

Citation: Tutty, L. M., & Nixon, K. L (2020). Mothers abused by intimate partners: Comparisons of those with children placed by child protective services and those without. *Children and Youth Services Review*. doi:[10.1016/j.chilyouth.2020.105090](https://doi.org/10.1016/j.chilyouth.2020.105090)

Mothers Abused by Intimate Partners: Comparisons of Women Whose Children were Removed
by Child Protective Services and Those Whose Were Not

Abstract

In Western Canada, 504 mothers with children 18 years and younger participated in a study of the impacts of intimate partner violence (IPV). Of these, 68 (13.5%) had children currently taken into either temporary or permanent care by child protective service (CPS). This exploratory secondary data analysis compares demographics, mental health/well-being, and protective mothering strategies of the mothers whose children were taken into care compared to those whose children were not to identify key characteristics associated with children being removed by CPS. The demographic characteristics that differentiated the groups most significantly were that mothers with children in care had more CPS involvement as children, themselves, and were less educated. No differences were found on the Severe Combined Abuse, Emotional, Harassment, or Total abuse as measured by the Composite Abuse Scale (CAS). However, mothers with children in care reported significantly more Physical Abuse (CAS). On the mental health measures, mothers with children in care reported significantly more psychological distress (SCL-10; with scores in the clinical range) and lower quality of life but no differences on depression (CES-D-10) or PTSD symptoms (PCL), neither in the clinical range. With regard to protective strategies, the women with children in care were more likely to remain with partners and to physically fight back. Implications of these findings are discussed.

Key Words: Intimate partner violence; child protection; mental health; protective strategies; mothering

Mothers Abused by Intimate Partners: Comparisons of Those with Children Placed by Child Protective Services and Those Without

1. Introduction

While the first several decades of acknowledging that women could be abused by intimate partners focused solely on the negative, sometimes debilitating effects of the abuse on women (DeKeseredy & Dragiewicz, 2014), not long afterwards, research about the children who were exposed to the intimate partner abuse of their mothers began to surface, with appropriate concerns about their well-being (e.g., Wolfe, Jaffe, Wilson & Zak, 1985). In response, Child Protective Services (CPS) authorities across North America began conceptualizing exposure to IPV as a form of child maltreatment (Edleson, 2004; Nixon, Tutty, Weaver-Dunlop & Walsh, 2007), sometimes resulting in a considerable increase in CPS intervention, including placing children in temporary or permanent care (Edleson, Gassman-Pines, & Hill, 2006).

This article reviews literature on the impact of children's exposure to IPV and the context of mothering in households where women are abused by intimate partners. The CPS response to children exposed to IPV is described and what we know about IPV-affected mothers whose children were taken into care. The results of an exploratory secondary analysis of a large Western Canadian study looking at the characteristics of mothers affected by IPV whose children were taken into care by CPS compared to those whose children were not are then presented.

1.1 Children Exposed to Intimate Partner Violence

Researchers initially linked children who were exposed to IPV (CEDV) to trauma responses (such as Post-traumatic Stress Disorder); to internalizing problems such as depression, low self-esteem and withdrawal; and to externalizing problems such as aggression and hyperactivity (Wolfe et al., 1985). Critics of this early body of research noted limitations such as

problematic definitions of CEDV (Edleson, 1999; Wolfe, Crooks, Lee, McIntyre-Smith & Jaffe, 2003) and not distinguishing between children who have also been physically or sexually abused by the IPV perpetrator from children who were only exposed to IPV (Edleson, 1999).

Moreover, children vary in their reactions to CEDV (Hungerford, Wait, Fritz & Clements, 2012). Almost all studies that identified harmful effects also found children without (Wolfe et al., 2003). Some children are resilient (Alaggia & Donahue, 2017; Edleson, 1999). Other researchers identified protective factors for children such as personal coping skills, temperament, extended social networks and warm mothering (Miller, VanZomeren-Dohm, Howell, Hunter & Graham-Bermann, 2014; Carlson, Voith, Brown, & Holmes, 2019).

In summary, although CEDV certainly impacts children (Kitzmann, Gaylord, Holt, & Kenny, 2003), concluding that all children are adversely affected is not warranted (Edleson, 1999; Wolfe, et al., 2003). Nevertheless, the needs of children who are negatively affected must not be ignored. Assessing children on a wide range of factors and with knowledge of the unique dynamics of IPV is important (Gonzalez, MacMillan, Tanaka, Jack, & Tonmyr, 2014).

1.2 Mothering in the Context of Intimate Partner Violence

In order to make the case for the importance of IPV as a societal issue, researchers focused initially on the harmful effects of IPV on women abused by their intimate partners. Considerable research examined potential mental health problems such as depression, anxiety, and PTSD (e.g., Cascardi & O'Leary, 1992; Saunders, 1994), finding that many women reported such problems, especially while still residing with the abuser (Humphreys & Thiara, 2003). However, since many abused women are also mothers, the evidence that some had compromised mental health raised questions about their competency as mothers, especially in the context of the burgeoning literature on the harmful effects of children's exposure to domestic violence.

Even the early literature on mothering in the context of IPV argued against assuming that women whose partners abuse them are necessarily bad or deficient mothers (e.g., Levendosky & Graham-Bermann, 2001; Sullivan, Nguyen, Allen, Bybee, & Juras, 2001). Van Horn and Lieberman (2002) noted that abused mothers were “remarkably similar” to non-abused mothers with respect to their parenting behaviors, beliefs about parenting, and interactions with their children (p. 83). More recently, author citation (2019) found no differences in the positive parenting behaviors of women who had experienced IPV compared to those who had not.

Rather than supporting a deficit model of mothering in the context of IPV, a number of authors refute the perception that abused mothers are generally helpless, incompetent, or aggressive parents, purporting that abused mothers frequently compensate by being sensitive and attentive to their children (Greeson et al., 2014). These acts are seen as “attentive surveillance” (Bentley, 2017) or “protective strategies” (author citation, 2017; Nixon, Bonnycastle, & Ens, 2017). In these mostly qualitative studies, abused mothers voiced great concern about their children’s well-being and often took active steps to protect them despite the violence from their abusive partners (Haight, Shim, Linn, & Swinford, 2007; Peled & Gil, 2011). For example, some mothers initially placate their partner to prevent a violent episode, send children to a neighbor’s or a relative’s home; or phone a friend, a relative, or the police. In contrast, other mothers keep the abuse secret, not notifying the police, social workers or medical professionals with the goal of protecting the children from the potential harms associated with outside intervention.

Longer-term protective strategies include ending the relationship with the abuser or sending children to live with relatives. For others, though, remaining with the abuser is the preferred strategy because they fear for their own and their children’s physical safety if they were to separate. This fear that has been justified by researchers identifying that physical and

emotional abuse often continue post-separation (Brownridge et al., 2008; Zeoli, Rivera, Sullivan, & Kubiak, 2013). By remaining with abusive partners, mothers can monitor their children's safety and intervene if necessary. In summary, it is important not to assume that abused mothers are generally deficient or inadequate, especially since their parenting often improves when they live safely away from the violence (Edleson et al., 2003).

1.3 Child Protection Policies and Practice with Mothers Abused by Intimate Partners

As noted earlier, CEDV has been added to CPS definitions of child maltreatment across North America, although policies and practices differ (Nixon et al., 2007; Victor, Henry, Gilbert, Ryan & Perron, 2019). However, several authors contend that CPS is less likely to intervene when women leave abusive partners (Coohey, 2007), suggesting that women must choose between their children or their partners (Nixon, 2002).

Over the years, the proportion of CEDV referrals to CPS services in Canada and the U.S. has increased to from 28 to 34% of the total (Trocmé et al., 2013; Rizo et al., 2017). In the national study of Canadian substantiated CPS cases in 2008, the most common characteristic of the primary caregiver was being a victim of domestic violence (42%) (Trocmé et al., 2010). One critical difference between cases involving CEDV compared to the non-CEDV referrals is higher substantiation of child abuse rates (Lawson, 2019). As many cases are referred by mandated reporters such as law enforcement officers who respond to IPV calls and VAW shelter workers, the child maltreatment is often substantiated simply because the domestic violence was reported (Alaggia, Gadalla, Shlonsky, Jenney & Daciuk, 2015).

The nature of the abuse in child protection cases involving CEDV is also different. In a secondary analysis of Michigan cases from 2009 to 2013, Victor et al. (2019) concluded that CEDV cases were significantly more likely to involve emotional abuse such as threatened harm

or failure to protect and significantly less likely to involve children being physically or sexually abused. When CEDV was the sole reason for CPS referral in the 2008 national Canadian study, these cases “presented with fewer risk factors and were less likely to lead to ongoing child welfare interventions compared to other maltreatment investigations (p. 128)” (Trocmé et al., 2013). Again, this does not imply that CEDV should be ignored, but highlights that, especially when it is the sole issue for the child, removal may simply not be warranted. In the 2003 national study, Black, Trocmé, Fallon, and MacLaurin (2008) concluded that relatively few CEDV cases reported to Canadian CPS resulted in child removal (2%) and that, when these did occur, it is largely with cases with other forms of child maltreatment present.

Differential approaches represent a variety of CPS programs to better address the needs of families and prevent unnecessary CPS involvement, especially with respect to removing children. In these programs, low-risk families (which should include some IPV cases) are diverted from CPS and referred to community services. Differential response programs dovetail nicely with recent collaborations between CPS and IPV personnel that attempt to breach any professional gaps in knowledge and to more fairly assess and treat mothers in IPV situations (e.g. (Banks, Hazen, Coben, Wang & Griffith, 2009; Friend, Shlonsky, & Lambert, 2008). The effect of a differential response approach to IPV cases in CPS was recently studied in Ontario, Canada (Alaggia et al., 2015). The study found that a high proportion of the DV cases remained open, likely because workers had assessed them as at higher risk. The authors conclude that, “Workers may be erring on the side of caution in assessing risk as shown through case record analyses, putting weight on the actions of the parent who has been abused – primarily whether she is taking steps to leave the perpetrating partner” (p. 10).

This raises questions about the extent to which CPS workers are educated about IPV, even in a differential response approach. That many are still arguing about whether CPS workers receive the necessary education with respect to IPV (i.e. Alaggia et al., 2015; Langenderfer-Magruder, Alven, Wilke & Spinelli, 2019) indicates the continued relevance of the question.

1.4 Mothers and CPS in the Context of IPV

Given the centrality of CEDV in CPS substantiated cases, how much do we know about the effects of CPS child removal on the mothers abused by intimate partners? Available publications are mainly qualitative and focus on women's access to services, feedback about CPS workers (i.e. DeVoe & Smith, 2003; Hughes, Stuart, Coop Gordon, & Moore, 2011; Lapierre & Côté, 2011) or reactions to their children's removal (Nixon, Radtke & Tutty, 2013). Largely missing are the experiences of Indigenous and rural women, which are important for the Canadian context (Nixon et al., 2017).

The bulk of the quantitative studies focus on CPS data, which examines the children and abuse factors but not the characteristics and actions of the mothers, who, according to Macy, Rizo and Ermentrout (2013), represent an understudied population. Macy's study focused on two unique groups; women mandated to attend a community program, referred from both court and CPS agencies. While the women had high levels of depression, few "scored within ranges of concern or risk in terms of their self-reported parenting" (p. 597), although whether children were taken into CPS care was not specified. Other authors examined mental health and substance abuse in mothers affected by IPV within CPS agencies (Flanagan, Sullivan & Connell 2015; Kohl & Macy, 2008) but without a comparison group of IPV mothers not involved with CPS. As such, a core unanswered question is whether IPV-affected mothers differ in any important ways based on whether or not their children had been removed by CPS authorities.

With unique access to data regarding a large sample of Canadian women who were abused by intimate partners with some who had their children removed by CPS authorities, the goal of the current secondary data analysis was to explore the demographics, IPV experiences, mental health characteristics and protective strategies of mothers with or without CPA child removal. Without a research base of other similar studies, the current research is exploratory and, consistent with much secondary data analysis, did not create hypotheses (Radey, 2010).

2.0 Methodology

This article reports on a secondary data analysis undertaken on a subset of participants, that is, mothers, in the “The Healing Journey.” This longitudinal, Canadian study had a convenience sample of 665 abused women from the three prairie provinces of Alberta, Saskatchewan, and Manitoba. Both academics and community agency members of the research team assisted in designing the research, recruiting participants, and interpreting the results. Data for the study were collected in seven waves between 2005 and 2009. The primary outcomes from the study have been previously published (author citation, 2019; under review).

The research protocols were approved by the Ethical Review Boards of the six associated universities (blinded for review). Each province conducted an environmental scan of agencies (i.e., women’s shelters and counselling agencies) to cover urban, rural, and northern sites from which to recruit. Potential participants attended information sessions at agencies, or were provided with sealed envelopes containing information about the study by agency staff. The criteria for inclusion were: a minimum 18 years of age; the most recent incident of IPV no sooner than three months and no longer than five years prior; commitment to stay in the study for the full four years; and no significant mental health issues that would impede answering the measures accurately such as hallucinations or delusions (to our knowledge no women were

excluded for this reason). Honoraria of \$50 CAN were provided to participants at each wave. The first wave of The Healing Journey data collection commenced in 2005, with six additional waves collected every six months over four years.

2.1 Research Measures

Data were collected in four major areas: demographics and history of abuse; general functioning and service utilization; health (author citation, 2017); and mothering (author citations, 2016, 2019) over four years. The surveys included standardized measures as well as open- and closed-ended questions developed for the study. The current analysis used data from the first two waves. The core demographics, CAS, and QoL were administered in Wave 1; and the mental distress, depression, PTSD and protective strategies in Wave 2.

The questionnaires were administered face-to-face, with trained female interviewers reading the questions and recording answers to ameliorate any literacy problems. The women chose where the interviews took place: their homes, the agency/shelter from where they were recruited or the university campus. The more than 50 interviewers were upper-level undergraduate/graduate university students and professionals from the communities surveyed. The interviews lasted from one to two hours. To minimize attrition, RAs always interviewed the same women, whom they contacted at least once between waves ((Sullivan, 1996) Sullivan, Rumpitz, Campbell, Eby & Davidson, 1996). When women did not respond in subsequent waves, multiple contact attempts were made in the hopes of re-engaging them.

2.1.1 Intimate partner violence. The nature of the IPV was assessed by the Composite Abuse Scale (CAS) (Hegarty, Bush, & Sheehan, 2005). This screening measure consists of 30 items rated for frequency in the past 12 months on a six-point scale from never to daily, with a possible total of 150. The four subscales are: Severe Combined Abuse (8 items; possible score 0-

40; suggested cut-off of 1), Physical Abuse (7 items; possible score 0-35; cut-off of 1), Emotional Abuse (11 items; possible score 0-55; cut-off of 3), and Harassment (4 items; possible score 0-20; cut-off of 2). The suggested clinical cut-off for the total score is 3 or 7 to minimize false positives. The scale has demonstrated convergent and discriminant validity (Hegarty et al., 2005). Cronbach's alpha for the CAS in the current study is .93.

2.1.2 Child abuse, health and mental health conditions. Child abuse history was collected via structured questions with "yes/no" answers: "Were you abused as a child or adolescent? a) physical, b) sexual, c) emotional/psychological, d) witnessing abuse among family members (consistent with Elias, Mignone, Hall, Hong, Hart, & Sareen, 2012). We asked the women to self-report physical and mental health conditions and, to assess disability, we asked whether these conditions affected their employability or the kind or amount of daily activities.

2.1.3 Mental health and well-being. The Symptom Checklist Short Form (SCL-10) (Nguyen, Attkisson, & Stegner, 1983) is a screening tool to assess global mental health functioning and psychological distress in the previous week. Items (e.g., "In the past week, how much were you distressed by feeling lonely?") are endorsed with a 0 to 4 Likert scale (0 = "not at all;" 4 = "extremely"). Higher scores indicate more distress. Published clinical cut-offs for the 10-item version were not found. However, since clinical cut-off scores are one standard deviation above the mean (Jacobson (Jacobson, 1984), Follette, & Revenstorf, 1984), we used Müller, Postert, Beyer, Furniss, and Achtergarde's (2010) data reporting an mean score of 7.8 (*SD* of 6.3), resulting in a clinical cut-off score of 14.2. Cronbach's alpha in the current study is .89.

The CES-D-10 (Centre for Epidemiological Studies - Depression) is a short form of the CES-D-20 (Radloff, 1977) used to document depression symptoms in the previous week

(Andresen, Malmgren, Carter, & Patrick, 1994). Ten items (e.g., “In the past week I was bothered by things that usually don't bother me?”) are rated on a 0 to 3 Likert scale, with zero as “rarely or none of the time (less than 1 day),” and three as “all of the time (5-7 days).” Internal consistency and test-retest reliability are good (Björgvinsson, Kertz, Bigda-Peyton, McCoy, & Aderka, 2013). Cronbach’s alpha in the current study is .84. Björgvinsson et al. suggest that a cut-off of 15 has the best “sensitivity” and “specificity.”

The PTSD Checklist (PCL) (Blanchard, Jones-Alexander, Buckley, & Forneris, 1996) is a 17-item self-report questionnaire that measures symptoms of PTSD in the past month. Items (e.g., “In the past month how much have you been bothered by repeated, disturbing memories, thoughts or images of abuse or violence?”) are endorsed with a 0 to 4 Likert scale with zero meaning “not at all” and 4 meaning “extremely.” Blanchard et al. recommend a clinical cut-off of 44. The scale has good psychometric properties (Cronbach’s alpha = .94; Blanchard et al., 1996). Cronbach’s alpha in the current study is .92.

The original 25-item Quality of Life Questionnaire (Andrews & Withey, 1976) was shortened by Sullivan and Bybee (1999) to nine items measuring satisfaction with her overall quality of life (e.g., “How do you feel about life as a whole”) and satisfaction with particular areas (e.g., “How do you feel about yourself; your personal safety; the amount of fun and enjoyment you have”). Items are rated on a 7-point scale (1 = extremely pleased, 7 = terrible). Higher scale scores indicate poorer QOL. Cronbach’s alpha for QOL in the current study is .84.

The Protective Strategies Questionnaire (PSQ) is a 20-item list developed by the research team based on strategies identified in the literature (author citation, 2017). Respondents were asked, “Within the last year have you ever done the following as a means to protect your child/ren?,” answering Yes/No to items such as, “I avoided a situation I thought might lead to

violence” and “I taught them as safety plan.” In the current study, all items significantly correlated with the corrected total score (range of .12 to .54) and the Cronbach alpha is .79. This measure was administered only to mothers who had custody of at least one of their minor children.

2.2 Data Analysis

Categorical descriptive data were analyzed using Pearson’s chi-square analysis with effect sizes calculated with Phi or Cramer’s *V*. Standardized residuals were calculated to identify the category differences responsible for the statistically significant chi-square (Field, 2009). Effect sizes were interpreted using Rea and Parker’s (2002) suggested benchmarks of under .10 as a “negligible” association; between .10 and under .20 as “weak”; between .20 and under .40 as “moderate”, and between .40 and under .60 as relatively “strong” (p. 203). In cases where the cell count is less than five, the Fisher exact test was used (Field, 2009). The demographic characteristics with the strongest effect sizes were entered into a regression analysis with respect to whether the mothers had children in care or not.

Numerical data were compared with independent t-tests and repeated analysis of variance, with Bonferroni procedures as post hoc tests when findings were statistically significant and effect sizes calculated as *r*-values (Field, 2009). According to Cohen (1988), *r*’s of .2, .5 and .8 are the small, medium, and large reference values, respectively.

3.0 Results

3.1 Sample. Of the 665 women who took part in the Healing Journey study, 504 were mothers of children 18 years and younger (see Table 1). The sample of mothers was evenly distributed across the three provinces with 165 from Manitoba (32.7%), 166 from Saskatchewan (32.9%), and 173 from Alberta (34.3%), with no differences in the proportion of children in CPS care by province (chi square = 0.67, n.s.), with an average of 14.5%. Of the mothers, 68 (13.5%) had

children in either temporary ($n = 35$) or permanent government care ($n = 33$), while 436 (86.5%) had no children in care. Of these 68, a little more than a third (35.3%) still had some children living with them (perhaps from a different father), while almost two thirds (64.7%) had no children (i.e., all of their children were removed from their care). Interestingly, 12% of mothers without children in care had none of their minor children with them and 17% had only some, the majority of whom resided with their fathers (59 of 124 or 47.6%).

A number of the demographic characteristics did not differ with respect to whether the mothers had children in CPS care or not and, thus, only the total proportions are presented here. The women were from diverse, self-identified racial/ethnic origins: 213 (42.8%) White (European origins, White, or Caucasian), 254 (51%) Indigenous (First Nations = 193, Métis = 61), and 31 visible minority (6.2%; the largest groups being African-Canadian = 12 Latin American = 8 and South Asian = 7). Most women self-identified as heterosexual (475 or 95%), with 19 (3.8%) identifying as bisexual, 3 (0.6%) as lesbian, and 2 (0.4%) as Two-Spirit (a North American Indigenous term that indicates gender fluidity within Indigenous culture (Cameron, 2005). Almost 69% ($n = 348$) resided in large population centres (100,000+), 81 (16.1%) were from medium centres with populations from 30,000 to 99,999; 75 (14.9%) lived in small/rural centres of 29,999 or less. The abusive partners were an average of 36.2 years ($N = 503$; $SD = 8.6$; range of 18-72), with no differences based on whether or not their children were in CPS care.

A large proportion of mothers (304 or 61%) reported having physical or mental health concerns. As mentioned, the physical or mental health conditions reported by the women were coded as disabilities if they noted that these affected employability and activities of daily life, resulting in 38% ($n = 190$) being classified with a disability and 62.7% ($n = 310$) without. These included both physical and mental health disabilities (82 women), only mental health disabilities

(57 women), or only physical disabilities (51 women).

Notably, though, several demographic characteristics differentiated the mothers with children in care compared to those without. As noted in Table 1, the women with children in care were younger (31.5 years of age) while the mothers without CPS involvement were an average of 33.8 years ($t = 2.33$; $p = .02$; $r = .07$, a negligible effect). Mothers with children in care had more children than mothers without (4.1 compared to 2.8; $t = 6.0***$; $r = .11$, a negligible effect).

Current relationship status differed such that mothers with children in care were more likely to be in current boyfriend/girlfriend relationships as compared to mothers without children in care (13.7% versus 3.2%; $\chi^2 = 12.3$; $p = .007$; Cramer's $V = .16$, a weak effect). Although most of the women no longer lived with the abusive partner (82% or 472 of 504), more mothers whose children were removed still resided with abusive partners (19 or 27.9%) compared to mothers who still had custody of their children (68 or 15.6%; $phi = .11$, a weak effect). With respect to the mothers with children in care, significantly more of their abusive partners were Indigenous (72%) and fewer were White (20.6%) (Cramer's $V = .18$ a weak effect).

With respect to the highest level of education, mother with children in care had significantly less education than mothers without CPS involvement: 71.6% compared to 38.8% had not completed high school, while 4.5% compared to 19.3% had some post-secondary technical training; and 0% compared to 20% had some post-secondary university education (Cramer's $V = .27$, a moderate effect). Total average yearly family income from all sources in the last year was \$23,298 ($SD = \$25,616$).

Women with children in care were significantly more likely to report being abused as children ($\chi^2 = 9.5$; $p = .009**$; Cramer's $V = .14$, a weak effect). They were more likely to have had CPS involvement as children, themselves and less likely to have lived with biological

parents or relatives ($\chi^2 = 53.5$; $p = .000^{***}$; Phi = .33, a moderate effect). More women with children in care self-reported addictions ($\chi^2 = 14.2$; $p = .001^{***}$; Cramer's $V = .17$, a weak effect). Notably, women with children in care were more likely to have ever stayed in VAW shelter ($\chi^2 = 5.9$; $p = .03^*$; phi = .10, a weak effect).

When the five strongest demographic characteristics (CPS involvement as children, education, partner ethnicity, addictions and whether living with partner) were entered into a regression model with respect to whether children were in care or not, only CPS involvement as children and education level remained significantly associated ($t = 4.8$ and 4.5 ; p values $< .000$).

Regarding the nature of the IPV, there were no differences based on CPS status on the Severe Combined Abuse, Emotional, Harassment, or Total Abuse on the Composite Abuse Scale (CAS) (see Table 2). Notably though, mothers with children in care reported significantly more Physical Abuse from their partners (CAS). On the mental health measures, mothers with children in care reported significantly more psychological distress (SCL-10; with scores in the clinical range) and lower quality of life but no differences on depression (CES-D-10) or PTSD symptoms (PCL), with neither in the clinical range. We cannot ascertain whether the clinical distress and lower QOL contributed to having their children taken into care in the first place or was the result of trauma/stress associated with having their children removed.

With respect to protective strategies (see Table 3), only 22 of the 68 mothers in the CPS group had custody of some of their children and thus answered the measure (see Table 3). Of note, there were no differences between the mothers with children in care from those without on almost all of the obviously strong protective factors such as being affectionate and doing things to help the children feel good about themselves. Mothers with children in care were significantly different on two items; they were more likely to remain in the abusive relationship as a means of

protecting their children (59.1% versus 32.8); and were more likely to have fought back with their abusive partner (59.1% versus 35.5%).

4.0 Discussion

The secondary analysis of data from the Healing Journey provides a portrait of mothers abused by intimate partners whose children were taken into temporary or permanent care by CPS in the Canadian provinces of Alberta, Saskatchewan, and Manitoba. As a rough gauge of the CPS child removal rate, in our study 13.5% of the 504 mothers had children in either temporary or permanent care, compared to the 2% identified in the 2003 national Canadian study (Trocmé et al., 2008) – both conducted at similar times. This may reflect the larger numbers of Indigenous mothers in our prairie provincial research, as the Canadian CIS study identified a high proportion (22%) of substantiated cases were respect to Indigenous children.

A number of key characteristics differentiated the mothers with children in care from those whose children were not taken into care. The strongest differences were that mothers with children in care were more likely to have had CPS involvement as children and were less educated (both with moderate effects sizes), as indicated by the regression analysis. Women with their own CPS involvement as children because of child abuse histories and CPS out-of-home-placements are more at risk of coming to the attention to CPS, especially if they have less education and more IPV according to Fusco (2015), consistent with the current study. Nevertheless, we cannot determine from our research whether CPS workers considered these mothers less able to protect their children because of an inherent bias, or whether, given their childhood histories, the women had more mental health difficulties and addictions and/or fewer mothering skills that would be a major factor in children's CPS removal.

More self-reported addictions and child abuse histories were associated with child removal, but when CPS history and education were included in the regression, these did not meet the threshold of statistical significance. Addiction as a consequence of childhood sexual abuse has been well-documented (Sartor & O'Malley, 2016) and would, appropriately, be viewed as problematic in CPS worker's assessments of mother's parenting abilities.

The mothers with children in care also had significantly lower income levels (consistent with less education) and were more likely to still reside with the abusive partner. Structural issues such as poverty are commonly associated with CPS intervention. Notably, most families involved with CPS are less-educated, lack resources, poor (Rothwell & de Boer, 2014) and, in Canada, are Indigenous (Alaggia et al., 2015; Sinha, Trocmé, Fallon & MacLaurin, 2013). In the current study, significantly more women with children in care had Indigenous partners, raising questions about possible racist and/or anti-Indigenous attitudes on the part of some CPS staff.

The mothers with children in care reported significantly more Physical Abuse from their partners (CAS). Albeit a weak effect, this might explain why more had resided in a women's VAW emergency shelter than women whose children were not in CPS care. In addition to having limited financial resources (and potentially fewer informal supports), the severe physical violence may have prompted their decision to seek refuge at a women's shelter.

On the mental health measures, mothers with children in care reported significantly more psychological distress (in the clinical range) and lower quality of life (perhaps not surprising with their lower incomes). As mentioned previously, it is unclear if the mother's mental health distress was the result of the violence perpetrated against them or having had their children taken into care or both. Nonetheless, while the mothers in our study reported significant psychological distress on the SCL-10, neither depression nor PTSD symptoms were in the range that would

suggest that a mental health diagnosis was warranted, unlike Macy et al. (2013) who found high depression levels in mothers mandated to services.

It was interesting that the two groups of mothers were so similar in their use of strategies to protect their children and that most were positive. The mothers differed on only two items on the protective strategies scale. On the first item, mothers with children in care were more likely to state that they would remain in the abusive relationship as a means of protecting their children. In fact, still residing with an abusive partner distinguished mothers whose children were removed compared to mothers with no CPS involvement but remaining with an abusive partner may not be perceived as protective by CPS staff, resulting in the children's removal (consistent with Alaggia et al., 2015). Without knowing the details of the specific cases, the mothers may have understood that leaving could place them and their children at increased risk of violence and thus, was an appropriate decision. Having children is a key factor of women staying in relationships, fearing retaliation if they (and their children) were to leave (Meyer, 2012). As noted earlier, women and their children are often at continued risk for violence from their partners after they separate (Brownridge et al., 2008; Zeoli et al., 2013).

The second factor was that women with children in care were more likely to "fight back" as a protective strategy. Perhaps one of the most contentious issues in the IPV field, that some women act aggressively towards their partners has long been used to disparage them, using the "she did it too" argument, even though women's fighting back may be proactive (as in prompting a physical altercation when her partner seemed agitated before the children come home from school), an act of resistance (Todd, Wade, & Renoux, 2004), or self-defense (Scarduzio, Carlyle, Lockwood Harris, & Savage, 2017).

CPS workers may not understand the complex dynamics of relationships characterized by IPV and strategies such as remaining with an abusive partner and fighting back may seem counterintuitive. These two strategies (remaining with partners and fighting back) may be questioned by CPS workers, with the result that the mothers are, in effect, punished in the severest of ways, having their children removed. CPS has a long history of mother-blaming (Krane, 1990; Nixon, 2002) and this may still be of concern.

However, as noted by author citation (2017), narrow conceptualizations of protection ignore economic and social and barriers that constrain mothers' choices in protecting their children. If abused women believe that their mothering, including protective strategies, could be considered deficient by service providers, they may be less likely to seek assistance.

4.1 Study Limitations and Strengths

Although the bulk of research on women and IPV relies on convenience samples of women from VAW shelters or counselling agencies, without random selection the current results may not be generalizable to other women abuse by intimate partners from Canada's prairie provinces, particularly those have not sought assistance for IPV.

It is unfortunate that the protective strategies questionnaire was not administered consistently to all mothers. CPS status can change such that children are returned and, so, mothering strategies remain relevant even with no children in the home. The protective strategies measure was created for the Healing Journey study and additional thoughts about its administration would have improved the data available for the current analysis.

Because the original study took place in 2005-2006, it is possible that current CPS substantiation and removal rates may have changed. The most recent data for Alberta and Saskatchewan was collected in 2008, close to when the original study was conducted.

Differential CPS approaches were incorporated in Alberta in 2004 and Saskatchewan in 2001 before the current study (MacLaurin et al., 2013; MacLaurin et al., 2011). However, although Alberta data was collected in 2008, comparisons could not be made between the 2003 and 2008 CIS data to assess for the impact of adopting a differential approach because of differences in the information collected. No 2008 CPS data was available for Manitoba and no new provincial or national CIS studies have been conducted since 2008.

A strength of the current study is that the women constitute a large sample of IPV survivors from the Canadian prairies with almost half of Indigenous background, a group often not included in research, but whose well-being is particularly important in Canada. Also, as noted, the bulk of the research about CPS and IPV is with respect to characteristics of the children, not the mothers, so this adds to our understanding of the women's characteristics.

Importantly, this study should not be seen as a critique of CPS workers' decision making. While the large sample of women provided an opportunity to compare mothers, the study focus was not directly on the CPS response to IPV, nor were there details about the circumstances and events that led to the children's CPS removal. Future research could address these issues. Nonetheless, the large sample of mothers provides a compelling portrait of the backgrounds of women whose partners abused them and who, subsequently, had their children removed by CPS.

IPV against women (including mothers) remains unchanged in the prairie provinces, with current rates being slightly higher than when the study first commenced (Conroy, Burczyk & Savage, 2019). Further, there is no evidence that CPS now responds differently to IPV-related cases. Therefore, although the original study is more than a decade old, the reality for abused women (and mothers) remains unchanged, suggesting that the findings remain relevant today.

5.0 Conclusion

As mentioned, the Healing Journal study was not conceived as an exploration of CPS involvement in women abused by intimate partners and so, as is common in secondary data analyses, questions that would have more directly address the CPS response were not asked. Nevertheless, the results provide food for thought. The mothers with children taken into CPS care had histories of CPS intervention as children, had less education, had been abused as children, had lower incomes and were less likely to be working full-time, all interconnected variables. This reflects the need to both be realistic about the negative consequences of removing children and to be proactive about preventing CPS involvement repeating in subsequent generations. Adults who had been removed by CPS as children (often because of child sexual abuse) have long been identified as at risk for dire consequences including exploitation through prostitution (Cole, Sprang, Lee, & Cohen, 2016), homelessness (Putnam-Hornstein, Lery, Hoonhout, & Curry, 2017), addictions (Sartor & O'Malley, 2016) and IPV (Fusco, 2015). Finding ways to engage and provide resources to second-generation CPS mothers is, clearly, essential for both their own and their children's safety.

Despite recommendations to improve IPV education for CPS staff (Danis & Lockhart, 2003; Fusco, 2013; Connor, Nouer, Mackey, Banet, & Tipton 2012) it is unclear whether these have been widely adopted. As such, CPS workers may not generally understand the complex dynamics of relationships characterized by IPV, and strategies such as remaining with an abusive partner and fighting back may seem counterintuitive.

We do not know whether CPS workers in the Canadian prairie provinces are now better educated about IPV and, across North America, authors continue to raise questions about this (Fusco, 2013; Hughes & Chau, 2013; Postmus & Merritt, 2010). As one example, in a recent qualitative study in Ontario with 17 CPAs workers, 53% had no formal IPV training (Jenney,

Mishna, Alaggia & Scott, 2014). Some professionals doubt the ability of CPS workers to conduct accurate assessments, refer and interact appropriately with women IPV victims (Mennicke, Langenderfer-Magruder & MacConnie, 2019). According to Johnson, Antle and Barbee (2009), CPS workers also need training in anti-racist practice, a factor that is also relevant in the current study. Workers would also benefit from training that challenges the mother-blaming that is often embedded in child protection practice (Krane, 1990). Indeed, more comprehensive education for CPS workers is vital, especially since children exposed to IPV make up almost one-third of CPS referrals (Trocmé et al., 2013; Rizo et al., 2017).

Although there have been productive collaborations in some jurisdictions, tensions between CPS workers and IPV advocates persist in others (Langenderfer-Magruder et al., 2019) and the impact of differentiated CPS approaches to more appropriately assist CPS-investigated mothers is unclear. IPV advocates and academics must continue to both dialogue with CPS policy-makers and provide training, support and encouragement to CPS workers in their daily struggles with these often complex cases. Given the prevalence of IPV in society, and especially in CPS caseloads, it is imperative that professional social work education includes content on intimate partner violence, children's exposure, and mothering within the context of violence.

6.0 References

- Alaggia, R. & Donahue, M. (2017). Take these broken wings and learn to fly: Applying resilience concepts to practice with children and youth exposed to intimate partner violence. *Smith College Studies in Social Work*. doi:10.1080/00377317.2018.1404282
- Alaggia, R., Gadalla, T. M., Shlonsky, A., Jenney, A. & Daciuk, J. (2015). Does differential response make a difference: Examining domestic violence cases in child protection services. *Child & Family Social Work*, 20(1), 83 - 95. doi:10.1111/cfs.12058

- Andresen, E. M., Malmgren, J. A., Carter, W. B., & Patrick, D. L. (1994). Screening for depression in well older adults: Evaluation of a short form of the CES-D. *American Journal of Preventive Medicine, 10*(2), 77-84.
- Andrews, F., & Withey, S. (1976). *Social indicators of well-being: American's perceptions of life quality*. New York, NY: Plenum Press.
- Banks, D., Hazen, A. L., Coben, J. H., Wang, K., & Griffith, J. D. (2009). Collaboration between child welfare agencies and domestic violence service providers: Relationship with child welfare policies and practices for addressing domestic violence. *Children and Youth Services Review, 31*(5), 497-505. doi:10.1016/j.chilyouth.2008.10.005
- Bentley, K. L. (2017). Attentive surveillance: A preliminary study of prioritizing mothering standards in the face of intimate partner violence. *Journal of Family Violence, 32*, 39-46. doi:10.1007/s10896-016-9871-6
- Björgvinsson, T., Kertz, S. J., Bigda-Peyton, J. S., McCoy, K. L., & Aderka, I. M. (2013). Psychometric properties of the CES-D-10 in a psychiatric sample. *Assessment, 20*(4), 429-436. doi:10.1177/1073191113481998
- Black, T., Trocmé, N., Fallon, B., & MacLaurin, B. (2008). The Canadian child welfare system response to exposure to domestic violence investigations. *Child Abuse & Neglect, 32*(3), 393-404. doi:10.1016/j.chiabu.2007.10.002
- Blanchard, E. B., Jones-Alexander, J., Buckley, T. C., & Forneris, C. A. (1996). Psychometric properties of the PTSD checklist (PCL). *Behaviour Research and Therapy, 34*(8), 669-673. doi:10.1016/0005-7967(96)00033-2
- Brownridge, D. A., Chan, K. L., Hiebert-Murphy, D., Ristock, J., Tiwari, A., Leung, W. C., & Santos, S. C. (2008). The elevated risk for non-lethal post-separation violence in Canada:

- A comparison of separated, divorced, and married women. *Journal of Interpersonal Violence*, 23(1), 117-135. doi:10.1177/0886260507307914
- Cameron, M. (2005). Two-spirited Aboriginal people: Continuing cultural appropriation by non-Aboriginal society. *Canadian Woman Studies/Les Cahiers de la Femme*, 24(2/3), 123-127.
- Carlson, J., Voith, L., Brown, J. C., & Holmes, M. (2019). Viewing children's exposure to intimate partner violence through a developmental, social-ecological, and survivor lens: The current state of the field, challenges, and future directions. *Violence Against Women*, 25(1), 6-28. doi:10.1177/1077801218816187
- Cascardi, M., & O'Leary, K. D. (1992). Depressive symptomatology, self-esteem, and self-blame in battered women. *Journal of Family Violence*, 7, 249-259.
doi:10.1007/BF00994617
- Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Hillsdale, NJ: Erlbaum.
- Cole, J., Sprang, G., Lee, R., & Cohen, J. (2016). The trauma of commercial sexual exploitation of youth: A comparison of CSE victims to sexual abuse victims in a clinical sample. *Journal of Interpersonal Violence*, 31(1), 122-146. doi:10.1177/0886260514555133
- Connor, P. D., Nouer, S. S., Mackey, S. N., & Banet, M. S., & Tipton, N. G. (2012). Overcoming barriers in intimate partner violence education and training of graduate social work students. *Journal of Teaching in Social Work*, 32, 29-45.
doi:10.1080/08841233.2012.641893
- Conroy, S., Burczykca, M., & Savage, L. (2019). *Family violence in Canada: A statistical profile, 2018*. Ottawa, ON: Statistics Canada.

https://www150.statcan.gc.ca/n1/en/pub/85-002-x/2019001/article/00018-eng.pdf?st=HY7ip8_T

Coohy, C. (2007). What criteria do child protective services investigators use to substantiate exposure to domestic violence? *Child Welfare, 86*, 93-122.

Danis, F. S., & Lockhart, L. (2003). Domestic violence and social work education: What do we know, what do we need to know? *Journal of Social Work Education, 39*(215-224).
doi:10.1080/10437797.2003.10779132

DeKeseredy, W. S., & Dragiewicz, M. (2014). Woman abuse in Canada: Sociological reflections on the past, suggestions for the future. *Violence Against Women, 20*(2), 228-244.
doi:10.1177/1077801214521325

DeVoe, E. R., & Smith, E. L. (2003). Don't take my kids: Barriers to service delivery for battered mothers and their young children. *Journal of Emotional Abuse, 3*(3-4), 277-294.
doi:10.1300/J135v03n03_06

Edleson, J. L. (2004). Should childhood exposure to adult domestic violence be defined as child maltreatment under the law? In P. G. Jaffe, L. L. Baker, & A. Cunningham (Ed.), *Protecting children from domestic violence: Strategies for community intervention* (pp. 8-29). New York, NY: Guilford Press.

Edleson, J. L. (1999). The overlap between child maltreatment and woman battering. *Violence Against Women, 5*(2), 134-154. doi:10.1177/107780129952003

Edleson, J. L., Gassman-Pines, J., & Hill, M. B. (2006). Defining child exposure to domestic violence as neglect: Minnesota's difficult experience. *Social Work, 51*(2), 167-174.
doi:10.1093/sw/51.2.167

Elias, B., Mignone, J., Hall, M., Hong, S. P., Hart, L., & Sareen, J. (2012). Trauma and suicide

- behaviour histories among a Canadian Indigenous population: An empirical exploration of the potential role of Canada's residential school system. *Social Science & Medicine*, 74, 1560e1569. doi:10.1016/j.socscimed.2012.01.026
- Field, A. (2009). *Discovering statistics using SPSS* (Third edition). Los Angeles, CA: Sage.
- Flanagan, J. C. H., Sullivan, T. P., & Connell, C. M. (2015). Profiles of intimate partner violence victimization, substance misuse, and depression among female caregivers involved with child protective services. *Journal of Family Violence*, 30, 999–1005. doi:10.1007/s10896-015-9690-1
- Friend, C., Shlonsky, A., & Lambert, L. (2008). From evolving discourses to new practice approaches in domestic violence and child protective services. *Children and Youth Services Review*, 30(6), 689-698. doi:10.1016/j.childyouth.2008.01.006
- Fusco, R. A. (2015). Second generation mothers in the child welfare system: Factors that predict engagement. *Child and Adolescent Social Work Journal*, 32, 545–554. doi:10.1007/s10560-015-0394-4
- Fusco, R. A. (2013). "It's hard enough to deal with all the abuse issues:" Child welfare workers' experiences with intimate partner violence on their caseloads. *Children and Youth Services Review*, 35, 1946–1953. doi:10.1016/j.childyouth.2013.09.020
- Gonzalez, A., MacMillan, H., Tanaka, M., Jack, S. M., & Tonmyr, L. (2014). Subtypes of exposure to intimate partner violence within a Canadian child welfare sample: Associated risks and child maladjustment. *Child Abuse & Neglect*, 38, 1934-1944. doi:10.1016/j.chiabu.2014.10.007
- Greenson, M. R., Kennedy, A. C., Bybee, D. I., Beeble, M., Adams, A. E., & Sullivan, C. (2014). Beyond deficits: Intimate partner violence, maternal parenting, and child behavior over

- time. *American Journal of Community Psychology*. doi:10.1007/s10464-014-9658-y
- Haight, W. L., Shim, W. S., Linn, L. M., & Swinford, L. (2007). Mothers' strategies for protecting children from batterers: The perspectives of battered women involved in child protective services. *Child Welfare, 86*(4), 41-62.
- Hegarty, K., Bush, R., & Sheehan, M. (2005). The Composite Abuse Scale: Further development and assessment of reliability and validity of a multidimensional partner abuse measure in clinical settings. *Violence and Victims, 20*(5), 529-547.
- Hughes, J. & Chau, S. (2013). Making complex decisions: Child protection workers' practices and interventions with families experiencing intimate partner violence. *Children and Youth Services Review, 35*, 611-617. doi:10.1016/j.chilyouth.2013.01.003
- Hughes, F. M., Stuart, G. L., Coop Gordon, K., & Moore, T. M. (2011). "They're not my favourite people": What mothers who have experienced intimate partner violence say about involvement in the child protection system. *Children and Youth Services Review, 33*, 1084-1089. doi:10.1016/j.chilyouth.2011.01.015
- Humphreys, C., & Thiara, R. K. (2003). Mental health and domestic violence: 'I call it symptoms of abuse.' *British Journal of Social Work, 33*, 209-226.
doi:10.1093/bjsw/33.2.209
- Hungerford, A., Wait, S. K., Fritz, A. M., & Clements, C. M. (2012). Exposure to intimate partner violence and children's psychological adjustment, cognitive functioning, and social competence: A review. *Aggression and Violent Behavior, 17*(4), 373-382.
doi:10.1016/j.avb.2012.04.002

- Jacobson, N. S., Follette, W. C., & Revenstorf, D. (1984). Psychotherapy outcome research: Methods for reporting variability and evaluating clinical significance. *Behavior Therapy*, *17*(4), 308-311. doi:10.1016/S0005-7894(84)80002-7
- Jenney, A., Mishna, F., Alaggia, R., & Scott, K. (2014). Doing the right thing?(Re) considering risk assessment and safety planning in child protection work with domestic violence cases. *Children and Youth Services Review*, *47*(1), 92–101. doi:10.1016/j.chilyouth.2014.07.015
- Johnson, L. M., Antle, B. F., & Barbee, A. P. (2009). Addressing disproportionality and disparity in child welfare: Evaluation of an anti-racism training for community service providers. *Children and Youth Services Review*, *31*, 688–696. doi:10.1016/j.chilyouth.2009.01.004
- Kitzmann, K. M., Gaylord, N. K., Holt, A. R., & Kenny, E. D. (2003). Child witnesses to domestic violence: A meta-analytic review. *Journal of Consulting and Clinical Psychology*, *71*(2), 339-352. doi:10.1037/0022-006x.71.2.339
- Kohl, P. L., & Macy, R. J. (2008). Profiles of victimized women among the child welfare population: Implications for targeted child welfare policy and practices. *Journal of Family Violence*, *23*, 57–68. doi:10.1007/s10896-007-9139-2
- Krane, J. (1990). Patriarchal biases in the conceptualization of child sexual abuse: A review and critique of literature from a radical feminist perspective. *Canadian Social Work Review*, *7*(2), 183-196. <https://www.jstor.org/stable/41669347>
- Langenderfer-Magruder, L., Alven, L., Wilke, D. J., & Spinelli, C. (2019). “Getting everyone on the same page”: Child welfare workers’ collaboration challenges on cases involving intimate partner violence. *Journal of Family Violence*, *34*, 21–31. doi:10.1007/s10896-018-0002-4

- Lapierre, S., & Côté, I. (2011). "I made her realise that I could be there for her, that I could support her": Child protection practices with women in domestic violence cases. *Child Care in Practice, 17*(4), 311-325. doi:10.1080/13575279.2011.598142
- Lawson, J. (2019). Domestic violence as child maltreatment: Differential risks and outcomes among cases referred to child welfare agencies for domestic violence exposure. *Children and Youth Services Review, 98*, 32-41. doi:10.1016/j.childyouth.2018.12.017
- Levendosky, A. A. & Graham-Bermann, S. A. (2001). Parenting in battered women: The effects of domestic violence on women and their children. *Journal of Family Violence, 16*(2), 171-192. doi:[10.1023/A:1011111003373](https://doi.org/10.1023/A:1011111003373)
- MacLaurin, B., Trocmé, N., Fallon, B., Sinha, V., Enns, R., Feehan, R., Rosenbluth, D., Holroyd, J., Farnell, J., Gail, J., Kitt, O., Thomas-Prokop, S., Zelt, C., Budgell, D., Daoust, G., & Hutcheon, E. (2011). *Saskatchewan Incidence Study of Reported Child Abuse And Neglect-2008 (SIS-2008): Major Findings*. Retrieved from Calgary, AB: https://cwrp.ca/sites/default/files/publications/SK-SIS_2008.pdf
- MacLaurin, B., Trocmé, N., Fallon, B., Sinha, V., Feehan, R., Enns, R., Gail, J., Kitt, O., Thomas-Prokop, S., Zelt, C., Daoust, G., Hutcheon, E., & Budgell, D. (2013). *Alberta Incidence Study of Reported Child Abuse and Neglect-2008 (AIS-2008): Major findings*. Retrieved from Calgary, AB: <https://cwrp.ca/alberta-incidence-study>
- Macy, R. J., Rizo, C. F., & Ermentrout, D. M. (2013). Characteristics, needs, and help seeking of partner violence victims mandated to community services by courts and child protective services. *American Journal of Orthopsychiatry, 83*(4), 588-599. doi:10.1111/ajop.12049
- Mennicke, A., Langenderfer-Magruder, L., & MacConnie, L. (2019). "It's tricky ...": Intimate partner violence service providers' perspectives of assessments and referrals by child

- welfare workers. *Journal of Family Violence*, 34, 47-54. doi:10.1007/s10896-018-9991-2
- Meyer, S. (2012). Why women stay: A theoretical examination of rational choice and moral reasoning in the context of intimate partner violence. *Australian and New Zealand Journal of Criminology*, 45(2), 179-193. doi:10.1177/0004865812443677
- Miller, L. E., Van Zomeren-Dohm, A. Howell, K. H., Hunter, E. C., & Graham-Bermann, S. A. (2014). In-home social networks and positive adjustment in children witnessing intimate partner violence. *Journal of Family Issues*, 35(4), 462-480. doi:10.1177/0192513X13478597
- Müller, J. M., Postert, C., Beyer, T., Furniss, T., & Achtergarde, S. (2010). Comparison of eleven short versions of the Symptom Checklist 90-Revised (SCL-90-R) for use in the assessment of general psychopathology. *Journal of Psychopathology and Behavioral Assessment*, 32(2), 246-254. doi:10.1007/s10862-009-9141-5
- Nguyen, T., Attkisson, C. D., & Stegner, B. L. (1983). Assessment of patient satisfaction: Development and refinement of a Service Evaluation Questionnaire. *Evaluation and Program Planning*, 6(3), 299-313. doi:10.1016/0149-7189(83)90010-1
- Nixon, K. L. (2002). Leave him or lose them?: The child protection response to woman abuse. In L. Tutty & C. Goard (Eds.), *Reclaiming self: Issues and resources for women abused by intimate partners* (pp. 64-80). Halifax, NS: Fernwood Press and RESOLVE.
- Nixon, K. L., Bonnycastle, C., & Ens, S. (2017). Challenging the notion of failure to protect: Exploring the protective strategies of abused mothers living in urban and remote communities and implications for practice. *Child Abuse Review*, 26(1) 63-74. doi:10.1002/car.2417
- Nixon, K. L., Radtke, H. L., & Tutty, L. M. (2013). "Every day it takes a piece of you away":

- Experiences of grief and loss among abused mothers involved with child protective services. *Journal of Public Child Welfare*, 7(2). doi:10.1080/15548732.2012.715268
- Nixon, K. L., Tutty, L. M., Weaver-Dunlop, G., & Walsh, C. A. (2007). Do good intentions beget good policy? A review of child protection policies to address intimate partner violence. *Children and Youth Services Review*, 29(12), 1469-1486.
doi:10.1016/j.chilyouth.2007.09.007
- Peled, E., & Gil, I. B. (2011). The mothering perceptions of women abused by their partner. *Violence Against Women*, 17(4), 457-479. doi:10.1177/1077801211404676
- Postmus, J. L., & Merritt, D. H. (2010). When child abuse overlaps with domestic violence: The factors that influence child protection workers' beliefs. *Children and Youth Services Review*, 32, 309-317. doi:10.1016/j.chilyouth.2009.09.011
- Putnam-Hornstein, E., Lery, B., Hoonhout, J., & Curry, S. (2017). A retrospective examination of child protection involvement among young adults accessing homelessness services. *American Journal of Community Psychology*, 60, 44-54. doi:10.1002/ajcp.12172
- Radey, M. (2010). Secondary data analysis studies. In B. Thyer (Ed.), *The Handbook of social work research methods (Second edition)* (pp. 163-182). Thousand Oaks, California: Sage.
- Radloff, L. S. (1977). The CES-D scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement*, 1, 385-401.
doi:10.1177/014662167700100306
- Rea, L. M., & Parker, R. A. (1992). *Designing and conducting survey research*. San Francisco, CA: Jossey-Boss.
- Rizo, C. F., Macy, R. J., Ermentrout, D. M., O'Brien, J., Pollock, M. D., & Dababnah, S. (2017). Research with children exposed to partner violence: Perspectives of service-mandated,

- CPS- and court-involved survivors on research with their children. *Journal of Interpersonal Violence*, 32(19), 2998-3026. doi:10.1177/0886260515596534
- Rothwell, D. W., & de Boer, K. R. (2014). Measuring economic hardship in child maltreatment research: Evidence from Canada. *Child Indicators Research*, 7, 301–320. doi:10.1007/s12187-013-9222-6
- Sartor, C. E., & O'Malley, S. S. (2016). Brief report: A web-based pilot study of childhood sexual abuse, recent stressful events, and alcohol use in women. *American Journal of Addictions*, 25, 184–187. doi:10.1111/ajad.12348
- Saunders, D. G. (1994). Post-traumatic stress symptoms profiles of battered women: A comparison of survivors in two settings. *Violence and Victims*, 9(1), 31-44.
- Scarduzio, J. A., Carlyle, K. E., Lockwood Harris, K., & Savage, M. W. (2017). “Maybe she was provoked:” Exploring gender stereotypes about male and female perpetrators of intimate partner violence. 23(1), 89-113. doi:10.1177/1077801216636240
- Sinha, V., Trocmé, N., Fallon, B., & MacLaurin, B. (2013). Understanding the investigation-stage overrepresentation of First Nations children in the child welfare system: An analysis of the First Nations component of the Canadian Incidence Study of Reported Child Abuse and Neglect 2008. *Child Abuse & Neglect*, 37(10), 821-831. doi:10.1016/j.chiabu.2012.11.010
- Sullivan, C. & Bybee, D. (1999). Reducing violence using community-based advocacy for women with abusive partners. *Journal of Consulting and Clinical Psychology*, 67(1), 43-53. doi:10.1037/0022-006X.67.1.43
- Sullivan, C. M., Nguyen, H., Allen, N., Bybee, D., & Juras, J. (2001). Beyond searching for deficits: Evidence that physically and emotionally abused women are nurturing parents.

- Journal of Emotional Abuse*, 2(1), 51-71. doi:10.1300/J135v02n01_05
- Sullivan, C. M., Rumpitz, M. H., Campbell, R., Eby, K. K., & Davidson, W. S. (1996). Retaining participants in longitudinal community research: A comprehensive protocol. *Journal of Applied Behavioral Science*, 32(3), 265-276. doi:10.1177/0021886396323002
- Todd, N., Wade A., & Renoux M. (2004). Coming to terms with violence and resistance. In T. Strong & D. Paré (Eds), *Furthering talk: Advances in the discursive therapies* (pp.145-161). Springer, Boston, MA.
- Trocmé, N., Fallon, B., MacLauren, B., Sinha, V., Black, T., Fast, E.,... & Holroyd, J. . (2010). *Canadian Incidence Study of Reported Child Abuse and Neglect - 2008: Major findings*. Retrieved from Ottawa, ON: <http://www.phac-aspc.gc.ca/cm-vee/public-eng.php>
- Trocmé, N., Fallon, B., Sinha, V., Van Wert, M., Kozlowski, A. & MacLaurin, B. (2013). Differentiating between child protection and family support in the Canadian child welfare system's response to intimate partner violence, corporal punishment, and child neglect. *International Journal of Psychology*, 48(2), 128-140. doi:10.1080/00207594.2013.765571
- Victor, B. G., Henry, C., Gilbert, T. T., Ryan, J. P., & Perron, B. E. (2019). Child protective service referrals involving exposure to domestic violence: Prevalence, associated maltreatment types, and likelihood of formal case openings. *Child Maltreatment*. Retrieved from doi:10.1177/1077559519843605
- Wolfe, D., Jaffe, P., Wilson, S., & Zak, L. (1985). Children of battered women: The relation of child behavior to family violence and maternal stress. *Journal of Consulting and Clinical Psychology*, 53(5), 657-665. doi:10.1037/0022-006X.53.5.657
- Wolfe, D. A., Crooks, C. V., Lee, V., McIntyre-Smith, A., & Jaffe, P. G. (2003). The effects of

children's exposure to domestic violence: A meta-analysis and critique. *Clinical Child and Family Psychology Review*, 6(3), 171-187. doi:10.1023/A:1024910416164

Zeoli, A. M., Rivera, E. A., Sullivan, C. M., & Kubiak, S. (2013). Post-separation abuse of women and their children: Boundary-setting and family court utilization among victimized mothers. *Journal of Family Violence*, 28, 547–560. doi:10.1007/s10896-013-9528-7

Table 1

Women's Demographics: Comparing Mothers with and Without Children in Care¹

Variable		No children in Care (N = 436)	Children in Care (N = 68)	Totals	Sign.	Effect size
Province (N = 504)	Manitoba	140 (32.1%)	25 (36.8%)	165 (32.7%)	$\chi^2 = .67; p = .72$	
	Saskatchewan	144 (33%)	22 (32.4%)	166 (32.9%)		
	Alberta	152 (34.9%)	21 (30.9%)	173 (34.2%)		
Ethnicity (N = 498)	White	191 (44.4%)	21 (32.9%)	212 (42.6%)	$\chi^2 = 5.8;$ p = .06 n.s.	
	Indigenous	211 (49.1%)	44 (64.7%)	255 (51.2%)		
	Visible Minority	28 (6.5%)	3 (4.4%)	31 (6.2%)		
Age (N = 501)		33.8 (SD = 7.8)	31.5 (SD = 6.6)	33.5 (SD = 7.7)	t = 2.33; p = .02*	r = .07
# Children (N = 502)		2.75 (SD = 1.6)	4.1 (SD = 2.1)		t = 6.4; p = .000***	r = .11
Children's age (N = 502)	All under 18	364 (83.9%)	54 (79.4%)	418 (83.3%)	$\chi^2 = 0.54; p = .45$	
	Oldest-adult; others < 18	70 (16.1%)	14 (20.6%)	84 (16.7%)		
How many minor children live with mother? (N = 503)	All	308 (70.8%)*	0 (0%)*	308 (61.2%)	$\chi^2 = 143.6; p = .000***$	Cramer's V = .54
	Some	75 (17.2%)	24 (35.3%)*	99 (19.7%)		
	None	52 (12%)*	44 (64.7%)*	96 (19.1%)		
Income (N = 456)		\$22758 (SD = 25985)	\$10597 (SD = 9765)	\$21132 (SD = \$4789)	t = 6.7; p = .000***	r = .12
Population size (N = 504)	Rural (less than 29,999)	70 (16.12%)	5 (7.4%)	75 (14.9%)	$\chi^2 = 5.7;$ p = .06 n.s.	
	Medium (30K-99999)	65 (14.0%)	16 (23.5%)	81 (16.1%)		
	Large (100,000+)	301(69.%)	47 (69%)	348 (69%)		
Partner Ethnicity (N=497)	White	192 (44.8%)	14 (20.6%)*	206 (41.4%)	$\chi^2 = 16.2; p = .000***$	Cramer's V = .18
	Indigenous	199 (46.4%)	49 (72.1%)*	248 (49.9%)		
	Visible Minority	38 (8.9%)	5 (7.4%)	43 (8.7%)		
Partner age (N = 503)		36.4 (SD = 8.6)	34.7 (SD = 8)	36.2 (SD = 8.6)	t = 1.5; p = .14 n.s.	
Partner relationship (N = 503)	Married/common-law	52 (12%)	10 (14.7%)	62 (12.3%)	$\chi^2 = 12.3;$ p = .007	Cramer's V = .16
	Separated/divorced/ex CL	296 (68%)	40 (58.8%)	336 (66.8%)		
	Boyfriend/girlfriend	16 (3.7%)	9 (13.2%)*	25 (5%)		
	Ex-boyfriend/girlfriend	71 (16.3%)	9 (13.2%)	80 (15.9%)		
	No longer together	368 (84.4%)	49 (72.1%)	417 (82.7%)		

¹ Stars represent significant differences between categories based on standardized residuals (contact the first author for these statistics)

Variable		No children in Care (N = 436)	Children in Care (N = 68)	Totals	Sign.	Effect size
Summary Current partner relationship (N = 504)	Together	68 (15.6%)	19 (27.9%)*	87 (17.3%)	$p = .02^*$	
Highest Education (N=503)	Not complete HS	169 (38.8%)	48 (71.6%)*	217 (43.1%)	$\chi^2 = 35.4$ $p < .000^{***}$	Cramer's V = .27
	Complete HS or GED	96 (22%)	16 (23.9%)	112 (22.3%)		
	Some Post sec-tech	84 (19.3%)	3 (4.5%)*	87 (17.3%)		
	Some Post sec-univ	87 (20%)	0 (0%)*	87 (17.3%)		
Mother Currently working (N=495)	Full-time	101 (23.5%)	5 (7.6%)*	106 (21.4%)*	$\chi^2 = 9.1$ $p < .01^{**}$	Cramer's V = .14
	Part-time/Casual	71 (16.6%)	11 (16.7%)	82 (16.6%)		
	Not working	257 (59.9%)	50 (75.8%)	307 (62%)		
Stayed in VAW shelter (N = 503)	Yes	283 (65.1%)	54 (79.4%)	337 (67%)	$\chi^2 = 5.9$ $p = .03^*$	Phi = .10
	No	152 (34.9%)*	14 (20.6%)	166 (33.0%)		
Where lived as a child? (N = 503)	Biological/relatives	329 (75.6%)	21 (30.9%)*	350 (69.6%)	$\chi^2 = 53.5$; $p = .000^{***}$	Phi = .33
	Child welfare/adoption	106 (24.4%)	47 (69.1%)*	153 (30.4%)		
Child abuse history (N = 500)	No abuse	93 (21.4%)	6 (8.8%)*	99 (19.7%)	$\chi^2 = 9.5$; $p = .009^{**}$	Cramers V = .14
	Any child sexual abuse	237 (54.5%)	50 (73.5%)*	287 (57.1%)		
	Other child abuse	105 (24.1%)	12 (17.6%)	117 (23.3%)		
Self-reported mental health and/or physical illness (N = 500)	Yes	258 (59.7%)	47 (69.1%)	304 (61%)	$\chi^2 = 1.8$; $p = .18$ n.s.	
	No	174 (40.3%)	21 (30.9%)	195 (39%)		
Disability (N = 500)	Yes	160 (37%)	30 (44.1%)	190 (38%)	$\chi^2 = 0.3$; $p = .33$ n.s.	
	No	272 (63%)	38 (55.9%)	310 (62%)		
Type of Disability (N = 500)	No disability	271 (62.7%)	39 (57.4%)	310 (62%)	$\chi^2 = 2.1$; $p = .56$ n.s.	
	Physical	45 (10.4%)	6 (8.8%)	51 (10.2%)		
	Mental health	46 (10.6%)	11 (16.2%)	57 (11.4%)		
	Physical & mental health	70 (16.2%)	12 (17.6%)	82 (16.4%)		
Addictions self-reported (N=403)	Yes	57 (13.1%)	21 (30.9%)*	78 (15.5%)	$\chi^2 = 14.2$ $p = .001^{***}$	Cramers V = .17
	No	202 (46.4%)	25 (36.8%)	117 (45.1%)		
	No disability/NA	176 (40.5%)	22 (32.4%)	198 (39.4%)		

Table 2:

Comparing Mothers with and Without Children in Care: Scores on Standardized Measures

Scale	No Children in Care	Children in Care	Total ($N = 501$)	t-test	Effect sizes
CAS Severe Combined ($N = 483$)	7.4 ($SD = 7.2$) ($n = 417$)	7.9 ($SD = 6.7$) ($n = 433$)	7.5 ($SD = 7.2$)	0.63; $p = .56$ n.s.	
CAS Emotional Abuse ($N = 494$)	28.7 ($SD = 14$) ($n = 428$)	26.4 ($SD = 14$) ($n = 66$)	28.0 ($SD = 14.2$)	1.0; $p = .31$ n.s.	
CAS Physical Abuse ($N = 492$)	12.5 ($SD = 8.3$) ($n = 424$)	14.8 ($SD = 8.5$) ($n = 68$)	12.9 ($SD = 8.3$)	2.1; $p < .04^*$	$r = .06$
CAS Harassment ($N = 461$)	8.2 ($SD = 5.3$) ($n = 401$)	8.1 ($SD = 5.4$) ($n = 60$)	8.1 ($SD = 5.3$)	0.1; $p = .91$ n.s.	
CAS Total Score ($N = 438$)	55.5 ($SD = 29$) ($n = 381$)	56.6 ($SD = 30$) ($n = 60$)	55.6 ($SD = 28.7$)	0.3; $p = .77$ n.s.	
QOL ($N = 500$)	31.1 ($SD = 9.7$) ($n = 433$)	33.9 ($SD = 9.4$) ($n = 67$)	31.4 ($SD = 9.7$)	2.2; $p = .02^*$	$r = .07$
SCL-10 ($N = 442$)	11.9 ($SD = 8.5$) ($n = 389$)	15.6 ($SD = 9.7$) ($n = 53$)	12.4 ($SD = 8.7$)	2.8; $p = .005^{**}$	$r = .08$
CES-D-10 ($N = 442$)	11.9 ($SD = 6.2$) ($n = 389$)	12.4 ($SD = 6.2$) ($n = 53$)	12.0 ($SD = 6.1$)	0.6; $p = .55$ n.s.	
PTSD CL (PCL) ($N = 435$)	25.7 ($SD = 13.8$) ($n = 383$)	29 ($SD = 16.7$) ($n = 52$)	26.1 ($SD = 14.2$)	1.5; $p = .12$ n.s.	

Table 3:

Protective Strategies (Ranked in Order of Usage) ($N = 350$)

		Mothers without Children in Care ($N = 328$)	Mothers with Children in Care ($N = 22$)	Chi-square	Fisher Exact test	Effect Size (Phi)
I was affectionate with them	Yes	304 (94.1%)	20 (95.2%)	N/A	.05; $p = .83$	
	No	19 (5.9%)	1 (4.8%)			
I did things to help them feel good about themselves	Yes	299 (92.3%)	20 (90.9%)	N/A	.05; $p = .82$	
	No	25 (7.7%)	2 (9.1%)			
I parented my children alone	Yes	265 (82.6%)	16 (72.7%)	N/A	1.4; $p = .25$	
	No	56 (17.4%)	6 (27.3%)			
I avoided a situation that I thought might lead to violence	Yes	253 (77.1%)	19 (86.4%)	N/A	1.0; $p = .43$	
	No	75 (22.9%)	3 (13.6%)			
I told my family and friends about the abuse	Yes	234 (72.9%)	14 (63.6%)	0.49; $p = .49$	N/A	
	No	87 (27.1)	8 (36.4)			
I tried to make up for their witnessing violence by giving them more attention or spending more time with them	Yes	212 (66%)	13 (59.1%)	0.19; $p = .67$	N/A	
	No	109 (34%)	9 (40.9%)			
I ended the relationship with my partner	Yes	186 (60.2%)	16 (72.7%)	0.9; $p = .35$	N/A	
	No	123 (39.8%)	6 (27.3%)			
I taught my children about the problems associated with drug and alcohol abuse	Yes	181 (56.2%)	10 (45.5%)	0.6; $p = .45$	N/A	
	No	141 (43.8%)	12 (54.5%)			
I contacted a professional or community service	Yes	174 (55.2%)	14 (63.6%)	0.3; $p = .59$	N/A	
	No	141 (44.8%)	8 (36.4%)			
I taught my children a safety plan	Yes	170 (50%)	10 (57.6%)	0.0; $p = 1.0$	N/A	
	No	170 (50%)	11 (52.4%)			
I separated my children from my partner	Yes	157 (51.5%)	12 (54.5%)	0.0; $p = .94$	N/A	
	No	148 (48.5%)	10 (45.5%)			
I contacted the police	Yes	144 (46.3%)	13 (59.1%)	0.9; $p = .35$	N/A	
	No	167 (53.7%)	9 (40.9%)			
I physically fought back against my partner	Yes	108 (35.5%)	13 (59.1%)	3.9; $p = .048^*$	N/A	.12
	No	196 (64.5%)	9 (40.9%)			
I remained in the relationship with my partner	Yes	105 (32.8%)	13 (59.1%)	5.2; $p = .02^*$	N/A	.14
	No	215 (67.2%)	9 (40.9%)			
I threatened my partner so he/she would stop abusing me	Yes	107 (35.2%)	10 (45.5%)	0.5; $p = .46$	N/A	
	No	197 (64.8%)	12 (54.5%)			
I tried to get a protection order	Yes	102 (33%)	12 (54.5%)	3.3; $p = .07$	N/A	

		Mothers without Children in Care (N = 328)	Mothers with Children in Care (N = 22)	Chi-square	Fisher Exact test	Effect Size (Phi)
	No	207 (67%)	10 (45.5%)			
I disciplined them so my partner would not	Yes	105 (34.5%)	7 (31.8%)	0.0; p = .98	N/A	
	No	199 (65.5%)	15 (68.2%)			
I returned to the relationship with my partner	Yes	57 (18.0%)	6 (28.6%)	N/A	1.4; p = .25	
	No	259 (82%)	15 (71.4%)			
I provoked a violent incident when my children were not present so that the episode would be finished by the time they returned	Yes	52 (17.1%)	4 (18.2%)	N/A	.02; p = .90	
	No	252 (82.9%)	18 (81.8%)			
I contacted child welfare	Yes	45 (14.4%)	5 (22.7%)	N/A	1.1; p = .35	
	No	268 (85.6%)	17 (77.3%)			