



RESEARCH TO PRACTICE NETWORK

Islands of Safety and the Social Geography of Human Dignity
A Child and Mother Safety Planning Initiative
for Cases of Paternal Violence in Child Welfare

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Islands of Safety and the Social Geography of Human Dignity

Islands of Safety is a model and process designed in conjunction with Métis Community Services in Victoria, B.C. With a focus on human dignity and resistance safety knowledges of women and Indigenous peoples, Islands of Safety was created by Métis family therapist Cathy Richardson and developer of response-based therapy Allan Wade in consultation with community. The initial stages of project design and implementation were funded by the Law Foundation of B.C.

Islands of Safety resembles family group conferencing on the surface but is rooted in a different philosophical terrain. For instance, where most theoretical models of violence focus on its effects and promote the view that violence results from overwhelming forces that act on the offender, Islands of Safety begins with the view that human beings are spirited, agentive beings who sometimes choose to use violence and who invariably seek to preserve their own and others' dignity – on physical, spiritual, emotional and social levels.

From this perspective, Islands of Safety aims to create safety by orchestrating positive social responses to children and adults who are at risk in their own families. The model includes the creation of concrete, workable safety plans.

Where possible, and with a maximum level of choice and autonomy, Indigenous families are invited to discuss their hopes and dreams for their family through a Métis/Cree model of family life by identifying how their family has responded to current and historical violence and oppression (Richardson & Wade, 2008).

Dignity, as related through traditional teachings, is the practice of treating others with respect and acknowledging their sovereignty. In the Islands of Safety model, dignity relates to acknowledging what people already know and are already doing to promote safety for themselves and others. Dignity is central to social life (Wade, 1997). Attending to dignity includes promoting freedom and autonomy; not telling other people what to do (Brant, 1990); supporting one another in caring for loved ones; preserving physical and social integrity; and creating space for others to pursue their highest and most ordinary aspirations. In a context of freedom and equality, dignity is expressed in the insatiable desire for self-governance. When dignity is affronted – privately or publicly, individually or on a large scale – it must be restored. The restoration of dignity occurs when the injured party is supported in pursuing just redress.

Colonization is one of the most profound attacks possible on the dignity of a people. Colonization was and continues to be a deep humiliation committed against the once-proud nations of Turtle Island. Many of the families who participate in Islands of Safety were subjected to residential school and child welfare system abuses, as well as to other injustices of colonization in Canada. Indigenous parents often must explain to their children why other people now live on land that was once occupied by their family and was later given to settlers (Adams, 1989; Freire, 1970, Harris, 2002). Blamed for their poverty and perceived neglect of their children, Indigenous parents have had their children taken away en masse and placed in non-Indigenous foster homes (Carriere, 2006; Carriere & Richardson, 2009, Sinclair, Philips & Bala, 1991). These acts have left many Indigenous families and communities in poverty and want, denied the wealth generated from the land and its natural resources.

Indigenous families who come into contact with child protection authorities experience multiple forms of humiliation, including the embedded message “you are not a good parent.” Meaningful safety planning is likely to occur when professionals work consciously to restore parents’ dignity. Constant attention to dignity creates a sense of social safety which, in turn, fosters a climate in which

child safety concerns can be centred and addressed directly.

Islands of Safety work necessitates an analysis of power – as inspired by feminist, anti-colonial literature – as well as the experiences of those who have been interned in concentration camps and stigmatized for their so-called deficits. Islands of Safety can be described as a process that is articulated through a language of human rights rather than a language of psychology and “effects.” A focus on interaction and relational systems takes precedence over individualist perspectives. From both a common-sense and a rights perspective, we believe that a mother who is targeted by violence cannot and should not be held responsible for the violence and its cessation. Mother blaming – in the form of applying “failure to protect” laws in child welfare cases – undermines safety as well as the mother’s parenting of her children. Because victims of violence tend to be characterized as weak, depressed and undeserving, custody of children is often given to the violent perpetrators (Strega, 2006; Coates & Wade, 2007). These biases do not help children and they undermine mothers and mothering (Andrews & Brewin, 1990); further, they continue to destabilize Indigenous children and families (Chandler & Lalonde, 1998; Sinclair, Phillips, & Bala, 1991, Richardson & Wade, 2009).

The following table illustrates some of the differences between response-based formulations, as promoted by Islands of Safety, and effects-based formulations, as frequently found in therapy and the human services.

Response-Based Formulations	Effects-Based Formulations
Violence is deliberate.	Violence is an effect of overwhelming forces that lead to violence.
People resist violence and mistreatment.	Victims are passive; resistance is non-existent, irrelevant or pathological.
Violence is a series of micro-acts over time, often beginning with attempts to control the victim.	Violence is an act; a force that makes the perpetrator violent (often against his will).
Language is used by professionals to clarify violence, resistance, responsibility, social responses to victims, and the victim’s responses to the social responses and the violence itself.	Language is used by professionals and others to conceal violence, mitigate perpetrator responsibility, and shift responsibility onto the victim.

Victims prefer respect and kindness – dignity is central to social life.	The victim “brought it on herself” or attracted the violence in some way, due to psychological issues or predisposition.
The victim and perpetrator are agentive, active subjects who make decisions.	Violence is not seen as deliberate.
The problem exists in the social world, between people.	The problem exists in the victim’s head.
Human dignity is foundational to all human services work.	The work involves establishing control of the process and psychological authority over clients, as described in the companion guide to the DSM 4.
The process must be voluntary, and informed consent reestablished at various points.	Informed consent is sometimes not discussed and the professional is asserted as the authority guiding the process.
The work requires an analysis of power and a commitment to avoid acting upon the client or replicating dominance.	Analysis of power differentials, such as gender, race and social class, are avoided, ignored, or seen as not relating to the therapy.
Assessing and understanding the negative (or positive) social responses to the victim is a key part of the work.	Much psychological or effects-based work is individualistically focused and does not take into account the social context and social interaction.
The model is based on social interaction.	The model is based on the individual and a focus on the self.
The model involves a micro-analysis of language and the use of language that clarifies violence; avoids mutualization, euphemisms, passive and non-agentive constructions; and avoids abstractions and generalizations. Analysis is based on clear accounts of “who is doing what to whom.”	Effects-based practice often distorts “who did what to whom” through the use of euphemisms and processes such as mutualization, romanticization, eroticization and nominalization. Professional and psychological language involves using generalizations and abstractions rather than concrete descriptions of behaviour.

A Brief Introduction to 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, & Wade, 2000; Nelson & Richardson, 2007; Wade, 1997, 2000, 2007). In the course of our clinical work, we noted that victims invariably resist violence and other forms of oppression, overtly or covertly, depending on the circumstances (Coates, Todd, & Wade, 2003, 2004;

Todd & Wade, 1994; Wade, 1997, 2000). 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, 2005; Todd & Wade, 1994; Wade, 1997, 2000). This required a significant shift in theory and practice, however. Acts of resistance are responses to violence, not effects 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 & Wade, 2007). The author 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 (Richardson, 2003, 2004, 2005). Islands of Safety is a model of child protection practice that integrates response-based ideas with the author's research and direct service work as well as with other recent work in the field, such as the Signs of Safety approach (Turnell & Edwards, 1999).

In response-based practice – and in Islands of Safety – violence is understood as being social, unilateral, deliberate and resisted by its victims, who prefer better treatment. How victims resist and respond to violence is crucial information that (1) indicates capacity and pre-existing ability, (2) serves as evidence in court by elucidating and clarifying the actual brutality or nature of the violence, and (3) dispels the myth that violence is due to momentary loss of control and reveals that it is, instead, a process that is enacted over time.

Language

Islands of Safety requires a micro-analysis of language as it relates to dignity; an understanding of the "four operations of language"¹ (Coates & Wade, 2002, 2004); and a commitment to use language that does not distort responsibility for violence. It focuses on how people respond to and resist violence, rather than on how they are affected by it (Coates, Todd, & Wade, 2000). This distinction cannot be underscored adequately in its significance for the work.

When practicing Islands of Safety, it is important to be prepared to debunk popular myths and unscientific psychological generalizations about women and violence. The following chart provides an example of some of the most predominant biases found in the domestic violence literature.

Myth	Myth-busting
"It takes two to tango." (couples are co-dependent)	This mutualization obscures the fact that sometimes people are attacked and that violence can be unilateral, even in intimate relationships.
"There is no rest for the wicked."	A perpetrator often deliberately undermines the reputation and intentions of the victim, in advance, to create the conditions where he can "get away with" the violence.
Women choose violent men, or lack discernment or boundaries.	Most people who end up being violent are kind, thoughtful, romantic and sympathetic at the beginning of the relationship, otherwise they would have little appeal. Men who have been rejected may use entrapment strategies.
"Why don't they just leave?"	Most women in violent situations face social barriers such as a lack of safe housing or a lack of income; they may have bruises, compromised health and/or depression. Also, they must avoid child protection workers because they know they will be blamed. Women in transition houses often have their children taken away from them instead of from the violent offender. Women tend to leave when they have received some acknowledgement from the perpetrator that he was "wrong"... when some of her dignity is restored.
"Won't she be safer if she leaves?"	Mothers who are being victimized by violence have a strong intuitive sense of the danger of leaving, and they know that most women who are murdered by their partners are killed after they leave.

<p>“Won’t the courts be fair?”</p>	<p>Mothers who have experienced violence are often very sad. This understandable sadness is often construed as clinical depression in court and used against her as a ‘bad parent’ in custody cases. Defense lawyers often subpoena medical and mental health records, which are used against the mother in various ways, jeopardizing her chances of gaining custody of her children.</p>
<p>The system will help women who experience violence.</p>	<p>Real help for women in the system is sporadic and unpredictable. Safety plans involve a strategic analysis of the safety offered by professionals and the legal system, rather than an assumption that risk towards women and children will be mitigated.</p>

Positive and Negative Social Responses to Victims of Violence

Research has shown that the negative social responses to violence are traumatic for victims. A positive social response includes believing the person who has been victimized, asking what she needs and how we can be helpful, asking about how others reacted when they learned about the situation, and brainstorming ways to increase safety at a time when support is crucial.

A summary of research conducted by Adams (2005), highlights some of the difficulties women may be facing when they become involved with the child welfare system:

- Many clients who have been victimized say that negative social responses following their disclosure of abuse or assault were more difficult to deal with than the abuse or assault itself. Some have said, for example, “The way people in the community treated me afterwards was far worse than the rape/violence itself.” “The worst part of the whole experience was having my family turn against me.”
- Many clients say they have avoided disclosing their experiences of victimization in order to avoid negative social responses. Some have said, for example, “I didn’t tell anyone because I knew if I did they wouldn’t believe me.” “I thought they would blame me and be angry with me.”
- For Indigenous clients, a negative social response may include racism and oppression.

Understanding the Role of the Helping Professions in the Colonial Project

The “colonial code of relations” as articulated by Allan Wade (1995) describes an unspoken code that is embedded in the helping discourses of various human services. The code holds that:

1. I am proficient
2. You are deficient, therefore I have the right to
3. Fix you, diagnose you, change you, intern you
4. For your own good.

On these terms child welfare systems, despite the best efforts of social workers and advocates to undermine these structures, separate women from their children because, in the reality of the “colonial container,” psychology is used as one of the tools to identify some people as well and others as ill and therefore less deserving.

Overview of Islands of Safety Model

The Islands of Safety process involves a series of meetings with families. It is important to note that the process is not typical family counseling, but could be called “safety counseling,” with a view to assist families to make safety plans, restructure relational styles around non-violence, and promote safety in families. The meetings involve four rounds of conversation as outlined below.

Round One – Traditional or typical family life and roles – to elicit pre-existing ability, cultural knowledge, support networks, happier times, establishing a context of normalcy.

Round Two – Previous experience with professionals – to restore dignity and attend to social wounds and humiliation from previous interventions (e.g., child protection involvement may suggest “You are a bad parent,” even if the parent is working hard to attend to poverty and multiple social demands, racism, lack of adequate housing, absence of child care, etc.).

Round Three – Family responses to violence, danger and adversity – to elicit safety knowledges, pre-existing ability, allies, support networks

Round Four – Social responses to the family and family responses to social responses – to elicit important information about community responses and the family’s tactics of resistance/responses to injustice, mistreatment, absence of political will to address poverty and safety for women, (e.g., police attending to broken restraining orders, racism, victim-blaming, euphemistic language, minimized violence, “failure to protect” laws, etc.).

The purpose of this structured conversation is to promote safety and assess what the family already knows and is doing to promote safety. The first meeting typically involves the mother, or the people who the mother thinks should attend. Subsequent meetings include whatever family members are identified as important by the person who has been harmed, which in many cases is the mother. A final meeting involves consolidating the family’s knowledge and experience into a written safety plan, with the aim of avoiding court and addressing possible protection concerns. Everyone who attends the final planning meeting should attend an initial meeting to prepare for it; the final meeting may last 4-7 hours, depending on the family’s needs. The meetings are co-facilitated by a male and female member of the child welfare team. Children may attend the meeting or not, based on the particular situation.

Examples of Processes and Questions

Following are some examples of the kinds of questions we typically ask in the conversational rounds of the Islands of Safety process with families.

Statement of interest

- I am curious to know about other times you have been involved in a similar situation, when you disclosed an experience of violence or abuse. Have you ever been involved in a similar kind of meeting with professional and support people? At those times, who and what were the most helpful for you? What kind of practices helped you through that situation?

Elucidating pre-existing abilities

- I’d like to know more about how or when there is more safety in your family.
- Would it be all right to talk about that for a few minutes?
- When there is some kind of danger or threat, how do people respond to handle it (e.g., children, grandparents/aunties, mother, father?)

- What worked in the past? How did you develop a relationship with a helper that helped them to be helpful to you?

Connective questions

- Where did you learn to do that? Can you remember the first time you had to do that? Who taught you how to do that?
- Have there been other times or other places that you have had to use this strategy to promote safety?

Responses to negative social responses

- A lot of the research says that many people who report an incident of violence say they were disbelieved, shamed, told to remain silent, or blamed in some way for the violence. These reactions came from family members, friends and professionals. Have there been times when you have experienced this kind of negative response? When that happened, how did you respond?

These practices form the foundation of response-based practice and the Islands of Safety child safety planning model for cases of violence in families.

Safety and the Declaration of Rights for Indigenous Peoples

In the medicine wheel we use in our work, an individual is represented as a holistic being, encompassing bodies of intellect, physicality, emotion, and spirit. In attending to safety, it is helpful to consider physical safety, cultural safety, spiritual safety, intellectual safety, sexual safety, and psychological/emotional safety. These aspects of safety are formulated from a perspective of both “freedom from” and “freedom to” and are expressed in Islands of Safety through a language of human rights rather than a language of psychological constructs. This preference assists in avoiding and contesting the blaming of victims and supporting the non-offending parent or caregiver.

One of the concerns for child safety is the narrow parameters through which safety is defined. Islands of Safety work takes the position that child safety is advanced when we, collectively, attend to the safety of the mother. Through this approach, the safety issues for children are resolved completely when maternal safety is actualized. In terms of earlier thought traditions, these forms of safety relate to “freedom from” human rights in civil society, the rights of Indigenous men and women, and the rights of children. To respect these rights, it is sometimes

necessary to move away from psychological formulations and language into the discourse of human rights and in reference to national and international Charters and Declarations.

Section 15 of the Canadian Charter of Rights and Freedoms and Section 35.4 of the Canadian constitution guarantee equality for men and women under the law, including the equal right to live in safety. The United Nations Declaration on the Rights of Indigenous Peoples articulates the right to safety and living conditions that promote safety and dignity, allotted equally to men and women. Article 21 states that Indigenous people have the right to improve their economic and social conditions. This includes reducing vulnerability to violence for those most harmed by it today.

Perhaps most relevant to child welfare service, Article 3 of the Declaration on the Rights of Indigenous Peoples relates to self-determination. We have embedded self-determination in the Islands of Safety model through attention to dignity, including autonomy, agency and the micro-aspects implicated therein with culturally appropriate processes.

Consider the personal medicine wheel mentioned above existing within a broader social, global and ecological context with which the individual interacts. These aspects of the social world form a container for women, children and families. Where violence, lawlessness and a general disregard for human life exist (or Indigenous life, in the case of colonialism), it becomes more difficult to create safety and contest the mother-blaming/victim-blaming practices that reassign responsibility from both the perpetrator and the social world. Within this understanding, Islands of Safety is interested in asserting physical safety, emotional/psychological safety, spiritual safety, cultural safety, and intellectual safety.

In addition to the obvious need to facilitate a child's cultural participation and culturally appropriate methods of healing, Islands of Safety workers also contest deliberate acts of missionization or the imposition of religion on Indigenous children in foster care situations, which is relatively common in British Columbia since many religious people are drawn to taking in children (Richardson & Nelson, 2007). As well, we inform families of the dangers of engagement with the mental health system, where receiving a permanent mental health record may result in

the loss of one's child. A diagnosis can result in stigmatization that will follow an Indigenous child for life. Records are sometimes subpoenaed and used against non-offending parents in court: mothers with a diagnosis of clinical (or post partum) depression may later preclude mothers from accessing life insurance or a mortgage when health records are surveilled by financial institutions. These factors compromise social safety for Indigenous families.

We present cultural practice to non-Indigenous child protection workers and advocate for the family's sacred concerns. We draw attention to practices which may inadvertently replicate colonial strategies of dominance and serve to destabilize Indigenous families and their relationships to one another. Further, attending to safety involves an understanding and promotion of cultural safety for Indigenous families.

Cultural safety relates to the possibility of an Indigenous person or member of a minority group being treated with acceptance and equanimity, without encountering racism or prejudice. Islands of Safety work involves acknowledging where the family comes from, which community they belong with, and how our relatives may have interacted with their relatives historically. Cultural safety overlaps with spiritual safety, which can be considered as freedom from imposed religion or medical/healing methodologies. We also consider issues of emotional/psychological safety and the social responses received by others who have found out about the issues of violence.

While working family by family to create safety for individual children, the Ministry of Children and Family Development could expand its mandate to address violence within a larger movement that addresses poverty, creates housing and guarantees minimal income for those raising children.

The story is told of a group of washerwomen on a riverbank who see a baby floating along. They rescue it, only to then find themselves plunging into the river regularly to grab babies. Finally, one washerwoman walks away from the scene. Her comrades ask her, "Don't you care about babies?" She replies, "I'm going upstream to find the guy who's throwing them in" (Solnit, 2001, p. 157).

Most often, there is a mother in that river who also needs a hand up. Sometimes there is a father in there as well. If child protection work were to tackle poverty

and issues related to housing and economic security for families, many child protection issues would be alleviated and women fleeing violence would have more options for social safety.

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