing; informal data sharing; and re-use of self-collected data. While the former two modes involve researchers using data that were collected by others, self-collected data refers to a researcher’s re-use of their own self-collected data to investigate new questions and/or verify findings.

Access to the CDHPIVP semi-structured interview data was obtained through informal data sharing. I first submitted a proposal to the CDHPIVP principal investigators (Dr. Peter Jaffe: Western University; Dr. Myrna Dawson: Guelph University) and their research team for review. The proposal included information regarding the nature and purpose of the project, the main guiding questions of the research, and details on how the CDHPIVP interview data would be used to conduct the study and answer the research questions. After the proposal was approved by the CDHPIVP research team, I was granted access to the secure ‘KI Interview’ NVivo File (that held the 370 transcribed key informant interviews) via a CDHPIVP secure email. For phase two, the primary data collection and transcription of the interviews were completed by the principal investigators, co-investigators, and research assistants working on the CDHPIVP across Canada. As such, I was not involved in the primary data collection process, nor was I involved in the transcribing of the interviews. Although none of the primary researchers are directly involved in this analysis and the project more broadly, thesis committee member and RESOLVE Manitoba Director, Dr. Kendra Nixon, is currently a co-investigator on the CDHPIVP project (Dr. Jane Ursel was the co-investigator during data collection for phase two). One condition for accessing the data was that the final draft of this thesis was to be sent to the CDHPIVP research team for review to ensure that the findings and/or conclusions drawn were not conflicting with the epistemological aims of the primary research.

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As the CDHPIVP research team interviewed service providers in search of protocols and strategies to reduce the risk of domestic violence and domestic homicide among vulnerable populations, the interview guide and transcripts provide detailed accounts of best practices and challenges related to risk assessments, risk management, and safety planning. In order to uncover potential differences and similarities across various sectors in their framing of the issue and response to mothers and children who experience intimate partner violence in the home, the present study focuses on the sections of the interview guide pertaining to ‘Risk Assessment,’ ‘Risk Management,’ ‘Safety Planning,’ and ‘Vulnerable Populations.’ While the first three sections provided more general information on how service providers respond to victims and/or perpetrators of violence within the context of risk-discourse and risk-based approaches, the ‘Vulnerable Populations’ section (specifically ‘Children Exposed to Violence’) allowed for an analysis of how service providers construct fathers, mothers, and children in their responses to intimate partner violence.

Sample

The CDHPIVP interview study population was comprised of 370 individuals who had some form of involvement in working with victims and/or perpetrators of domestic violence and experience in using risk assessment, risk management, and/or safety planning strategies in their work roles, as well as those who had some form of involvement in working with the four vulnerable populations. Participants represented key informants from a diversity of fields: police, Crown prosecutors, family law lawyers, defence lawyers, victim services, corrections, probation, parole, shelter workers, crisis response, social services, addiction supports, mental health, health care, cultural community programs/centres, GLBTTQ community programs/centres, as well as child protection.

The present study draws on a subset of 19 transcripts from interviews with 20 service providers (one interview is with two shelter workers) who work with victims and/or perpetrators of intimate partner violence in Manitoba. Domestic violence and child protection legislation, policies, and mandates differ across provincial and territorial jurisdictions in Canada. As Manitoba’s guiding legislation and subsequent intervention strategies are specific to the province, this project focuses solely on the 20 service providers who were working in Manitoba at the time

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they were interviewed. The following table provides a breakdown of the participants and the sector in which they were working.

Table 1: Study Participants by Service Sector

Sector	Number of Participants
Community Outreach, Health, and Crisis/Social Services	4
Legal Services (i.e., Crown Attorneys, Prosecution)	3
Police	1
Probation/Corrections Services	2
Shelters (including Emergency and Second-Stage Housing)	4
Victim Services	6
Total	20

Ethics

As a national, multi-university, and multi-partner study, an ethics application for the CDHPIVP was submitted to the Research Ethics Board (REB) at several universities. An application was first submitted at the REB at the universities of the Principal Investigators: Western University (Dr. Peter Jaffe) and Guelph University (Dr. Myrna Dawson). After the ethics application had received initial approval from these institutions, it was then submitted to the REBs at 10 universities of the co-investigators on the project across Canada, including the Psychology/Sociology REB at the University of Manitoba (Dr. Kendra Nixon).

For this project, an ethics proposal was submitted to the Psychology/Sociology REB at the University of Manitoba in December 2020. The ethics proposal detailed information about the nature and purpose of the project, the main questions guiding the research, and how the CDHPIVP interview data would be used. The proposal also addressed issues of privacy and confidentiality, as well as how the transcripts and all other relevant materials were stored to ensure that these ethical considerations were preserved. The project received ethics approval from the REB at the University of Manitoba in January 2021 (see Appendix A for REB approval).

The Present Study

Method of Analysis

What is the Problem Represented to Be?

This research adopted a critical feminist post-structural theoretical and methodological perspective to investigate how service providers interpret dominant or official constructions of intimate partner violence in their understandings and responses to mothers and children who experience violence in the home. Drawing on Michel Foucault's theory of discourse, Carol Bacchi and Jennifer Bonham (2014 p. 182) assess how discursive practices operate to produce singular realities and/or "install regimes of truth" (also referred to as knowledge) in political or public practice. Rather than confining the concept of discourse or discursive practice to written texts, Foucault focused on the *materiality of statements*, highlighting the interactive role that statements (i.e., material artifacts) have in forming objects, subjects, and places, as well as the networks of relations between these groups (Bacchi & Bonham, 2014). These discursive or coordinated practices have important implications as to what is understood as knowledge and, therefore, what is considered real. As discourses hold such significance for (re)producing particular singular realities as the real, Bacchi and Bonham (2014 p. 188) argue that discursive practices must be analyzed to examine how "what is said comes to be said and understood as 'in the true'" in reality and, more specifically, in political and/or public policy practice.

Expanding on Foucault's understanding of discursive practices as producing regimes of truth, Bacchi (2009) developed a critical framework for analyzing how these discursive representations constitute problems in public policies. This framework—which is known as *What is the Problem Represented to Be?* or WPR—examines public policies to investigate how the problem is represented within them and subjects these problematizations to critical analysis. The WPR approach attends to the specific forms of knowledge that underpin public policies, focusing on how problems are constituted and what postulated solutions are made real in these policies and proposals (Bacchi, 2012). Adopting a relativist assumption that there are multiple truths and/or realities that exist, Bacchi (2009 p. 22) asserts that the "'public' of which we are members, is governed, not through policies, but through 'problematizations'—or how 'problems' are constituted." The ways in which problems are represented in policies not only produce how issues are constructed, they also affect how we see ourselves and others (and live our lives). The WPR

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approach aims to interrogate and interrupt assumptions that problematizations are fixed through “‘problem-questioning’ as a form of critical practice” (p. 23).

Bacchi’s (2009) WPR framework applies a set of six questions to critically analyze public policies and proposals: 1) What is the problem (e.g., gender inequality, domestic violence) represented to be in a specific policy? 2) What assumptions or forms of knowledge underpin this representation of the problem? 3) How has the representation of the problem come about? 4) Where are the silences and/or what is left unproblematic in this problem representation? 5) What effects are produced by this representation of the problem? 6) How has this representation of the problem been produced, disseminated, and defended? Or, on the other hand, how has this representation been (or could it be) questioned, disrupted, and replaced? As a whole, these questions provide an analytical framework to help one understand implicit problem representations within a specific policy or policy proposal—with attention given to the underlying premises and processes that form these problem representations, possible gaps or limitations (and potential alternatives) in the representation of the problem, as well as how these problem representations materially shape people’s understandings of themselves and the issues (and the overall impact on people’s lives).

For this project, the WPR approach was applied to examine how service providers negotiate the official problematization of intimate partner violence (and child exposure) as gender-neutral against the gendered context of violence where men/fathers account for the majority of perpetrators and women/mothers represent the majority of victims. The six questions of the WPR framework were used to guide the review of relevant federal and Manitoba legislation and policies to determine how the problem of intimate partner violence and protecting children in the context of violence has been constructed as an issue. The first two questions were utilized for a critical examination of how the problems of intimate partner violence and child exposure are represented as issues in family violence and child protection legislation and policies, and what assumptions or forms of knowledge underpin the representation of the problems (i.e., intimate partner violence victimization and perpetration and subsequent child maltreatment is gender-neutral). The third and fourth questions underpinned the analysis of how the Canadian state’s legislation and public policies for addressing intimate partner violence against women and children have shifted towards gender-neutrality, and what silences exist in the official problematizations of these issues in policy discourse (i.e., the gendered reality of abuse where men/fathers account for the majority of

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perpetrators of violence and women/mothers represent the majority of victims). The fifth question “What effects are produced by this representation of the problem?” was used to analyze the impacts of gender-neutral domestic violence and child protection legislation and policies where the responsibility and notions of failure to protect children in the context of violence are placed on mothers (and not abusive fathers). This question not only allowed for an analysis of the mother-blaming effects of gender-neutral approaches found in the extant research, it also was the guiding analytical question of how service providers interviewed as part of the CDHPIVP constructed mothering, fathering, and child protection within the gender-neutral problematization. Focusing on the latter part of question six, this thesis explores how the impacts of gender-neutral public policy discourse—such as mother-blaming or holding mothers responsible for mitigating the effects of men’s violent actions—has and can be questioned, disrupted, and replaced.

With respect to the analysis of the CDHPIVP interview data, WPR’s six questions also allowed for a critical examination of how service providers interpret or make real, dominant or official constructions of intimate partner violence (and child exposure) in their understandings and responses to mothers and children who experience violence in the home. For instance, the ways in which service providers speak to their practices and interpret gender-neutral domestic violence and child protection laws and policies in cases where children are exposed to violence in the home reflect particular discourses of how intimate partner violence and children’s exposure are represented or constructed as issues (Navid, 2009; Nixon, 2011). Because the poststructuralist view assumes that there are multiple realities that both reflect discourses and are produced or constructed in discursive practices, the WPR approach aided in understanding how knowledge and power are (re)produced in legislative rules and regulations, as well as within interpersonal relations between professional, expert governmental actors and individuals, families, groups, and communities (Bacchi & Goodwin, 2016). Overall, this study used WPR to deconstruct if, and how, gendered discourses surrounding mothering and protecting children factor into service providers’ problematizations and responses to intimate partner violence (and child exposure) despite the official construction of the problem as gender-neutral in Canadian public policy discourse.

Critical Discourse Analysis (CDA)

In company with the WPR approach, critical discourse analysis (CDA) was used to analyze the CDHPIVP key informant interviews and to interpret the findings of this study. CDA is an

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interdisciplinary approach that stems from a critical theory of language which understands *discourse* as a form of social practice (Fairclough, 1995). Within the CDA literature, discourse is defined as the “social activity of making meaning” that occurs through written or spoken language (Forchtner, 2013 p. 1440). Researchers using this approach are concerned with how discourses both produce and reproduce social hierarchies and unequal power relations between social classes and gender identities, as well as racial/cultural majorities and minorities (Fairclough, 1995; Wodak & Krzyzanowski, 2008; Mogashoa, 2014). CDA takes a deeper, qualitative look at written or spoken language to deconstruct underlying meanings and connect them to their wider social, cultural, and political contexts (Fairclough, 1995; Dijk, 2008).

Since CDA examines various forms of written or spoken language, there is no consistent step-by-step approach to conducting CDA (Wodak & Krzyzanowski, 2008). In fact, some scholars do not mention data-gathering methods, as there “is no critical discourse analysis way of gathering data” (Wodak & Krzyzanowski, 2008 p. 27). In its practice, CDA is dependent on the epistemological, theoretical, and conceptual orientations guiding the research hypotheses and questions. The first two steps typically followed in conducting CDA involve developing a theoretical framework and operationalizing a working research question or hypothesis based on the socio-historical context where the particular medium or data being analyzed was produced (Dijk, 1995; Schneider, 2013).

In the context of this project, CDA was used to examine if, and how, dominant conceptualizations of risk and constructions of fathers, mothers, and mothering in the context of intimate partner violence factor into service providers’ responses to women and children who experience violence in their homes. The epistemological, theoretical, and conceptual orientations guiding the research questions were drawn from feminist research and critiques of gender-neutral policies and practices which construct women and mothers as responsible for failing to protect children in the context of violence (while absolving fathers of their responsibility for their abusive actions). Because the literature finds that the majority of women/mothers who come the attention of child protective services and other intervention agencies are among the most marginalized, specifically, mothers who are single, poor and racialized (see Landertinger, 2015; McDonald-Harker, 2016), it was also important to critically assess how risk thinking or risk-avoidant approaches (such as risk assessments, risk management, safety planning) factor into service providers’ accounts and responses to abused women who experience intersections of oppression

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based on their gender, race, and class locations. Based on the epistemological, theoretical, and conceptual orientations of the analysis, this study posed five research questions within three main areas of inquiry:

- 1.) How do service providers make sense of intimate partner violence, as well as mothering and fathering in the context of violence? More specifically, what kinds of discourse are evident in service providers' framing of the issue and response towards women who experience intimate partner violence as mothers and towards men who perpetrate abuse as fathers? Are there differences in service provision depending on the professional background?
- 2.) How has 'managing risks' factored into service provision for mothers experiencing intimate partner violence? How has 'managing risks' discourse affected marginalized mothers, that is, poor mothers and racialized mothers?
- 3.) How are children constructed in service providers' accounts of intimate partner violence? Has risk management logic extended onto children? If so, how?

Analysis of the CDHPIVP Key Informant Interview Data

After reviewing the socio-historical background of the issue and establishing the guiding questions of the research project, the third step of CDA typically involves the initial analysis and coding of categories to evolve theoretical considerations into over-arching themes and sub-categories (Schneider, 2013). NVivo12 software facilitated qualitative coding to assess how service providers make sense of mothers experiencing intimate partner violence (and fathers perpetrating abuse) and the discourses evident in their framing of the issue and response to it, as well as how managing risks has factored into service provision for mothers and children experiencing violence in the home. Overall, the purpose of this secondary analysis was to examine if, and how, dominant discourses—both those embedded in Canadian legislation and public policies, and other discourses present in the wider society—shape the ways in which service providers in Manitoba make sense of, and respond to, intimate partner violence and mothering.

In terms of coding the CDHPIVP key informant interview data, each transcript was first read through in its entirety two to three times to get a sense of service providers' responses and main themes related to mothering and fathering in the context of intimate partner violence, risk-based approaches, and discourses surrounding child exposure to intimate partner violence. After initially reviewing the transcripts, interview questions (and service providers' subsequent

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responses) were grouped and coded together based on the emergent themes and in alignment with the five main research questions which guided this project. The information found in the interview transcripts was then analyzed at micro, meso, and macro-levels to understand the structural overarching themes of the data, the individual discourses of service providers, and the social, political, and cultural contexts which underpin the discourses and themes found within the interview texts. Because CDA is abductive, meaning that the process is a constant movement back and forth between theory and empirical data analysis (see Mogashoa, 2014), the transcripts were re-reviewed and re-analyzed constantly throughout the data analysis portion of the project and during the writing of the results.

To address the first overarching question of the thesis, the entire CHDPIVP interview guide was used to analyze how service providers understand intimate partner violence, fathering, and mothering. The ways in which service providers responded to all of the questions in each section of the interview guide (i.e., general questions; use of risk assessment, risk management, and safety planning; vulnerable populations) were examined to uncover particular discourses surrounding intimate partner violence, and constructions of mothering, fathering, and protecting children in the context of violence. General questions on professional background (i.e., What sector do you work in? How much of your work/percentage of clients involves direct contact with victims or perpetrators of domestic violence?) were used to compare various discourses surrounding mothers who experience intimate partner violence and fathers who perpetrate it, and to assess whether there were differences in their understanding of and responses to the issue based on profession. Questions on risk-based approaches (i.e., Do you use your professional judgement in risk assessment? If someone is deemed to be high risk, what happens next in terms of information sharing and intervention? What are the [safety planning] strategies you use? etc.) were analyzed to examine how service providers framed risks in relation to victims, perpetrators, and children. Because questions surrounding children (i.e., If children are present, is there an automatic referral to child protection? Are children included in [risk management/safety planning] strategy? What are some unique challenges dealing with domestic violence for children exposed to domestic violence?) probed discussions surrounding mothering, fathering, and the responsibility of protecting children in the context of violence, responses to these questions uncovered critical latent information with reference to discourses on fathering and mothering in intimate partner violence.

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To examine the extent to which managing risks has factored into service provision for mothers and children experiencing intimate partner violence, the CDHPIVP's interview questions on risk assessment, risk management, and safety planning were analyzed. For instance, questions such as "If children are present, is there an automatic referral to child protection?" often lead service providers to speak to the risk of harm that exposure to intimate partner violence has on children, and sometimes their responses fell into mother-blaming or failing to protect narratives. Questions such as "What are some unique risk factors for lethality among children exposed to violence?" also provided information as to how service providers framed mothers/victims and fathers/perpetrators as either risks or protective parents in their discourses. Interview questions on unique challenges for vulnerable populations (Indigenous; rural, remote, and northern; immigrant and refugee; and children exposed to violence) opened the way for a feminist intersectional analysis. These questions (i.e., What are the challenges dealing with domestic violence within these particular populations? What are some unique factors for lethality among these populations? What are some helpful promising practices? Do you consider their social positions or other factors?) also provided important insights into how risk management strategies are applied to address vulnerabilities and whether or not service providers consider social positions or other factors when conducting risk assessment, risk management, and safety planning.

As there is evidence to suggest that risk discourse and risk management logic has extended onto responses to children exposed to intimate partner violence (see British Columbia Ministry of Justice, 2015), this project also considered how children are constructed in service providers' accounts and intervention strategies towards violence. To address these questions, answers were drawn from interview questions such as "Are children included in the risk assessment?" "Are children included/considered in the risk management strategy?" "Are children included in the safety plan?" and "What are the challenges dealing with domestic violence within these particular populations?"

The final step of CDA involves interpreting the data to answer 'what does it all mean?' This step is where all of the results are tied together in order to explain that the discourse is about, and how it works to constitute and reinforce ideologies, social hierarchies, and unequal power relations (Dijk, 1995). While the CDHPIVP key informant interview data was collected to provide insight on best practices and challenges related to reducing the risk of domestic violence and domestic homicide, the use of CDA to examine the interview data allowed for an in-depth, critical

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analysis of how current understandings of fathering and mothering in the context of intimate partner violence and managing risks shape service provider responses to mothers and children who experience violence in the home. Further, CDA was useful to highlight how discourses surrounding intimate partner violence, conceptualizations of risk, and constructions of mothers and mothering work to produce and perpetuate unequal power relations (e.g., patriarchy, women's social and economic inequality, racism, classism, ableism, etc.) that contribute to and perpetuate, men's violence against women and children.

Study Limitations

In discussions surrounding secondary data analysis, there has been some controversy around the issue of the *problem of data fit*, that is, whether data that were originally collected for one (primary) purpose, are amenable or can be re-used for a secondary purpose or analysis (Heaton, 2008; Hinds et al., 1997). As the topic, purpose, research question(s), and theoretical/methodological approach(es) for this study differ from those found in phase two of CDHPVP, the problem of data fit must be considered as a potential limitation. While this is a potential limitation, multiple steps were taken to ensure that the CDHPVP data could be used to meet the specific aims of this project. As stated earlier, an initial proposal was submitted to the CDHPVP principal investigators and research team to ensure that the aims and research questions guiding this project were able to be addressed with the original/primary key informant interview data. Once I was granted access to the transcribed interview data, I reviewed the files several times to make sure that there was enough information to examine how service providers construct mothers, fathers, and children in their responses to intimate partner violence (and child exposure).

An additional limitation of secondary data analysis is the problem of *not having been there* whereby analysts attempt to interpret data that were collected by other researchers (Heaton, 2008). Since I was not involved in the data collection process for phase two of the CDHPVP, I had no role in putting together the interview guide, and I had no control over how the research team conducted interviews with service providers, especially with respect to how they interviewed or what particular questions or follow-up questions they asked. This could raise concerns about the quality of interview questions or issues surrounding missing questions. For instance, in one particular interview the interviewer did not ask any questions about children exposed to violence as a vulnerable population. The missing questions posed an issue for this study as most of the

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pivotal analysis/information was drawn from these questions. An additional issue related to missing data was that there were no service providers interviewed in Manitoba who worked for Child and Family Services or child protection. Because this thesis examines issues of intimate partner violence and child maltreatment (as a result of exposure), it would have been useful to have input from service providers working in a child protection role.

The specific questions posed to participants may have influenced their responses, particularly in relation to their constructions of intimate partner victimization and perpetration in neutral terms. For example, all of the questions were asked in gender-neutral terms (i.e., “How much of your work/percentage of clients involves direct contact with victims or perpetrators of domestic violence?”; “Do you safety plan with victims in your role as described?”). There were also no questions asked about how service providers view, understand, or describe intimate partner violence in relation to their work. The gender-blind questions in combination with the lack questions on how service providers conceptualized intimate partner violence could have led to service providers feeling pressured to keep their responses within the gender-neutral narrative.

If I were to replicate this study using my own interview questions and sample, I would be able to gather more in-depth or specific information related to how service providers interpret dominant discourses surrounding intimate partner violence, conceptions of risk, and constructions of mothers and mothering in their responses towards women and children who experience violence in their homes. First, I would ask service providers to describe the nature, extent, and dynamics of intimate partner violence that they respond to in their work. I would also ask questions such as “How do you respond to men who perpetrate abuse as fathers?” “How do you respond to victims who experience violence as mothers?” Questions such as these could help develop a deeper analysis of how gender, discourses surrounding parenting, mothering, fathering and risks factor into service providers’ responses. Despite this limitation, the use of Bacchi’s WPR approach and CDA were useful for examining how service providers negotiate official understandings or problematizations of intimate partner violence and mothering in their everyday discussions about their work. For instance, the critical secondary analysis of service providers’ responses allowed for an interesting examination of non-intentional slips, specifically, in incidents where service providers first spoke about the gendered nature of violence but then switched or corrected their language to align with the official problematization of intimate partner violence as gender-neutral.

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Finally, it is important to note that I did not have access to any of the demographic characteristics of the sample, other than their work position. For this project, this limitation meant that I was unable to contextualize their responses within their social positions. As one's gender, socio-economic position, and racial or ethnic background has a bearing on their life experiences (including work experiences), it would have been useful to explore whether their gender or racialized positions impacted their responses. Therefore, future replications of this study should also gather additional demographic information on service providers, not just their work position, to contextualize their understandings and responses to intimate partner violence against women within their social positions.

Concluding Remarks

Despite potential limitations in conducting a secondary analysis, drawing on the data from the CDHPIVP produces some interesting findings with respect to how service providers construct intimate partner violence and child exposure as issues, and how they respond to mothers and children who experience violence in the home. The next two chapters provide the results and discuss the findings of this study. The results and discussion are combined as it allowed for a more critical analysis of and engagement with the data. Taking into consideration the extant literature and research questions guiding this project, the first findings chapter analyzes how service providers construct intimate partner violence and child exposure, as well as how they construct children, mothers, and father in their discourses and responses to this issue. The second findings chapter examines if, and how, managing risks discourse has factored into service providers' responses towards mothers and children who experience intimate partner violence.

Chapter 3: Constructions of Intimate Partner Violence and Child Exposure

Service providers' work is informed by relevant domestic violence and child protection legislation, policies, and practices. These laws and policies reflect how issues of intimate partner violence and children exposed to violence are problematized, or considered as problems needing to be addressed, and help to guide the ways in which service providers respond to these issues (Bacchi, 2009; 2012). As Canadian legislation and public policy discourse regarding domestic violence (such as the Family Violence Initiative of 1988) and child protection (under the Manitoba *Child and Family Services Act*) officially constructs or problematizes these issues as gender-neutral—through framing men and women as equally likely to perpetrate or be victimized by violence and to expose their children to its occurrence—service providers are expected to intervene in cases of intimate partner violence and child protection through a de-gendered lens. As outlined earlier, however, this official, gender-neutral construction of intimate partner violence and child exposure in Canadian public policy discourse runs against empirical evidence that suggests violence is, in fact, gendered. Women are more likely to be victims of all forms of intimate partner violence, experiencing it in greater frequency and severity than men, and men are more likely to commit intimate partner violence that is witnessed by children (Sinha, 2013; Statistics Canada, 2021). The current research also suggests that despite gender-neutral domestic violence and child protection legislation and policies, service providers primarily do intervene with women/mothers rather than with violent men/fathers and, in effect, perpetuate gendered responses and narratives of protecting children in the context of violence.

The purpose of this chapter, therefore, is to examine how service providers working across various sectors (including victim services, emergency shelter/housing, Crown Attorneys, police) in Manitoba negotiate the official problematization of intimate partner violence and child protection as gender-neutral against the gendered context of violence where men/fathers account for the majority of perpetrators and women/mothers represent the majority of victims. More specifically, this chapter examines the kinds of discourses evident in service providers' constructions of victims and perpetrators of intimate partner violence, as well as how these differing constructions inform service provision to mothers and children who experience violence in the home. The latter half of the chapter addresses how marginalized women/mothers are constructed in service providers' accounts of intimate partner violence and their subsequent

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responses to this issue, and how children are constructed in service providers' representations of intimate partner violence and responses to the problem.

The Conceptualization of Intimate Partner Violence

One of the main goals of this project was to uncover how service providers make sense of intimate partner violence, as well as how they construct mothering and fathering in relation to the victimization and perpetration of intimate partner violence that children are exposed to in the home. Because of the nature of the interview guide, and the fact that service providers were asked questions about how they utilize risk assessments, risk management approaches, and safety planning strategies with victims (including vulnerable populations) and perpetrators of intimate partner violence, there were no specific questions asked about how they conceptualized intimate partner violence or how they perceived victims and perpetrators of violence. Therefore, information was drawn from the entirety of the transcripts and each response of every individual service provider was critically analyzed to determine how they conceptualize and respond to intimate partner violence, as well as victims and perpetrators of abuse.

As described earlier, the official construction of intimate partner violence in Canadian public policy discourse assumes that domestic violence perpetration and victimization are gender-neutral—meaning that both men and women are equally as likely to perpetrate or be victimized by violence. This assumption of gender-neutrality, however, has been widely contested within the feminist literature, which locates men's violence against women as an issue that is pervasive and rooted in patriarchal structures and attitudes (see Dobash & Dobash, 1979; Mann, 2012; Nixon & Tutty, 2009/10). Within the transcripts, there was no specific way in which intimate partner violence was constructed. Although no particular questions were asked, a few of the service providers' discourses surrounding intimate partner violence fell within the official policy discourse that constructs violence as a gender-neutral phenomenon when they responded to other questions:

You're starting with pushes and shoves, and then all of a sudden, you're getting people trying to hit each other with axes in the head, right? So, that's obviously an escalation of the violence... (Victim Services Worker #1)

In situations where it's partner-on-partner violence, and there are children either just present as opposed to being offended against, in those situations usually they're not factored in as much from my end. (Crown Prosecutor #3)

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What we know about domestic violence and the folks that we work with, is that 80% of the violence that occurs in these relationships is that common couple stuff that [Michael] Johnson talks about. Although I'm working with only females, she may not in the context of her abuse/violence against her partner have caused tremendous physical injury, but nonetheless has been convicted of a family violence offence.... I work closely with our victim services department because oftentimes the women on my caseload have been victims and the partner is pending on charges, so safety is a big part of the conversations that I have on a daily basis. (Probations Worker #1)

In the above responses, the service providers refer to intimate partner violence as “people trying to hit each other,” “partner-on-partner violence,” and “common couple [violence].” What is particularly interesting about their discussions, however, is the fact that they assume mutual abuse in the perpetration of intimate partner violence—meaning that both partners are abusive towards one another in a violent intimate partner relationship. This is especially apparent in the probations worker’s response when they draw on Michael Johnson’s (1995; 2006) two typologies of domestic violence: “patriarchal terrorism” (now referred to as intimate terrorism) and “common couple violence” (now referred to as situational couple violence). According to Johnson (1995 p. 284), patriarchal terrorism follows the feminist argument that men’s violence against women is rooted in patriarchal traditions of “men’s right to control ‘their’ women” and involves the “systematic use of not only violence, but economic subordination, threats, isolation, and other control tactics.” This asymmetrical form of men’s violence against women typically involves an escalation of violence, and the abuse is usually more severe and frequent. Common couple violence, on the other hand, “is less a product of patriarchy” and usually involves gender symmetry in the perpetration of minor violence between partners when conflict occasionally “gets out of hand” (p. 285). Common couple violence seldom escalates to life-threatening abuse. While patriarchal terrorism reflects the gendered context and dynamics of intimate partner violence, common couple violence echoes the gender-neutral assertion that both men and women can, and do, perpetrate mutual violence.

An important distinction between patriarchal terrorism and common couple violence aside from the use of power and control is the escalation and severity of violence. Johnson (2006) asserts that partners involved in common couple abuse rarely come to the attention of police or become agency clients (i.e., shelter, court systems) because situational violence does not typically escalate to the point of intervention. However, women victimized by patriarchal terrorism are more likely to contact police, seek protection orders, have resulting criminal justice system and court involvement, and seek shelters or hospitals for their injuries (Johnson, 1995; 2006).

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Using these distinctions between the two types of domestic abuse to refer back to the three service providers' discussions of intimate partner violence, it is important to evaluate the fact that the probation worker only works with women who have been charged with committing a "family violence offence," and who are often also victims of their partner's abuse. Although their responses reflect their experiences working with women who have committed family violence offences, it is imperative to contextualize the issue that patriarchal terrorism is often the kind of violence that comes to the attention of the criminal justice system and related services. Johnson (1995 p. 287) highlights that in patriarchal terrorism, although some women may "fight back," most do not initiate the abuse and the violence perpetrated against them by men is more severe and life-threatening. While it could be the case that "80% of the violence" that these service providers do come across is common couple violence, it is unlikely, especially for victim services workers who often witness the escalation of violence. Their responses also do not include the women who experience severe intimate partner violence and coercive control that do not seek help or come to the attention of the criminal justice system.

Constructions of Perpetrators

One area where some service providers' narratives shifted from mutual explanations of violence was in their discussions around perpetrators. Unlike the three service providers who conceptualized intimate partner violence as a gender-neutral or gender-symmetrical phenomenon (i.e., common couple violence rather than patriarchal terrorism), two victim services workers reflected on the patriarchal and coercive nature of men's violence that victims/women who access their supports experience:

It's something that some people don't recognize as like – why is this high risk? If the accused is unemployed, what does that have to do with me being at risk of abuse? So, we explain, "Well, because if they don't have employment, their self-esteem could be affected. If you work, then they could be angry at you that you're making money and he isn't." The cultural society thing of a man should be the breadwinner providing for the family. If he's not able to do that that could translate into anger, which is then in the home or released upon the victim. So, it's [Jackie Campbell Danger Assessment] also used as a tool to bring awareness. (Victim Services Worker #4).

I had a family that I knew was high risk, and I reported a number of times and it was open to CFS, but that guy kept going back into that home and he held the mom and maybe four

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or five kids hostage for a week. So, all the trauma to those kids because of that is huge... (Victim Services Worker #3).

Both of the victim services workers' responses challenge the idea that the majority of intimate partner violence perpetration and victimization occurs within the context of common couple violence. This is particularly evident in the first victim services worker's response when they are reflecting on the use of risk assessment tools which factor patriarchy and coercive control as a risk for women's intimate partner victimization. Although the latter victim services worker's example of men's extreme violence (holding victim and children hostage) is not sufficient in itself to disregard the potential of common couple violence or mutual violence in some relationships, it must be noted that there were no discussions about women's severe acts of violence perpetrated against men in any of the transcripts.

Another service provider who works directly with perpetrators in diversion programming also locates intimate partner violence as occurring within the context of patriarchal terrorism. The service provider describes perpetrators as manipulative and controlling—stating that perpetrators often use mandated programming as a tool to get their partners back under their control:

We often see where people are mandated to take certain programs that – they use it as a tool to get their partner back, but their follow-through is not always very good. I know that the statistics on perpetrators who go through anger management – or any of the other programs – the recidivism on that is pretty high. Often, it's part of the honeymoon stage: "I promise, I promise, I promise" [that their behaviour will change] but those promises don't always follow through. (Social Worker Diversion Programming #1)

Drawing on their experiences working with perpetrators of domestic violence, this social worker states that perpetrators often use mandated programs (such as anger management) as a manipulation tactic to convince their partners that they have changed, although their change of behaviour is often temporary and part of the repeated cycle of violence. Their response also points to the coercion that many abusers use and the lengths that they will go to in order to regain control of their partners. In reference to their point about lack of follow-up and high recidivism rates, there is also evidence to suggest that perpetrator treatment programs actually make perpetrators "better" batterers. In their review of mandated batterer intervention programs for men, Babcock and colleagues (2004) found that men who attend these programs are only 5 percent less likely to commit violence against their partners than men who do not attend these programs. A quantitative meta-analysis of batterer intervention programs conducted by Feder and Wilson (2005) also found

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that these programs had no effect on victims' reports of physical violence and a small or moderate effect on spousal assault reports.

In contrast to service providers framing men's intimate partner violence against women as occurring within patriarchal terrorism and constructing perpetrators as manipulative and coercive, one shelter worker asserted that perpetrators do not have control over their behaviours. When responding to whether they employ risk-management approaches to working with perpetrators, the shelter worker claimed that perpetrators abuse their partners because they have no control over their behaviour:

We have no control over the perpetrator, and victims have no control over the perpetrator. Counselling, mental health intervention, etc., it's something that we can encourage and victims can encourage, but they [victims] don't have any control over perpetrators, and that's part of that whole reason why we have perpetrators. If perpetrators had control over their behaviour, they wouldn't be beating their partners the way they are... We provide advice and referrals if requested, but bearing in mind that we have no control over whether they follow through on any of it. Certainly, we wouldn't want victims to feel that because their partner had been referred for counselling that it was going to make a difference. (Shelter Worker #1)

Unlike the service providers above who explained a perpetrator's actions as a calculated method for maintaining control of their partner and the relationship, this shelter worker's account irresponsibilizes perpetrators of their violent behaviours. In other words, by asserting that perpetrators have "no control over their own behaviours," the worker actively deflects the perpetrator's accountability and responsibility for their decision to commit violence against their partners. Their assertion also perpetuates narratives and myths that perpetrators do not have control over their own behaviours—which is simply not true.

The four quotes reflect competing constructions of perpetrators of intimate partner violence. On the one hand, male perpetrators are constructed as committing violence (and in some cases, severe violence) in order to control their partners, often using various manipulation tactics to do so. On the other hand, perpetrators are constructed by the service providers as lacking control over their own abusive decisions or actions. Nevertheless, all four of these quotes lend support to the phenomenon of patriarchal terrorism and men's intimate partner violence that is committed against women, rather than gender-neutrality and gender-symmetry in committing mutual intimate partner violence (i.e., common couple violence).

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Constructions of Victims

Similar to their discourses surrounding perpetrators, service providers' responses related to victims of intimate partner violence also challenged the construction of men's violence against women as common couple violence or mutual violence. Some of the ways in which service providers' narratives countered the notion of common couple violence were in their discussions surrounding the nature of the abuse that women experience at the hands of their partners, victims minimizing the danger of their partner's violence, as well as in their discussions of women's heightened risk after leaving and taking the control away from their abusive male partners.

In reference to the nature of abuse, a few of the service providers explained the severe and coercive violence that women/victims experience at the hands of their male partners:

I can think of a particular situation where an individual came in and her partner had cut off all her hair. He held her down and cut off all her hair. So, we talked and little about the fact that he knew where she worked, and some of the things that she could ask her employer to do if that is what she wanted to do. And during the course of that conversation about what do you want to do, what do you need help with, what can I offer you, that is when she said that she actually wanted to leave him. (Healthcare Social Worker #1)

It's frustrating because sometimes I've had women say to me, "Well, this guy doesn't beat me as bad, and he keeps my last two boyfriends away who were really bad." And so, what do I say to that? They're kind of safer even though they're still being beaten. (Victim Services Worker #6)

The whole cycle of violence and the cycle of abuse that – now that you have left – this is the most dangerous time because you have taken away his control, because you are no longer there for him to abuse. When a woman starts to educate herself and realize that there are different options for her, that can be a really risky time... So, we go over those types of things. Although – very often – women are aware of their partner's cycle and when it is safe to leave, and when it's going to be time for that kind of exposure [to risk of violence] as well. (Counsellor/Crisis Services Worker #1)

While it is possible that the women in the service providers' responses did retaliate against their partner's violence, it is important to analyze the context and type of abuse that the service providers are describing here. Within patriarchal terrorism, the majority of intimate partner violence that is committed by men against their partners tends to be more coercive, severe, and frequent, and usually follows a particular pattern where they "systematically terrorize" women (Johnson, 1995 p. 287). In the first quote, the social worker working in the healthcare setting provides an example where a woman had come in after her partner had "held her down and cut off

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all her hair.” This situation is a clear example of severe abuse that is rooted in men’s need to systematically terrorize and control women. This incident is not reflective of common couple violence that occurs in the context of normal conflict getting out of hand. While the second quote does not demonstrate a particular incident or example of patriarchal terrorism, the victim services worker’s response does point to the pervasiveness of men’s violence against women. The fact that the victim services worker had worked with several women who had multiple abusive boyfriends—and even minimized their partner’s beatings because they “didn’t beat them as bad” as ex-partners—demonstrated the pervasiveness and severity of men’s violence against women. While there was no marker of how severe the prior abuse was, the fact that it was described as “really bad” suggests that the violence was more reflective of patriarchal terrorism and not situational couple violence. In the counsellor/crisis services worker’s discussion of risk in relation to a woman leaving a violent partner, they centre the risk of danger around the male perpetrator’s loss of control over her and the relationship. The fact that a woman is at a heightened risk of danger or harm because she took away his control and is “no longer there for him to abuse,” reflects the notion that men’s violence against women is rooted in patriarchal terrorism and men’s need to control women.

In addition to the context and severity of men’s violence against women, the service providers also pointed to the private nature of intimate partner violence, and the fact that women may not report the violence or seek help because of the societal silencing around intimate partner violence and the shame associated with disclosing that they are victims of their partner’s abuse:

There’s also still the whole “Just keep it amongst the family” or “Keep it in the community,” those types of things. Hopefully, that is getting better. It has gotten better since I started this job how many years ago, but it’s still very prevalent. (Victim Services Worker #1)

At the other end of that is the woman who is highly visible in the community where she and her partner are both professionals and heaven forbid anybody would know something is going wrong in their home. So, the teachers, the nurses, the police officers, etc. who are afraid to admit that anything is happening in their home.... So certainly, at that demographic, older women who have been married for 45-50 years coming into shelter ... the lethality that we’re seeing in older women is suicide, and I think of in the last two years, three women who had attempted suicide because they had enough – all older – who were not successful in their suicide and ended up in the shelter and are doing very well now, but felt that their only way out was suicide because heaven-forbid you would tell anybody what’s going on in your home. That whole failure and fear of that are enormous for that age group. (Shelter Worker #1)

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Taken together, the victim services and shelter workers' responses highlight the private nature of men's violence against women. As outlined in the literature, men's intimate partner violence against women has historically been regarded as a "private issue" that should be managed within the family unit (Schechter, 1982). While feminist movements have brought men's violence against women to the forefront of importance and broke the silence surrounding the pervasiveness of men's abuse, these service providers' discussions suggest that stigma and silence surrounding the issue still exists and remains "very prevalent." The shelter worker's explanation that some women, particularly "highly visible professional women," take their own lives or attempt to out of fear of stigma and failure reflects that there is still a significant culture of silence surrounding men's violence against women. The fact that some women do not seek help out of the societal stigma or shame associated with intimate partner violence victimization also challenges the idea that the majority of domestic violence is situational or occasional and does not result in severe or life-threatening outcomes.

Overall, the service providers' discourses surrounding intimate partner violence and their discussions around perpetrators and victims of violence tend to point to different constructions of the issue. Constructions of intimate partner violence as common couple abuse or mutual violence tended to fall into gender-symmetrical, or in the case of this thesis, gender-neutral explanations of intimate partner violence, perpetration, and victimization. The construction of intimate partner violence as common couple abuse or mutual violence suggests that men and women perpetrate and are victimized by domestic violence equally. What is also evident in the transcripts, however, is the extent to which service providers discussed the patriarchal context of violence that is gendered and rooted in men's power and control over women. The ways in which service providers understand and conceptualize intimate partner violence (i.e., whether the issue is gendered or gender-neutral) can have an impact on how they respond to men's violence against women and children.

The Slippage Between Gendered Language and Gender-Neutral Narratives

As outlined above, there seemed to be a clear distinction in terms of gender as it relates to service providers' constructions of intimate partner violence, perpetrators, and victims. While common

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couple violence refers to violence that is situational and gender-symmetrical in terms of perpetration and victimization, patriarchal terrorism reflects violence that is rooted in patriarchy and men's need to control and dominate women. Within Canadian public policy discourse, assumptions of common couple violence or mutual abuse fall under the broader umbrella of gender-neutrality, meaning that men and women are assumed to be at equal risk of perpetrating intimate partner violence and being victimized by it. Because gender-neutrality is officially encoded in domestic violence legislation and policies, service providers are expected to intervene in cases of intimate partner violence through a de-gendered lens. This means that in their work, service providers are required to negotiate the official construction of intimate partner violence as gender-neutral against the experiential and gendered nature of violence in their responses to intimate partner violence.

Apart from the clear distinctions and constructions of intimate partner violence perpetration and victimization found in some service providers' narratives, there were certain places in the transcripts where service providers' discourses slipped from gender-neutral language to gendered terms when referring to intimate partner violence perpetration and victimization. While service providers attempted to keep their responses within a gender-neutral narrative, using words such as "victim," "perpetrator," "accused," "offender," "client," and "people" to refer to individuals to whom they offered services or supports, in several instances a service provider would slip and use gendered language (i.e., women/mothers as victims, men/fathers as perpetrators). In some cases, a service provider would recognize this slip and then correct themselves, shifting their language in order to align with the official problematization or construction of violence as gender-neutral. For instance, when discussing challenges related to intimate partner violence and children, a victim services worker corrects their gendered language to align with the policy discourse which constructs violence as gender-neutral:

One thing that comes up a lot is mothers particularly – not saying that domestic violence is just one-sided – will say that “He needs to come home because I have a child with medical needs.” (Victim Services Worker #3)

Drawing on their experiences working with victims of domestic violence, this service provider first named the gendered nature of abuse (identifying mothers as vulnerable victims). However, after recognizing this slip, the victim services worker then stepped back from gendering intimate partner violence by shifting their discourse: “not saying that domestic violence is just-one

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sided.” Their attempt to remain politically correct through acknowledging male victims, however, also perpetuates the discourse of mutual abuse in intimate partner violence perpetration and victimization. Even though the victim services worker steps back from gendering violence after naming mothers as victims, they shifted back into this gendered narrative when referring to perpetrators (i.e., “he needs to come home”).

The slippage between gendered narratives and gender-neutral constructions of intimate partner violence was also found in an emergency shelter worker’s discussion of their agency’s intake process:

When a woman comes in as part of our intake process, we are already making the query. Does he have access to guns? He or she I guess in some situations. What is the past history of abuse? What is the cycle of frequency and how often that little wheel turns around? Does he show any tendencies towards authority? Does he respect authority? What is his past history? Involvement in suicidal ideation in both parties? I think a majority of our clients present at a relatively low risk; one is that the majority of our clients either come in by train or plane or medical taxi from a rather remote location... I would say a good 60% of our clients have the separation of distance from their partners, which again, makes us a little laxed in that way because we know that a) he’s not in town and b) he doesn’t show up very often. (Shelter Worker #2)

Similar to the victim services worker’s response above, this shelter worker shifted their gendered language to reflect the fact that both women and men can be perpetrators of intimate partner violence. While the shelter worker immediately identified women as the victims of violence in their narrative, the fact that they wavered to include either gender (i.e., “he or she I guess in some situations”) as perpetrators of intimate partner violence shows that they are attempting to keep their language aligned within the gender-neutral discourse. Their construction of intimate partner violence as gender-neutral was also apparent in their response when they referred to “clients” and “partners.” Despite these instances of neutrality, the crisis worker returned back to gendered assessments of a perpetrator’s behaviours (“he’s not in town” and “he doesn’t show up very often”).

There were two specific instances where the shift between gendered and gender-neutral narratives was perhaps the most obvious. In their discussions of how they negotiate risk in their work with perpetrators and victims of violence, two victim services workers reprimanded themselves when they spoke to the gendered nature of violence where women account for the majority of victims:

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We have Safe Track where the accused would have to wear like a pager kind of thing, so if they go outside their boundaries then the police are notified... We [also] have a cell phone program, but that's more safety planning for females – or sorry, victims. I've got to stop that. (Victim Services Worker #4)

Also, if a woman is in a situation where alcohol is also an issue – and I'm sorry, I keep saying women. I know men can be just as much victimized in domestic violence relationships, but I always seem to refer to women – you know. If they have their own substance abuse issues then we're trying to get them to address those as well. (Victim Services Worker #1)

What is interesting in the first victim services worker's response is how they remained gender-neutral when explaining risk management approaches for offenders, but their language slipped into using gendered terms (i.e., “females”) when referring to safety planning strategies for victims of violence. After their self-reprimand (“I've got to stop that.”), the victim services worker immediately corrected their narrative to align with the gender-neutral discourse that women and men are of equal risk for intimate partner violence perpetration/victimization. The second victim services worker's response (who primarily works with women who have experienced intimate partner violence) offers another clear example of how service providers correct their gendered language to fit within the gender-neutral Canadian public policy discourse. Despite their experiential knowledge—and the fact that many of the victims they come into contact with are most likely women—the victim services worker actually made a point of apologizing for using gendered language. Their assertion that “men can just as much be victims in domestic violence relationships” is also factually incorrect, as women are more likely to experience intimate partner violence victimization (that is perpetrated by men), and are also more likely to experience more severe and frequent violence than men. Both of their responses seem to indicate a pressure on service providers to view intimate partner violence as gender-neutral, despite what is seen in the research.

This pressure to remain gender-neutral about intimate partner violence perpetration and victimization was also found in service providers' hesitancy to name or recognize the gendered dynamics of violence:

Of course, they're [children] being exposed to traumatic experiences watching their – I'm using a generalization that we generally see it [intimate partner violence] with the mothers being the victim – so they're being exposed to that trauma, which has significant implications for the children's development... Those are real challenges from my perspective. (Crown Prosecutor #1)

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The challenge to is, again, understanding the dynamics of domestic violence and looking at it from a strength-based perspective on what the parent is doing to protect that child, but also understanding the dynamics and the situation, and I am just going use gender terms for lack of better [terms], that the mother may be or the woman may be going through. (Victim Services Worker #5)

Drawing on their experiential knowledge, the Crown prosecutor noted the gendered dynamics of abuse—specifically, with mothers being victimized when children are involved. While this service provider emphasized that they “generally see it with the mothers being the victim,” they also made an effort to state that they are speaking in broad terms (“I’m using a generalization”). Despite the fact that the Crown attorney recognizes the gendered nature of violence, they are implying that they are aware of the official gender-neutral construction of intimate partner violence by offering a defence for their use of gendered terms through drawing on their experience working primarily with victims who are women and mothers. Similarly, while the victim services worker’s language appears to be gender-neutral at the beginning of their response, their answer shifts into gendered terms because of a “lack of better [terms].” Although the victim services worker seems to recognize the gendered dynamics of intimate partner violence where women and mothers are the primary victims, they are also hesitant to make any conclusive statements or name the gendered nature of violence.

In other instances, the slippage between gender-neutral and gendered narratives was subtler. Service providers would first speak in gender-neutral terms and then switch to gendered language to describe perpetrators and victims of intimate partner violence:

We don’t ever deal with perpetrators who are not going through treatment or have not gone through a justice system involvement as well. So, we would not have somebody coming saying that they are actively committing violence against their wife and then – we wouldn’t allow them to give the risk assessment. But when somebody is a victim of domestic violence, we follow their lead as to what they believe the risk is. (Community Outreach and Social Services Worker #1)

While this service provider attempted to keep their discussion aligned with the gender-neutral construction of intimate partner violence (i.e., referring to perpetrators and victims as “their” and “they”), they switched to using gendered terms when discussing perpetrators halfway through their response: “they are actively committing violence against their wife.” Although this slip is subtle, the recognition of wives as the victims of violence speaks to their awareness of the gendered nature of the abuse.

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Another subtler slip between gender-neutral and gendered language was found in a victim services worker's response about their efforts to confirm the incident with victims of violence:

One of the things that we need to find out for the Crown Attorney is if they [the victim] are confirming that the incident actually happened. A lot of the times we will have people that are recanting, or just changing the events or minimizing the events that occurred that led to the charges to begin with. A lot of the times when people are recanting, they are simply minimizing it [the violence] because they don't want the offender to get into any trouble... If somebody is in total denial that anything happened, it's very different from somebody who says you know, "Yes, it did happen, but he's sorry and he won't do it again." (Victim Services Worker #3)

Throughout their response, the victim services worker speaks to the official construction of intimate partner violence as gender-neutral, referring to victims as "people," "they," and "somebody." However, at the end of their response, the service provider switched to describing perpetrators in gendered terms: "he's sorry and he won't do it again." The shift from gender neutrality to gendered terms suggests that the victim services worker is aware of how intimate partner violence is officially constructed (and, therefore, keeps their terminology gender neutral), but there is also an awareness of the gendered reality of violence in their reference to offenders as men.

Based on the analysis of service providers' discourses, there seemed to be an effort in their responses to explain intimate partner violence perpetration and victimization in gender-neutral or gender-mutual terms. The extent to which their discourses remained gender-neutral or slipped into gendered terms did appear to differ based on profession, with victim services workers and shelter workers more likely to recognize the gendered dynamics of abuse where men account for the majority of perpetrators and women represent the majority of victims. What is interesting to note, however, is that the service providers who were more likely to speak in gendered terms (i.e., victim services workers and shelter workers), were also the ones to step back or reprimand their language. This is especially noteworthy because victim services workers and shelter workers are more likely to encounter incidents of abuse where women/mothers are abused by their husbands or male partners. Although their direct contact with victims of violence reflects the gendered reality of intimate partner violence, there seemed to be pressure to align with gender-neutral Canadian public policy discourse and domestic violence legislation and policies.

Constructions of Parents

Like domestic violence, gender-neutrality is also officially encoded into child protection legislation and policies in Manitoba. Because children's well-being and interests are prioritized in child protection legislation and policies, the problematization underpinning these proposals is not the issue of gendered violence and which gender perpetrates or is a victim of violence (and who exposes children to maltreatment as a result). Rather, the emphasis is placed on acts and/or omissions and who is capable/incapable of fulfilling their children's best interests and keeping them out of harm's way. The main assumption underlying these gender-neutral approaches to intimate partner violence and child exposure is that in order to ensure that children are protected as best as possible, gender-neutrality is imperative.

However, feminists have raised concerns about how this official, gender-neutral construction of child protection and maltreatment in Canadian policy discourse has obscured or distorted the gendered context of violence where men/fathers account for the majority of perpetrators and women/mothers represent the majority of victims (Mann, 2012; McDonald-Harker, 2016; Nixon & Tutty, 2009/10). Despite the fact that men account for the vast majority of offenders or perpetrators of intimate partner violence, Canadian public policy gaze and practice remains centred on holding both parents responsible for protecting their child's well-being. The disconnect between the official construction and the gendered reality of intimate partner violence and child protection has significant implications for how service providers respond to incidents of intimate partner violence and child exposure. Service providers are required to negotiate the official construction of intimate partner violence as gender-neutral against the experiential and gendered nature of violence in their responses to intimate partner violence and child exposure.

While several of the service providers slipped between gender-neutrality and gendered narratives in their discourses surrounding intimate partner violence perpetration and victimization, their constructions of parents were gendered in a deeper sense. The ways in which fathers and mothers were constructed in the service providers' narratives reflect broader discourses surrounding parenting and, more specifically, mothering (i.e., "good mothers" versus "bad mothers"). Similar to the findings of other feminist research, there exists an invisibilization or silencing around perpetrators and their role as fathers and a hyper-awareness surrounding mothers and their responsibility for protecting themselves and their children from the abuse.

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Constructions of Fathers

Within the transcripts, there tended to be silencing surrounding perpetrators and their role as fathers. Although service providers were not asked any particular questions about parenting, fathering, or mothering in the context of intimate partner violence, their responses to several of the questions— “What percentage of your work/percentage of clients involves direct contact with victims or perpetrators of domestic violence?” “In your role, do you conduct risk assessments/risk management/safety planning? What are your strategies?” “Are children included in risk assessments/risk management/safety planning?” “What are the challenges in dealing with domestic violence among children exposed to violence? What are some unique risk factors for lethality for children exposed to violence?”—reflected gendered expectations associated with parenting and protecting children outlined in the feminist literature (i.e., men are expected to do little fathering while mothers are responsible for the nurturing, care, and protection of children).

Despite being asked gender-blind questions about perpetration, victimization, and parenting, service providers more readily attributed the danger of harm and responsibility of the care and protection of children to mothers (rather than fathers). Of 20 the service providers included in the sample, only two discussed perpetrators in relation to their identity as fathers and as a danger to children:

It's a generational thing [intimate partner violence] and I'm seeing that a lot. It's like, “Oh look this kid was on my caseload as a victim because Dad punched them while also punching mom.” So, just seeing that they are also stuck in that cycle of abuse, that's a big challenge. It's the normalization and either becoming the abuser or the abused. (Victim Services Worker #1)

If the partner is sexually abusive to his partner, children are at higher risk for sexual abuse as well. If the partner is physically abusive, then babies are certainly at higher risk in Mom's arms – children are at higher risk if they feel that they can protect Mom. If the partner is extremely jealous and that whole concept of “If I can't have you no one will”—we've had children killed because the partner has killed his wife and killed his children. It's easier once you've killed your wife, it's easier to kill your children. (Shelter Worker #1)

The silence in the 20 service providers narratives highlights a significant invisibilization around perpetrators and their role as fathers. Despite the fact that most of the service providers have direct experiential knowledge of the gendered nature violence and that men/fathers account for the majority of perpetrators who commit intimate partner violence against women/mothers that

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is witnessed by children, there exists an inattention to perpetrators and their role as fathers in their responses. This inattention extends past service providers' narratives; it is also reflected in the programming offered to men who are abusive.

While discussing how their diversion programs are run for male perpetrators of intimate partner violence, one social worker notes that only a small component of their program focuses on the effects of violence on children; instead, the focus is on the relationship between the partners:

We have a small component in the group where we discuss the effects of violence on children – that is part [of the program]. We talk a little bit about the parenting component and the fathering component. But it is not... I would say it is maybe five to ten percent – if that – of the group. Other than that, the specific focus is more towards the relationship, and not towards the children or the parenting aspect. (Social Worker Diversion Programming #1)

Based on their response, it is clear that the problematization or intervention efforts with perpetrators in their program is focused more on the relationship aspect rather than on the impact that men's violence has on their children. Although a small part of their program does discuss men's role as fathers, it is most likely not enough to create sustainable, meaningful change in men's violent behaviours. It is evident that the role that violent men and fathers have in protecting children is not the focus of diversion programming. This lack of focus on violent men as fathers can reflect the gendered constructions of parenting where fathers are expected to do little fathering and caring of children.

Overall, men's role as fathers and the effects that their violent actions have on their children are almost entirely absent from the narratives of the service providers. One area where perpetrators are considered in terms of their role as fathers, however, is with respect to child custody and access decisions. In this case, perpetrators appear to get to be fathers at any cost. Even if they pose a danger to the mother/victim and children, they can remain in contact or have continued access to their children (and potentially the mother/victim) through child welfare:

If I have an offender, one of the issues we deal with constantly is the issue of contact with the family – the victim in particular. But if there's children in the family, with the children as well... The bottom line is that generally speaking – in terms of the victim – the court does take into account the victim's wishes, but there's times – particularly with repeated violence against her – that the court may restrict contact. In terms of children, what the court typically does is allow the offender access to the children, but it may be that it's done under the supervision of CFS [Child and Family Services]. Particularly when CFS is involved in the family, the court may simply defer to the judgment of CFS, so contact is only allowed if the CFS agency is allowing contact. (Crown Prosecutor #1)

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While the Crown attorney does note that contact with the victim may be restricted in cases where the perpetrator has a history of repeated violence, they do make mention of the fact that the court can still typically allow him access to his children. Though access arrangements can, and often do, occur under the supervision of Child and Family Services, these visits can force the woman to remain in contact or within close proximity to her abuser. For instance, she may have to drop off and pick up her child from the place where her abuser is—potentially putting her at an increased risk for further violence or emotional harm.

Constructions of Mothers

Although service providers were asked the same gender-blind questions about intimate partner violence perpetration and victimization, as well as risks related to children exposed to violence in the home, their constructions of mothers differed significantly compared to fathers in discussions surrounding child protection and exposure to domestic violence. As opposed to the silence surrounding violent men and the role that they have as fathers and harming their children in the service providers' narratives, mother/victims seemed to experience a dual status: their role as a victim is not separated from their role as a mother, nurturer, and protector of her children. Within the 20 transcripts, mothers were discussed significantly more than fathers, especially in discourses related to the protection of children. Through absolving perpetrators of their responsibility as a father, service providers tended to slip into explanations of abused mothers as “failing to protect” (see Strega & Janzen, 2013) or as “quasiperpetrators” (see Nixon & Tutty, 2009/10) of the violence that their children are exposed to in the home. In other words, mothers may still be considered as victims of their partner's abuse, but their perceived lack of willingness to prevent their children from being exposed to intimate partner violence in the home by fleeing their abusive partner places them in a position of partial responsibility. Instead of considering the risk that violent men pose to mothers and their children, service providers tended to focus on “bad mothering” or a woman's individual decisions to stay in a violent relationship—not only further harming children through exposing them to intimate partner violence, but actively minimizing the impact(s) that exposure to the abuse has on them.

The notion of a mother's responsibility or failure to protect her children was evident in several of the service providers' narratives. In their discussion of safety planning for children, a

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police officer working in the domestic violence division revealed that mothers/victims are the focus of intervention, not violent men/fathers:

If the child is not in immediate danger, they [police] can talk to the mother about what she is, not opening the child up to... but making the...what's the word I'm looking for? It's sort of like if the mother is sort of spoken about what the effects on the child are, is, if she continues this type of relationship with the person, they might perceive it as normal but police officers don't go to your house in a normal situation, so <laughs>. That has effects on kids, and even the yelling and screaming even though it's not violence, even that is affecting the children. And so that's sort of talked about with the mother and, again, if the officer doesn't do that then the domestic violence support services does with their follow-up the next day. (Domestic Violence Police Officer #1)

In their response, the police officer emphasizes the role that mother/victims of intimate partner violence have in exposing their children to potential harm or effects. Rather than discussing the role that violent men have in harming their partner and children, their intervention efforts are focused on educating the mother on the consequences of her decision to “continue this type of relationship with the person.” Their response not only blames the mother/victim for ‘choosing’ to remain in a violent relationship (and neglects potential barriers that keep women in violent relationships), it also constructs mothers as quasiperpetrators of the abuse that their children are exposed to in the home. In this sense, the police officer frames children as the legitimate victims of violence that are further harmed by the mother’s decision to remain with an abusive partner. It is also important to question why mothers are the focus of police intervention and the protection of children. Instead of speaking to fathers and holding them accountable for their abusive actions and “what the effects on the child are” if they continue to commit violence against their wives, the focus remains on intervening with women/mothers.

The focus on educating a mother/victim about the consequences of her “decision” to remain with an abusive partner was also found in a victim services worker’s response:

It's very important to make the victim of domestic violence aware of how their children are being affected and how they continue to be affected and what the long-term effects on their children can be, right? So that's part of it, just educating them on how their children are being affected by what they're seeing, what they're witnessing.... I do go into a lot of detail with the victim in saying, “Look, it's not just you there. It's all of these children that are seeing this.” (Victim Services Worker #1)

In their discussion, the victim services worker constructs abused mothers as deficient mothers who need to be educated on the effects of exposure on children (see Lapierre, 2008). This is especially apparent in their discussions regarding the need to “make the victim of domestic

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violence aware of how their children are affected.” Their response also perpetuates the discourse of mothers as quasiperpetrators of men’s violence. Through centering their response on the impacts that intimate partner violence exposure has on children and informing mothers that “it’s not just you there,” the victim services worker prioritizes children’s victimization over that of women/mothers.

The above two service providers’ problematizations of mothers as quasiperpetrators of the violence that children are exposed to in the home perpetuates the question of “Why do women/mothers choose to stay?” By constructing the issue in this way, however, the broader structural issues (i.e., patriarchy, the feminization of poverty) and the impact that they have in limiting women and mothers’ choices are neglected. Through framing the issue of child exposure and/or harm as a mother’s individual decision to stay in an abusive relationship, mothers are constructed as failing to protect their children in the context of intimate partner violence.

Service providers’ perceptions of abused mothers and their lack of willingness to leave and prevent their children from being exposed to intimate partner violence in the home can put women at an increased risk of being constructed as “bad moms” who need to have their children removed from their care. One victim services worker’s response reflected this construction of abused mothers as a risk for failing to protect their children’s safety from a violent partner:

I make sure that CAS [Children’s Aid Society] is fully aware of the risks involved that I can see and that they need to follow up to ensure that those children are safe and, if not, that they need to be removed from the home if the mother or the victim of the domestic violence isn’t prepared to ensure their safety. (Victim Services Worker #6)

Although their discussion is centred on protecting children’s safety (which is not a contestable issue here), the latter half of the victim services worker’s response seems to construct mothers as accountable for protecting their children from an abusive partner’s violence. The fact that they argue that children “need to be removed from the home” if the mother “isn’t prepared to ensure their safety” reflects the notion that abused women/mothers are responsible for mitigating men’s violence and the impact that it has on their children. While men/fathers are the ones who are committing the violence and actively endangering their children, the focus remains on blaming abused women and mothers.

There were a few exceptions where service providers did resist dominant constructions of mothers as responsible for protecting the children in cases of intimate partner violence. In challenging the notions of mother-blaming and failing to protect, a victim services worker argued

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for greater attention to men's violent actions and the need for more resources and interventions for abusive men:

But I think we have to recognize that it's not placing the blame on the woman for not protecting their children all the time, that you have to place the blame on who's responsible for the abuse itself. And there is, I think, still a lack of resources and support for men. And that's where, I mean, we definitely need to support the victims but we also need to recognize that the abuser has a major role to play in this and they need supports for themselves. (Victim Services Worker #5)

Unlike the other service providers' responses above, this victim services worker actively resisted mother blaming and gendered discourses that hold mothers responsible for protecting children from men's abuse. Rather than blaming mothers for their (in)ability to protect their children in the context of intimate partner violence, the service provider's quote emphasizes the need to place the focus on the men and fathers who commit the abuse. The victim services worker also points to an important issue that there exists a lack of resources and supports to help support men and fathers change their violent behaviours.

Constructions of Marginalized and Racialized Women

Discourses surrounding intimate partner violence and mothering do not construct all women in the same way. The majority of women who come to the attention of child protective services and other intervention agencies are among the most marginalized, specifically, mothers who are single, poor, and racialized (McDonald-Harker, 2016). Kimberlé Crenshaw (1991 p. 1244) introduced intersectionality as a framework to explain how two or more axes of subordination, including oppressions of race, class, and gender, interact to "shape multiple dimensions of women's lives." Intersectionality considers how multiple and overlapping experiences of subordination work within interlocking systems of oppression, including racism, colonialism, patriarchy, and capitalism, to render one's discrimination as distinct (Carrington, 2018; Henne & Troshynski, 2013).

For women/mothers who experience intimate partner violence, their social locations (race/class/gender) and intersecting vulnerabilities (i.e., poverty, racism/discrimination) can significantly impact how they are constructed in service providers' accounts, especially in relation to their understandings of "good mothers," "bad mothers," and "ideal victims." In the literature,

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“ideal victims” are defined as individuals or groups of people that are given “the complete and legitimate status of being a victim” (Christie, 1986 p. 18). The construction of “ideal victims” draws on gendered and hegemonic assumptions of victimization, and can impact the ways in which certain women/mothers are understood as “true” victims of violence who deserve justice. For women/mothers who experience multiple axes of subordination on the basis of race, class, (dis)ability, or sexual orientation, they may be denied the status of an “ideal” or “true” victim. As the CDHPVIP transcripts included questions about intimate partner violence among vulnerable populations, this section adopts an intersectional approach to analyze how service providers construct and respond to intimate partner violence perpetrated against Indigenous women/mothers, as well as immigrant and refugee women/mothers.

Indigenous Women/Mothers

In Manitoba (and in Canada more broadly) Indigenous women are one group that is especially vulnerable to being constructed as “bad mothers” or “unworthy victims” in public discourse. Among the service providers interviewed, there were several ways in which Indigenous mothers and families were constructed.

In some cases, service providers acknowledged the systemic colonial and racist roots of issues such as poverty, “inadequate” parenting, violence, and addictions that impact Indigenous mothers and families:

Well, there’s the whole trickle-down effect of colonization, and then you’ve got the legacy of residential schools and all of those things. That’s very prevalent up here... The residential schools, all of that stuff has just basically decimated the population, right? When it comes to having supports and having healthy people from one generation to the next. How all of the things that have happened from the generation before has affected the generation now, right? Down to parenting skills, language – the whole nine yards... (Victim Services Worker #1)

Well, there’s so much I mean... some people are victims of residential school systems of generations of violence and abuse, and issues they are dealing with – and they may have different barriers from racism. They may be the more marginalized population sometimes. So, less supports, less access to support, living in poverty, addictions, mental illness, homelessness – a lot of issues they face. So, a challenge is the amount of challenges they have. (Probations Worker #2)

Despite the fact that some of the service providers recognized the broader social context which impacts Indigenous mothers and families, service providers still tended to fall into

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explanations that put the focus on Indigenous mothers' failures or the lack of adequate community supports (i.e., framing these issues as a problem "of" Indigenous people). One service provider working in the emergency and second-stage housing sector, for instance, criticized young Indigenous mothers for mothering outside of strict Eurocentric standards:

Young [Indigenous] moms are a particular concern. They'll often ignore the kids while they're on the computer or their cellphones – so the parenting issue presents for a lot of the clients that we deal with... Traditional Aboriginal parenting included a lot more flexibility than the old European traditions of strict rigidity and rules and things – so it's that state of flux... We don't have that whole community of support to provide supervision for the children anymore. So, the young moms come in and say, "Well, gee, my mom wasn't a helicopter mom or hovered over me so therefore I can do this" without acknowledging that they're no longer living in a community that can provide the support and caring for the children. (Shelter Worker #1)

By framing Indigenous mothers as negligent for parenting outside of strict Eurocentric standards, the service provider is inadvertently undermining Indigenous child-raising practices and community values. According to them, because Indigenous mothers are not "helicopter moms," their parenting is deemed inadequate or as deviating from the hegemonic ideal. Additionally, their comments surrounding the failure of the community to provide support suggest that Indigenous communities no longer support families, or are failing to adequately do so (despite the fact that kinship and community care remain central to Indigenous conceptions of care; see Blackstock, 2009). According to the shelter worker, because Indigenous mothers and communities do not follow perceived parenting practices, Indigenous women/mothers are denied the label of "good mothers."

Indigenous women/mothers who use drugs or alcohol were especially vulnerable to being constructed by service providers as "unworthy victims" or "bad mothers." While the service providers were not directly asked about the issue of drug and alcohol use, some service providers raised this matter when discussing unique challenges for Indigenous populations. When describing issues related to women seeking shelter, one victim services worker noted:

I guess the reality that we see is that some of the women that come – like when they access shelter – they are still either intoxicated or on drugs when they come. When you are impaired, you do not make good choices, and so that also could – I'm not excusing the abuse, but it will put you at a high-risk situation. (Shelter Worker #3)

Although the service provider claims that they are not excusing abuse perpetrated against Indigenous women who drink alcohol or use drugs, undertones of victim-blaming exist in their

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response. In stating that impaired women “do not make good choices” or put themselves in “high-risk situations,” the victim services worker attributes an Indigenous woman’s increased risk of victimization to her individual decision to use alcohol or drugs rather than looking at men’s violent actions or the systemic factors contributing to these issues. Based on their response, Indigenous women/mothers who drink alcohol or use drugs do not ascribe to the “ideal victim” status because they put themselves in that situation.

Another shelter worker constructed Indigenous women/mothers who use drugs or alcohol as “dangerous mothers”—presenting a danger to both their children and the service providers who provide supports to them:

One of the other things we’re seeing now is where women that we have in shelter – so, often women from Winnipeg, remote communities, who are often Indigenous; we had a woman who was able to phone a walk-in clinic on North Main, get a prescription for 100 T3s... A woman with a prescription for 200 Percocet from one of our northern communities was just in shelter – 200 Percocet for endometriosis and she had two young children, three and two years old. She was such a zombie she could barely manage with her children on 200 Percocet... We’re seeing increased incidents of prescription abuse, alcohol abuse, drug abuse of all kinds in shelters. We used to worry more about our safety from perpetrators outside of the shelter coming in, now shelter staff will tell you that we’re more at risk from people inside our shelters than we are from outside... (Shelter Worker #1)

While the shelter worker points to the serious impacts that drug and alcohol use can have on individuals, their families, and professionals who provide services to them, their understanding of the issue tends to frame Indigenous women as “dangerous mothers” who pose a greater threat to children and service providers than do the perpetrators of intimate partner violence. As such, intoxicated Indigenous mothers are constructed as “bad mothers” because they fail to protect their children’s best interests or safety. Rather than focusing on violent men’s violent actions or the doctors in the medical profession who prescribe 200 Percocet to Indigenous women, the shelter worker falls into individualized explanations which blame Indigenous women/mothers for drinking alcohol or using drugs.

Another major theme that emerged in relation to intimate partner violence perpetrated against Indigenous women and children was the recognition of Indigenous mothers (and families) as victims of the colonial context, yet still placing the onus on the individual woman’s own decisions or circumstances:

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It's not uncommon for us to see generational trauma and domestic violence going from one generation to the next to the next to the next; and that comes out of the whole history of colonization and we are very much aware of that. So, when we are working with complainants that might come from an Indigenous background, we may hear stories from them saying, "When I was a kid, I witnessed my father assaulting my mother." They may normalize some of that behaviour. Sometimes people are very much aware, "I know this isn't healthy, I know this isn't good," and they want to make some changes. But it's sort of been a generational thing that has followed them up to that point. (Victim Services Worker #2)

Alcoholism is a huge factor [and] the normalizing of the violence. A lot of people stay in relationships even though they know that they are not healthy. Well, I guess they normalize that it is a healthy relationship. I hear a lot of "Well, it could be a lot worse," or "He's the father of my children, so I can't look after all these kids by myself so he needs to stay." A higher tolerance for the violence, and less options. The socioeconomic complexities of any Indigenous population, where are you going to go? There's a huge population on welfare, so money becomes an issue. It's not like you can just pick up and leave. (Victim Services Worker #1)

These two responses highlight the continuum of explanations for domestic violence within Indigenous families and against Indigenous mothers in particular. While there is a recognition of colonization, generational trauma, and poverty, there is also a tendency to frame the problem as something that Indigenous mothers can, if they choose to "make some changes," have the power to change their circumstances and end the violence occurring in their family. The service providers also assume that violence is normalized within Indigenous communities and families, and that there exists a "higher tolerance for the violence" among Indigenous women/mothers. Despite the fact that violence is not a "normal" phenomenon in any kind of sense, the service providers do not take any steps to challenge this narrative. Although they connect the problem of violence against Indigenous women/mothers to systemic issues, the victim services workers also constructed the issue as a problem "of" Indigenous people. In their discussions, settler colonialism and its impacts on Indigenous peoples disappear.

The construction of the issue as a problem "of" Indigenous people was more explicit in a police officer's discussion surrounding unique challenges for Indigenous people. When describing unique challenges for Indigenous populations, a police officer first explained that colonialism and racism was a thing of the past:

The difficulties go all the way back to the residential schools – it's the breakdown of the families, the breakdown of their cultures. And at one point I suppose – I mean it was before my time – that those decisions were made and that our forefathers as white people tried to

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do this to the Indigenous people. However, I think there is more lateral violence at this point than there is sort of racism. (Domestic Violence Police Officer #1)

In addition to stating that colonialism was “before their time” and a thing of the past, this police officer explained structural issues (such as low levels of education, poverty, over-incarceration) and violence against Indigenous women as individual problems:

I think some of the difficulties come from the fact that – I think – a lot of it is media-fed that they [Indigenous people] feel that police are treating them poorly. We do have a lot of Indigenous people within our prison system in Manitoba, and part of it is because they are a vulnerable community. They have lower incomes, a lot of them have lower education, they don’t finish grade 12. Most of them only finish grade 8, a lot of them don’t make it to high school because they don’t have the family structure and support. I shouldn’t say most... I would say the offenders that we deal with mostly do not have an education. (Domestic Violence Police Officer #1)

What is particularly interesting about their discussion on unique challenges related to Indigenous peoples’ experiences of violence, however, is when the police officer describes the issue (or lack thereof) of racism and mistrust between police officers and the Indigenous community:

So, I would say there’s a lot of issues – real or perceived – that there’s racism between the police and the Indigenous community right now. And the Missing and Murdered Indigenous Women Inquiry has just sort of triggered that and fed into that more. Do I think that they are at higher risk? Yes. Do I think that they are treated any differently when they phone police? I don’t think so. (Domestic Violence Police Officer #1)

In their narrative, the police officer not only frames issues such as low income, low levels of education, poverty, and violence as problems “of” Indigenous people, they also reject the notion that racism towards Indigenous people exists within policing or that the police treat Indigenous people any differently than other people who they provide services to. With respect to racism on the part of the police, the officer actually minimizes the issue in asserting that “it is media-fed that Indigenous people feel that police are treating them poorly.” They further minimize the problem by undermining the work of the National Inquiry into Missing and Murdered Indigenous Women and Girls (MMIWG, 2019), which drew on the testimonies of more than 2,380 family members, survivors of violence, experts and Knowledge Keepers. While the Inquiry’s report provides a thorough review of issues that contribute to the high levels of violence faced by Indigenous women, girls, and 2SLGBTQIA people in Canada (i.e., colonial and patriarchal structures, poverty, insecure housing, as well as barriers related to education, employment, health care,

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cultural supports), one of the main areas that the report explores is lack of will and insufficient institutional responses (including police responses), which leave Indigenous women, girls, and 2SLGBTQIA people vulnerable to violence. Although the officer does not comment on the substance of the report, by asserting that the inquiry has “triggered or fed into” narratives that racism exists within the police force toward the Indigenous community, they are implying that this report misrepresents the problem.

Despite the fact that the police officer denies racism or differential treatment towards Indigenous women, later on in the transcript they discussed Indigenous women’s hesitancy to report their victimization to police:

I don’t know how to word this, but I think because there is a barrier between the Indigenous community and authority – [meaning] police. They [Indigenous women] are not as likely to approach us as freely as the middle-class white woman in her home who has been abused for the first time. So, I think because there are already barriers there with authority, they are less likely to call which increases their risk of lethality. (Domestic Violence Police Officer #1)

Instead of reflecting on the numerous potential reasons as to why there exists a barrier or apparent mistrust between Indigenous people and police, the police officer puts the onus of this distrust on Indigenous peoples’ problem with “authority.” One thing that is especially noteworthy in their response is their statement that “Indigenous women are not as likely to approach us as freely as the middle-class white woman in her home who has been abused for the first time.” Based on this statement, it seems as though the police officer recognizes the importance of race and class and their impact on a person’s likelihood of reporting their victimization to police (and the response that they might receive). However, in constructing the problem as Indigenous women’s distrust in police authority, the officer is deflecting systemic issues of police mistreatment and racism towards Indigenous people and Indigenous women in particular.

In contrast to this police officer’s response, an emergency shelter and second-stage housing worker had a very different perspective on police treatment towards Indigenous women who experience intimate partner violence:

Well, and that whole Indigenous community – how do they get a protection order? If they [Indigenous women] go to their local police station, police are not interested. Sometimes it takes up to four hours to do that [file a protection order]. We have found that police are not interested in sitting there for four hours while a woman is talking to a magistrate trying to get a protection order. If she doesn’t have a service provider that she can get some advice from, she is not well-prepared to request it. The number of Aboriginal women who are

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denied – I’m sure if we looked at some statistics – would be much higher than non-Aboriginal women. The services are just not available in their communities. Even if they do have a protection order, we have women that we have worked with where the police have told them “I’m not coming again, don’t bother calling me – I’m not coming.” Yeah, it’s extremely difficult. (Shelter Worker #1)

Unlike the police officer’s understanding of the issue, the shelter worker does argue that racism and ineffective police responses are significant problems faced by Indigenous women who experience intimate partner violence. The shelter worker is adamant in their response that police do treat Indigenous women differently than non-Indigenous women—and even points to specific cases where police officers have refused to respond to protection orders or Indigenous women’s calls for help. Their response also touches on the notion of Indigenous women/mothers as “ideal” versus “unworthy” victims of violence. Based on their response, Indigenous women who experience intimate partner violence are denied adequate police or justice response because they do not fit into the status of an “ideal victim.”

Immigrant and Refugee Women/Mothers

With respect to immigrant and refugee women who experience intimate partner violence, most of the service providers had very minimal or no direct experience working with these vulnerable populations. Of the service providers who did, most of them mentioned unique issues related to language barriers, vastly different legal systems, as well as precarious citizenship status, which can make immigrant and refugee women more vulnerable to intimate partner violence and impact their ability to flee domestic abuse or access services.

One significant factor that service providers did discuss, however, was the role of culture in perpetuating intimate partner violence against immigrant and refugee women:

I guess it depends on where they [immigrants and refugees] come from because certain areas have certain cultural practices. People come from those areas and they are caught up in those cultural practices, and sometimes they are not used to the notion that domestic violence is not tolerated. It may be that they come from backgrounds or cultural backgrounds where domestic violence is sort of practiced and – whether or not it is legal – it might not be frowned upon as much or taken as seriously as it is in this particular society. So cultural attitude’s a significant issue and again, it’s hard to paint the communities all with the same brush... I think it’s a question of cultural practices and adjusting to the new practice in Canada where domestic violence isn’t tolerated; that poses a lot of challenges. (Crown Prosecutor #2)

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I find in dealing with that population, a lot of times you have arranged marriages. So, this person is coming from – for instance, India – and they are coming in and the only person they have here is their partner along with maybe his brother and they are planted into this community... We also have – for instance, what are the norms in their country? How is domestic violence viewed in their country? A lot of times it's not seen as much of a problem in those countries because it's patriarchal – all that other stuff, right? We kind of run into that, we're trying to explain, "Well, in Canada it's different," and that gets even more difficult with the language issues, so I find that to be a very challenging population to work with... I've only had a couple of Punjabi clients over the years, so I'm basing this on a very small group... (Victim Services Worker #1)

In their responses, both the Crown attorney and victim services worker construct the problem of intimate partner violence against immigrant and refugee women as an issue of cultural difference. Similar to how service providers discussed the normalization of violence in Indigenous families and communities, the Crown attorney and victim services worker explained intimate partner violence against immigrant and refugee women as a more normalized or "tolerated" practice. They draw on assumptions surrounding perceived differences in "cultural attitudes" around domestic violence—and, in the case of the victim services worker, make generalizations about a specific population, despite having a very limited amount of experience working with that population. While there is a recognition of structural factors such as language barriers or patriarchy, most of the focus remained on differences in cultural acceptance of violence.

The focus on cultural differences was also discussed by a social worker who works with perpetrators of intimate partner violence:

What comes to the top of my head is the so-called "honour killings." I think that those certain cultural backgrounds are probably the highest risk. If a family is primarily from Middle Eastern countries – where if the family feels, or if the male part of the family feels that there is dishonour brought to the family – I think the risk for lethality is very high. (Social Worker Diversion Programming #1)

In referring to Middle Eastern families as a "certain cultural background" that "are probably the highest risk" because of "honour killings," the social worker attributes intimate partner violence against immigrant and refugee women to ethnicity, religion, and culture. In the literature, "honour killings" refers to a specific premeditated crime against women which applies to certain ethnocultural contexts (Jayasuriya-Illesinghe, 2018). Scholar Vathsala Jayasuriya-Illesinghe (2018) argues that it is problematic to use the term "honour killings" to refer to violence experienced by immigrant, refugee, and other racialized women because using this term detracts from the fact that violence against women occurs in all communities. It also ignores the fact that

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not all intimate partner violence that occurs in racialized communities is “honour-based.” Based on their response, it is unclear whether the social worker actually has actually encountered cases of honour killing in their work or if they are drawing on dominant or stereotypical understandings of intimate partner violence against immigrant and refugee women.

In contrast, another service provider working in the cultural community and social services sector draws on their first-hand experience to challenge these dominant understandings or perceptions of “honour killings”:

Who I specifically work with? No. There’s a negative immediate perception that newcomers hurt their – commit “honour killings,” but I have seen none in that case. Most of the cases where we are talking about violence perpetrated towards children within newcomer immigrant communities, it’s like spanking with a stick as opposed to with a hand. Stuff like that. I don’t have any experience with real serious child welfare stuff. Really, only cases that come to me it’s domestic situations where kids have got wrapped up in the issues between Mom and Dad and the kids are being dragged into it by the system. (Community Outreach and Social Services Worker #1)

Although their focus is on child welfare and abuse perpetrated against children, this service provider highlighted larger issues that contribute to domestic violence in immigrant and refugee families. Rather than attributing domestic abuse to ethnicity, religion, or culture, the cultural community and social services worker points to broader structural issues—such as, zero-tolerance policies related to child welfare, language, cultural barriers, and experiences of discrimination—that place immigrant and refugee mothers and families at an increased risk for child welfare or legal intervention.

Constructions of Children Exposed to Violence

Another question that this thesis sought to answer was “How are children constructed in service providers’ accounts of intimate partner violence?” Based on the analysis of service providers’ discourses surrounding parenting, fathering, and mothering in the context of intimate partner violence, it is clear the children are often centred in the narratives as the primary or legitimate victims of men’s violence. The discussions of abused mothers as secondary victims or quasiperpetrators of men/father’s violence perpetuates the idea that children’s wellbeing and interests are paramount (as constructed in child protection legislation and policies). When responding to questions such as “What are the challenges in dealing with domestic violence among

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children exposed to violence? What are some unique risk factors for lethality for children exposed to violence?” some of the service providers pointed to the vulnerability of children.

One form in which the construction of children as vulnerable victims of intimate partner violence takes place is in relation to service providers’ discussions surrounding children’s inability to protect themselves and their parent(s) from abuse (although they may attempt to intervene):

They are so little and they are so young.... They can’t protect themselves – just naturally in their love for their parents regardless of whether it is the perpetrator or the victim. I mean, kids will come out and try to stop it. They just put themselves at risk not realizing that they can get hurt. They don’t understand what is going on in the same way. (Healthcare Social Worker #1)

There is a lot of [child] victims that we get who have been physically injured while their parents are fighting because they have tried to put themselves between the parents – or tried to take some of the wrath of one of the parents so the other parent doesn’t suffer as much.... I guess the children’s overall sense of responsibility for the situation puts them at risk because it makes them want to act and put themselves in the middle of situations and that is not good. (Victim Services Worker #1)

In their responses, both service providers describe the potentially dangerous consequences of children being exposed to violence in the home. Because children are constructed as experiencing two facets of victimization—first, through the witnessing of intimate partner violence in the home and, second, through the risk of physical harm in their efforts to intervene—they are framed as particularly vulnerable victims of intimate partner violence. Another interesting point to be made is that the victim services worker assumes mutuality in the perpetration of intimate partner violence between parents, although empirical evidence and feminist research has proven that men and fathers perpetrate that majority of intimate partner violence that is witnessed by children (see Sinha, 2013; Strega & Janzen, 2013).

An additional component of children’s vulnerability to violence found in service providers’ accounts is the fact that many children are unable or unwilling to disclose the abuse that happens in their home. This issue was illustrated in one Crown’s description of challenges related to child exposure to intimate partner violence:

I think the biggest one [challenges] with children is children don’t necessarily want to tell what’s going on. It’s very difficult for them to disclose to others what’s happening in the family – or they may not have the words. They might be too young to be able to say what’s going on in their family and, of course, they are little so they can’t protect themselves from the violence at all. (Crown Prosecutor #1)

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All three of the service providers' discussions surrounding children's exposure to intimate partner violence place their victimization and innocence at the centre of importance. While there are adult perpetrators (who are most often fathers) and victims (who are most often mothers) of violence, children's multi-faceted experience of victimization constructs them as the primary victims of intimate partner violence (while women/mothers are constructed as secondary victims or as quasiperpetrators). Nevertheless, while children are victims of men's violence, their experiences of victimization should not trump women's/mother's victimization. Service providers working with abused mothers whose children have also been exposed or harmed by men's violence need to offer compassion and support for both the woman/mother and child.

In addition to emphasizing children's vulnerability, service providers also discussed short-term and long-term developmental impacts of children's exposure to intimate partner violence. The impacts discussed ranged from neurological (i.e., impacts on brain development) to behavioural in nature (i.e., children normalizing the violence). While drawing on the biomedical literature (which is not conclusive and has a lot of limitations) in the construction of the problem of intimate partner violence, one victim services worker asserted that intimate partner violence always impacts children, even if they do not witness or are not aware of its occurrence:

Well, ... some of the newer research on brain development in kids always talks about the kids that are most impacted don't necessarily have to have been witnessing the assault taking place; it could be the baby sleeping in the room upstairs. That [research] has actually demonstrated that they [children] have neurological impacts from the exposure to DV [domestic violence] in the home. Whether they were direct victims or just present in the home when this was all happening, it definitely has an effect on the kids. So, it means something. So, we always have to talk about that. (Victim Services Worker #2)

In another service provider's account of long-term detrimental impacts that child exposure to intimate partner violence has on children, they make the argument that children exposed to violence in the home are going to perpetuate the cycle of abuse and either become perpetrators or victims of violence themselves:

All of the different studies I've read, reports I've read in the last three years that I've held this position really points to how detrimental the effects [of intimate partner violence] on children are and how it could, you know, increase their risk of criminal activity. It increases the risk of becoming an offender themselves or engaging in a domestic relationship, a violent relationship... And also, the brain development of a child and how that changes is – to me – very impactful... because as a police officer we've all gone into domestic violence situations where there is children present and we think, "Oh my god, this kid doesn't have a hope in hell," right? "We're going to be arresting him in ten years."

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Honestly, those are thoughts that go through our heads...The brain of the child actually changes if they're raised in a domestic violence home...Their learned behaviour over the years is just, it just is so cyclical, it just continues. (Domestic Violence Police Officer #1)

While this police officer points to the trauma that comes with being exposed to violence in the home, their assertion also assumes the inevitability of children engaging in criminal activities and modelling violent behaviours towards their intimate partners in adulthood. This assumption of the normalization of violence—linked to the witnessing of intimate partner violence in childhood—sets up conditions for children's harm in the future. Even if they are not directly impacted by the violence (i.e., the violence is not directed at them), service providers conclude that children are harmed nonetheless by the very presence of violence in the home. While there is general consensus in the literature that exposure to violence does impact child wellbeing, the evidence is not sufficient enough to conclude that all children are adversely affected or that they become batterers or criminals because of intimate partner violence exposure (Tutty & Nixon, 2020; see also, Edleson, 1999; Wolfe et al., 2003). It is also imperative to note that the cycle of violence is only a theory and has not been proven by empirical evidence. Based on these important considerations, the police officer's claims that children exposed to violence do not have "a hope in hell" and are going to be arrested in the future are highly questionable.

Concluding Remarks

While domestic violence and child protection laws and policies problematize the issue of intimate partner violence and child exposure as gender-neutral, service providers working across various sectors in Manitoba struggle with this official construction against the gendered context of violence where men and fathers account for the majority of perpetrators and women and mothers represent the majority of victims. While some of the service providers constructed intimate partner violence as occasional "couple violence" that is gender neutral and mutually perpetrated by both men/fathers and women/mothers, others recognized the patriarchal context of violence that is rooted in men's need to control women. Despite the fact that service providers are expected to respond to intimate partner violence and child exposure through a gender-neutral lens (assuming that both men/fathers and women/mothers are at the same risk of violence perpetration and victimization), the analysis of the transcripts found that gendered constructions surrounding

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parenting—and mothering in particular—did permeate service providers’ discourses and responses to women who mother in the context of intimate partner violence.

In effect, perpetrators and their roles as fathers are largely invisibilized, while the onus is placed on mothers/victims to protect their children and flee the violent situation. As the focus remains on protecting children as the primary or legitimate victims of intimate partner violence, service providers’ narratives tended to centre a mother’s individual “decisions” or “protective capacities” in their considerations of the best interests of the child. This centring of a woman/mother’s protective capacities in service providers’ discourses and responses to child maltreatment (as a result of intimate partner violence exposure), however, not only creates the conditions whereby abused mothers can be constructed as “bad mothers” or “quasiperpetrators” of men’s violence, it also puts abused mothers at risk of losing their children to protective services. Through framing the issue of child exposure as a mother’s individual choice to stay in an abusive relationship, the service providers’ problematizations of intimate partner violence perpetuate a narrative that focuses on the question of “Why does she choose to put herself and her children at risk of harm by remaining with an abusive partner?”

The construction of intimate partner violence and child exposure as a woman’s/mother’s problem not only neglects structural issues (such as patriarchy) and the impact they have in limiting a woman’s ability to leave an abusive relationship, it also places marginalized and racialized abused women/mothers outside the boundaries of “good mothers” and “ideal victims.” In this sense, violence perpetrated against Indigenous women/mothers as well as immigrant and refugee women/mothers is constructed as a normalized phenomenon or “accepted practice.” Although service providers recognized systemic issues such as colonialism, discrimination, and racism, their narratives framed the issue of intimate partner violence as a problem “of” Indigenous and immigrant mothers, families, and communities.

Chapter 4: Managing Risks in Intimate Partner Violence

Over the past two decades, there has been a shift towards risk-adverse approaches to intimate partner violence and child protection through the use of actuarial tools (such as risk assessments) to measure a victim's risk of future harm and to guide intervention efforts (i.e., risk management or safety planning) that can lower their risk. All 20 of the service providers in the study sample indicated that they used risk assessments to guide intervention in their work with victims and perpetrators of intimate partner violence. The assessments that service providers used varied from a formal, structured checklist of risks (e.g., Jackie Campbell Danger Assessment, ODARA) to an unstructured interview where they would assess an individual's level of risk based on their experiential knowledge or on the victim's perceptions of their own risks. These assessments of risk differed depending on a service provider's experience, profession, and/or organization; and impacted the ways service providers chose to manage risks or safety plan with individuals who accessed their services.

Feminists have raised concerns about how the shift to risk-discourse and risk-based approaches to intimate partner violence has led to service providers focusing on women's deficiencies or failures in mothering (see Lapierre, 2008; McDonald-Harker, 2015). This chapter takes up this issue by examining the ways in which service providers working in Manitoba manage risks in their responses to women and children who experience intimate partner violence in the home. More specifically, the purpose here is to examine how risk discourse and managing risks has factored into service provision for mothers experiencing intimate partner violence, with a specific focus on the ways in which intimate partner violence and mothers/victims are constructed in service providers' accounts and responses to the issue.

Responsibilization of Mothers

In their discussions surrounding intimate partner violence and mothering, service providers tended to negotiate risk in terms of a mother's risk of victimization versus the risk that they believe she exposes her children to by placing them in a position of potential harm (by either remaining with or returning to a violent partner). In this sense, service providers assessed whether children were safe and protected in their mother's care by assessing whether a mother recognized the risk that intimate partner violence exposure has on her children and if she took active steps to protect her

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children from harm (e.g., fleeing an abusive partner, seeking shelter or services, engaging in safety/protection planning). These assessments of a mother's risk determined whether or not service providers referred the case to Child and Family Services (CFS) for a further risk assessment of children's safety. One victim services worker described the process as assessing whether a mother/victim puts her child's needs and safety first:

When we have children that are involved in a domestic violence matter, we're not dealing directly with those children unless those children were actually victims or witnesses and have to go to court in the future. So basically, what we're working with is the parent in hopes that the parent is taking – putting the children first before the offender and willing to work with us. If not, a lot of that just goes to CFS and then we just work within the confines of that – like, work through the agency. (Victim Services Worker #3)

In their response, the victim services worker locates a victim's mothering and protective capacities as a determining factor in children's exposure to violence. As outlined in the literature, the most common expectation associated with "putting the children first before the offender" is for the mother to control men's violence, often through leaving the abusive relationship, accessing appropriate resources with their children, and providing adequate nurturance and support necessary for the development of their children separate from their abusive partner (Jenney et al., 2014; Lapierre, 2010; Strega & Janzen, 2013). In this case, the victim services worker is drawing on these dominant understandings to evaluate a mother/victim's capacity to be the safe parent away from an abusive partner. If she is willing to flee a violent partner and "work with" service providers (through accessing victim services, cooperating in risk assessments, and employing safety or protection planning strategies) to protect herself and her children from future harm, then she is considered a safe parent who is "putting the children first." This construction of good mothers as putting their children's safety first was also considered an emergency shelter and crisis services worker's response:

Our position is that if a woman is not the abusive partner, the children are safe with her while she's in our care and that we really don't require advisement to any of the child protection agencies. We will report [to CFS] if we suspect that the woman is going back and endangering the child for sure. (Shelter Worker #2)

Based on their response, it is evident that service providers often consider children safe when they are in their mother's care and if the mother is separated from the abusive partner. In this sense, a mother's risk to the children was conceptualized in terms of her ability to flee and remain separated from the violent partner. A mother was considered safe as long as she did not return and

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endanger the child by putting them at risk of intimate partner violence exposure. The shelter worker's response, however, seems to neglect the fact that there are a lot of potential reasons why women may return to a violent partner, many of which are protective. For instance, a mother may return to an abusive partner so she can monitor interactions and contact between the child and the abuser as abusers still are granted custody or visitations in child welfare decisions (Nixon et al., 2015). An abused mother may also choose to remain with an abusive partner as a strategy to protect her children from violence because she fears for her own and her child's physical safety if she were to leave (Brownridge et al., 2008; Kelly, 2009; Nixon et al., 2016). Assessing an abused mother's capacity to be a protective parent against "legitimate" strategies like leaving an abusive partner also fails to consider that separating from an abusive partner is the most dangerous time for women to experience violence or be killed. Research finds that separated women experience rates of violence up to nine times higher than married women, while divorced women experience violence about four times that of their married counterparts (Brownridge et al., 2008). A more recent analysis of self-reported spousal violence in Canada has found that almost half (49%) of victims of spousal violence reported that the severity of abuse increased after separation (Burczycka, 2016). Considering the increased risk of violence post-separation, it is important to understand that many abused women/mothers who return to their partner are being protective.

On the other side of the discourse surrounding mothers as the safe or protective parent is the narrative of mothers as a risk to their children. In other words, despite being victimized by the perpetrators themselves, a few of the service providers responsabilized mothers in their discourses through holding them accountable for keeping children safe. In cases where mothers were unwilling or unable to control men's violence and remove themselves and their children from the abusive context, service providers tended to frame the mothers as a risk for failing to protect. When describing risk factors related to child exposure to domestic violence, one Crown Attorney attributed responsibility to mothers by asserting that: "If a mother isn't in a position to protect the children from a violent partner, then that certainly becomes a risk factor" (Crown Prosecutor #2). Their response, which situates mother/victims of intimate partner violence as a potential risk to their children, was echoed in other service providers' narratives, which held that children needed to be removed from their mother's care if she was unable to "ensure their safety" (Victim Services Worker #6). In both of these quotes, the service providers' focus is on the mother putting her child in a dangerous situation: she is framed as a potential risk to the children. Instead of discussing the

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perpetrator and his risk of violence or the risk that his abusive behaviours pose to the safety of children, the emphasis or burden of responsibility is placed on the mother's (in)actions.

Because mothers are held responsible for protecting themselves and their children from the violence by removing them from the abusive context, abused mothers who are unwilling or unable to flee a violent partner can be labelled by some service providers as deficient or failing to protect. McDonald-Harker (2015) argues that this labelling of abused mothers as a potential risk can put mothers in a position where they are blamed for not leaving an abusive partner, and can place them at risk for losing their children, not having their children returned to them (if they have already been apprehended), or having charges laid against them. One of the service providers explained that this risk or threat of child apprehension is beneficial to moms and children because it can function to pressure the mothers to flee violent partners and access the appropriate supports or services:

When children come into the shelter with their parent, we feel that they are safe at that point unless we have reason to believe otherwise. If we felt that the children were not safe, then we would definitely report to Child and Family [Services]. But often, we will have Child and Family send moms and children to shelter with the idea that either you go into a shelter or we are going to apprehend your children. That fear of apprehension is beneficial to moms or to children. So, when they come in it's not an automatic referral to CFS. (Shelter Worker #1)

Although the service provider explicates their belief in the designated safe parent, their response also reflects a patronizing attitude toward mothers who do leave their abusive partner and access shelter with their children. By explaining that the "fear of apprehension is beneficial to moms or children," the shelter worker is determining what is good for mothers or children in the context of intimate partner violence. Based on their narrative, threats of having children removed from a mother's care are considered useful in service providers' responses and can help service providers pressure mothers into abiding by the protective or good mothering discourse. Contrary to the shelter worker's belief that fear of child apprehension is useful to mothers, however, is the fact that many abused mothers are unlikely to seek professional help (such as police, shelters, etc.) if they believe that they will be regarded as "bad mothers" who are unable to protect their children (Nixon et al., 2015).

As outlined in the literature, however, these threats of taking children away from their mothers in efforts to force women into fleeing violent partners are not beneficial to mothers nor to their children (see Lapierre, 2010; Nixon et al., 2013). In addition to neglecting contextual factors

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or barriers that may hinder a mother's ability to leave (i.e., income or employment barriers, transportation issues, childcare), these threats also overlook the emotional distress and trauma that mothers can experience when their children are apprehended from them. The shelter worker's response describes the informal process of criminalization that abused mothers experience (McDonald-Harker, 2015). Despite being victimized by the violence themselves (and the various contextual factors or barriers that impact their ability to flee a violent partner), mothers/victims who are unwilling or unable to leave are responsabilized and blamed for failing to protect themselves and their children and are subject to losing their children to child protective services.

Building on these understandings of a mother/victim's risk in relation to their child's safety and wellbeing, service providers also tended to incorporate risk discourse and responsabilizing narratives in their protection and safety planning interventions with women who mother in the context of intimate partner violence. After utilizing risk assessments to determine a mother/victim or child's level of risk, service providers often used these assessments to guide risk-based approaches (such as safety planning) for mothers and children to help protect themselves and overcome the abuse. In addition to educating mothers on the risks of harm to children, service providers also instructed mothers on how to teach their children to safety plan and detect risks of potential violence, as reflected in two responses of victim services workers:

Yeah, if there's kids involved, we definitely have conversations with [the mother] about that. Now we don't meet with kids directly ourselves to talk about safety planning, but what we do is try to – and it's typically the mom we meet with – we try to talk to them about how what they can do when they sit down with their kids to do a proper safety plan that's child appropriate for them. So, we give them those tools or those questions to ask the kids and conversations to have. We are trying to stay away from suggesting that kids have a role to play in keeping the house safe, but what we are trying to do is, what can you say to the kids about where they can go when they see something is going wrong? Can they call police, can they run [to] the neighbours if they see the perpetrator down the street? What are you going to instruct them to do? Can they run home and tell you? Will they always remember to keep the doors locked when they are going in and out of the house? (Victim Services Worker #2)

I don't talk to children specifically about safety planning if their parents are in a domestic violence relationship. So, the protection planning would go through the victim on different ways of helping their children stay safe, as well as incorporating their children. If you've got a 13-year-old at home who is well aware of the situation... If dad comes home, you are supposed to run out and go across the street to the neighbours, and they're supposed to call so and so.... So, we do try to include that in a discussion with the victim, if they're very – hopefully – connected with their children enough that they would incorporate the safety plan with their children. Like, "Okay, if dad comes home and he's drinking and I can't get

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out the door, you take Billy and Joey and you go across the street to Grandma's house," something like that... A huge red flag is when the victim doesn't think it's necessary to include these kids [in safety plans] when there's obviously a history of these kids already calling the police, leaving the home, reporting it. (Victim Services Worker #1)

In their responses, both of the victim services workers highlight the importance of mothers/victims' safety or protection planning with their children to ensure that they are protected from intimate partner violence exposure. In addition to managing their own risks (e.g., having an escape bag packed, tailoring their behaviours or daily schedules to avoid risk of victimization), mothers are held responsible for implementing specific plans (e.g., teaching their children to call the police, escape to the neighbours, run from the perpetrator, locking doors) with their children to ensure that they are better protected when intimate partner violence breaks out. While these efforts are employed to ensure children's immediate safety, instructing mothers to implement and go over protection planning with their children further places the burden of responsibility on mothers/victims to instruct her children on what to do if violence breaks out.

These expectations surrounding mothers and their protective capacities can lead to mother-blaming or perpetuate failing to protect narratives among service providers. For instance, by stating that it is "A huge red flag" when a "victim doesn't think it's necessary" to include kids in safety planning, the victim services worker draws on, and perpetuates, responsabilizing discourses that hold mothers accountable for the care and protection of children. Based on their understanding of the issue, mothers who are unwilling or unable to successfully safety plan with their children are considered a risk because they are putting their children in a position of potential harm. These understandings not only further increase the risk of mothers losing their children to child protective services, but they also perpetuate discourses surrounding "legitimate" protective strategies. For instance, researchers have found that abused mothers develop various protective strategies that aim to respond to their child's emotional needs as a way to help mitigate the harm caused by intimate partner violence exposure (see Nixon et al., 2017). Some of the identified approaches include limited truth-telling in efforts to avoid traumatizing them (Haight et al., 2007), avoiding discussions surrounding the violence (Peled & Gill, 2011), as well as hiding the abuse from them (Kelly, 2009). Again, if service providers do not credit mothers for the various approaches that they employ to protect their children from harm, then abused mothers are less likely to contact professionals for help. It is important for professionals to support abused mothers' various methods

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of protecting their children and to provide them with adequate supports. As noted by Nixon et al. (2015 p. 72), “It is vital to preserve a woman’s sense of self.... If women believe that they are good mothers who can protect their children, and are perceived as such, they will feel more engaged with their children.”

Fathers as a Risk?

Opposite to how abused mothers are constructed is the way in which perpetrators and fathers are constructed as a risk to their children in service providers’ accounts. As half of the service providers (N = 10) interviewed were working in domestic violence women’s shelters and victim services, these individuals did not work directly with perpetrators “except for referrals” to other resources (Shelter Worker #3). Of the service providers who did work directly with perpetrators (including Crown Attorneys and Probation Services workers), several indicated that they did include children in their assessments of a father’s risk of intimate partner violence perpetration:

We consider whether or not the offence has taken place in front of children or whether they’ve been witness or present during domestic violence. So, we certainly consider that in terms of our assessment of risk of a particular individual. (Crown Prosecutor #2)

We ask about parenting issues. We ask about how many children they have, if they’re in the care who looks after them, etc. We look at if there’s any offences against children, how involved are they, if they have kids in care – how many kids [do they have] in [their] care? You can sort of gauge if people are involved in their child’s life. Do they have visits if they’re not in their care right now? What’s that relationship or who’s looking after them? And sometimes kids are caught in the middle of two people who have separated or divorced – we look at that and like we have policy if somebody tells us they’re going to hurt themselves or someone else we take action on that. And if somebody says that their kids are in harm, we will call Child and Family. (Probations Worker #2)

While some service providers do consider children in their assessments of a perpetrator’s level of risk, the ways in which mothers and fathers are constructed in terms of risk and responsibility are quite different. For mothers, the focus is placed on children and the role that mothers have in protecting and endangering them. For perpetrators, however, their role as a father and the risk or part that they play in committing the violence and directly placing their children in harm’s way is minimized. This disparity was most evident in a Crown attorney’s discussions of risk surrounding mothers/victims and fathers/perpetrators. As presented earlier in the chapter, the Crown attorney constructed a mother/victim as a risk to her children if she was not in a “position to protect the children from a violent partner.” In their later discussions about risk of perpetrators,

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however, the attorney asserted that a perpetrator's risk of reoffending against their partner (and children) is placed second to standards of conviction:

Ultimately, the level of risk that any offender poses is secondary to the standard of any criminal prosecution, and one of the standards of that [is] is there a reasonable likelihood of conviction? So, a person may score as a high risk to reoffend, but if we don't have reasonable likelihood of conviction against that offender, we wouldn't continue on with the prosecution of a case. But the risk [of reoffending] informs elements of the prosecution if there is determined to be a reasonable likelihood of conviction; it informs the question of the position of the Crown or the release of the offender, it informs the position of the Crown in terms of proceeding with prosecutions, and whether a diversion through extrajudicial sanctions might be appropriate, it informs the sentencing recommendation of the Crown. (Crown Prosecutor #2)

While discussing procedural issues related to prosecuting a case, the Crown attorney points to significant issues of how the risk a perpetrator poses to his partner and children is minimized against the standard of criminal prosecution. Although their discussion may highlight legislative or policy issues rather than personal discourses, the attorney's response is significant in that it emphasizes the different ways in which mothers and fathers are constructed as responsible for protecting children in the context of violence.

In practice, the burden of responsibility is placed on mothers/victims to protect and remove themselves and their children from the context of violence and to follow particular protection strategies (i.e., having an escape plan and bag packed, locking doors, etc.) to avoid and overcome the abuse. If she is unable to protect herself and her children from the violence, she can be constructed as a risk to them, subjected to criminalization, and having her children removed from her care ("That fear of apprehension is beneficial to moms or to children"). Although children are included in an assessment of fathers/perpetrators' risk, the risk that they pose to mothers/victims and children is not significant enough on its own to influence intervention or prosecution. The role that perpetrators have as fathers was largely absent in diversion programming; there were no discussions about how losing their children was "beneficial" to fathers, and their risk of reoffending was placed second to the standard of criminal prosecution.

Moving Away from Mother-Blaming?

Although notions of responsabilization and mother-blaming were evident in service providers' accounts of intimate partner violence, there were a few cases where service providers moved away from mother-blaming and a focus on mothers' deficiencies narratives. For instance, one service

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provider noted mothers' protective strategies and the agency-level shift away from a "bad mom" or mother-blaming narrative to a greater focus on the individual who is perpetrating the violence:

Up until now it's [CFS and child protection responses] been very much "Why hasn't the female done anything to keep those children safe? Why did she run out of the house and leave the kids there if this guy is a notorious abuser?" So, there's been a lot of pressure on the female victim and I think now there's this change that's slowly starting to happen where now we're saying, "Okay, yes, the children might have been left in the home, but did she do the right thing? Did she go out – she left a situation, she went out, she sought, and she has this history of being a protective parent." And so now they're starting to document more on the male – I'm saying male but the violent person's history and their background – it's not so female targeted I guess as "bad mom" parenting kind of thing. (Victim Services Worker #4)

Another service provider working in residential and crisis services also noted the shift from responsabilizing and mother-blaming assessments of risk to a "Safe and Together"² model that emphasizes the perpetrator's violent actions:

In Manitoba, ... if a child is with a non-offending parent, they're working on a program with Child and Family Services that's called "Safe and Together." It's a model that will eventually make its way across Canada... Manitoba right now is kind of one of the main provinces that is trying to put this into place. So, you know, the questions aren't so much anymore like, saying to the mother, "What would you do to keep your kid safe?" Those sorts of things. The shift is more now to the perpetrator. Like, you know, these were your actions, and what have you done to endanger the safety of your children? Getting away from victim-blaming. (Counsellor/Crisis Services Worker #1)

Taken together, these two service providers' responses highlight an attempt to move away from mother-blaming narratives in the broader discourse and institutional responses towards an approach that recognizes the role that the perpetrator has in committing the violence and endangering their children. Although both of their responses note a de-centring of mothers' responsibility for "keeping children safe," there are still assessments of a mother's protective capacities in the victim services worker's discussion. Through posing questions such as "Did she do the right thing?" "Did she leave and seek help?" the victim services worker is still assessing a mother's actions against the construction of good mothers as mothers who are protective, leave the abuse, and seek help. Therefore, this shift is not necessarily occurring as a result of the change

² The "Safe and Together" model is a global model which helps child welfare systems become domestic violence-informed. The model aims to support adult and child domestic violence survivors through keeping them together. The model also views domestic violence perpetration as a negative parenting choice and encourages consistent, positive, and meaningful change in perpetrators. See: <https://safeandtogetherinstitute.com/about-us/about-the-model/>

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in discourse surrounding mothering in that the move away from mother-blaming may be dependent on a mother's ability to follow certain standards of behaviour.

Another service provider working in the emergency and second-stage housing sector noted a shift that has occurred in regard to mothers fleeing a violent partner and accessing shelter:

The biggest hurdle we have overcome in shelters is at one point when we started, women were reluctant to come to shelter because they were saying it was breaking up the family, it would be harder on the kids, and they were worried about the impact on children. Now we have women coming into shelter saying, "I'm here because of my children" and they're doing that often voluntarily and it gives us the opportunity to then start educating them about the impact of domestic violence on children. So that is a huge step that's occurred in my lifetime and I'm really impressed to see that. (Shelter Worker #2)

While the service provider appears to be describing a positive change in mothers' motivations to access shelter in order to protect their children, their response also reflects the discourse of the "good mother": mothers who are aware of the impact that intimate partner violence exposure has on their children and who choose to seek shelter or other supports to protect their children. In addition, the latter of part the service provider's discussion, which describes that attending shelter gives service providers the "opportunity to then start educating" mothers "about the impact of domestic violence on children," assumes that mothers are unaware or clueless of the impacts that intimate partner violence has on their children, and are, therefore, "deficient." This assumption is in contrast to the shelter worker's assertion that mothers are knowledgeable enough to know that children are affected or need protection as they are accessing emergency shelter "because of their children."

In other cases, service providers' narratives moved away from mother-blaming by pointing to geographical, institutional, or structural issues that put mothers and children at an increased risk of experiencing intimate partner violence. Instead of attributing responsibility to a mother's actions or protective capacities, these service providers conceptualized risk in terms of marginalization, vulnerabilities, or barriers that can impede a victim/mother's ability to leave an abusive partner, and that can exacerbate her experiences of violence. Overall, some of the main issues mentioned include: poverty, addictions, lack of supports or resources, discrimination, and inadequate police or justice system responses. These issues differed depending on victim/mother's social locations (such as race, class, geographical location), and impacted the ways in which service providers understood a mother/victim's risk.

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For women living in rural, remote, and northern communities, service providers discussed issues such as small communities and lack of anonymity, issues with accessing cell phones or cell service, and lack of informal and formal supports. One of the major barriers or vulnerabilities identified by service providers was problems related to lack of shelter or other safe options for mothers and children to escape the violence:

If they want to leave: accessing the shelter in the community – there’s not usually one there. So, then they have to relocate their children to a different community, to a different school, access funding and affordable housing, and even affordable groceries. All those things affect the mother’s ability to leave an abusive relationship. If the finances aren’t there, if the police protection isn’t there, if the safe housing/affordable housing isn’t there, they sometimes will stay in a relationship because that’s the way they can be able to feed their children, keep a roof over their head, and still have access to a car so they can go get groceries or whatever. Sometimes they have to choose to stay there because that’s the only resource they have to provide for their children. (Victim Services Worker #6)

In addition to highlighting lack of shelters available, the service provider points to significant barriers that mothers/victims living in rural, remote, and northern communities face. Rather than diminishing a mother’s decision to stay with a violent partner to her individual “choice,” the victim services worker emphasizes significant social and structural barriers (i.e., lack of shelter or access to affordable housing and groceries) that can force mothers to remain in or return to a violent home. In their response, the victim services worker also actively challenges dominant discourses that blame mothers for not escaping a violent relationship. Through asserting that some mothers are forced to “choose” to stay in a relationship because “that’s the only resource they have to provide for their children,” the victim services worker opposes dominant constructions which assume that abused mothers are not protective of their children or are failing to protect.

Speaking to the issue of lack of shelters available, another victim services worker explained that some women in remote areas need to leave their home communities and children to access shelter in the city:

It’s not like there is often a shelter near some of these remote communities that women can access, so there have been times when people have flown into Winnipeg just to stay at a shelter. That’s unfortunate because it keeps them away from family and it could possibly be keeping them away from kids depending on how they got here. So, that’s a huge barrier. Then there’s politics sometimes depending on who knows who. Some people don’t feel safe even getting help from community members because they may not feel supported. So, we have seen a little bit of that too. (Victim Services Worker #2)

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As outlined by the victim services worker, the absence of shelters in or around isolated areas poses a significant barrier to mothers experiencing intimate partner violence in rural, remote, and northern communities. This absence of shelters or safe spaces can put mothers in the difficult position of “choosing” to stay with an abusive partner in their community and remain close to their children and family or having to leave their home and all of their supports to seek shelter elsewhere (which is most often short-term). Connecting their response to the former victim services worker’s discussion about mothers being forced to remain with violent partners to provide for their children, it is important to point out that the risk of having to leave her children behind with her abuser can also force mothers to stay in a violent relationship as a protective mechanism.

Another major barrier identified by service providers for mothers in rural, remote, and northern communities is a lack of police presence or RCMP detachments, causing potential delays in response times and ineffective interventions for women who experience intimate partner violence:

Access to quick RCMP response... RCMP detachments cover huge areas and they usually only have 2-3 staff on at any given time. If those staff are tending to a scene two hours from their detachment and there’s a domestic call on the other side of the detachment an hour away, then they are three hours away. They sometimes can call in neighbouring RCMP attachments, but that’s still going to be a delay. So, to believe that you’re going to be protected by police if the person comes to your house... (Victim Services Worker #6)

We have women from some of our northern communities, where the police have told them, “Don’t come back you’re not safe here. There’s no way we can keep you safe.” So, we need services and supports for women off of those communities and away from those communities. (Shelter Worker #1)

The lack of police or RCMP presence poses a unique barrier that can significantly impede a mother’s ability to seek help and escape a violent relationship. The fact that detachments are severely under-staffed and respond to “huge areas” is problematic because it delays swift response to calls for help and forces women to wait in dangerous and potentially fatal situations. It is also noteworthy that police officers are warning women not to return to their home communities because there is “no way” that they can keep them safe. Taken together, these responses demonstrate a recognition of systemic barriers that put women and children at an increased risk of experiencing intimate partner violence. If the police, which are often the first point of contact for help, are unable to protect women living in rural, remote, and northern communities, then who can

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keep mothers and children in these areas safe from future harm or abuse? How do we expect women to keep themselves and their children safe?

Risks for Indigenous Women/Mothers

Because Indigenous women account for a significant proportion of women living in rural, remote, and northern communities, some of the service providers' responses noted issues for mothers who experience both of these intersections, which can increase mothers' risk or vulnerability to violence. For instance, one victim services worker providing services to women in northern communities described a situation where Band members blocked a woman from fleeing her community with her children to escape a violent partner:

We've had a – I know of situations; I haven't heard of it in quite some time... But I do know of a situation where a woman is trying to leave the community. [She] gets on the plane with her children, and literally a member of the Band – like Chief and Council – will actually go on the plane and take the kids off the plane so that she can't leave with them. So, in most situations, a lot of times women will stay because of that. It's a whole different ball game up here in terms of what we can do. So, we just have to get very creative with each community based on the resources that they have. You can tell I'm a little bitter over that. (Victim Services Worker #1)

As with the narratives presented earlier, the victim services worker highlights a major issue that can prevent an Indigenous mother from leaving an abusive partner with her children. In their response, the victim services worker makes it clear that they are “a little bitter” with the barriers that Indigenous mothers experience in terms of fleeing a violent relationship. Even in cases where Indigenous mothers abide by the protective mothering discourse through attempting to take their children and escape a violent partner, the fact that they are blocked from doing so often forces them to return back to the abusive and dangerous situation. Instead of attributing risk and responsibility to Indigenous mothers failing to protect in their response, the victim services worker conceptualizes the problem as a lack of resources and community supports which fail to protect Indigenous women and their children from violence.

Another significant issue that service providers identified in their discussions surrounding risk, intimate partner violence, and Indigenous people is the systemic racism present in societal and criminal justice system responses. When describing unique risk factors for domestic homicide among Indigenous populations, one service provider working in the cultural community and social

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services sector asserted that individuals do not intervene because of racism and a lack of respect for Indigenous lives:

I think that a lack of bystander intervention is systemic within our community when it comes to Indigenous lives. Does that make sense?... It's the that if you see an Indigenous person unconscious on the street, you're far more likely to step over them than when you see a white person, brown person, or Asian person sitting on the street. And that's the greatest form of racism that there is. It's a lack of bystanders wanting to get involved and help an individual or feeling that there's even a need. (Community Outreach and Social Services Worker #1)

In their response, the community and social services worker actively resists the dominant discourse which frames the issue of intimate partner violence as a problem "of" Indigenous people. Rather than viewing Indigenous peoples' risk of intimate partner violence as an individual problem, this service provider attributes the blame to systemic racism and devaluation of Indigenous lives (i.e., "You're far more likely to step over" an Indigenous person in need of help than a non-Indigenous person).

Another social worker who provides diversion programs for male perpetrators named systemic racism and the role it plays in putting Indigenous people at a higher risk of experiencing violence:

Unique risk factors... It's a big discussion, especially now with the missing and murdered [Indigenous] women... I think, they are at a higher risk because of those factors that I've mentioned [residential schools, colonization, trauma, poverty]. But also, the overrepresentation of Indigenous people in the justice system and sometimes the overt and not so overt racism that the justice system shows towards those clients. When you look at the incarceration rates... this doesn't apply to what our program does, but I think there is definitely a need to recognize this, right? And just to be able to acknowledge that they might come with ten times the struggles than someone who hasn't experienced that kind of background and that growing up with those kinds of experiences. (Social Worker Diversion Programming #1)

Although the social worker noted several factors that can exacerbate Indigenous women's experiences of intimate partner violence, their emphasis on the "need to recognize" structural racism against Indigenous people in the criminal justice system demonstrates a significant resistance to the discourse which frames violence as a problem "of" Indigenous people. Instead of falling into mother-blaming narratives, both of these service providers understood Indigenous women's increased risk as occurring because of systemic and structural racism.

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Risks for Immigrant and Refugee Women/Mothers

With respect to immigrant and refugee mothers, service providers described several unique factors that could exacerbate their experiences of violence and impact their ability to escape a violent partner. In addition to mentioning issues such as language barriers, service providers also discussed risks related immigrant and refugee mothers' citizenship status, and the potential of perpetrators using their status as a threat to force them into staying in the relationship:

That can get pretty complicated in terms of if you are a landed immigrant. Sometimes a mother will be granted custody of the children. She may want to go back to the country of origin but can't, based on the fact that dad has access to the children as well. So, and of course, language barrier becomes a problem. But we do the best we can to try and either find interpreters, that's usually definitely a help. (Counsellor/Crisis Services Worker #1)

The added with the immigrant population is that because they are new here, they don't know if their partner is using things to keep them locked in that relationship, like, "I'm not going to give you your passport," or, "If you leave me, they're going to send you back, and you're going to have to leave the kids here, and you're going to be sent back to our original country." That's not true, but they don't know that. And if they come to us, depending on what language they speak, we may or may not be able to help them understand that that's not true. (Shelter Worker #3)

As suggested in the above two service providers' responses, citizenship status can pose as a significant barrier to immigrant and refugee mothers fleeing a violent relationship with their children. Apart from custody issues that can impede a mother's ability to take the children and return back home to her family and other supports, perpetrators can also use a woman's citizenship status as a tool to manipulate her and create false narratives that she will lose her children if she reports the abuse. These issues, which are further complicated by language barriers or a lack of interpretive supports available, can pose a significant risk for immigrant and refugee mothers and children experiencing violence. The fear of losing her children can force her to remain with an abusive partner.

A similar issue identified as a risk for immigrant and refugee mothers experiencing intimate partner violence was a shortage of shelter space and lack of culturally relevant services or supports offered in domestic violence shelters. The service provider working in cultural community and social services described this lack of adequate shelter space as a barrier to safety for immigrant and refugee women and their families:

I think the biggest barrier that we would face – and the only times we kind of find ourselves in a gulf – is when it comes to the use of family shelters. There is a shortage of adequate

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domestic violence shelter housing in the city, and the idea of shelters in a lot of ways is difficult on our population – the Muslim population. Oftentimes when there isn't any available shelter space, the next available place for that family to sleep is a homeless shelter. So, we occasionally find ourselves in situations where the police are advocating that somebody attend a shelter and we're still trying to find a place of safety where they can be in a place where someone will speak their language, there will be options for them to eat Halal food, things like that... That would be number one. (Community Outreach and Social Services Worker #1)

Although their discussion focuses on a specific population that their organization serves, the cultural community and social services worker's response points to a significant problem that can impact many women from diverse racial or ethnic backgrounds, including Indigenous women. In Canada, there exists a significant shortage of short-term and second-stage shelters available for women and children fleeing intimate partner violence. In November 2019, a CBC News report found that, on average, women and children are denied access to emergency domestic violence shelters almost 19,000 times a month, and over 220,000 times a year across Canada (Carman, 2020). The majority (45%) of second-stage shelters providing longer-term support (typically up to 15 months) for survivors and children of intimate partner violence also report major issues with overcapacity (Maki, 2019).

Research has found that insufficient government funding has a direct influence on the shortage of shelter space available, and on the ability of shelters to adequately employ their staff and to provide sufficient services for women and children escaping domestic violence—especially for immigrant, refugee, and racialized women and children (New Brunswick Multicultural Council, 2016). Among the 71 second-stage shelters across Canada that provide supports and services to immigrant and refugee women, Indigenous women, and other racialized women, only 15% reported that offering culturally appropriate supports and services was “not an issue,” while 35% reported that it was a “major challenge,” and 49% indicated that it was a “minor issue” (Maki, 2019 p. 32). The research supports what is reflected in the community and social services worker's response. The shortage of shelter space available, in addition to the lack of culturally relevant programming and language-specific services, can act as a major barrier for racialized women and children escaping intimate partner violence. If there is no safe space for women to access with their children, the risk of mothers remaining with or returning to an abusive partner is increased.

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Recognition of System Failures

Perhaps one of the greatest shifts away from victim- or mother-blaming discourse found in the interview transcripts was when service providers recognized system issues in terms of ineffective or inadequate police and court system responses that fail to keep women and their children safe. Two service providers noted failures in terms of the ineffectiveness of protection orders and deficient police response in protecting women victimized by intimate partner violence:

That's an area that needs more education because I think sometimes it's like she has a safety plan... Okay, but what does that mean? You filled out a form? So, it's multi-layered and I think it's really important like, how do you teach someone to be safe? I think that as a system, protection orders are a good example of that. We know lots of women who have had protection orders in place who have been murdered by their partners. They did all the things they needed to do, took all the precautions that needed to be taken, and all the people in their life knew that they needed to be safe.... Women still get killed by their partners even though they had safety plans and protection orders or no contact orders in place. (Probations Worker #1)

Just because you've given her a protection order, a protection order doesn't stop bullets or knives or fists. Police need to respond to those protection orders. We have women with 20-30 breaches of protection orders and nothing happens. We have police officers who tell perpetrators, "Okay, you have a protection order, you're not allowed within so many metres of your wife's home, but if you park here, you're within that area and there's nothing we can do." So, we'll have perpetrators sit 100 meters down the lane and they're okay. What kind of safety is that? And this is police officers telling perpetrators what they can do within the law not to get caught and this is happening now. These aren't old stories. These are things that we experience now. (Shelter Worker #1)

In their responses, both the probation services worker and shelter worker point to system problems that fail to keep women safe. While the probation services worker focuses more on the ineffectiveness of protection orders themselves (e.g., "We know lots of women who have had protection orders in place who have been murdered by their partners"), the latter service provider's response connects these inefficacies to the failures of police in protecting victims of intimate partner violence (e.g., "We have women with 20-30 breaches of protection orders and nothing happens"). What is clear in both of their responses, however, is the fact that a piece of paper does not protect women and their children from an abusive partner. Since police officers are the main entity responsible for responding to protection orders, it is their duty to respond to breaches and protect women and children from abusive men. If police officers do not respond to protection orders, but are instead informing perpetrators of what they can do within the bounds of law and not receive punishment, then police officers are failing to keep women and children safe.

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The system issues identified extend past police response to protection order breaches. In addition to noting police failures, service providers also described issues relating to family court and criminal court responses to women who experience intimate partner violence. One victim services worker working with abused women and children in shelter expressed their lack of confidence in the system overall:

When people ask me in the last 20 years or 30 years, I often am very hard-pressed to say if things have improved – where they have improved [referring to police response to intimate partner violence]. I don't feel confident in the service the client would receive and I don't feel confident in the service my agency would receive for the most part. That would be true of just the system generally speaking. So, when it comes to policing and when it gets to family court, when it gets to criminal court, it's not necessarily consistent what's going to happen. We can't count on it. If we're going to try to refer a client to make a call or do something, we can't tell her what the outcome of that will be – whether she will get support or not get support, how she will be treated. So, we are cautious. Sometimes we even will prepare them with what type of response we anticipate they might receive – which will be antagonistic – and then how they need to handle that as they move forward, which is ridiculous but it's true. (Shelter Worker #3)

In their response, the victim services worker not only points to major inconsistencies and failures in police and court system responses to women who experience intimate partner violence. Throughout their discussion, the victim services worker also actively resists dominant discourses that blame women for not ascribing to the “ideal victim” status and for not seeking help when they are victimized by intimate partner violence. If police and court systems are revictimizing women in their “antagonistic” responses to women who have experienced violence, then the question becomes: who can abused women turn to in order to feel protected and safe?

The victim services worker's response, much like the other service providers' narratives presented in this section, highlights the importance of moving beyond discourses that frame mothers/victims as risks for failing to protect themselves and their children from violence. While notions of responsabilization and risk did factor into some service providers' accounts of mothering in the context of intimate partner violence, the fact that there is this shift away from mother-blaming discourses demonstrates a positive move towards a recognition of systemic issues and of women's and mother's social locations in service providers' responses to intimate partner violence.

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How are Children Included in ‘Managing Risks’?

Most of the research conducted on risk-averse approaches has focused on how risk management discourse and logic factor into service provision for adult victims and perpetrators of intimate partner violence. As such, there is currently a gap in the literature as to how risk-averse approaches and risk discourse factors into service provision for children exposed to intimate partner violence in the home. Because assessing risks and protection planning strategies are central in responding to child protection issues such as maltreatment or exposure to violence, it is important to examine how different service providers employ these approaches in their responses to children who are exposed to intimate partner violence. This section, therefore, examines if, and how, risk management discourse and logic (i.e., notions of managing risks or risk avoidance) have factored into service providers’ responses to children exposed to intimate partner violence in the home.

As outlined prior, Child and Family Services (CFS) is the only agency mandated in Manitoba to complete risk assessments for children. Because none of the service providers interviewed in Manitoba work in child protective services or are child welfare workers, this section cannot analyze how risk assessments are employed with children. However, in assessing a victim’s and/or perpetrator’s level of risk, the service providers still did consider the potential risk to children, specifically in questions about whether they automatically referred child exposure to intimate partner violence to Child and Family Services (CFS), and whether they considered children in risk assessments, risk management, and safety planning. One of the themes identified in the narratives of service providers in relation to risk, intimate partner violence, mothering, and fathering, was the notion of keeping children safe. This focus on children is in keeping with child protection policies and legislation (where children’s safety and wellbeing are at the forefront of importance) and aligns with service providers’ prioritizing children in intimate partner violence that is perpetrated against women/mothers. For instance, when asked about if children were considered in risk management and safety planning strategies of adult victims, one victim services worker stated: “I think so. Kids are always a priority for staying or keeping safe” (Victim Services Worker #4). Service providers’ language also reflected the language outlined in the Manitoba *Child and Family Services Act (CFS)* and the *Best Interests of the Child* principle. In answering whether they automatically referred to child welfare, a service provider in probation services explained:

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When the police attend the scene and there are children involved, yes, it is automatic that they contact child welfare. In the context of the work that I do, again, lots of women that I work with are moms and if they're caring for their children, the safety of the children is paramount. (Probations Worker #1)

In their response, the probation services worker draws on the language used in the *Child and Family Services Act (CFS)* to emphasize that the safety and wellbeing of children is “paramount,” or of utmost importance in responding to intimate partner violence. As such, although service providers do not conduct risk assessments on children *per se*, their narratives regularly placed children at the centre of their assessments. The focus on children’s safety and wellbeing depicts the mandated role of service providers in reporting cases where children are being maltreated or are at risk of being maltreated (including being exposed to domestic violence in the home). One social worker working in health care described the “switch” from assessing a victim’s risk in cases where there are no children involved to a “protection lens” in cases where children are present in the home (Healthcare Social Worker #1).

Aside from evaluating a child’s risk in relation to victims and perpetrators, one area where the service providers were able to implement risk-management approaches with children was through safety and protection planning. Most of the service providers who came into contact with mother/victims and their children (primarily victim services or shelter workers) indicated that they did create and go over safety plans for children when they access shelter or crisis services with their moms. The common purpose identified for including children in safety planning with their mothers was to ensure that children could protect themselves and escape from intimate partner violence when their safety was compromised. Some strategies that service providers employed included: teaching children how to call 911, educating them on what kinds of resources or supports are available, as well as instructing them on how to escape to when intimate partner violence occurs. These different strategies typically varied in complexity depending on the age of the child. When describing how they safety or protection plan with children exposed to intimate partner violence, several service providers explained how a child’s age informs their approach:

Again, it depends on the age of the children. If they’re older, they can leave on their own. They can get to a safe place and they can leave with or without the other parent. When it comes to little ones that’s a totally different plan. (Victim Services Worker #3)

Yeah, for sure... I guess, depending on the age of the kids, just to make sure that they stay close to mom if they see the perpetrator as well. What are some things that they can do?

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Whether that be running to a safe person, or screaming, or those sorts of things as well. (Counsellor/Crisis Services Worker #1)

If the kids are old enough, our staff would do protection planning that would make sense for the kid at what age they are. For example, if the kid was 13 and could phone 911 or knew where to go for help, that type of protection plan would be built. If the kid is seven, then the protection plan may be, “You just need to stay in your room until things quiet down.” So, that would be really individual. But it is based on what would make sense for the kid for the age. (Shelter Worker #3)

Although safety and protection plans differ depending on what makes sense for the age of the child, the main goal underpinning these plans is to ensure that children are safe from harm when intimate partner violence breaks out.

Another service provider working in victim services also emphasized child safety in protection planning while refuting the idea that children are responsible for protecting their moms from abuse or harm:

[We] do an in-house safety plan with children if there are any. And not about teaching kids how to protect mom or anything, but it’s more about what can the kids do if their safety is compromised. Can they run to the neighbours? Can they call 911? Those types of things. We also talk about the safest room to be in. If they are going to be in a room where an assault is going to occur anyway, that type of thing. (Victim Services Worker #2)

Despite the fact that the majority of service providers working with mothers/victims employ various approaches to safety or protection planning with children, there were a few cases where service providers suggested that their organization had moved away from safety planning with children. One particular service provider working in shelter and crisis services noted that their agency used to be more thorough in protection planning with children, but this focus has decreased over the years:

Yeah, one of the staff things is that we’ve had frequently in the child counselling program and when I started about 20 years ago, my child support counsellor was really rigorous on addressing child protection issues with the children, like, encouraging them to have a quarter with them to call. That was in the day of payphones. We’ve sort of fallen back on that piece. (Shelter Worker #4)

Taken together, all of the service providers’ responses depict the various ways that children are included in managing risks through safety or protection planning. However, what is interesting about their responses, and within their broader discussions on risk, is the extent to which service providers focused on managing risks with women and children who are victimized by violence,

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instead of engaging with the men who perpetrate the violence. Although this gap could reflect the fact that more of the service providers (i.e., victim services, shelter workers) worked with victims/survivors of violence rather than with perpetrators (i.e., probations, diversion program workers), it remains the case that much of the discourse remained focused on what mothers and children can do to keep themselves safe from violence. Instead of engaging with perpetrators through their role as fathers and emphasizing the risk that their abusive actions pose to their partners and children, service providers held mothers and children victimized by the violence responsible for being hyper-aware of potential violence and mitigating the risk of its occurrence by calling for help and escaping the abuse, as well as accessing the appropriate resources. Even if these strategies are useful in helping to ensure that mothers and children are better protected from intimate partner violence, the fact that service providers rarely engaged with fathers/perpetrators about their abusive behaviours to reduce their level of risk of committing the violence suggests that the burden of responsibility is still being placed on mothers and children to keep themselves safe when violence breaks out.

Concluding Remarks

While all of the service providers interviewed utilized risk-based approaches in their work with victims, perpetrators, and children, the ways in which they constructed and responded to risk differed depending on their understandings of parenting and protecting children in the context of intimate partner violence. Similar to the findings outlined in prior research and literature, the service providers in this study identified intimate partner violence exposure as a significant risk to child safety and wellbeing, and their discourses centred on prioritizing children in intimate partner violence against women/mothers. The service providers' focus on keeping children safe also aligned with dominant societal discourses as well as Manitoba's child protection legislation and principles, which construct children's safety and wellbeing as "paramount."

One particularly notable finding among the service providers' narratives was the extent to which mothers were held responsible for protecting children in the context of intimate partner violence while fathers were absolved of responsibility for their violent actions. Although children were included in service providers' assessments of a perpetrator's level of risk, their narratives more readily attributed risk and responsibility onto a mother's actions and her (in)ability to protect children by controlling and escaping the abuse. Despite being victimized by men's violence

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themselves, mothers were held accountable for meeting the standards of safe parenting by assessing their “legitimate” protective capacities and their willingness to “put the children first” and leave an abusive partner. In this regard, the service providers’ narratives surrounding risk, intimate partner violence, and mothering reflect both findings outlined in prior research and in the dominant and gendered understandings of keeping children safe. Mothers who were unable to control men’s violence and remove themselves and their children from the abusive context were at risk of being constructed by service providers as “deficient” or as “failing to protect” (Lapierre, 2008; Strega & Janzen, 2013).

While several of the service providers’ narratives suggested a move away from mother-blaming to a recognition of men’s abusive actions and systemic issues (i.e., geographical location, lack of supports or resources, inadequate police and criminal justice response) that can affect a mother’s ability to leave an abusive relationship, much of the risk-averse intervention strategies remain focused on the individual level and what mothers and children can do to keep themselves safe. These strategies not only expose gaps in the ways that service providers understand and respond to mothers and children who experience intimate partner violence, the individual-level focus and emphasis on what mothers and children can do to reduce their risk of victimization (i.e., safety planning, protection planning) also uncovers problematic policies and practices in institutional responses to child protection and intimate partner violence. If the focus remains on teaching mothers and children how to minimize their risk of victimization rather than on engaging with violent men and fathers to change their abusive actions, then how are these policies and practices effective in keeping abused mothers and their children safe?

Conclusion

Building on feminist critiques of state and societal responses to men's violence against women, this thesis sought to interrogate how service providers working across various sectors in Manitoba construct and respond to intimate partner violence and mothering in the context of violence. Utilizing Bacchi's WPR approach and critical discourse analysis, a particular focus was placed on if, and how, official gender-neutral problematizations of intimate partner violence and child exposure embedded in Canadian legislation and public policies shaped the ways in which service providers in Manitoba make sense of, and respond to, mothers and children who experience intimate partner violence in the home. The extent to which these gender-neutral understandings of violence have converged with managing risks discourse and risk-adverse interventions for mothers and children victimized by intimate partner violence was also assessed.

The WPR framework allowed for a critical examination of gender-neutral domestic violence and child protection legislation and policies in Manitoba to determine how the problem of intimate partner violence and protecting children in the context of violence is constructed as an issue. The framework was used not only to analyze relevant legislation and policies, it was also useful for investigating how service providers working in the domestic violence sphere negotiated these problematizations or representations in their work with fathers/perpetrators, mothers/victims, and children in intimate partner violence. WPR also helped to investigate what silences exist in current domestic violence and child protection legislation and policies as well as in service providers' understandings and constructions of the issue (i.e., silences surrounding perpetrators' role as fathers and protecting children). Finally, the approach was applied to explore how the impacts of gender-neutral public policy discourse—such as mother-blaming or holding mothers responsible for mitigating the effects of men's violent actions—have and can be questioned, disrupted, and replaced

Overall, the findings of this project are aligned with and reflect established feminist research and critiques of the Canadian state's response to women/mothers and children who experience intimate partner violence. The main conclusion drawn from the current analysis is that the shift to gender-neutral and risk-adverse approaches to intimate partner violence invisibilizes men's violence against women and children and perpetuates gendered discourses which hold mothers responsible for the protection of children in the context of violence. Despite the fact that men/fathers represent the vast majority of perpetrators of intimate partner violence and

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women/mothers account for the majority of victims, the official problematization of violence as gender-neutral in legislation, policy, and discourse has led service providers to focus on assessments of the safe or protective parent—which is most often the mother (Brown et al., 2009).

Echoing concerns documented previously by feminist scholars and researchers, the examination of 20 service providers' understandings of mothering in the context of intimate partner violence found that, in practice, these gender-neutral policies and risk-averse approaches have the unintended consequence of holding mothers accountable for protecting themselves and their children from intimate partner violence victimization while absolving fathers of their responsibility for their violent actions (Jenney et al., 2014; McDonald-Harker, 2016; Nixon & Tutty, 2009/10). Rather than noting the importance of perpetrator accountability and engaging with perpetrators through their role as fathers, several of the service providers in this study attributed responsibility to a mother's actions and her (in)ability to keep her children safe by controlling men's violence and escaping the abuse.

Although there were a few instances where service providers' discussions demonstrated a shift away from framing mothers/victims as "deficient" or "failing to protect" (see Lapierre, 2008; Strega & Janzen, 2013) and towards a recognition of the gendered nature of violence and structural factors, the fact that mother-blaming narratives still pervaded discourses points to the issue of how intimate partner violence and child exposure are problematized and addressed. Holding mothers responsible in the context of violence for managing risks and protecting children not only perpetuates dominant discourses surrounding mothering ("good mothers" versus "bad mothers"), the emphasis on mothers' individual choices or "empowerment" (Jenney et al., 2014 p. 99) in making decisions to stay with or flee from an abusive partner also places them at an increased risk for being constructed as "quasiperpetrators" of men's violence, and for potentially losing their children to child protective services (Nixon & Tutty, 2009/10 p. 72). The findings from this project also suggest that abused mothers who experience multiple layers of oppression or marginalization on the basis of race and class are at an even higher risk of being constructed by service providers as "bad mothers" who fail to protect their children. This was evident in discussions surrounding the normalization of violence in Indigenous families and communities, constructions of Indigenous women as "unfit" or "dangerous mothers," and the culturalization of violence experienced by immigrant and refugee mothers and children among others.

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Recommendations for Policy and Practice

One of the main aims of this project was to uncover problematic legislation, policies, and practices that are prevalent in responses towards women/mothers and children who experience intimate partner violence in the home. Following the feminist paradigm of action-oriented and social-change-driven research, a key purpose of this research was to highlight ways forward to create more humane and effective policies that better protect mothers and their children from violence, and to put forward policy and practice recommendations that empower mothers and hold violent men accountable for their abusive actions.

While the Canadian state has adopted gender-neutral legislation and policies for addressing intimate partner violence and child exposure, it remains the case that much of the discourse and intervention efforts are, in fact, gendered as they are focused on what mothers can do to keep themselves and their children safe from violence. If the focus is on intervening with mothers/victims and children instead of with men who are violent, then how do we stop men from committing violence against women and children in the first place? How do we end violence against women and children if there is no meaningful engagement with violent men/fathers?

The findings of this study produce several recommendations in the area of policy and practice to improve state responses and social service provision for women/mothers and children who experience intimate partner violence. The first recommendation involves a greater need for recognition of the gendered dynamics of intimate partner violence and barriers that impede women/mothers from leaving an abusive partner. As evidenced in the service providers' narratives, the current individual-level emphasis on a woman/mother's choice to stay with or leave an abusive partner can perpetuate victim-blaming discourses which hold women/mothers responsible for the actions of violent men. This continued focus on women's "empowerment," as argued by Jenney and colleagues (2014 p. 99), not only overlooks the complex dynamics of intimate partner violence, it also "distinctly neglects perpetrator accountability yet continues to be the framework in use." The focus on women's deficiencies or failures in service provision can force mothers to remain in violent relationships out of fear or wariness of being regarded as "bad mothers who cannot protect their children" by professionals (Nixon et al., 2015 p. 72, see also, Nixon et al., 2016).

Going forward, both policy and practice need to locate intimate partner violence as occurring within patriarchal, settler colonial, and capitalist systems of inequality. Rather than

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framing “empowerment” as a woman’s choice to leave an abusive relationship, focusing on systems of inequality can recognize larger barriers, such as women’s economic and social inequality, as well as issues such as racism or discrimination that can impede women from escaping a violent situation. This focus can lead to more accessible and inclusive services and response that would better meet the needs of women/mothers from diverse backgrounds and identities. It could also provide a framework whereby service providers recognize mother’s strengths and the range of strategies that they use to protect their children from violence (such as reliance of informal supports like family members) that may not involve formal systems (such as police or shelter services; see Nixon et al., 2015). This framework would also confront classist and racist narratives that accept intimate partner violence as a normalized phenomenon in the lives of marginalized, impoverished, and racialized women, and challenge the social and structural roots that create the conditions for the perpetuation of men’s violence against women and children.

Along the lines of creating more inclusive and accessible services that recognize women’s strengths as mothers is a need to establish more resources for mothers and motherhood. While there are various kinds of general parenting classes available for parents, there are few resources that meaningfully engage with women around the importance of their mothering work. In addition to providing women with the resources that they need to feel supported in their mothering, creating a strengths-based service or support for mothers can also help them feel confident in their skills and abilities. If mothers feel confident in their mothering and believe that they are supported by service providers, then they will be more likely to seek help.

An additional recommendation emerging from this project is the need for agencies, programs, and service providers to engage more meaningfully with men in their role as fathers. The lack of intervention with violent men/fathers was not only found in this study’s examination of service providers’ discourses and responses to intimate partner violence. This failure to intervene with fathers has also been well-documented in the literature. Social services scholar Jeffrey Edleson (1998), for instance, notes:

I find that along the continuum of witnessed behaviour the help-seeking and survival efforts of mothers are not often recognized by child protection workers. Even more disturbing is the absence of concern for, and intervention with, the abuser who is creating this dangerous environment. Why not ask about the abuser’s willingness and capacity to initiate change and eliminate the danger he has created? (p. 295-296)

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A CPS worker interviewed by Olszowy and colleagues (2020) also commented:

Women who are expected to ‘act protectively’ and withhold the access, but nobody ever sits down and says to him, “How are you going to keep your kids safe?” And that’s fair criticism because it’s not something we’ve historically done well and even now we are still really not great at. (p. 5)

Although these quotes demonstrate the lack of intervention with violent fathers in child protection work, the findings in this study suggest that this gap extends to other areas of service provision (e.g., police, Crown attorneys, diversion programming). The focus on intervening with mothers/victims by targeting their protective capacities does little to protect them from intimate partner violence victimization. As such, it is clear that more needs to be done to engage with violent men/fathers. Men need to be held accountable for their violent actions and the danger that they pose to their partners and children. Instead of teaching mothers how to manage the risk of future victimization, service provision should intervene with fathers to help them initiate change and to stop committing violence against their partners and children.

Presently, the majority of intimate partner violence offenders in Manitoba are mandated to complete anger management or diversion programming, which focuses on their individual struggles or relationship problems. Some of the service providers included in this study suggest that these programs do not work to stop men from committing future violence against their partners and children, as these programs do not adequately address issues of power and control, which are often the root causes of men’s violence against women and children (see also, Gondolf & Russel, 1986). Further, within these programs, there is minimal, if any, attempt to engage meaningfully with men in their role as fathers. If organizations develop policies and expand their intervention efforts to include men/fathers as part of the solution, there exists a potential to create real and meaningful change in ending men’s violence against women and children. However, holding men accountable for their violent behaviours must not just occur at the individual or institutional level. The Canadian state and broader society must also condemn men’s violence in order to realize permanent change.

Another recommendation arising out of the study is to improve service provision and criminal justice responses to intimate partner violence and child protection. In addition to the need for the improvement of police response and enforcement of protection orders, it is essential for both criminal courts and family courts to work together in cases of intimate partner violence and considerations of access to children. Police officers must adequately respond to breaches of

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protection orders rather than informing perpetrators what they can and cannot do within the bounds of law. The police must also believe and protect women who come forward to report abuse. Criminal and family courts must work together to recognize intimate partner violence in familial issues such as separation, divorce, and protection orders, as well as in matters of custody and child access decisions. With the two systems currently working in silos, there are cases where the criminal court has put in place protection or no-contact orders against the abusive father figure while the family court has granted him custody or access to his children, prioritizing shared parenting over the safety and protection of abused women and children (Meier, 2021). Situations such as this can force a victim to remain in contact with her violent ex-partner, and can place her at an increased risk for future violence or emotional harm. These situations can also cause further harm to children by placing them in the middle of a volatile or potentially dangerous relationship. Through working together to respond to cases of intimate partner violence and child protection, both the criminal court and family court can better protect women/mothers and children who are escaping abuse.

Service providers working in the area of intimate partner violence and child protection also need to be well-informed on the issue of domestic violence and child exposure. The misinformation reflected in the service providers' narratives about how children exposed to violence are destined to become deviant criminals or victims of violence themselves as adults is not supported in the research. Further, assumptions that all violence against immigrant or Indigenous populations is rooted in "culture" or a "normalization" of violence perpetuates "othering" narratives and the idea that abuse is tolerated. Assertions that colonialism was "in the past" and no longer relevant in violence perpetrated against Indigenous women, men, and children is also incorrect, harmful, and conducive to a society that perpetuates the ongoing discrimination, marginalization, and violence against Indigenous people. Rather than taking for granted false narratives or drawing on misinformation in their work, service providers working with women, men, and children in the context of intimate partner violence need to be well-informed and experts on these issues.

Although this thesis critiqued gender-neutral family violence and child protection legislation and policies and the perpetuation of gendered discourses which place the onus on women and mothers to protect themselves and their children when intimate partner violence breaks out, it is important to recognize the need to move towards de-gendering the binary of

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men/perpetrators and women/victims in the broader discourse. The current emphasis on men as perpetrators and women as victims within broader narratives excludes 2SLGBTQ+ individuals and those who do not identify within the gendered binary, and can perpetuate ideas that violence only occurs within heteronormative relationships. Although men do account for the majority of perpetrators of intimate partner violence, there needs to be a shift in discourse to locate intimate partner violence as being rooted in power and control, rather than gender. This thesis does not argue that gender-neutral legislation or policies need to change, instead, the main argument arising out of the analysis is that responses need to recognize the complex dynamics of intimate partner violence and hold perpetrators accountable for their abusive actions, not victims (which, in the case of this thesis is fathers and mothers, respectively). Shifting the focus onto power and control still allows for an examination and challenging of violence where men represent the majority of perpetrators, but it also is more inclusive of queer individuals and relationships.

Directions for Future Research

This project has contributed to the growing feminist literature on how mothering is constructed and responded to in the context of intimate partner violence. Using a sociological and intersectional lens, the study has demonstrated how gender-neutral and risk-based approaches to intimate partner violence and child protection impact the ways in which service providers understand and respond to these issues. As noted earlier, this secondary analysis of interview data collected by the CDHPVP created several limitations to this project. The primary issue in this respect was the fact that the analysis was limited to fixed questions and responses that were intended to address the main goals of the CDHPVP's investigation of intimate partner violence, risk-based approaches, and vulnerable populations. While this focus did not obstruct the study of service providers' discourses surrounding mothering and the responsibility of protecting children when intimate partner violence breaks out, it did impact the depth to which these issues could be assessed.

With this limitation in mind, future research could involve primary data collection through qualitative interviews with service providers that are guided by the research questions outlined in this project. Such a project could include an interview guide that specifically asks service providers how they negotiate gender-neutral domestic violence and child protection legislation and policies in their responses to mothers and children who experience intimate partner violence. Additional

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questions could focus on how service providers understand notions of risk and dominant understandings of mothering (i.e., “good mothers” versus “bad mothers”) in their work with mothers and children who are victimized by violence, as well as if, and how, they factor intersecting identities (such as race or class) into their responses. Asking these questions could significantly advance our understanding of the ways in which service providers construct these issues, and potentially uncover findings that were not identified in the current study. Further, because child protection workers are the main service providers who respond to child exposure in the context of intimate partner violence, including those who work in the area of child protection in such a project would provide invaluable insights that were not achievable in this research.

As a few of the service providers criticized anger management programs and described the lack of intervention with perpetrators in terms of their role as fathers, future research could involve an evaluation of existing programs for violent men/fathers. An evaluation of these programs could not only assess gaps or absences of parenting in diversion programs for violent men, it could also point to ways forward for incorporating fathers as part of the solution for intimate partner violence. Analyzing available programming could also point to the insufficient number of services or resources available to help violent men who need support and want to change their lives. One issue that was not discussed as it was out of scope of the current project is the fact that a lot of violent men come from backgrounds where they were abused themselves as children or have experienced great adversity at some point in their lives (e.g., racism, discrimination, poverty, addictions). While this does not excuse men’s violence, it is important to recognize that violent men also need supports to address the root causes of their behaviours. An evaluation of programming can also examine if, and how, these issues are addressed in men’s programs, and could highlight potential areas for improving responses and supports to help men stop committing violence.

Most importantly, however, evaluations of men’s programs could identify gaps at the structural or state level in their response to addressing the root causes of violence. Intimate partner violence is not an individual problem impacting “bad” people or families; it is a social issue that is embedded in and occurring within systems of social inequality. A closer look at gaps at the ground level can identify issues with the state response in addressing social problems such as economic inequality, lack of affordable housing or homelessness, gender inequality, racial discrimination and inequality, as well as other forms of social inequities. By placing the focus onto social inequities at the level of state response, we can start shifting away from individual-level

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explanations of issues such as intimate partner violence and child protection, and begin calling on the state to adequately respond to these problems.

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Legislation Cited:

The Child and Family Services Act. CCSM, c C-80, s 2.

The Child and Family Services Act. CCSM, c C-80, s 17.

The Family Maintenance Act. CCSM c. F20.

Appendix A: University of Manitoba Research Ethics Board Approval



**University
of Manitoba**

Research Ethics and Compliance

Human Ethics - Fort Garry
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PROTOCOL APPROVAL

To: **Lauren Bresch** (Advisor: **Elizabeth Comack**)
Principal Investigator

From: **Jonathan Marotta, Chair**
Research Ethics Board 1 (REB 1)

Re: **Protocol # R1-2021:001 (HS24585)**
Who is Responsible? Discourses of Mothering in Service Provider Responses to Intimate Partner Violence

Effective: January 7, 2021 **Expiry:** January 7, 2022

Research Ethics Board 1 (REB 1) has reviewed and approved the above research.

REB 1 is constituted and operates in accordance with the current [Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans – TCPS 2 \(2018\)](#).

This approval is subject to the following conditions:

- i. Approval is granted for the research and purposes described in this application only.
- ii. Any changes to this research must be approved by the Human Ethics Office (HEO) before implementation.
- iii. Any deviations to the research or adverse events must be reported to the HEO immediately.
- iv. This approval is valid for one year only. A Renewal Request Form must be submitted and approved prior to the above expiry date.
- v. A Study Closure Form must be submitted to the HEO when the research is complete prior to the above expiry date, or if the research is terminated.
- vi. The University of Manitoba (UM) may request to audit your research documentation to confirm compliance with this approved protocol, and with the UM [Ethics of Research Involving Humans](#) policies and procedures.

Funded Protocols: Email a copy of this Protocol Approval, with the corresponding UM Project Number, to ResearchGrants@umanitoba.ca

Appendix B: CHDPIVP Key Informant Interview Guide

Canadian Domestic Homicide
Prevention Initiative



Interview Questions

1. Where is your agency located (clarify name of town, city, etc and province)?
2. Which sector do you work in? (e.g., VAW, family law, police, victim services, health, education, settlement services)
3. Job title (if given)
4. What does your role entail?
5. How much of your work /percentage of clients involves direct contact with victims or perpetrators of dv?
6. How long has it been that you have recognized that the concerns of victims and perpetrators are a part of your role?

Risk Assessment

Risk Assessment: an evaluation of the level of risk a victim of domestic violence may be facing including the likelihood of repeated or lethal violence. It may be based on a professional's judgment based on their experience in the field and/or a structured interview and/or an assessment tool/instrument that may include a checklist of risk factors.

7. Do you have any feedback on this definition of risk assessment? For example, is this a definition that you would use in the context of your work?
8. In your role, do you conduct risk assessments as we described? YES NO
If no, who does?

If yes,

- a) Do you use your professional judgement in risk assessment?
- b) Do you use a structured interview?

If yes, please describe the structured interview.

- c) Do you use a structured tool/instrument?

If yes, what tool(s) do you use?

- d) Did you receive training on this tool(s)? Choose an item.

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If yes, who conducted the training?

How many trainings did you receive? (e.g., refresher training)

9. Is conducting a risk assessment mandatory or optional in your organization/role?
(e.g. only done when charges are laid)
10. If someone is deemed to be high risk, what happens next in terms of information sharing and intervention?
11. Are there any written documents/directives (e.g., policies, protocols) that guide risk assessment within your organization?
12. Are the victim's perceptions of safety considered in the risk assessment?
13. If children are present, is there an automatic referral to child protection? (do they get involved or just file report)
14. Are children included in the risk assessment?
15. Do you collaborate with other organizations when assessing risk?
If yes, which ones?

Risk Management

Risk Management: strategies to reduce the risk presented by a perpetrator of domestic violence such as close monitoring or supervision and/or counselling to address the violence and/or related issues (e.g., mental health, addictions).

16. Do you have any feedback on this definition of risk management? For example, is this a definition that you would use in the context of your work?

17. In your role, do you conduct risk management as we described?
If no, who does?

If yes,

- a) what are the strategies you use?
- b) Did you receive training in risk management?

Can you tell me about the training you've received regarding risk management?

If yes, who conducted the training?

How many trainings did you receive? (e.g., refresher training)

18. Are children included/considered in the risk management strategy?
19. Are there any written documents/directives (e.g., policies, protocols) that guide risk management within your organization?
20. Do you collaborate with other organizations regarding risk management? Choose an item.
If yes, which ones?

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Safety Planning

Safety Planning: finding strategies to protect the victim that may include such actions as educating victims about their level of risk, a change in residence, an alarm for a higher priority police response, a different work arrangement and/or readily accessible items needed to leave the home in an emergency including contact information about local domestic violence resources.

21. Do you have any feedback on this definition of safety planning? For example, is this a definition that you would use in the context of your work?

22. In your role, do you provide safety plans for victims?

If no, who does?

If yes,

c) what are the strategies you use?

d) Did you receive training on safety planning?

If yes, who conducted the training?

How many trainings did you receive? (e.g., refresher training)

23. Are there any written documents/directives (e.g., policies, protocols) that guide safety planning within your organization?

24. Are children included in the safety plan?

25. Do you collaborate with other organizations regarding safety planning?

If yes, which ones?

Unique Challenges for Vulnerable Populations

26. Do you work with individuals who fit into one or more of the following groups?

a. Indigenous people

b. immigrants and refugees

c. rural, northern and remote communities

d. children exposed to domestic violence

If yes, how do you become involved with these clients? (referral; community outreach; voluntary; mandatory)

a) What are the challenges dealing with domestic violence within these particular populations?

b) What are some unique risk factors for lethality among these populations?

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- c) What are some helpful promising practices? (Including specific risk assessment tools, risk management and safety planning strategies that address vulnerabilities)
- d) In your work with women/victims or perpetrators of domestic violence, do you consider their social positions or other factors that may work together to increase their vulnerability or risk particularly when conducting risk assessment, risk management, and/or safety planning? (e.g. Indigenous women living in Northern Canada, Immigrant children, Indigenous children, children living in rural/remote communities, perpetrators living in rural/remote communities).