WALKING THIS PATH TOGETHER

Racist and Anti-Oppressive Child Welfare

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Chapter 12

Taking Resistance Seriously

A Response-Based Approach to Social Work in Cases of Violence against Indigenous Women

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This chapter is dedicated to Lily and Angel.

In this chapter, the authors present a response-based approach to social work practice in cases of violence, especially as it concerns Indigenous women. The chapter reviews key aspects of a response-based approach, examines the colonial code of relationship that is reflected in representations of the oppressed in the discourse of colonialism and the helping professions, reviews recent research on social responses to victims of violence and considers its implications for social work practice, presents a case example to elucidate one woman's responses and resistance to violence and to a series of negative social responses from human service professionals and briefly describes response-based interviewing and its applications in child protection work. The authors suggest that response-based practices address safety and restore dignity to victims, and allow for the effective use of authority while avoiding the replication of dominance in social work practice.

Questions Addressed in This Chapter

1. How do women respond to and resist violence by their partners?
2. How can exploring women's ever present resistance to violence be used as a basis for safety planning in child protection work?
3. How can social workers contest the blaming and pathologizing of mothers while promoting safety and collaborative planning?

Child protection social work is an orchestrated social response to children who have been harmed or put at risk by one or more forms of violence. It is also the point at which the power of the state meets some of the most oppressed and marginalized members of the community. It follows that careful analysis of violence and oppression, from minor affronts to dignity to extreme and protracted forms of abuse, must be central to the theory and practice of child protection work. Where Indigenous families are concerned, it is particularly important to expose the functional links between the diverse forms of violence and oppression. In Canada, for example, the theft of Indigenous land on the prairies displaced

Indigenous peoples from their territories, disrupted most traditional ways of living and caused the breakdown of local communities. The communities were less able to protect young women, some of whom fled to urban centres to avoid violence and poverty, there to become socially isolated and exposed to further violence. The government and corporations benefitted from the destabilizing of communities to access land and accrue massive wealth (Adams 1989; Harris 2002; O'Keefe and MacDonald 2001). Thus, colonialism is implicated directly in the many current forms of interpersonal violence.

Six of ten Canadian provinces and one territory (Alberta, Saskatchewan, Prince Edward Island, Newfoundland, New Brunswick, Nova Scotia and Northwest Territories) expanded their statutory definition of child abuse to include children who witness or are exposed to "domestic violence." Four Canadian provinces (British Columbia, Manitoba, Ontario and Québec) and two territories (Yukon and Nunavut) do not explicitly define exposure as a separate form of child maltreatment but do include it in their definitions of emotional abuse. The Canadian Incident Study of Reported Child Abuse and Neglect 2003 found that exposure to domestic violence was the second most common form of substantiated child maltreatment in Canada (excluding Québec), with an estimated 50,000 cases of child exposure to domestic violence being substantiated in 203 (Blackstock and Trocmé 2005).

The notion of "children witnessing" is often paired with the view that mothers "fail to protect" their children from witnessing the violence and thus are guilty of child abuse or neglect. "Failure to protect" implies that mothers are not concerned about the violence that they endure, and their children witness, until the state intervenes. In fact, most mothers who are battered do take steps to stop the abuse, often seeking help from several sources (Magen 1999) and to protect and care for their children (Hilton 1992; Schecter and Edleson 1995, 1999). Child welfare authorities consistently overlook these efforts (Edleson et al. 2003). When children are exposed to violence against their mothers, it is mothers who are the primary and usually the sole focus of child welfare intervention, while the perpetrators are ignored, even when they are fathers or father-figures (Strega 2006; Sullivan et al. 2000).

Response-Based Ideas

Response-based ideas arose from direct service with people who had endured violence, including Indigenous women and men who were violated in the so-called residential schools (Coates, Todd and Wade 2000; Richardson and Nelson 2007; Wade 1997, 2000, 2007). In the course of our clinical work, we (Coates, Todd and Wade 2000, 2003; Todd and Wade 1994; Wade 1997, 2000) noted that victims invariably resist violence and other forms of oppression, overtly or covertly, depending on the circumstances. We found that engaging clients in conversations that elucidated and honoured their resistance could be helpful in addressing a wide variety of concerns (Epston 1986; Kelly 1988; Richardson 2004, 2006; Todd and Wade 1994; Wade 1997, 2000). This required a significant

shift in theory and practice, however. Acts of resistance are *responses to* violence, not *effects* or *impacts of* violence. We found that focusing on victims' responses allowed us to better identify and construct accounts of their resistance. Accounts of resistance provide a basis in fact for contesting accounts of pathology and passivity, which are typically used to blame victims.

Todd (2007) extended this line of thought to work with men who use violence against women, and Coates (1996) integrated response-based practice with a program of critical analysis and research on the connection between violence and language (Coates and Wade 2007). Richardson (2003, 2004, 2005) applied response-based ideas to her work on the development of Métis identity and developed the "Medicine Wheel of Resistance" as a framework for understanding Indigenous resistance to colonization, racism and oppression. And, we are currently developing and testing a model of child protection practice that integrates response-based ideas with Richardson's research and direct service work and with other recent work in the field, such as the "signs of safety" approach (Turnell and Edwards 1999).

The Colonial Code

The European cultures that gave us the prison camps called residential schools and the other mechanisms of colonial domination also gave us the talking cure and the human service professions. Naturally, then, the discourses of colonialism and the helping professions would reflect common lines of thought and action. This is arguably most evident where the problem of violence is concerned. Many of the linguistic devices that make up colonial discourse (e.g., stereotypical images, euphemisms, passive and agentless grammatical forms, mutualizing terms, deterministic metaphors) appear widely in the discourses of the legal and human service professions, and serve similar functions (Coates and Wade 2007). Victims are represented as passive individuals who invite or unconsciously desire the violence they endure, while perpetrators are portrayed as hapless individuals who are compelled to violate others by forces they do not understand and cannot control. Unilateral acts of violence, from genocide to rape to wife-assault, are portrayed as mutual acts for which the victims are substantially to blame (Coates 1996). These misrepresentations promote a host of negative social responses to victims, especially those who already face multiple forms of oppression (Andrews and Brewin 1990; Andrews, Brewin and Rose 2003; Justice Institute of B.C. 2007).

The intimate relationship between colonialism and psychiatry, and by extension the helping professions, is baldly stated by Mannoni, a psychiatrist who worked in Madagascar before and after the French suppressed the rebellion of 1949, killing an estimated 90,000 Malagasies.

> Colonization has always been based upon the existence of need and dependency. Not all people are suitable for being colonized; only those who feel this need are suitable. In almost all cases where Europeans have founded colonies… we can say that they were expected, and even desired in the unconscious of their subjects. (Mannoni, cited in Macey 2000: 188)

Mannoni uses the psychoanalytic notion of unconscious desire and dependency to define colonization as a mutual, rather than a unilateral, process. The oppressor and the oppressed are presumed to form a kind of symbiotic relationship in which the oppressed need domination and control. The corollary of this view is that women unconsciously want to be dominated, raped and beaten; men simply fill the need.

Similar views found their way into modern studies of oppression and the helping professions through some unexpected routes. For instance, Freire (1970) stated:

> The oppressed, who have adapted to the structure of domination in which they are immersed, and have become resigned to it, are inhibited from waging the struggle for freedom so long as they feel incapable of running the risks it requires. (32)

Like Mannoni, Freire (1970) underestimated the resistance of the oppressed. He argued instead that the oppressed feel an "irresistible attraction to the oppressor" (49) and, with this claim, took the definitively colonial position that he could read the unconscious minds of literally millions of oppressed people.

Pence incorporated Freire's views in the Duluth model of batterer treatment (Ellen Pence, interview, November 3, 2007), as did White (1995) in the theory of narrative therapy, with the view that women who were assaulted as girls cannot distinguish violence from love and so do not resist violence by successive men. Similarly, Carniol (1992) and Moreau (1990) asserted that oppression "may seriously impair a client's capacities to accurately construe reality" (54). Blinded by perceptual impairments, the argument goes, the oppressed "develop magical ideologies… that rationalize their passive submission to their own situation of suffering" (60). The worker is to challenge the client's "magical ideologies" and help her develop a "critical consciousness" — that is, the consciousness of the social worker. This model rests on the belief that the oppressed do not resist violence and positions the professional as the primary engine of dissent. It thus reinstates a class distinction between the critically conscious professional and the internally oppressed victim (Rossiter 1994).

The view that victims are socialized into submission is common in the anti-violence field, including in the cycle theory of violence (Walker 1979). Walker described some forms of women's resistance, but then adopted the theory of learned helplessness to explain their alleged passivity.

> If she has been through several cycles already, the knowledge that she has traded her physical and psychological safety for this temporary dream state adds to her self-hatred and embarrassment. [S]he is selling herself for brief periods of phase-three behaviour. She becomes an accomplice to her own

> battering (69). [Battered women's] behaviour is determined by their negative cognitive set, or their perceptions of what they could or could not do, not by what actually existed (48).

This cognitive theory of the psychopathology of battered women does not explain how battered women continue to resist even when they seem to be helpless (Burstow 1992; Kelly 1988), for instance, by denying the offender a pretext for further abuse while waiting for an opportunity to take overt action. And it obscures perpetrator responsibility by portraying violent behaviour as an effect of uncontrollable anger. Following is an example of how the cycle theory is used currently:

> During the first stage [of the cycle].... The woman tries to calm the abuser and often changes her lifestyle to avoid angering the man. This usually sets a precedent of submissiveness by the woman building the gateway to future abuse. The second stage consists of an 'uncontrollable discharge of tensions that have been built up during phase one'.... During the third stage, the abuser acts remorseful and apologetic, usually promising to change. As a result, many women grant abusers multiple opportunities to repent and thereby fall into a cycle of abuse. (Ciraco 2001: 171)

Here, women's presumed submissiveness is presented as the catalyst of the abuse. Women are portrayed as active only to the extent that they invite violence (i.e., they "*build* the gateway" and "*grant* abusers"), while violence by men is portrayed as an effect of forces ("tensions") they cannot control.

Echoing Mannoni, the following passage suggests that wife-assault is a property of a complementary relationship between perpetrator and victim.

> The partners' characteristics hold them together.... As abused partners adapt and become more compliant... the partners' characteristics make them increasingly dependent on one another. After prolonged abuse they develop complementary characteristics: aggressive/passive, demanding/compliant, blaming/accepting guilt. (12)

Just as for Mannoni, the colonizer and colonized complement one another, this passage suggests that women acquire "characteristics" that are the perfect complement to the characteristics of violent men. Violent men and passive women are fused in a "neat binary" (Mardorossian 2002). The victim is the catalyst of the abuse and the perpetrator of her own misfortunes.

Much has been written about the discursive production of the "Other," but the act of representing an other also entails the act of representing one's self (Crapanzano 1980). Representing "the oppressed" is a principal means by which helping professionals represent themselves. The passages we examined here reflect what Todd and Wade (1994) call the colonial code of relationship, which can be expressed as a three-part message:

1. You are deficient (i.e., heathen, savage, falsely conscious, submissive, passive, internally oppressed, helpless, cognitively distorted and afraid).
2. I am proficient (i.e., critically conscious, expert, professional, closer to god, empowered by the state).
3. Therefore I have the right (duty, sacred obligation, authority) to perform certain operations upon you (prescribing, advising, educating, assessing, praying, counselling, legislating, apprehending children)... for your own good.

This code of relationship is most visibly at work in negative social responses to Indigenous people who have endured violence, particularly Indigenous women, who face multiple forms of deprivation and violence that are obscured by public and professional discourse. It is no accident that women's resistance to violence is excluded from the risk assessment tool used by child protection workers in B.C.; that battered women are accused of "failing to protect" their children (Strega 2006); that judges mutualize and eroticize sexualized assaults in Canadian courts (Coates 1996); that high school social studies curriculums omit honest analysis of European violence and administrative domination of Indigenous people; or that training across the legal and human services professions excludes detailed analysis of resistance to violence and oppression.

Social Responses to Victims of Violent Crimes

The term "social responses" refers to the reactions of others to victims once the violence is exposed. Some social responses are *personal* in that they are directed solely at the individual victim. For instance, friends and professionals might criticize the victim for making poor decisions or lacking personal boundaries, or they might provide a safe haven and reassure her that she is not to blame. Other social responses are *systemic* or *contextual* and directed at many victims. For instance, decisions about what services to fund and how to deliver them are de facto responses to victims as a group, as are decisions that create poverty, isolation, homelessness and other conditions that limit the options available to victims.

Positive social responses restore safety and dignity and help victims recover. However, a majority of victims of sexualized assault and abuse and wife assault report receiving negative social responses from family, friends and professionals (Andrews, Brewin and Rose 2003). Women and members of socially marginalized groups are the most likely to receive negative social responses. Victims who receive negative social responses tend to experience more intense and lasting distress and are more likely to blame themselves for the abuse. They are also more likely receive a diagnosis of mental disorder, even long after the abuse has ended. Women who, as girls, received negative social responses to early disclosures of abuse are less likely to report abuse as adults and more likely to avoid authorities (Andrews, Brewin and Rose 2003; Andrews and Brewin 1990; Fromuth 1986). Following are some examples of *personal* and *contextual* negative social responses.

Personal Negative Social Responses

- A victim of sexualized assault is interviewed by a police officer who asks, "What were you doing in that part of town?"
- A woman calls the police after being beaten by her husband. The officer enquires, "How long have you had this marriage problem?" She replies sharply, "This is a violence problem, not a marriage problem." Later, when the offender violates the no-contact order, the police officer is slow in responding to the victim.
- A nine-year-old boy tells his mother that he is being sexually abused by his older brother. His mother holds his head under water until he gasps for breath and yells angrily that his brother would not do such a thing.

Contextual Negative Social Responses

- Sexualized and physical assaults are widely misrepresented in legal and mental health settings (see examples in Coates, Bavelas and Gibson 1994; Coates 1996; Coates and Wade 2007; Ehrlich 2001; O'Neill and Morgan 2001).
- A Canadian Supreme Court ruling gives defence lawyers wide latitude to use the health records of alleged sexual assault victims to attack their credibility.
- Victims' resistance to violence is ignored or recast as problems to be treated (Ridley and Coates 2003; Wade 2000; Kelly 1988). For instance, women who refuse to be content with abuse are recast as clinically depressed.
- Judges, prosecutors and defence counsel ask abused children developmentally inappropriate (i.e., too complex) and even humiliating questions (i.e., those that embed the view that the victim invited or wanted the abuse) (Bala, Lee and McNamara 2001; Park and Renner 1998).

Contextual Negative Social Responses to Indigenous People

- An Indigenous woman who contacts child protection authorities to help protect her children from her violent partner is told she has "failed to protect" her children, who are then apprehended.
- Indigenous children are apprehended and taken into care in disproportionately high numbers.
- The *Indian Act*, an inherently racist government policy, remains in force in Canada.
- Greater self-governance is associated with lower rates of suicide (Chandler and Lalonde 1998). Yet self-government initiatives are stalled by virtually all levels of Canadian government.
- Hughes (2006) reports that the health, wellbeing and sense of identity of Indigenous children in foster care is highly compromised.

We have found that it is not possible to understand the concerns expressed by victims until the social responses they have received are taken into account. Many people who suffer from complex trauma, who are thought to possess concur-

rent mental disorders or who are reluctant to cooperate with professionals, have received negative and debilitating social responses, over and above the violence. Indeed, in many cases, victims find negative social responses more distressing than the violence itself. Consequently, we believe the topic of social responses to victims and victims' responses to positive and negative social responses should be raised routinely in child protection and therapeutic work.

A Study of Dignified Resistance to Violence and Negative Social Responses

Human service workers are privileged to hear sacred accounts of living. The events recounted in Lily's story occurred in a peaceful, mid-sized B.C. city. Lily had no prior involvement with police. She was the sole parent of Angel, then six. Lily initially came to speak with Kinewesquao [Cathy Richardson] about how to deal with chronic pain and strengthen her Métis cultural connections, but soon began to talk about a brutal assault she had endured and a series of negative social responses from various professionals.

One day Lily was invited to a party by a colleague, Doris. Lily went over her standard safety check before agreeing to attend: "Who would be there? What kind of people were they? How much alcohol would be there? Is it safe to bring my daughter?" She knew that Doris took medication that made her drowsy. She told Doris she did not want to be left on her own with strangers. Doris said she would take the medication only when the evening was winding down. Having done her research, Lily felt it would be safe to attend.

The group consisted of Doris, Doris's husband, a friend and a neighbour who came later. They spent the evening was spent talking, eating and laughing. Lily put Angel down to sleep on a bed. Soon after, Doris announced that she was tired and would be going to bed. She invited Lily to spend the night. Lily agreed and was about to go to bed when she started to feel woozy, unsteady and incoherent. Much later, she realized that something had been in her drink. At that point, Doris's partner began to assault Lily. For several hours, he punched, kicked and dragged Lily, leaving her with numerous injuries. Lily still cannot recall a significant period of time and does not know what took place. She wonders: "What did he do to me? Was my daughter safe?"

During the assault Lily asked repeatedly, "Please, just let me take my daughter and go home!" Finally, hardly able to walk, she sensed an opening. Broken-boned, bleeding and broken-hearted, Lily collected her daughter, made her way to the jeep, started it up and backed out of the yard. The roads were windy and slippery and made worse by the dark. Despite broken wrists and bloodied vision, Lily drove forward a short distance before crashing into the train tracks at an awkward angle, still in view of the perpetrator. Lily and Angel remained in the car until an ambulance arrived. Between the confusion caused by the "date rape" drug and her injuries, Lily could not recall the sequence of events.

Before Lily could piece the events together, she soon found herself in a jail cell.

Her requests for information about the welfare of Angel were met with silence and crude remarks. She was called a "drunken squaw" and other derogatory names. Lily was told that she was being charged for impaired driving, although she had not been drinking that evening. She received no medical help for days.

Lily remembered the ambulance drivers and police moving her body out of the destroyed vehicle. She told them: "See that man back there, standing in the window (pointing to the perpetrator in the apartment window)? He has just assaulted me!" She told the police that the man had beaten her up and that she needed to get away from him. At the time, she did not realize that she was bruised, bleeding and intoxicated by the date rape drug.

Lily was finally offered medical attention but the hospital had been told that she was an Indian who was charged with impaired driving, and she was treated accordingly. Still, Lily decided to treat her helpers with the respect they did not accord her. The man who assaulted her was not arrested.

Four days later, Lily was allowed to see her daughter. They cried in each other's arms. Lily was left with her injuries, an impaired driving charge and the indignity she met at virtually every turn. But, she reasoned, at least she had seen her daughter. Angel was not immediately returned, but remained in the foster home for six weeks while Lily was investigated and forced to prove that she was a responsible parent. Lily continued to cooperate and demonstrate great aplomb and presence of mind. She retained her sense of calm hopefulness because she thought the whole mess must be a mistake that would be cleared up soon. This is Canada, after all.

Restoring Dignity

We aim to restore dignity to the person wherever possible. Initially, this means building rapport without expecting the client to trust us (DeJong and Berg 2008); asking for the client's best hopes (Dejong and Berg 2008); offering choices whenever possible; asking for permission to raise sensitive topics, especially when required to do so (Turnell and Edwards 1999); being honest and direct about the power we possess; and being curious about the client's perspectives and concerns. With Indigenous clients it also means beginning with ordinary get-to-know-you conversations about daily life, family connections. It is important to make room for extended family.

We typically ask about the client's previous contacts with professionals, to get a sense of what kinds of social responses they have received: "Have you spoken to other professionals about these things? How did that go? What, if anything, has been helpful? How did that help? Have you always felt respected by the folks you've met with?" If the client reports that they have received effective help, we ask for more information about what was helpful and what difference it has made. When the client reports negative social responses, we ask for details and go on to ask about her responses: "So, when you got the sense that the counsellor was siding with your (abusive) husband, how did you respond? You know, how did you handle that — right then?" We can then begin to acknowledge the many

ways in which the client preserved her dignity, tried to exert some control in the circumstances, pursued just redress and either let her feelings be known or sagely kept them to herself. These responses tend to reveal the client's values, such as the value she places on respect and dignity, and the various skills she has used in managing adverse circumstances. These skills are often similar to those used in resisting violence and can be readily explored as a basis for safety planning. Lily was terrified and deeply humiliated by the assault and by the negative social responses she received in its aftermath. Despite the most prudent and determined resistance, she was left with the prevailing sense of being *acted upon*, as though she was an object. Because she could not stop the violence or prevent the negative social responses, she felt as though she "let it happen" and did not do enough on her own or Angel's behalf. The trauma of the assault was magnified by the humiliation of the negative social responses, especially by the apprehension of Angel and the suggestion that Lily was an unfit mother.

Obtaining a Detailed Account of Violence and Resistance

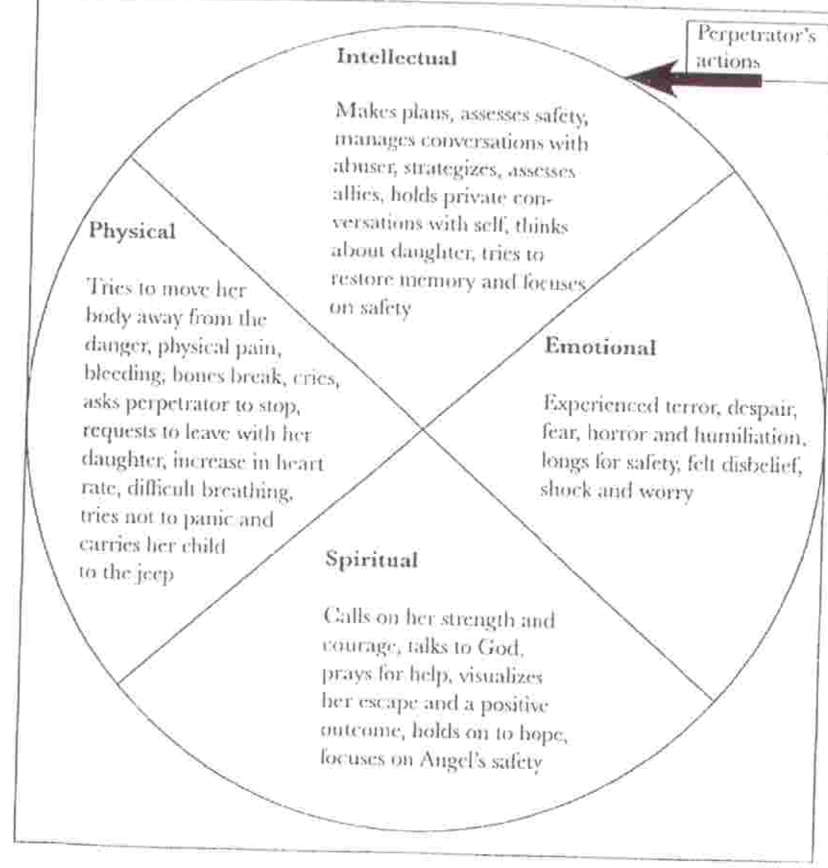
Violent acts are social in that they involve at least two people, a victim and a perpetrator, and occur in specific social settings and social-historical contexts (Coates, Todd and Wade 2000). Consequently, to be complete and accurate, any account of violence must include a description of the actions of both individuals and the social settings and social-historical contexts in which it occurred. Often, clients do not at first recall the many ways in which they resisted the violence, for several reasons. When the client begins to talk about an incident of violence or other adverse event, we generally ask permission to ask further questions: "Would it be okay if I asked you a few questions about that?" We then ask questions about how she responded at the time, moment-by-moment, paying careful attention to small details: "When you noticed that he was becoming aggressive, and you started to feel unsafe, how did you respond? You know, what did you do? How did you ask him to stop? How did you become angry? Then what happened? How did you respond to that? Do you remember what was going through your mind?" These questions elicit micro-level details of the client's responses and resistance, which in turn reveal capacities that can inform the protection risk and safety assessment.

We also focus on what the perpetrator did to suppress the victim's resistance, to highlight the deliberate nature of the violence and sole responsibility of the perpetrator: "Why do you think he blocked the door? If he had really 'lost it' and was 'out of control,' how did he manage to stay so calm until you got home? Why did he present himself at first as a really gentle and peaceful guy? Was he unable to stop or unwilling to stop?" These questions presuppose that the perpetrator anticipated, actually encountered and tried to overcome the victim's resistance.

Lily resisted in many ways. During the assault, she asked the perpetrator to stop, tried to get away and kept herself conscious long enough to escape. She managed to carry Angel outside, start the vehicle and drive it a short dis-

Figure 12-1 The Medicine Wheel of Responses

Examples of Lily's Responses and Resistance to the Assault



tance. Before accepting the invitation to attend the party, she asked a number of questions to ensure that she and Angel would be safe. Once we obtained an account of these responses, it became clear that Lily already knew a great deal about danger and safety. We have mapped Lily's responses (Figure 12-1) on The Medicine Wheel of Responses to Oppression. *Kakinewagemenuk:* with thanks to those who share traditional teachings and those who came before.

Summarizing Responses and Introducing the Language of Resistance

We summarize the client's responses, using her own words and introducing the language of resistance. For example, after summarizing her responses, we might say, "You know, it seems that all of these things you've mentioned are different ways of resisting, of fighting back and protecting yourself and Angel. Do you know what I mean?" When there is good rapport, this can be done in a playful manner, to lighten the mood: "Wow, I can see that you don't much like it when other people treat you badly. Is this a chronic problem with you? I mean, have you always been this way?" These comments and questions formulate certain responses as forms of resistance and contest the view that she is oppressing herself internally.

Contesting Attributions of Passivity and Deficiency

The account of resistance provides a set of facts that can be used to contest attributions of passivity and pathology. Many victims say that they have "no self-esteem" or "poor boundaries" and feel that they "deserved it" because they "didn't stand up" for themselves. Yet the victim's account of her own resistance tends to contradict these attributions. We sometimes directly contest deficiency statements that blame and pathologize the victim. For example:

- "How could anyone possibly suggest that you have poor boundaries when you asserted your boundaries so clearly, even though he overpowered you?"
- "Just because you could not make it stop does not mean you let it happen."
- "Where did you get the idea that you lack self-esteem: I mean, are these the actions of a woman who doesn't esteem herself?"
- "The fact that he did not respect your boundaries does not mean you have none"
- "I can certainly see that you were oppressed and have been very distressed about it, rightly enough. But I don't see how this adds up to depression. What would it mean if you were this badly treated and did not feel incredibly sad.

When contesting these and other diagnoses, it is important to respect the client's orientation to the diagnosis.

Connective Questions

After introducing the language of judicious resistance and asking the client to consider the validity of the new account, we use connective questions to explore the nature and origins of particularly unique and compelling responses. Connective questions link vital responses and the myriad personal capacities and convictions they reveal, across times and settings:

- "How did you learn so much about safety?"
- "Where did you get the strength to keep fighting back?"
- "How did you manage to remain so calm and focused, even though you were terrified?"
- "How did you keep your hope alive when things were really bleak?"
- "Have you faced other situations like this, where you were isolated and really in danger?"

- "How is it that you knew so clearly that you had done nothing wrong when so many people in power were blaming you?"

These questions are restorative in the sense that they restore cultural and personal knowledge to its rightful place of prominence and acknowledge the relationships in which that knowledge took shape and was passed on. Lily recalled that she learned a great deal about safety from her mother and this was perhaps passed down from her ancestors. In this way, connective questions reveal intergenerational histories of resistance to violence and oppression, and to negative social responses. Clients can then honour their ancestors and cultural knowledges as their own capacities and convictions are revealed more fully. Lily's ability and commitment as a parent stood out clearly in her account of her own resistance.

Responses to Negative Social Responses

With Angel in the hands of child protection authorities, Lily had little room to maneuver and no margin for error. In response, she held quietly onto what she knew to be true while she acted outwardly as she knew she must: She did what was told, asked politely about her daughter, exercised aplomb, reassured herself, visualized a positive outcome, prayed and refused to treat others as she had been treated. Despite ongoing humiliation, Lily kept her spirit strong. She had many private conversations in which she reasserted what she knew to be true and rehearsed what she knew she would be forced to say. In the longer term, Lily responded by maintaining her faith in goodness. Lily did not openly reject professionals' assessments and complied with their interaction until she got her daughter back. Over the longer term, Lily developed a closer relation to spirit, became more aligned with her inner guide and more conscious of her connection with all that is. She realized that she wanted to become a healer to help others, began meditating and went on to live on her own terms.

Developing Safety, Reducing Risk

Accurate assessments of safety and risk depend on accurate accounts of the events in question. Accounts that omit mention of the victim's resistance are at least incomplete and often highly misleading. After all, if the victim's resistance is concealed, that the perpetrator acted to suppress that resistance cannot come up for consideration. The perpetrator's responsibility and the level of risk he presents are then obscured. Women's predictions of future violence are more accurate than any formal assessment device (Gondolf 2003). It is crucial, therefore, to learn how the victim responded to and resisted the violence and other forms of adversity. The precise forms of the victim's resistance to violence, and to negative social responses, point to pre-existing abilities that can become the foundation of safety. Careful exploration of Lily's responses revealed that she already knew the skills, awareness and desire to ensure her own and Angel's safety. The process of exploring and acknowledging Lily's responses restored her dignity and her faith in what she already knew to be true.

Resistance and Wellness

The more barbarous mechanisms of colonialism have been dismantled but the colonial code of relationship is still reflected in the discourse of the human service professions, particularly in the literature on the different forms of violence. As a result, plans for the protection of children and the treatment of victims and perpetrators are too often fashioned in the very terms that obscure the problem. Victims of violence are widely portrayed as perpetrators of their own misfortunes and perpetrators are portrayed as victims of forces they do not understand and cannot control. These stereotypical images reinforce negative social responses that further violate and marginalize victims, embolden perpetrators and impede efforts to protect children. Alternatively, a response-based approach consists of practices that reveal violence, clarify responsibility, elucidate and honour victims' responses and resistance, and contest the blaming and pathologizing of victims. Information drawn from conversations about resistance can be used in the risk and safety assessment process to document a mother's ongoing knowledge and experience of creating safety for children in the midst of danger.

Suggestions for Further Reading

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Allan Wade is a family therapist and researcher in private practice, and a neighbour of Kinewesquao [Cathy Richardson]. He has a primary interest in responses and resistance to violence, social responses to victims and perpetrators, the connection between violence and language, and applications of response-based ideas in legal and human service settings. Allan is a co-founder of the Centre for Response-Based Practice, with Linda Coates and Kinewesquao [Cathy Richardson].

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Chapter 13

Healing versus Treatment

Substance Misuse, Child Welfare and Indigenous Families

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This chapter explores the impacts of substance misuse for children and families involved in child welfare while distinguishing between healing and treatment as a means for Indigenous family restoration. Treatment as described in Western medical models addresses symptoms while Indigenous healing approaches focus on the use of ceremony, kinship and spirituality. Indigenous ways of being in relation to wellness and recovery are discussed, and cultural practices that involve community resources and kinship systems are suggested for anti-oppressive social work practice within the context of substance abuse.

Questions Addressed in This Chapter

1. What are the current challenges for substance misuse and child welfare practice?
2. What are the current challenges for substance misuse and child welfare practice with Indigenous children and families?
3. What models of practice can influence healing for substance misusing Indigenous and non-Indigenous families involved in child welfare?

The past decade has seen increased concern about potential harms to children associated with drug or alcohol misuse by their caregivers (Poole and Dell 2005). The 1998 Canadian Incidence Study (CIS) found substance abuse concerns noted in 34% percent of child welfare investigations and a significant factor in 56 percent of emotional and/or psychological maltreatment cases (MacLaurin et al. 2003). Studies from the U.S. report that between one-third and two-thirds of families involved with child welfare misuse substances in ways that contribute to child maltreatment (Semidei, Radel and Nolan 2001). The Center for Addictions and Substance Use (1998) surveyed over 900 child welfare professionals, 71.6 percent of whom cited substance abuse as one of the top three causes for a dramatic increase in reports. Substance misuse is often strongly linked to neglect (Mayer et al. 2004) though this finding must be viewed with caution. Given the linkages between poverty and child welfare involvement, substance misusing poor parents may lack funds for substitute caregivers or to otherwise ameliorate the