

Feminism, Child Protection, and Mothers with Psychiatric Disabilities in the United States

In the United States, the child protection system can be characterized as a hierarchical system marked by authority structures that often marginalize mothers. For mothers with psychiatric disabilities, the experience of child protection has been perceived as uncaring, often adversarial, and sometimes resulting in the termination of their parental rights amid accusations of being “unfit” mothers. This paper examines that hierarchy and constructs an alternative feminized sisterhood paradigm for child protection. This feminized system is further envisioned to forge new directions where stakeholder perceptions personalize care.

For the 30-year period following the nation-wide implementation of child protection services in the United States, as many as 70 percent of parents who lived with psychiatric disabilities were considered “unfit” according to child protection standards and experienced custody loss, either temporary or permanent (NMHA, 2005; Green, 2002). In the United States, courts enforced child protective systems policies that recommended removal of parental rights from almost 60 percent of all parents with psychiatric disabilities, mostly mothers, until the recent tide of reform (NMHA, 2005). As a result, mothering without custody has been the status of many women with psychiatric disabilities over the last 30 years. Grassroots movements of consumers, families, and providers have led to the implementation of Mental Health Reform in the United States. Parents who live with psychiatric disabilities have experienced a series of victories in human rights over the last decade related to a current phase of Mental Health Reform (Dreuth Zeman and Buila, 2006). These reforms include revised standards for care that forward parenting as a consumer right, along with other liberties. These policies, coupled with legal reforms, have opened the door to mothers who live with psychiatric disabilities who seek

to retain custody of their children or to reverse custody loss (NMHA, 2005; Dreuth Zeman and Buila, 2006).

Mental health reform policies challenge child protective services to develop methods of intervention with custodial mothers who live with psychiatric disabilities to meet the needs of these mothers and their children. Changing child protective services will require transforming a hierarchical bureaucracy into a structure that reflects a sense of collective responsibility where support for mothers and their children are paramount. Feminist care theory integrated into family growth models provide the framework used here for conceptualizing that system. This conceptualization is not intended to attack child protection systems for the problems experienced by mothers with psychiatric disabilities and the professionals that serve them. Nor is it intended to prescribe a systematic guide to changing the current system. This conceptualization is proffered to help system participants form an understanding of the possibilities that can be created by adopting feminist values of care.

The child protection hierarchy

Child protective systems were established to safeguard the needs and interests of children while balancing those concerns with the needs and interests of parents. Ideally, child welfare systems protect children from harm and determine whether parental care is sufficient (Holland and Gorey, 2004). However, since the 1970s when federal mandates led to their nation-wide implementation, child protective systems in the United States have emerged as cumbersome public sector bureaucracies that are often criticized for ineffectiveness. Studies of parents who live with psychiatric disabilities and the psychiatric practitioners who work with them have found that the child protection bureaucracy is often perceived as a barrier rather than a supporter of parenting (Dreuth Zeman and Buila, 2006). Particularly, researchers reported that considering parents to be “unfit” when they demonstrate their symptoms sets up a process of antagonism rather than support.

Emily Abel and Margaret Nelson (1990) characterized systems such as these as public sector bureaucracies that apply universal rules and standardized techniques to meet agency missions at reduced costs. They suggested that system employees, typically women, have little discretion to modify policies to individualize care for clients. Caseworkers may find that implementing fixed policies that prevent individualization can be detrimental to the family. Laura Dreuth Zeman and Sarah Buila (2006) found that parents with psychiatric disabilities require flexibility to the extent that the services that are provided during times of a parent’s psychiatric crises may need to be withdrawn during periods of stability. Therefore, when the child protection bureaucracies lack caseworker discretion, families may be marginalized and disrupted through child removal rather than allowing caseworkers to design interventions that support parents in distress.

Another feature of the public bureaucracy model classified by Abel and

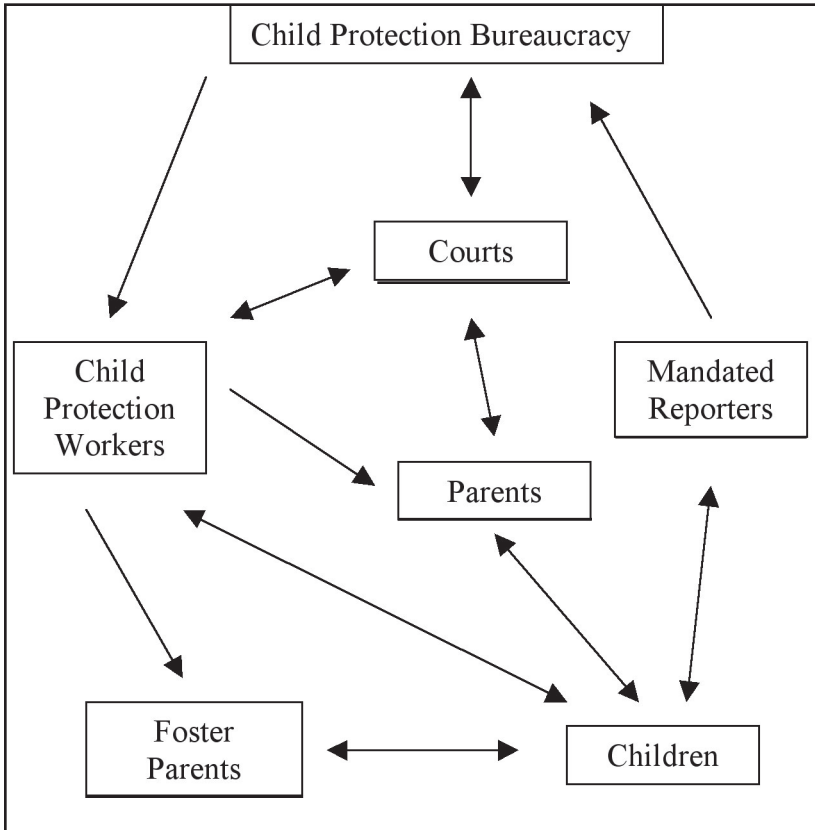
Nelson (1990), similar to those that emerged in child protection services, is the use of professional approaches that require employees to keep an emotional distance from clients. Berenice Fisher (1990) suggested that professionals that trained for human service careers separate themselves in the bureaucracy from nonprofessionals, such as foster parents, and their clients, the mothers and their children. These feminist theorists suggest that the professionalism model exaggerates differences between clients and employees, such as socioeconomic status and race, to the extent that both parties feel alienated.

Public bureaucracies, like the child protection system, can be characterized as hierarchical systems marked by authority structures that often marginalize clients. Hierarchical structures prescribe power to some individuals or roles within the system while others are subjected to subordinate positions. Virginia Satir, a well-respected family psychotherapist, perceived hierarchical models as a way of organizing relationships where individuals are defined and behave or respond according to the expectations attributed to their assigned roles (Satir, Banmen, Gerber and Gomori, 1991). Virginia Held (1992), a feminist theorist, referred to hierarchical bureaucracies as “public patriarchies” (6). In Held’s view, these systems controlled women as employees and clients by incorporating male dominance into their norms and regulations. Satir’s (1991) and Held’s (1992) views add a dimension of predictability to women’s responses to bureaucratic authorities as a means of complying with the roles and norms of their subordinate position.

Therefore, child protection involves a hierarchical system with defined relationships that are interdependent and complex. The stakeholders that either influence or intersect with mothers and their children include caseworkers, mandated reporters, officers of the court, and foster parents (see Figure 1). These roles incorporate power dimensions that include access and the authority to define needs, abilities, and problems. In the child protection system, the primary dominant position is occupied by the bureaucracy while the remaining parties have subordinate and dominant relationships. Satir (1991) stipulated that the primary question in hierarchical models was whether the dominant parties were perceived as malevolent or benevolent. The answer to this stipulation as it relates to child protection is that it depends on whose perception is analyzed. These perceptions are explored here to present an understanding of the roles and behaviors of the stakeholders.

The caseworkers’ view of the bureaucracy can be characterized as similar to a demanding father who is socially constructed as benevolent, yet is often indifferent to the needs of its own members, the employees. Studies of child protection caseworkers have found that they suffer from low pay and stress from overwork and often feel caught between the needs of their clients and the policy demands of the bureaucracy; yet they tend to remain committed to its mission (Conrad and Kelar-Guenther, 2006). These employees tend to view mothers as cases that have to be “worked” and are less likely to view them as individuals with unique needs. From the “case” mindset, mothers who live

Figure 1. Conceptual map of hierarchical child protective system in the United States



with psychiatric disabilities are often perceived as high maintenance cases that require time and effort yet show little potential to demonstrate they can live according to standardized guidelines (Dreuth Zeman and Buila, 2006).

Mandated reporters are professionals who have contact with children and are required by law to report suspicions of abuse to the bureaucracy. Mandated reporters tend to view the bureaucracy as benevolent yet inefficient or inconsistent (Dreuth Zeman, 2005). While the belief is widely held that the bureaucracy seeks to benefit the unrepresented or vulnerable children, these parties often share frustration about its failure to respond to abuse reports. Studies have found that many mandated reporters indicate that their complaints are not adequately investigated (Kenny, 2004). The reporting responsibilities place these professionals in a position in the hierarchy that is distanced from the mothers and forces them to act secretly in a policing manner to monitor child safety, and indirectly monitor the mothers.

Foster parents are bureaucracy employees who interact directly with both

the children in protective custody of their employer and with child protective caseworkers. A foster parent may deal with multiple caseworkers assigned to manage each of the children in their care. As such, they function as intermediaries between children and caseworkers, delivering important information about the child to the caseworker yet only receiving partial information about the child and family. Margaret Nelson (1990) theorizes that women who care for other women's children, such as foster parents, have limited responsibility because they cannot protect the child after it leaves their care and they have limited authority because they can not make decisions for the child. She theorizes further that this leads to "detached attachment" in parent-system relations. Socioeconomic class and racial differences are other factors that confound relationship between foster parents and non-custodial mothers. Feminist theorist Julia Wrigley (1990) argued that when women who care for children see themselves as being from higher social status, they impose a power differential into the care relationship. Using Wrigley's theory of power differential, foster parents may tend to see themselves as giving the children something of value that they will not receive in their home. Therefore, it is possible to suggest that foster parents may perceive the mothers as having poor childrearing abilities because they demonstrate psychiatric symptoms that may not comply with social norms.

The recent progress in mental health reform took place in the courts, whereby mothers with psychiatric disabilities could retain parental rights and child custody. Nevertheless, many mothers still express concerns that judges agree with the opinions of caseworkers or other professionals more often than the mothers do. In a recent study of community providers, social work researchers Dreuth Zeman and Buila (2006) found that officers of the courts perceived mothers who live with psychiatric disabilities as likely to hide their symptoms, and therefore mothers are frequently perceived as dishonest when child custody is threatened. They also found that officers of the courts tend to view child protective services as a source for supervision and assistance to mothers with psychiatric disorders.

Mother stakeholders typically find their role in the hierarchy as targets of investigations and interventions conducted by child protective bureaucracy in suspected cases of child abuse and/or neglect. Recent studies have indicated that many mothers are devastated by investigations and find themselves in antagonistic relationships with child protective systems (Dreuth Zeman, 2007). These findings indicate that mothers were not prepared for the investigation or the interventions that followed abuse accusations and that they experienced these events as abrupt disruptions to their family system. Mothers may find themselves in an unexpected role of being submissive to a bureaucracy, as represented by the caseworker assigned to their case and/or the courts that ultimately authorize interventions. It is likely then, that child protective caseworkers and other officers of the courts are perceived as oppressors that mothers have to submit to in order to maintain or restore child custody. For

mothers in psychiatric distress, it is unlikely that they may have the social or emotional resources to overcome these perceptions and establish a productive relationship with child protective caseworkers and therefore may be at risk of failure to achieve the goals established for them.

Feminizing child protection for mothers with psychiatric disabilities

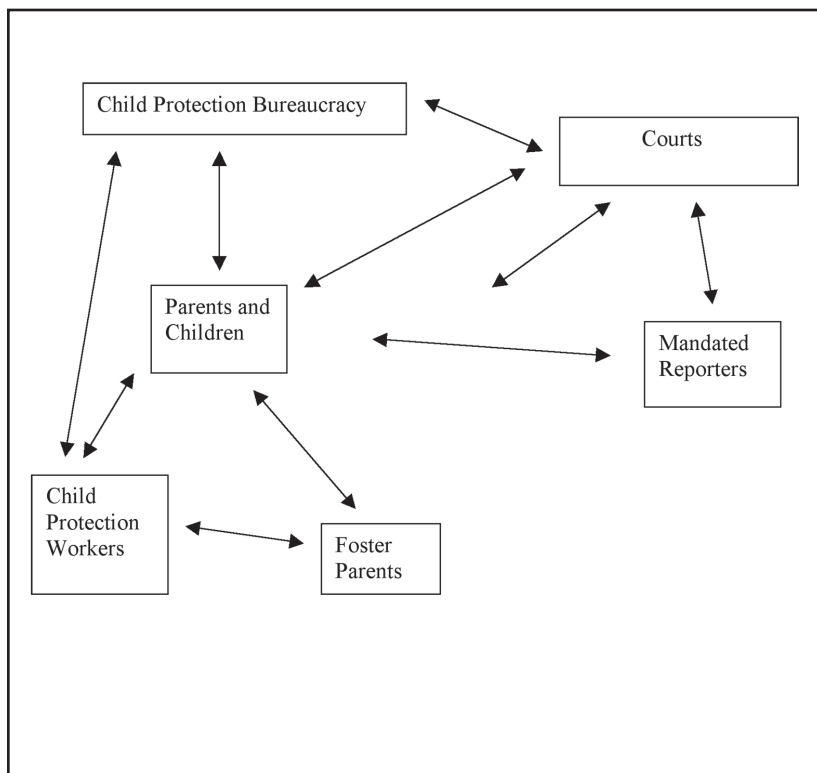
Forging new relationships would not only create space in the care network that supports families but it would also shift the relationships from antagonistic to supportive. The feminist care approach forwarded by Berenice Fisher and Joan Tronto (1990) suggests transforming bureaucracies to meet care receiver needs by shifting resources and becoming flexible and responsive to feedback. They refer to this public-sector model as the sisterhood model.

Fischer and Tronto's (1990) sisterhood model creates opportunities to change the structure of the hierarchy, yet it does not prescribe how such a change could facilitate growth among mothers with psychiatric disabilities. Satir (1991) refers to these sisterhood models as growth that allows stakeholders to manifest their own identity. From Satir's growth perspective, mothers with psychiatric disabilities are unique individuals who are worthy of establishing and sustaining their own parental relationships with their children, regardless of how those relationships may differ from social ideals or norms. By combining the sisterhood and growth models to forge a new feminized child protection model a new structure could emerge that both values the unique mother-child relationship and facilitates its growth. This feminized model could shift the bureaucratic emphasis from sustaining hierarchal roles to supporting mothers and their children. When mothers and their children are placed at the center of the model, the services and supports would facilitate that relationship. Such a structure could be flexible enough to allow workers and mothers to negotiate whether services are needed to support the family, as well as when or how those supports are provided. This structure is examined in Figure 2 and the examination that follows constructs possible perspectives and roles for stakeholders in the system under this feminized model.

A feminized model would have the mother-child dyad at its center. All services and interventions would be designed in partnership with the family to facilitate the mother-child relationship. The mother-child dyad would interact primarily with the child protective workers and the foster parents. The child protection worker would monitor the mother and child in order to assure the child safety as well as to assure that, when needed, resources are provided to facilitate that relationship. These nonlinear relationships are consistent with the models that psychiatric providers suggest for the care of brief phases of acute mental illness (Dreuth Zeman and Buila, 2006). In this feminized model, the mother would also have a mutual relationship with the courts to provide feedback, seek temporary relief, and to request care oversight.

Foster parent services in this reconstructed child protection model could

Figure 2. Conceptual map of theoretically feminized child protective system



incorporate the needs of the mother and child into the care approach. Perhaps such a model could be developed that mirrors the function of the childbirth doula. These are women who establish relationships with mothers before birth as educators and supporters who maintain helping relationships with mothers through labor and delivery (Morton, 2004). This model can be forwarded as the basis of the foster parenting doula, who helps, encourages, provides support and education, and at times respite care for mothers who live with psychiatric disabilities and balance self care with child raising. Like the doula in childbirth who helps parents fulfill their birthing plan, the foster parenting doula could be committed to helping parents fulfill their parenting plan. This model would replace the current antagonistic model with a model of support and facilitation. By removing shame and fear of persecution, the foster parenting doula makes it more likely that mothers will seek support to improve the safety or well-being for themselves and their children.

This supportive cluster around the mother would allow foster parents to have a mutual relationship with the mother-child dyad. Thus, the services

foster parents provide would be consistent with a mothering style and allow for easier transitions in and out of foster placements. It would also allow the foster parents to work with mothers who may need to learn new child rearing skills as well as provide opportunities for foster parents to engage with children after they return home. The feminized model would also include a collaborative reporting and assessment process that incorporates the voices of mothers, children, child protective workers, and foster parents. Thereby, this would be unlike the current system that marginalizes mothers and foster parents.

Mandated reporters could still be important contributors to the child protection bureaucracy. However, unlike in the current system where they are isolated from mothers, mandated reporters would be encouraged to have direct relationships with mothers and their children. This way, mandated reporters who identify problems could work directly with mothers to implement changes in order to assure child safety.

Discussion

Child protective systems that take a feminist care approach would need to change the focus from investigation to caregiving. Being attentive to other peoples needs could shift the dynamics of the child protection system. By shifting to an attentive format, the assessment process would move to consider the unique mother-child relationship as well the current support network that surrounds mothers to create a profile of unmet needs.

A feminized system could incorporate taking responsibility as an element of care. Meeting these mothers' needs could include being accountable for the outcome of the care. The current system identifies problems and makes service recommendations. If the mother does not meet outcome goals, regardless of whether she follows the foster care plan, she faces consequences. A feminist care model would move the child protection worker into a relationship with the mother to the extent that, if the identified goals are not met then the worker would work in collaboration with members of the mother-child dyad to make modifications to the plan or goals. Thus, taking responsibility for the outcome moves the framework of child protection workers toward seeing mothers as members of the care team.

This feminized system could incorporate caregiving roles that include shifting services to meet the changing level of need that mothers have in cases where their psychiatric symptoms fluctuate. These services could include support with a range of daily living skills, such as negotiating with the support network to improve child safety, providing training and counseling to reduce barriers to successful mothering, providing transportation or paying for medication. This feminist care model assumes that being responsive to feedback is interconnected with responsibility for producing successful outcome. This level of interconnectedness would necessitate changes in the evaluation of workers by connecting performance to client success and including mother feedback

as an element of worker evaluation. Further, if child protective workers are responsible for helping the mother achieve the outcome, they may be more inclined to set attainable goals.

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References

- Abel, E. and M. Nelson. 1990. "Circles of Care: An Introductory Essay." *Circles of Care: Work and Identity in Women's Lives*. Eds. Emily Abel and Margaret Nelson. Albany, NY: SUNY. 4-34.
- Conrad, D. and Y. Kelar-Guenther. 2006. "Compassion Fatigue, Burnout, and Compassion Satisfaction Among Colorado Child Protection Workers." *Child Abuse and Neglect* 30 (10): 1071-1080.
- Dreuth Zeman, L. 2007. "Parents' Reactions to Life after Unfounded Abuse Investigations." *Journal of Family Psychotherapy* 18 (4): 17-28.
- Dreuth Zeman, L. 2005. "Hotline Tip to Probable Cause: Filling the Gap Between Suspicion and Physical Abuse Findings for Mandated Reporters." *Care Management Journals: Journal of Case Management* 6 (2): 66-72.
- Dreuth Zeman, L. and S. Buila. 2006. "Practice Wisdom On Custodial Parenting With Mental Illness: A Strengths View." *Journal of Family Social Work* 10 (3): 51-65.
- Fisher, B. 1990. "Alice in the Human Services: A Feminist Analysis of Women in the Caring Professions." *Circles of Care: Work and Identity in Women's Lives*. Eds. Emily Abel and Margaret Nelson. Albany, NY: SUNY. 108-131.
- Fisher, B. and J. Tronto. 1990. "Toward a Feminist Theory of Caring." *Circles of Care: Work and Identity in Women's Lives*. Eds. Emily Abel and Margaret Nelson. Albany, NY: SUNY. 35-62.
- Green, R. 2002. "Mentally Ill Parents and Children's Welfare." *NSPCC Practice Development Report*. Online: <www.nspcc.org> Accessed October 29, 2004.
- Held, V. 1992. *Feminist Morality*. Chicago, IL: University of Chicago Press.
- Holland, P. and K. Gorey. 2004. "Historical, Developmental, and Behavioral Factors Associated with Foster Care Challenges." *Child and Adolescent Social Work Journal* 21 (2): 117-135.
- Kenny, M. 2004. "Teachers Attitudes Toward and Knowledge of Child Maltreatment." *Child Abuse and Neglect* 28: 1311-1319.
- Morton, C. 2004. "Situating Doulas Within Feminist Analysis of Childbirth Practices." *Conference Papers, American Sociological Association, 2004 Annual Meeting*, San Francisco.
- National Mental Health Association (NMHA). 2005. "When a Parent Has a Mental Illness: Child Custody Issues." *National Mental Health Association*

- Fact Sheet*. Online: <www.mentalhealthamerica.net> Accessed: October 30, 2007.
- Nelson, M. 1990. "Mothering Other's Children: The Experiences of Family Day Care Providers." *Circles of Care: Work and Identity in Women's Lives*. Eds. Emily Abel and Margaret Nelson. Albany, NY: SUNY. 210-232.
- Satir, V., J. Banmen, J. Gerber and M. Gomori. 1991. *The Satir Model: Family Therapy and Beyond*. Palo Alto, CA: Science and Behavioral Books.
- Wrigley, J. 1990. "Children's Caregivers and Ideologies of Parental Inadequacy." *Circles of Care: Work and Identity in Women's Lives*. Eds. Emily Abel and Margaret Nelson. Albany, NY: SUNY. 290-312.