Family Group Decision Making: Protecting Children and Women

Joan Pennell and Gale Burford

With rising demands on child welfare, workers need to consider new options, including strategies that promote a collaborative effort of family, community, and government. Family group conferencing integrates efforts to advance child and adult safety and strengthens family unity while expanding its meaning. The conclusions in this article are based on family interviews and child protective services’ file comparison from an outcome study of the Family Group Decision Making Project.

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Rightly or wrongly, child welfare has repeatedly been criticized for failing to protect children [Besharov 1984; Huxtable 1994]. Increasingly, child welfare is being criticized for failing to address domestic violence, leaving children to witness the abuse or to fall victim in the crossfire [Carter & Schechter 1997]. Performance reviews, media exposés, legislative redrafting, judicial supervision, and government restructuring have all been reactions to the perceived failings of child welfare in North America and abroad [Gove 1995; Hughes 1991; LaShawn A. v. Dixon 1991; Ogg & Dickens 1995]. Within its ranks, child welfare has experienced censure of its practices and, despite examples to the contrary, an exodus of its workers to less litigious and more rewarding settings [Drake & Yadama 1996; Rycraft 1994].

Child welfare continues to be inundated by reports of abuse and neglect, in a time of reduced social welfare and rising poverty, especially among young children [National Center for Child in Poverty 1991], and a sustained impact on families of substance abuse [Child Welfare League of America 1999/2000]. At the same time, child welfare’s efforts have been progressively funneled into investigations and apprehensions [Kamerman & Kahn 1997]. The practical result is to widen the arenas of responsibility for child protective services (CPS) as definitions of child abuse or neglect are stretched to encompass poverty, health, and other issues previously the mandate of social welfare [Lindsey & Henly 1997]. Forced to adopt a triage approach, CPS authorities fear overlooking serious abuse and in many instances react by becoming overly attentive to procedures and legalistic approaches [Nixon, in press]. These efforts to defend themselves from criticism foster distrust on the part of the public and fuel antagonism between authorities and the families being investigated [Nixon, in press].

Rather than restricting the mandate of child welfare, the authors propose a collaborative and empowering strategy. Starting from the premise that maintaining healthy and safe families cannot and should not be the responsibility of any one societal sec
tor can transform care for the welfare of children into a collective effort of families, community organizations, and government services. Rather than seeing domestic violence and other threats to the well-being of children as yet more impossible demands, they are viewed as a means for pulling together potential allies. Through these partnerships, a full range of perspectives can be heard, the strengths of the different participants can be joined together, and responsible individuals, strong families, and sustaining communities can be fostered [Schorr 1997; Simon 1994].

Social workers have a lengthy but uneven history of pushing for holistic, collaborative approaches that mediate between people and their environments [Kemp et al. 1997]. One difficulty has been developing effective interventions, management practices [Adams & Nelson 1997], and appropriate educational programs [Corrigan & Bishop 1997] for putting this philosophy into practice with individual families and sustaining their delivery through programs of service.

This article offers family group decision making as one such model. By tapping into the strengths of families and their communities, family group decision making brings together the family in which the abuse or neglect took place with their relatives, friends, and other significant supports to develop a plan to stop the maltreatment. Before the plan goes into effect, it must be approved by the referring authority, such as child welfare or parole, which then bears responsibility for its adequate resourcing.

**Separation of Child Welfare and Domestic Violence Fields**

Too often, the term *family violence* is restricted to denoting abuse between adult partners rather than encompassing the full range of abuse in a family. This fragments our understanding of family violence and splinters interventions into categories such as those for children, women, the elderly, and the disabled. Such classification does not reflect the realities of many families in which multiple targets and multiple forms of abuse exist under the same
roof. At one point in time, an abused wife may be abusing or neglecting her young children; later, she may become the victim of her now adolescent children. In particular, categorization has split off child welfare and domestic violence services from each other and has hindered a collaborative effort that can adequately safeguard all family members. This estrangement of the child welfare and domestic violence visions ill-reflects their historical liaison: early child-saving agencies aided not only children but also their battered mothers [Gordon 1988]. It also overlooks the current functioning of shelters for abused women and their children as an alternative child welfare system that, in effect, keeps mothers and children together, at least temporarily, in a place of relative safety [Callahan 1993].

Understandably, child welfare and domestic violence are separate service fields: they originated from different social movements [Breines & Gordon 1983] that generated their own programming and funding streams and maintained their distinctive functions, one of protecting children and the other of protecting adults within the family. Thus, the question is not why are they separate fields. Instead, given the well-documented overlaps of child maltreatment and abuse of women in the same families [Jaffe et al. 1990; Stark & Flitcraft 1996], the questions are: Why have child welfare and domestic violence programs so often worked in isolation from each other? What has been the impact on their development?

The child welfare and domestic violence fields typically frame their goals in language that would appear to produce insurmountable chasms between the two. Most notably, child welfare’s emphasis on “family reunification” or “family preservation” translates in the domestic violence field into keeping families together at all costs to women and children. Whereas child welfare workers commonly urge families to work together in order to strengthen their capacities to care for children, domestic violence workers commonly rule out conjoint family work or approach it
with extreme caution to avoid further victimization of survivors [Bograd 1992; Hansen & Harway 1993; Kaufman 1992]. This rift between the two fields obscures their shared goals.

Child welfare, of course, is not solely concerned with family unity and has a long history of swinging between policies designed to safeguard children and those designed to preserve families [Fein & Maluccio 1992; Jimenez 1990]. Despite divergences in focuses and methods of child welfare and domestic violence programs, safety has served as a goal for both. Child welfare has sought to create safe contexts for children or to remove them to places of safety; domestic violence programs have sought to provide shelter and options for women along with their children. As with safety, a case can be made that child welfare and domestic violence share the goal of family unity. Advocates of child welfare and abused women have pushed for expanded notions of family that go beyond the ties of blood, marriage, and adoption [Scannapieco & Jackson 1996; Finch 1996]. Family unity does not have to be maintained at the expense of individual safety as long as familial boundaries can be flexibly reworked. Not only children but also most adults need a family for a sense of belonging, identity, and mutual caring.

The isolation of the child welfare and domestic violence fields from each other has seriously limited their individual growth. Child welfare has been caught in gyrations between children’s rights and families’ rights, propelled by each new media revelation of a child unprotected or, conversely, a family separated. As long as child welfare agencies work in isolation, others cannot appreciate the difficult judgments that workers face on a daily basis, nor do others assume any responsibility for the tragedies that so frequently occur. Moreover, service evaluations become narrowly focused on one criterion such as avoiding further placements, rather than on identifying a full range of benefits, including nurturing children’s development and strengthening parent-child interactions [Wells & Tracy 1996].
Likewise, controversies have raged in the domestic violence field, but, in this instance, over whether resources should be allocated to aid abused women or to punish/treat their abusers [Buzawa & Buzawa 1996]. Quite rightly, advocates for battered women stress the unconscionably low funding of refuges and support services for abused women and their children and oppose the siphoning of resources into services for perpetrators. Not pursuing legal interventions against abusers, however, sends out a message that violence is socially tenable [Stark 1996]. Not providing groups for batterers runs counter to the wishes, ill-founded or not, of so many abused women and their children, who want the violence to stop but also want a family [Holmes & Lundy 1990] and who remain attached to their abusers because of economic, emotional, and cultural bonds [Hoff 1990]. Such divisions have particularly ill-served women from minority and indigenous groups and lesbian women caught between violent partners and group identifications within an inegalitarian society [Hodgson with “Phyllis” 1990; Ristock 1994].

If child welfare and domestic violence programs link together, they could interrupt unresolvable debates of safety versus family, or women versus men. These “links and interruptions” [Ristock & Pennell 1996] would not enforce one view on how to address family violence; instead, they would promote collective responsibility, that is, “communities of concern” [Braithwaite & Daly 1994: 192] to protect all survivors. The “links” would keep child welfare, women’s programs, and other services communicating and cooperating, while the “interruptions” would ensure that the viewpoints of these organizations respond to people’s changing conditions, needs, and aspirations. Together, the “links” and “interruptions” would provide a supportive and challenging context in which family members can take charge of their lives in socially responsible ways (the aim of empowerment). Family group decision making can serve as a vehicle for integrating the efforts of child welfare and domestic violence programs while maintaining the distinctive missions of each.
Implementing Family Group Decision Making

The Family Group Decision Making Project in the eastern Canadian province of Newfoundland & Labrador was an early demonstration of family group conferencing in North America [Pennell & Burford 1995]. The term family group decision making (FGDM) was coined to emphasize that the family group, made up of the immediate family and its relatives, friends, and other close supports, would decide what steps needed to be taken to stop the maltreatment. The family group conferencing model was adapted from New Zealand, where this approach was legislated in 1989 to address child welfare and youth justice [Hassall 1996]. The push for change in New Zealand came after mobilization of their indigenous peoples against Pakeha (European) expert-driven models that were seen as undermining their families and tribal groups [Ministerial Advisory Committee 1988].

The objectives of the Newfoundland & Labrador FGDM Project were to test, within differing cultural milieus, the capacity of the FGDM model to eliminate or reduce violence against child and adult family members and to promote their well-being. The project was founded on the belief that the conference would "break the conspiracy of silence" around the abuse and "widen the circle" of those committed to stopping the violence against any family member [Pennell & Burford 1994]. From the outset, child welfare services, women's groups, police, parole officers, youth advocates, and others developed a consensual statement of philosophy that stressed that everyone within a family should be safe from abuse, no one in a family was safe if others were being victimized, perpetrators should be held accountable for their actions, and effective strategies for stopping abuse should tap into the strengths of a community and foster partnerships within and around families. These partnerships were not to merge the roles of participants but rather to highlight the unique contribution of each to stopping family violence and promoting family members' well-being.
The project was hosted by three culturally distinct regions of the province: Nain, an Inuit community on the northern coast of Labrador; the Port au Port Peninsula, a rural area settled by people of British, French, and Micmac origin; and St. John's, the capital city with residents mainly of Irish and British heritage. Local advisory committees at each site provided oversight and guidance to the project, and within these regions, staff were hired for coordinating the conferences and collecting research data.

During the one-year period of implementing FGDM, 32 families had conferences convened. The families consisted of a mix of two-parent and lone-parent households in St. John's and the Port au Port Peninsula and, in addition, three-generational households in Nain. At the time of conferencing, the families had 91 children under the age of 18 years. Although the large majority of these children were residing with their parents or relatives, apprehension was considered to be imminent for many, and a sizable minority were already in family foster care, a group home, or a custody facility. For these families, a total of 37 conferences were held: 32 were first-time conferences and 5 were reconvened conferences. The number of conferences by site were 14 in Nain, 11 on the Port au Port Peninsula, and 12 in St. John's.

Although the number of conferences may appear modest, the number of conference participants indicates the broad-based involvement FGDM and the community-building processes catalyzed. Present at the conferences were a total of 472 participants, of which the large majority were family group members (384), rather than service providers (88). On average, the conferences had 13 participants, of whom 10 to 11 were family group members and two to three were professionals. The number of family group participants in the FGDM Project was somewhat greater than that reported from New Zealand [Paterson & Harvey 1991] and the United Kingdom [Lupton & Stevens 1997; Marsh & Crow 1997]. Including a wide-range of family group members was considered helpful in addressing the full range of violence and to
ensure that the conference belonged to the family group rather than to the professionals. Although the number of service providers was intentionally kept smaller than the number of family group members, on average, two organizations were represented at the conferences. Typically child welfare was represented, along with at least one other organization (e.g., police, schools, shelters, health services, cultural organizations). Thus, the conference served to bring together agencies around a family’s needs.

Work with families entailed five main stages [Burford et al. 1995]. First, the project coordinators received referrals from the mandated authorities (child welfare and to a lesser extent, parole, youth corrections, and probation). Joint referrals were welcomed since these provided greater leverage over all forms of violence in the family. Although the stated reasons for most referrals pertained to child abuse/neglect and undisciplined youths, the coordinators quickly learned about the prevalence of women abuse, cross-generational violence, and sexual abuse within the 32 families. This was not surprising, given that the project requested the most difficult family situations be referred.

Second, the coordinators organized the conferences in consultation with the family group members and involved service providers. Similar to findings from New Zealand [Paterson & Harvey 1991] and the United Kingdom [Marsh & Crow 1997], these preparations usually took place over a period of three to four weeks. During the project, the coordinators recorded undertaking preparations with 455 individuals. Given the extent of violence against child and adult family members, careful negotiations were crucial for ensuring that the right people were invited to the conferences, that family group and professional participants were adequately prepared for their roles at the conference, that necessary measures were put into place to protect participants, and that practical arrangements were made such as plans for travel to the conferences or a neutral place in which to hold the conferences.
In the third stage, the conferences were convened with family group and service providers in attendance; on average, they lasted about 5.5 hours. Although variations were evident, the conferences could be divided into three main phases. The conferences began with an opening in the culture of that family group (e.g., prayer, greeting); the coordinator reviewed the conference's purpose, process, and ground rules (e.g., confidentiality, no violence); and the service providers gave information. These included reports from the mandated authorities on the reason for the referral and concerns that needed to be addressed in the plan, and presentations from other guest speakers on areas of importance to the planning (e.g., addictions, impact of witnessing abuse on children). After the information was provided, the professionals, including the coordinator, left the room so that the family group could have private time for deliberations.

Family private time is a practice stipulated in the New Zealand legislation and followed by the majority of programs employing family group conferencing [Merkel-Holguín et al. 1997]. No violence occurred at the Newfoundland & Labrador FGDM conferences, a finding similar to that of studies in New Zealand [Paterson & Harvey 1991] and the United Kingdom [Marsh & Crow 1997], and none was later reported as an outcome of the conferences. Once the family group developed a plan, they invited back the coordinator and, if they had waited during the private time, the protective service workers. Together, they reviewed the plan to ensure that it was clear and comprehensive and included mechanisms for monitoring and evaluation.

In the fourth stage, the referring agency workers approved the plan in terms of it meeting all areas of concern and in terms of it falling within budgetary guidelines. The approval process worked quite efficiently in St. John's and on the Port au Port Peninsula, where plans were almost always approved on the spot at the conference. Frontline approvals were not generally enacted in Nain; as a result, Social Services' approvals were rarely made at the conference, and the lengthy delays after the conference discouraged some Nain families as well as their frontline workers.
The fifth stage involved the implementation of the plans. The plans usually included counseling, addictions treatment, in-home supports, child care, transportation, material assistance, and recreation/leisure, with both agencies and family group members providing services or goods. With regard to placement of children, the family groups' hierarchy from most preferable to least was as follows: parents, kin, culturally appropriate family foster care arrangements, and accessible foster homes [Burford et al. 1996]. Although hampered by the time-limited period of conferencing, the expectation was that if major changes to the plans were required, coordinators would reconvene the family group, or if revisions were needed, the mandated authority such as the child protection worker would arrange a family meeting.

In summary, the project was initiated through a joint effort of federal and provincial governments, community organizations, and university faculty. Conferencing was organized to place the family at the center of planning and to keep the process within their cultural practices. The service providers came together around the family to set forth their concerns and to offer information needed for planning. The plans integrated action steps to be taken by both professionals and family group members.

**Measuring Family Violence**

Family violence is difficult to assess accurately because of the fears and denial of family members and the underreporting by service providers. Social scientists have longstanding and pronounced disagreements over the validity and reliability of existing measures [Chalk & King 1998; Johnson 1996]. In the Newfoundland & Labrador FGDM Project, *family violence* was defined as "a recurring pattern of deliberate efforts to intimidate and control other family members through a range of means," including physical force, sexual intrusion, emotional debasement, and socioeconomic deprivation [Pennell & Burford 1995: 30]. Recognizing that family violence is vastly underreported, the outcome study for the FGDM Project measured abuse through a number
of means and looked not only at direct reports but also at likely indicators of abuse. The triangulation of findings served to mitigate against the deficiencies in any one of the measurement instruments. In addition, the use of a comparison group from Child Protective Services helped offset biases from incomplete reporting in files: presumably the files of the project families and those of the comparison families would be unreliable to the same extent. In this article, findings from two outcome measures are reported: follow-up interviews with family group members on family developments (called Progress Reports) and reviews of Child Protective Services’ files for the presence of indicators of child maltreatment and adult abuse (Child Protection Events). These two measures are presented because they offer complementary pictures of the families and in general are supported by findings from the other measures, including police reports and home interviews on abuse [Burford & Pennell 1997].

**Progress Reports**

The interview schedule included closed-ended and open-ended questions on family developments and enactment of plans since the conferences. With their permission, interviews were held with 115 individuals, representing nearly one-quarter of the 472 conference participants and 28 of the 32 project families. Interviewees were largely immediate or extended family. In all, 158 Progress Reports were completed (43 from second or third interviews). First or only interviews were held on average 12 to 13 months after the conference, with a range of 4 to 27 months ($SD = 6.65$); this variation in scheduling had little apparent effect on responses.

**Child Protection Events**

The Child Protection Events checklist comprised 31 indicators of child abuse/neglect and adult abuse, culled from the relevant literature, including the works of McKay [1994], Newfoundland & Labrador Department of Social Services [1992], Stacey and
Shupe [1983], and Stark and Flitcraft [1991], and in consultation with experts in child welfare, education, health, and justice. Reviewing the children’s protective services’ files for all 32 project families, Department of Social Services staff checked whether each of the items was present or absent one year before the conference and one year after. The same file review was carried out for a comparison group of 31 families selected by child protection workers under the direction of an independent consulting group [Andy Rowe Consultants 1997]. The file recordings in the comparison cases were divided into the pre- and post-periods according to whether they fell before or after November 1, 1994, the median date of conferencing. To reflect the locales of the project families, the comparison families came from the following areas: 12 from St. John’s, 10 from Nain (its 11th project family was not involved with child welfare), and 9 from a region adjacent to the Port au Port Peninsula. The move to the adjoining area was necessitated because the Port au Port workers had already referred their most difficult cases and did not have comparable cases available. The project group and comparison group were relatively similar in terms of their length of receipt of child protective services, ages of children, and types or categories of problems [Andy Rowe Consultants 1997]. Despite the mode of selection, the project group cases were probably more “difficult” from the perspective of Child Protective Services in that, as reported below, they had considerably higher levels of Child Protection Events during the pretest period than did the comparison group. In regards to the proportion of child maltreatment versus abuse of women, though, the two groups began at a similar point.

Unifying Families and Protecting Family Members

Combined, the Progress Reports and the Child Protection Events present evidence that conferencing protected child and adult family members while unifying the family group.
Families Better Off Despite Incomplete Plans

In the Progress Report interviews, the 115 respondents described extensive changes taking place in the families, both attributable to the conference and independent of it (e.g., birth, move). When asked if the conference plan had been carried out in the midst of all this activity, among the 103 interviewees who responded in their first or only interviews, only one-fifth (23) answered “completely,” over two-thirds (71) said “somewhat,” and 9 said “not at all.” Both family group members and social agencies were reported by respondents as having left undone their assigned tasks. Nevertheless, whether the plans had been carried out in full or in part, the majority concluded that the conference had been beneficial. When questioned about the impact of the conference, two-thirds (76) of the 115 interviewees answered the family was “better off” because of the conference, one-fifth (22) said that the family was left the “same,” and another 7 said “worse”; 9 responded that they did not know; and one response was missing. Where plans had been carried out completely, respondents usually judged the family to have benefitted; where plans were only partially implemented, the large majority came to the same conclusion. It was only in the small number of instances where plans were not carried out at all did half the interviewees rate the family as left the same or worse off.

Conferences Enhanced Family Unity

A qualitative analysis of the Progress Reports found one overriding reason as to why the conferences left the families better off—they promoted family unity. Irrespective of their home community or their role at the conference, the family group members spoke at length of how the conferences strengthened positive ties among the participants, removed some negative ties, and enhanced their sense of being family. Summing up developments since the conference, a Nain relative concluded that the “family grew closer together” and spoke of the importance of their “start-
ing to communicate more, “coming out with [their] problems more,” and “trying to help each other more.” A St. John’s mother commented, “Mom and I are closer. When we first had the family group conference, Mom and I weren’t even talking. [My child] is closer to her aunts and uncles.” A Port au Port abused young person simply stated, “Myself and my mom get along much better since the conference.”

In the minority of instances where interviewees saw the conference leaving the family worse off, they had experienced the reverse. Some spoke of the conference plans as separating parents from children. Mourning the loss of her children now in care, an abusive and abused mother cried, “The conference made me worse off because . . . I am afraid of being left alone. I would really love to be alone with my children.” Others spoke of grievous disappointments when family members failed to carry out their assigned parts. One mother was outraged, “I knew they [my relatives] wouldn’t carry out all those promises they made. Now I’m just so fed up with them all for letting [my daughter] down, that I don’t even want to talk to them anymore. Before we would talk to each other and now we aren’t even on speaking terms.”

**Safety Increased for Project Families**

According to the Progress Reports and Child Protection Events, greater family unity after the conferences was accompanied by greater safety within the project families. Table 1 summarizes the number of families in which an event indicating abuse/neglect occurred in the project and comparison groups during the pre- and post-test periods. As seen at the bottom of the table, the project families started with more events and ended with fewer events than the comparison families. Before the conference, the project families had among themselves 233 events indicating the presence of maltreatment, with the mean number of events per family at 7.28 (SD = 5.40); after the conference, the total number had been halved to 117 events, with the mean now more than three
**Table 1**

Presence of Children’s Protection Events in Project and Comparison Families by Test Period (N = 63)

<table>
<thead>
<tr>
<th>Event</th>
<th>Project (n = 32)</th>
<th>Comparison (n = 31)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report of abuse/neglect to CPS</td>
<td>25 pre</td>
<td>19 post</td>
</tr>
<tr>
<td>Multiple reports of abuse/neglect to CPS</td>
<td>18 pre</td>
<td>13 post</td>
</tr>
<tr>
<td>Emergency visit to home on report of abuse or neglect</td>
<td>21 pre</td>
<td>9 post</td>
</tr>
<tr>
<td>Emergency apprehension of a child under the age of 16</td>
<td>12 pre</td>
<td>6 post</td>
</tr>
<tr>
<td>Repeated emergency apprehension of same child</td>
<td>4 pre</td>
<td>1 post</td>
</tr>
<tr>
<td>Substantiated report of abuse or neglect</td>
<td>16 pre</td>
<td>8 post</td>
</tr>
<tr>
<td>Emergency apprehension of other child(ren)</td>
<td>20 post</td>
<td>14 post</td>
</tr>
<tr>
<td>Subsequent emergency apprehension of other child(ren)</td>
<td>2 post</td>
<td>0 post</td>
</tr>
<tr>
<td>Voluntary placement of child into care</td>
<td>9 post</td>
<td>3 post</td>
</tr>
<tr>
<td>Involuntary placement of child into care</td>
<td>9 post</td>
<td>4 post</td>
</tr>
<tr>
<td>Permanent wardship taken on child</td>
<td>3 post</td>
<td>0 post</td>
</tr>
<tr>
<td>Any one in family had to leave the home in fear that another family member was going to hurt him/her</td>
<td>13 pre</td>
<td>6 post</td>
</tr>
<tr>
<td>Anyone in family called police or child protection worker because someone in family was in danger</td>
<td>15 pre</td>
<td>4 post</td>
</tr>
<tr>
<td>Self-mutilation (no intent to kill) by child/youth in the home</td>
<td>0 pre</td>
<td>1 post</td>
</tr>
<tr>
<td>Suicide attempt by child/youth in the home</td>
<td>1 pre</td>
<td>3 post</td>
</tr>
<tr>
<td>Mother offers inconsistent explanations for observed bruises, fractures, or multiple injuries in various stages of healing</td>
<td>3 pre</td>
<td>1 post</td>
</tr>
<tr>
<td>“Accidents” have occurred during pregnancy</td>
<td>0 pre</td>
<td>0 post</td>
</tr>
<tr>
<td>Mother has delayed substantially in seeking needed medical treatment for herself</td>
<td>2 pre</td>
<td>1 post</td>
</tr>
<tr>
<td>Mother has a history of repeated accidents and emergency room visits, often at different hospitals/clinics</td>
<td>1 pre</td>
<td>0 post</td>
</tr>
<tr>
<td>Mother is observed to be feeling sad, lethargic, or depressed, and/or she admits having thoughts of suicide</td>
<td>13 pre</td>
<td>7 post</td>
</tr>
<tr>
<td>Mother reports psychosomatic and emotional complaints (e.g., chest pain, choking sensation, hyperventilation, sleep or eating disorders)</td>
<td>4 pre</td>
<td>2 post</td>
</tr>
<tr>
<td>Mother is embarrassed or evasive when questioned about injury or abuse</td>
<td>7 pre</td>
<td>2 post</td>
</tr>
<tr>
<td>Mother exhibits fear and anxiety in presence of her partner</td>
<td>7 pre</td>
<td>2 post</td>
</tr>
<tr>
<td>Mother offers apologies or explanations for her partner’s behavior</td>
<td>9 pre</td>
<td>2 post</td>
</tr>
<tr>
<td>Child is overprotective, afraid to leave his/her mother alone</td>
<td>2 pre</td>
<td>1 post</td>
</tr>
<tr>
<td>Child is abusive toward mother</td>
<td>8 pre</td>
<td>5 post</td>
</tr>
<tr>
<td>Father/partner constantly speaks for mother during an interview and strongly resists having her interviewed separately</td>
<td>4 pre</td>
<td>2 post</td>
</tr>
<tr>
<td>Mother is described by partner as “clumsy,” “incompetent,” “crazy,” “stupid,” or other such derogatory terms</td>
<td>5 pre</td>
<td>3 post</td>
</tr>
<tr>
<td>Father is overtly solicitous and condescending to mother</td>
<td>4 pre</td>
<td>2 post</td>
</tr>
<tr>
<td>Father/partner admits to the existence of violence but minimizes its frequency/severity. When confronted with the abusive behavior, he blames his partner for provoking it and refuses to accept responsibility for it</td>
<td>8 pre</td>
<td>3 post</td>
</tr>
<tr>
<td>Father/partner holds rigidly to traditional sex roles, expecting or demanding that mother serve him</td>
<td>3 pre</td>
<td>1 post</td>
</tr>
<tr>
<td>Father/partner keeps necessary income/resources from mother</td>
<td>4 pre</td>
<td>0 post</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>233 pre</td>
<td>117 post</td>
</tr>
</tbody>
</table>
events lower at 3.66 (SD = 4.51). Although not as marked, the comparison families evinced the opposite trend: their total Child Protection Events rose somewhat from 129 to 165, with the mean number increasing from 4.16 (SD = 5.06) to 5.32 (SD = 3.93).

To see if these overall patterns held true for both children and adults in the families, four categories were formed out of the 31 events. Table 2 summarizes how many events were present for the families in each of these categories and, since the events might be bunched into a few families, how many families had at least one event in the category. In each category, the frequency of events and number of families between the pre- and post-periods went in the same direction. In addition, the project families started with higher numbers and closed with lower ones in the three larger categories than the comparison families.

Two items could refer to the safety of any family member, child or adult, male or female: “having to leave home,” such as to a shelter, and “calling the police or child protection out of fear.” These two events were added together to form the category “Home Safety,” which markedly fell for the project group and rose somewhat for the comparison group (see table 2). “Having to leave home” out of fear, in addition, is an indicator of family separation. In the project group, families with a member having to leave dropped from 13 to 6; the reverse was true for comparison families, whose number climbed from 3 to 7 (see table 1).

**Maltreatment Reduced for Project Children**

The first ten items in table 1 refer to reports received by Children’s Protection Services (CPS) regarding children or actions taken by them on behalf of children. This group of events demonstrate concern by complainants and child protection workers that children were at risk of maltreatment. For purposes of analysis, they are combined into a “CPS Activity” category. As seen in table 2, the project families began higher than the comparison group on CPS Activity and by the post-test were lower than their counterparts. Not only did CPS Activity as a whole fall for the project families, but substantiations of abuse or neglect did as well. As
seen in table 1, substantiations were halved from 16 to 8 for the project families, but nearly doubled from 7 to 12 for the comparison families. Given the difficulty of the project cases, one may well wonder why substantiations were not higher in the year before the conference. For many of the project families, children were already in care for the full year, cases were new referrals to child welfare, or families were referred because teens were characterized as beyond parental control.

Comparison of other individual CPS Activity items for the two groups shows that reporting remained high for both, as project and comparison families apparently continued to generate concern in the community. Given the high number of single mothers in poverty within the project group, the high reporting in both years is not atypical; investigations are typically set in motion related to crises around the lack of concrete necessities [Pelton 1990]. The response of CPS for the two groups of families, however, diverged. In the post-period, CPS workers were less likely to make emergency visits to the homes of project families than to comparison families; in interviews they explained that they now felt that they knew the families better and could judge with more certainty when an emergency visit was necessary. Prior
to the conference, the rate of emergency apprehension of project children was double or greater than that for comparison group children; after the conference, the rates converged. The number of families with children voluntarily or involuntarily placed in out-of-home care stayed relatively constant for the comparison families and fell for the project families. Among the CPS Activity events, the project families rose slightly only on permanent wardships while the comparison group stayed at zero; after the conferences the CPS workers apparently had a firmer assessment of the families and could make decisions on permanent arrangements for children. The overall reduction in emergency apprehensions and child placements in the project group points to fewer families undergoing separations from their children or young people, while for the comparison group, the rate of these separations remained relatively fixed.

The Progress Report interviews back up the CPS files that children in the project families suffered less abuse and neglect and emphasized that parents were providing better care. An example comes from a single mother with a history of depression and partner abuse, who rated the conference as making her family better off. This mother noted both an improvement in her own self-esteem and in her care of her children: “I am closer with my children now and appreciate being their mom more now than before the conference... I feel more secure and more confident with myself.” Agreeing with her daughter, the grandmother added that the conference “gave [my daughter] a new and more positive outlook. She appreciates her children much more and offers the most positive parenting she can.”

**Abuse Declined for Project Mothers/Wives**

The last 17 items in table 1 encompass indicators of mother or wife abuse and were combined to form the Mother/Wife Abuse category. As seen in table 2, Mother/Wife Abuse events declined substantially for project families and rose somewhat for comparison families. A case in point is a project family in which the father had physically abused both his wife and a daughter before
the conference. Once police and CPS became involved, he chose to leave the home so that his children would not be apprehended. In a Progress Report interview half a year after the conference, the mother and one daughter agreed, “Things are better. [The father] and [daughter] don’t fight any more. [The father] isn’t violent toward any of us and he doesn’t show up here drunk.” Despite overall improvements in indicators of Mother/Wife abuse, seven project women in the year after the conference were reported as sad, lethargic, or depressed. In four of these instances, signs of depression went hand in hand with the mother being abused by her own child.

Continuation of Mother Abuse by Troubled Youths and Children

Among all of the Mother/Wife Abuse items, the most worrisome concerned youths or children abusing their mother. Although the FGDM Project group fell in numbers here, unlike the comparison group, which climbed, child-to-adult abuse continued after the conference in four project families and emerged in a fifth family (see table 1). Such abuse was not only of concern in regards to the mother’s mental health and safety but also the child’s. Concurrent or past mother abuse often was associated with a fourth category of events, “Child Self-Harm,” that is, self-mutilation and attempted suicide, in project and comparison families. An example is one project family in which a young person was no longer physically abusing her mother, but self-mutilation and attempted suicide appeared in the second year. Thirteen months after the conference, the mother reported that her daughter, although no longer directly violent, was “just completely out of control. She tears the house to pieces. Verbally abusive and violent.” The rates of Child Self-Harm stayed low for both groups, but this was the one category in which numbers rose slightly for project families while they remained constant for the comparison families (see table 2).

In summary, conferencing appeared to be effective in reducing rates of both child abuse/neglect and woman abuse. Although
the project families started with higher levels of Child Protection Events than the comparison families, both groups during the pre-test had similar proportions among the four categories of events. CPS Activity represented somewhat over half of all events, Mother/Wife Abuse formed about one-third, Home Safety hovered around one-tenth, and Child Self-Harm included only a tiny fraction. In the post-test, the proportions of each of these categories remained fairly constant, but the overall levels had dropped dramatically for the project families in the three larger categories while the levels for the comparison families had risen to a moderate degree. In addition, the CPS files pointed to fewer project family separations: fewer families had children taken into care, and fewer families had members fleeing the home out of fear. The project families' rates of separations now converged with those for the comparison families.

**Integrating Child Welfare and Domestic Violence Efforts**

The Newfoundland & Labrador FGDM Project demonstrated that family group conferencing enhanced both family unity and safety for all family members. Interviews with family group members highlighted how the conference opened up dialogue, fostered a sense of family cooperation, and stopped family violence. These reports were backed by Child Protective Services' records, which documented reductions in indicators of child and adult maltreatment along with fewer family separations. In contrast, the comparison group lost ground on family member safety and stayed the same or slightly climbed on family separations.

In the Newfoundland & Labrador project, conferencing appeared to accomplish the dual aim of enhancing family unity and member safety by:

- starting from the premise that no child or adult in a family should be victimized or should victimize other members;
- shifting family boundaries to include extended family and other close supports;
organizing the conference in a safe and culturally respectful manner so that family members could draw upon their strengths and reknit their ties;

• providing sufficient preparation, information, and private time so that the family group could formulate their plan of action; and

• bringing together service programs around the family group members so that they could approve the plan and carry out their parts in an unified manner.

Although the project families overall made more progress than the comparison families, conferencing was least successful in two main situations. These tended to be instances in which youths were abusing their mothers or in which the family’s relationships were highly turbulent and coupled with major problems in implementing plans. Often, professionals assume that certain types of families such as those with intergenerational child sexual abuse or domestic violence should be screened out. The two main problematic areas for the FGDM project, however, point to the need for systemic change rather than the exclusion of certain categories of families. The legal system is poorly equipped to deal with abuse by a young person against his or her mother; the problems in implementing plans often resulted from Social Services’ delaying the approval of plans or closing cases prematurely. Success depended on at least some family and service providers carrying out the parts of the plan that related to keeping the family members safe. To safeguard against slippages by the public agencies, community groups need to be involved in planning the program and monitoring the families to keep the process balanced in favor of the survivors.

The conference should be viewed not simply as an end to itself but as a step in an ongoing process of collaboration and empowerment in which families are invited, and supported, to take an active role in developing their potentials to be what Glossop [1998: 1] terms “agents of responsible social change.” The family is not simply the “dependent variable” to be studied,
strengthened, treated, educated, or empowered. In answer to the challenge to become specific about which capacities in communities are worth building [White 1997], families in this model can be regarded as vital linkages in fostering civic behavior in the family and the community [Glossop 1998].

The approach in this study not only benefitted these challenging families but also fundamentally changed the way in which the service providers and community members responded to them. Participation in conferencing interrupted usual modes of intervention and encouraged mutually sustaining links. One year after the demonstration project stopped, an interviewee who had served as the child protection worker in a number of conferences noted that he now drew on the resources of the wider family group in all of his work: “Family group conferencing has affected my practice. I now pull together immediate family with other relatives, such as sisters and brothers living outside the family home, to work out how to handle drinking and other issues. They give each other support once we get issues talked about.” A Nain community member pondering the role of family group conferencing over a year after the project ended observed,

There are a lot of problems with families. Deep problems. How do you deal with them? I am learning that the best way is to bring it out in the open. I don’t know of many other things that provide this. Usually we deal with specifics like alcoholism, parenting, anger management. Good to have these, but with family group the persons can all get together and try to find solutions to all of their problems. First of all they need to get it all out and then go for specifics

Speaking directly to the need to integrate services for children, young people, and adults, a women’s center worker concluded one-and-one-half years after the project: “We need to link child welfare and youth justice with the abuse of others in the family... Family group conferencing can serve the whole family.”
References


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