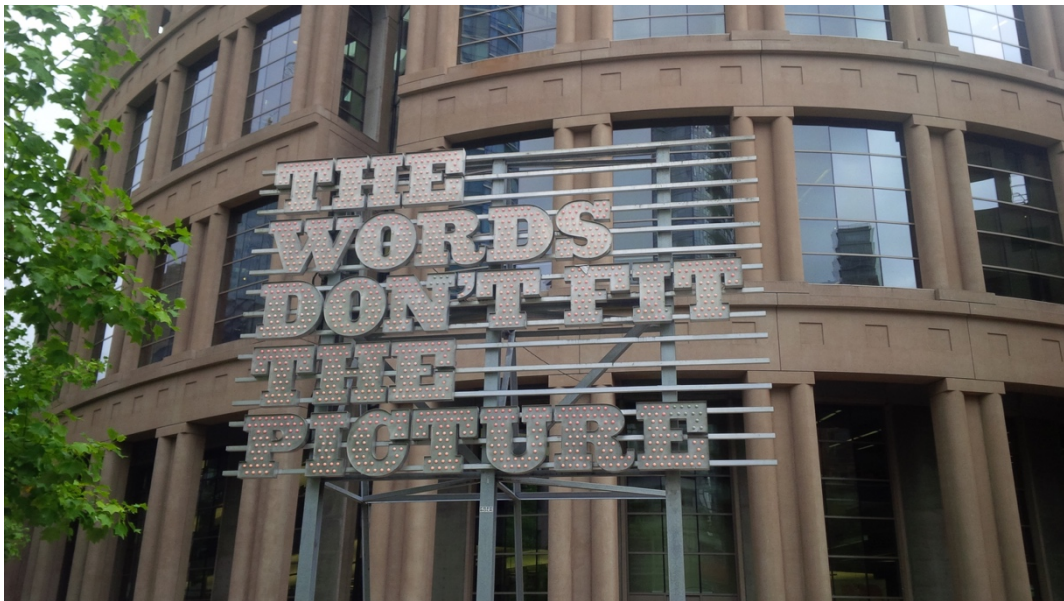


# **Children's Responses to Violence:** *Resisting Misunderstanding*



**Shelly Bonnah**

**Children's Responses to Violence:**  
*Resisting Misunderstanding*

Shelly Bonnah

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CHILDREN'S RESPONSES TO VIOLENCE:  
RESISTING MISUNDERSTANDING

DISSERTATION

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on account of the decision of the graduation committee,  
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by

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## Abstract

I have found that when young people begin to acknowledge their own history of responses to, and resistance against violence an awareness of their pre-existing capacities takes precedence over a focus on deficiencies. There is liberation in the knowledge that they are active rather than passive agents, and did not ask for, nor deserve violence.

To neglect the full range of contextual and interactional details surrounding violence is to risk completely misunderstanding the child. Theories or assessments which do not take into account the context of a young person who has suffered, particularly violence of human design, will likely become part of the dominant discourse that blame and pathologize youths. The consequence of theories that assume the experience of violence is not important have a direct impact on the social responses that young people receive from professionals, family members, and their other important social relationships. Further, such omissions tend to benefit perpetrators and create less safety for young people over all. A more fulsome explanation of what this means will be provided throughout this thesis.

Another issue of concern when working with youth is that dominantly, professionals and members of society use language that minimizes violence and abuse. For example, we call harassment and assault “bullying” which minimizes the representation of violence as well as the harm done to the victim. We use language for sexualized assault such as “date-rape,” which presents the motive of rape as somehow connected to romance, as if it was a simple misunderstanding rather than a calculated attack. We mutualize beatings as “conflict,” which presents the victim as having a role in the conflict and being responsible for the conflict and the corresponding solution. Perpetrators of violence are often excused and victims blamed.

Through my narrative and discourse analysis of three accounts provided by young people who were victims of violence and adversity, I have demonstrated their ever-present resistance and capacities through their micro interactions with perpetrators. Victims of violence always respond and resist; at all ages (Coates & Wade, 2007; Wade, 1997). Violence is interactional—it requires at least one victim and offender. In order to understand what has occurred, a detailed account is required from each person, inclusive of the social responses that were received. This research challenges the dominant discourse of victim blaming and the secondary assault of pathology, while emphasizing the Response-based and social constructionist views of interaction.

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**To all of the young people I know, and have known through my work:** Your stories of triumph and suffering and glory and pain are throughout these pages, in the form of my learning and inquiry. I thank you for the gift of trust.

**Katherine McParland,** the saying, “when the student is ready, the teacher will appear” reminds me of meeting you as you were exiting the foster care system. I'm not sure I've learned so much from another person - ever. You are changing the world for other kids. My respect for you is infinite.

## DEDICATION

I dedicate this dissertation to my husband, *Keith Bonnah*. He understands why I lead this dedication with him, and why the completion of this dissertation is not my accomplishment, but ours to share. Similarly, so much of what I've learned along the way has been our shared learning and some shared heartbreak; we have been foster parents to so many young people whose circumstances were such that they fought us, fought the system, and fought their own despair. Together, we experienced the joy of watching them win those fights, and lose a few along the way too. My path has been to read and write about it. Your path is different. Together we have found our way.

To our biological children—*Jon, Shea, Michela, & Chloe*—each of you are gifts, incredible people, and we are immeasurably proud of each one of you. We get to witness the acts of love that you show for one another, and there is little else we need in this world.

Our other children are now mostly grown. Each of you came into our lives for a reason, and most of you have stayed. We are grateful that it was us; that's exactly what was meant to be, for the time that it was.

And to my mom and dad--*John and Doris Atchison*—you've watched, supported, and fed me through yet another degree. You are unwavering and I am so grateful that you are my parents.



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# INTRODUCTION

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## *The fairies lifted me to the ceiling!*

In this introduction, I welcome the reader into this story by getting to the heart of the matter, presenting child-articulated descriptions of their resistance to violence. In beginning with examples, I hope to guide the reader into a place where imaginative representation, magic, and metaphor are used skillfully and soulfully by young ones to shield themselves from the horrendous hand of violence. I welcome the reader to this kind of place because this is the territory and landscape of my dissertation. It is a place where youth and children reside and articulate their world in the face of many outside pressures to dismantle their structures of survival. I begin with Janet.

**Janet:** *When I was little, the fairies used to lift me to the ceiling and they held me there safely until it was all over...*

**Shelly:** *Those sound like some pretty useful fairies.*

**Janet:** *Really? I always thought I was really fucked up.*

(Janet, personal communication, June 18, 2013)

Janet's account captures the heart of this dissertation. Like so many children before her, Janet saw herself as "fucked up," not as the active, agentive, imaginative, self-protective, dignified person that she is. Somewhere, she learned to pathologize her resistance rather than honour herself for her creativity. Sadly, Janet is not alone in this. The "magic of childhood" has an unwritten, but definitive end—a time when it is no longer socially acceptable to believe in fairies or spirits or magic—a time to enter the "real world." Messages from the dominant culture can turn creative and even seemingly mundane resistance into symptoms of broken-ness or pathology. For those of us working in a different way, encouraging healing therefore involves a re-spiriting, re-dignifying process where helpers can make clear children's bountiful and beautiful resistance, "small acts" of grace and survival. This document embodies my passion, my life's work, and my intellectual journey into the world of children's resistance, particularly the young people who are victims of violence. And sadly, many children today are subjected to some form of harm, exclusion, censure, manipulation, or humiliation. Keeping children on a path to well-being and wholeness requires a full-on defence, and sometimes offense, against social forces which seek to blame, pathologize, medicalize and turn children into deficient beings through processes of so-called health. It is a struggle that involves contesting the re-casting of children's resistance to violence as symptoms of mental illness, an act of manipulation which often benefits perpetrators, the manufacturers of drugs and the psychiatric industry (Lambe, 2009).

Keeping children's lives in their situational context has become a key process for understanding and promoting their dignity and well-being. As a helper and a researcher, part of my task is to restore meaning to behaviour and to acts of resistance which have been decontextualized... so they fit back into the world of children, into social interaction and into

a world where violence against children can be contested on moral, ethical, developmental and rights-based grounds.

When I refer to violence, I am speaking of the force and imposition that is enacted upon another being with the intent to harm, limit or humiliate, without consent (Calgary Women's Shelter, 2011; Coates & Wade, 2007; Walker, 2009). Resistance refers to the scope of activity in which any action or energy is expended for the purposes of maximizing safety or maintaining dignity in the face of violence and/or humiliation. Resistance encompasses a wide range of activities, from wishing, breathing, longing, sighing to moving, running or trying to outsmart (Coates & Wade, 2007; Richardson & Reynolds, 2012; Wade, 1997). Violence is understood as unilateral (i.e., one person acting against the will and well-being of another), social, and deliberate. Responses to violence, either by the victim or by others, have the potential to restore dignity and minimize harm or the opposite. Many of these points were outlined in a social and interactional framework by Coates and Wade (2007) and Wade (2007) and later by Richardson and Bonnah (2015). In a Response-based framework, it is generally understood that responses to violence are "small acts of living" (Goffman, 1961; Wade, 1997) which are understandable within their context and are embedded with and in human dignity. Before going on to introduce some of the key concepts and assumptions in this dissertation, I will now provide the reader with a view of the chapters that follow.

### *Introduction of Chapters*

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## *Chapter 1*

In Chapter One, I describe the theories of a Response-based approach and social constructionist practice. Specifically, I talk about the ways in which these two approaches share similarities and differences in the application of my work, very particularly in the areas of violence, oppression, and adversity. Throughout this writing, I use specific examples, directly from the narratives of three young people who have suffered human-inflicted violence and adversity, as a way of bringing forth a conceptual analysis of violence that includes social and material conditions, situational interactions, offender actions, victim responses and resistance, social responses, and responses to social responses (Wade, 2012). In the chapters that follow, I will use the research methodologies of narrative inquiry and discourse analysis to both honour the stories, as well as to bring forth specific details within them that are often overlooked, or silenced. Within the analysis of these three accounts, I seek to understand the physical, spiritual, emotional, and intellectual resistance to violence, as well as the social responses that each young person received, and their unique responses to these social responses. While these are also discourses, they are important to the contextual details that provide a description of responses and resistance.

## *Chapter 2*

I have used Chapter Two to outline the process of selecting my research methods, which are discourse analysis and narrative inquiry. This required an explanation, or rather a clear distinction, between "science" and inquiry and how "cause" is defined and decided upon. These are things that are of particular importance for so many reasons. Namely, the attribution of a "cause" becomes a theoretical decision that will invite dominant discourse and a particular response (Coates & Bonnah, 2014). The statistics are clear that the

consequence of following the dominant construct of “mental health” for young victims of violence and adversity is very likely a medicalized, pathologizing diagnosis.

### Chapters 3, 4, & 5

These chapters each feature narratives of young people who have experienced violence. Shannon is a young victim of violence from her intimate partner, Derek is a former youth from the foster care system who was physically and emotionally abused by his biological parents, and Amanda was a young high-school girl who was exploited, tortured, and physically assaulted by both strangers and the young high school students who surrounded her. Through a combined use of discourse analysis and narrative inquiry, I centre their voices in order to highlight their resistance to the violence and adversity that they have endured. Through their ever-present acts of resistance in context, a deconstruction of the dominant discourse of assessment, “symptoms”, and diagnosis becomes possible and increasingly clear. For this to occur, the typically “muted, suppressed, and excluded voices” (McNamee & Hosking, 2012, p. 51) of victims require elucidation and equal valuing.

### Chapter 6

Developmental models have been foundational in defining and predicting what children should do, think, and at what rate they should accomplish milestones. They are often based on a benign view of the world that neglects contextual and situational realities for young people in segregated, underprivileged and targeted groups in relation to violence and social inequalities (L. Coates, personal communication, April 18, 2015). Specifically looking at “attachment,” it becomes clear that the contextual information that informs attachment relationships is absent from the assessment of so-called “healthy” attachment. This omission is problematic and will be highlighted centrally in this chapter. Further, Erica Burman’s research (2008) reveals that assessing the attachment of a child is complex, and “sensitive and insensitive mothers are produced by theories of maternal sensitivity, both through the incorporation of the theories within professional and policy structures and through women’s consumption of those ideas” (p. 139). Attachment *disorders*, then, become a source of mother-blaming that require measurement for diagnosis, for which no clear measurement exists. Each of the young people discussed in this dissertation suffered direct violence by human design. Two of them then faced some degree of further suffering that resulted directly from the discourses of psychology and pathology.

### Chapter 7

This final chapter reflects on my practice history of incorporating Response-based ideas into my work, and how that challenged my own frameworks of dominant discourse. After I began to work from this lens for youth in the foster care system, I started to apply the ideas to victims from a variety of circumstances, and from a wide range of ages. In fact, this was the point when I could clearly recognize the social construction of illness, deficit, and pathology that surrounded my work and within the field of social science. Similarly, I gained an appreciation and respect for the power of language and equally for the ability to construct context, interactional representations of events, and power imbalances through explicit descriptions of resistance. In this chapter, I summarize the research that is required to further the equal treatment of victims, particularly young victims, and to ensure a positive social response from those who care for them.

## *Key Constructs and Definitions:*

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### *Dominant and Pathologizing Discourses*

In the familiar terms of dominant discourse from the *Diagnostic and Statistical Manual of Mental Disorders-5* (DSM-5), such things as “insomnia or hypersomnia,” “depressed mood,” “trembling or shaking,” “persistent worry,” “diminished pleasure,” “significant weight loss or weight gain” can quickly take on the meanings disorder, such as major depression or generalized anxiety disorder, dysthymia) or anxiety disorder (generalized anxiety disorder). Throughout the chapters of this dissertation, my research and the work of other scholars will deconstruct the dominant discourse that creates significant consequences for young victims of violence, often in the form of a secondary assault—a mental illness diagnosis with all the social implications that are implied therein<sup>1</sup>. This critical deconstruction of pathologizing constructs is necessary for better understanding the efforts of children to protect themselves, others, and their dignity in the face of violence. Children have existed on the planet long before psychiatric constructs; they have also existed alongside multiple forms of danger and risk. We can learn and study about children’s survival and capacity to thrive, across time and environments. How do children meet the current challenges of their lives and adapt to the ever-changing world? This fact points towards some in-born or learned skill, knowledge, and propensity towards life and well-being. The evidence for this becomes clear in the resistance stories of young people who are victims, however hearing these stories requires a different kind of listening and revealing them requires a unique dialogue. Psychology and psychiatry can create a bias towards maladaptation rather than an emphasis on survival and the wonders of the human ability to thrive. Psychological assessments are designed to find weakness and deficiencies, very often amidst complex life situations. This is not an attack on the disciplines of psychology and psychiatry, as they have their own value in understanding and the care of people. Rather, it is a critique of the medicalization of human suffering as “the truth,” particularly when the context of an individual life and behaviours are not considered. For example, a main part of my thesis involves the notion that in order to assist children, adults need to intervene in ways that address violence, not alter the child’s psychological state through prescription drugs.

For years now, drug makers have been operating on the dark side, financially incentivizing doctors and health care providers to promote their drugs, and compensating pharmaceutical sales reps based on the number of prescriptions written by the doctors they call on. It’s a practice rife with conflict of interest, leading to over-prescription of medications that may not even be the most appropriate for patients, and it’s been the cornerstone of drug marketing for decades. (Archer, 2013)

In fact, much of what is considered child psychiatric illness could be referred to as a misdiagnosis (Berman, 2008) or a social construction.

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<sup>1</sup> The World Health Organization (WHO) has claimed a “global human rights emergency” for people diagnosed with a mental illness. Issues of discrimination include “over-institutionalization with degrading treatment and living conditions, denial of basic rights such as shelter, food, and clothing; discrimination in employment and education; denied the right to marry, vote and have children; living in conditions of extreme poverty” ([http://www.who.int/mental\\_health/policy/legislation/en/](http://www.who.int/mental_health/policy/legislation/en/))

### *Childhood as a Social Construction*

---

Also constructed socially is the concept of “childhood.” This notion is reinforced as “other” (i.e., other than adult or non chronologically-identified human) through developmental psychology. This field applies a linear view to indicate “normal” maturation and growth, social and personality development, moral development, language and cognition, and psychobiology. As an aside, these categories also emerged in fields such as psychology and medicine to create a new target-group or capitalist demographic to which one could market newly articulated and particular medicinal products (Bakan, 2004; Knowles & Linn, 2004). These models of development share the assumption of individual responsibility for development in a social world, aiming to predict, “what the child is, does and what it will do next” (Burman, 2008, p. 6). And, while we remove the child from his/her environment and his/her family, we, as academics, must question the purpose and viability of these forced relocations and wonder who profits from these constructions. Absent from consideration is the context within which a child is responding, to what particularly she is responding, to the social responses he or she receives and their cultural, historical and political circumstances. “Childhood” or “adolescence” becomes a subjective and ideological idea that is rooted in developmental psychology and often preceded with the words “normal” or “healthy” as a way of making deficits show up as possible and in fact, probable in many circumstances. We seldom hear the question about whether children develop differently when they receive unhelpful social responses after reporting violence. We may question inequalities among childhood and why it is that certain children (i.e. Indigenous and minority/refugee children) are exposed to violence with virtual impunity in North America and why the state has not taken steps to create safety for these children. Statistics are clear that the responses to these children are taken to further extremes, and more pathologized than in the mainstream (CBC News, 2014; Federation of Aboriginal Children & Youth, 2014; Richardson, 2008). When young people respond to and resist violence or oppression, their actions often defy the assumed predictability of “child development” models. While child development includes strength and resilience, their physical, spiritual, emotional, and intellectual responses cannot be categorized as normal or abnormal; rather under careful scrutiny these responses most often become understandable only within the context that they occur (Coates & Wade, 2007; Richardson, 2008; Wade, 1997). They can be reformulated as healthy responses to highly problematic and dangerous circumstances. Frequently, what children do and think is not “child-like” at all. One of the clearest examples of this phenomenon in recent history is Pakistani-born Malala Yousafzai (Yousafzai, 2013a, 2013b).

### *Malala: Resistance and Gender-Based Violence*

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The world has watched and responded to Malala between the ages of 14, when terrorists shot her down, and throughout her recovery up to the age of 16 when she made a speech to the United Nations. Malala’s words captured the defining elements of resistance: the active positions that are arguably ever-present with victims of violence, at all ages. In fact, when examined closely it becomes clear that resistance to violence is as closely linked to the preservation of dignity as it is to a victim’s attempt to create safety. When resistance is overlooked or misunderstood, the victims themselves are frequently overlooked and misunderstood. For example, “when children sense injustice; they will resist. When they feel powerless in decisions that affect their lives; they will resist. When youth feel their dignity is threatened, they will do something to preserve it” (Bonnah, 2008, pp. 38-39). Once the construct of *depression* is reformulated as *oppression*, the corresponding behaviours can



be viewed as understandable acts of resistance rather than symptoms of illness (Richardson & Bonnah, 2015). Resistance is only one response to oppression or mistreatment. This dissertation will include examples of the multitude of children's responses to violence in various forms. A full description of this definition will be provided in Chapter 2.

Malala's experience offers us an opportunity to view the responses and resistance of a young girl and how she addresses the wide range of social responses she encounters. All victims of violence receive social responses from others, and the nature and quality of these responses relate directly to the victim's recovery or long-lasting suffering. I share Malala's story because it offers an easily recognizable counter-narrative to dominant psychological and psychiatric discourses. When we look closely, we tend to find that the actions and capacities of children clearly defy the boundaries of "normal" development or the criteria for "mental illness." In fact, we can often predict the outcomes for the child based on how they are responded to by those around them. This measure is "social," not intra-psychic, because real events take place in the world, not just in the child's mind.

At a young age, Malala was on the world stage speaking of dignity as a human right. It is important to note that while she was granted a platform upon which she spoke most eloquently, all children are not privileged with such opportunities. Response-based practice, introduced and discussed in this dissertation, offers a conceptual explanation for varying social responses, related to social (in)equities and social (in)justice and how perpetrators of violence often exploit these differences for their own gain. The inclusion of a social constructionist framework highlights how emphasis is placed on some things and not others--creating meaning, emotion and a series of very particular social responses. Some of the current constructions of violence against children, such as "bullying," "witnessing," "selling sex" are problematic despite being solidly accepted descriptions of events within social sciences, as well as in mainstream discourse. Clearly, children cannot sell something (sex) to an adult when they are not of legal age to consent, according to the criminal code of Canada (Pilon, 2012). These problematic and victim-blaming constructions deserve careful analysis, as misrepresentations can also be considered a form of violence against the child (Richardson & Bonnah, 2015; Woods & Kirkey, 2013; Youth in Care Canada, 2012). Each time I read the words of a 16-year-old girl who has been a targeted victim of terrorists (or misogynists), I am recommitted to the notion that boldness is called for if we are to improve the lives, health and treatment of children.

### *Malala Yousafzai: United Nations Speech*

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So here I stand...one girl among many.  
 I speak – not for myself, but for all girls and boys.  
 I raise up my voice – not so that I can shout, but so that those without a voice can be heard.  
 Those who have fought for their rights:  
 Their right to live in peace.  
 Their right to be treated with dignity.  
 Their right to equality of opportunity.  
 Their right to be educated.

Dear Friends, on the 9th of October 2012, the Taliban shot me on the left side of my forehead. They shot my friends too. They thought that the bullets would silence us.

But they failed. And then, out of that silence came, thousands of voices. The terrorists thought that they would change our aims and stop our ambitions but nothing changed in my life except this: Weakness, fear and hopelessness died. Strength, power and courage was born. I am the same Malala. My ambitions are the same. My hopes are the same. My dreams are the same....

...We call upon all the governments to fight against terrorism and violence. To protect children from brutality and harm. We call upon the developed nations to support the expansion of education opportunities for girls in the developing world. We call upon all communities to be tolerant, to reject prejudice based on caste, creed, sect, color, religion or agenda to ensure freedom and equality for women so they can flourish. We cannot all succeed when half of us are held back. We call upon our sisters around the world to be brave, to embrace the strength within themselves and realize their full potential. (Yousafzai, 2013b)

Terrorism. Violence. Assault. Bullying. A term is decided upon for a particular action, and this term ultimately becomes an efficient organization of social responses to both victims and perpetrators of that action. There is much to be learned from the resistance of Malala Yousafzai before, during, and after the violent assault that she endured, and equally from the social responses that she received following the Taliban's targeted violence toward her. These examples of both overt and covert resistance are described clearly in the autobiography published by Malala in 2013.

From northern Pakistan, Malala was aware at a young age that women and girls did not have the same freedom as men and boys to pursue education or to move through society. Her resistance often occurred in the privacy of her own mind:

I had decided very early I would not be like that. My father always said, "Malala will be free as a bird." I dreamed of going to the top of Mount Elum like Alexander the Great to touch Jupiter and even beyond the valley. But, as I watched my brothers running across the roof, flying their kites and skilfully flicking the strings back and forth to cut each other's down, I wondered how free a daughter could ever be. (p. 26)

Malala's resistance took the form of a silent vow to enter a "war" that would create equality, as she captured a picture of what the lack of education meant in the life of a young girl:

As we crossed the Malakand Pass I saw a young girl selling oranges. She was scratching marks on a piece of paper with a pencil to account for the oranges she had sold, as she could not read or write. I took a photo of her and vowed I would do everything in my power to help educate girls just like her. This was the war I was going to fight. (p. 217)

Malala doesn't speak of her fear or mortality as the terrorists seek her out in the van. Rather, she is confident that she would have responded to them with her private thoughts of freedom for girls and her secret vow to help educate all girls:

I didn't see the two young men step out into the road and bring the van to a sudden halt. I didn't get a chance to answer their question "Who is Malala?" or I would have explained to them why they should let us girls go to school as well as their own sisters and daughters. (pp. 241-242)



In the privacy of her mind, Malala reviews her mission, which is the ultimate resistance to the violence she has endured:

On my sixteenth birthday I was in New York to speak at the United Nations. Standing up to address an audience inside the vast hall where so many world leaders have spoken before was daunting, but I knew what I wanted to say. *This is your chance, Malala*, I said to myself. Only 400 people were sitting around me, but when I looked out, I imagined millions more. (p. 309)

Resistance is physical, emotional, spiritual, and intellectual (Richardson, Wade & Bonnah, 2012). It occurs in the privacy of the mind, like a silent vow, and can take the form of a decisive action, such as taking a photograph so that a moment is never forgotten. Every victim of violence receives some form of social response—what is done or not done following victimization (Ullman, 2010). Mobilizing worldwide outrage is a political decision, and social constructionist theory describes this as the coordinated action of producing meaning (Gergen, 2009). Referring to human rights in her speech, Malala's use of the terms "peace," "dignity," "human rights," and "equality of opportunity" have served to bond the many parts of the world against a common enemy, or to elicit a united and orchestrated social response. While the positive support for Malala has been powerful and widespread (The Nobel Peace Prize, 2014), resistance and positive social responses are often ineffective in stopping violence (Coates & Wade, 2007). When terrorism and violence are named as such, a united and socially agreed upon response can become clear.

### *Connection and Belonging*

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While the values, theories and practices of social sciences centre around promoting the independence of young people, the actions and resistance of youth themselves fight for connection and belonging. It could be understood that they intuitively resist the construct of "independence," particularly when their circumstances are troubling and conflictual. A highly acclaimed American historian and author, Wallace Stegner, writes about the cooperation of interdependence juxtaposed against the construction of "rugged individualism" as an ideal that is neither desired nor hopeful.

One cannot be pessimistic about the West. This is the native home of hope. When it fully learns that cooperation, not rugged individualism, is the quality that most characterizes and preserves it, then it will have achieved itself and outlived its origins. Then it has a chance to create a society to match its scenery. (Stegner, 1997, pp. 37-38)

From history, the lessons are rich with examples that promote interdependence at all levels, particularly when people, or groups of people are faced with issues of violence and oppression. From his speech, *'I've been to the Mountaintop'*, Martin Luther King, Jr. summarizes the heart of this point through his story about "dangerous unselfishness:"

"If I stop to help this man, what will happen to me?" But then the Good Samaritan came by. And he reversed the question: "If I do not stop to help this man, what will happen to him?" (King, 1968)

Malala Yousafzai provides current, poignant examples of dangerous unselfishness—a child fighting against the violence and oppression of women and girls. Children and youth will

seek connection and belonging in almost all circumstances, even if belonging comes in the form of “street entrenchment.” Young people who experience “independence,” having to do everything themselves, can represent a significant problem; they often describe a feeling of moving through life without the care or protection of adults. Similarly, young victims of violence and adversity seek the positive social responses of others, connection, and belonging. Perhaps most important, these are the things that contribute to restoring dignity.

### *Preserving Dignity*

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Stories of adolescent girls who have been raped or killed are being reported internationally. There are themes throughout these stories of “date-rape” drugs, murder and suicide. If these crimes are reported at all, the victims or their families are seldom heard from again (Ullman, 2010); most often they do not receive global attention on an international stage. The social context that is created to allow one girl to speak to the United Nations, and through that venue to be heard worldwide, while so many are afraid to report to the police or tell their family members is significant. Countless assaults are not less severe or “traumatic;” however they are often minimized through the creation of dominant discourses and the social context within which they occur. Violent acts are often referred to as “bullying” versus “terrorism” or “attempted murder,” which then elicits a much different social response from surrounding adults and professionals, and the language used to describe the action can invite minimizing or even dismissing violence (Ullman, 2011). The victims are commonly and overtly blamed for their dress, their substance use, their social media activity, their social location, or their choice of “relationship partners.” Young girls report knowing from experience, or the experiences of others, that if they “tell” (report a crime), they will be blamed. It becomes a dignity-preserving practice, therefore, to keep quiet in order to avoid further injury.

Speech may be free but the means of making one’s self heard and having one’s position given credence are not equally available to all. (Coates & Wade, 2007, p. 511)

### *Social Responses and Why They Matter*

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Social responses include the responses from family members and professionals associated with victims of violence, oppression and adversity. This includes what is said and done, and what isn’t said and done by police, doctors, counsellors, media, family, and friends. Research conducted by Ullman (2010) indicates that the level of victim distress is directly related to the quality of social responses that a person receives, and there is a clear link to symptoms of post-traumatic stress disorder when victims of violent crimes receive negative social responses. If Malala had been shot by “friendly fire” or simply “in the wrong place at the wrong time” rather than an intentional target of the Taliban, would she have received international attention? Does she receive airtime because her plight fits into a larger US hegemonic agenda? Without international attention, would she have survived? Commonly, victims of such violent attacks are subsequently diagnosed with “post-traumatic stress disorder” after directly experiencing threatened death (American Psychiatric Association, 2013). Increasingly, research is linking the distress that individuals experience following a traumatic event to the negative social responses that they receive, rather than the severity of the event itself (Andrews, Brewin, & Rose, 2003; Charuvastra & Cloitre, 2008; Ullman, 2011). There is no mention throughout any media sources of Malala receiving a diagnosis of post-traumatic stress disorder, despite the prevalence of this label and the severity of her

attack. There is, however, significant evidence of the overwhelming positive social response(s) that she received, ranging from those closest to her: “Seeing me like that was the worst thing that had ever happened to him. All children are special to their parents, but to my father I was his universe” (Yousafzai, 2013a, p. 246), to anonymous worldwide support, “Rehanna told me that thousands and millions of people and children around the world had supported me and prayed for me” (p. 288). The experience of Malala is striking in contrast to so many other women and girls who are victims of violence, where their names, injuries, and actions have “disappeared” from the focus of others within the justice system, the media, and widespread social responses. A case in point are the individual identities of the approximate 3,000 Indigenous girls and women who have gone missing or been murdered in Canada. We know there is a problem but individual victims seem to disappear into a mass of statistics. Increasingly, there is published recognition that this is a serious problem, as noted in an article printed by the Guardian regarding the murder of Reeva Steenkamp (her boyfriend and famous athlete, Oscar Pistorius was convicted of her murder):

Do we simply accept that this is the product of technology combined with overwrought masculinity? That gamergate<sup>2</sup> represents angry wounded men? Do we say that male violence is innate?

Surely, if we care about men at all, and certainly about women, we seek to unpack the causes and the normalisation of this violence. This means making it visible. It means naming women who are its victims. (Moore, 2014, p. 3)

### *Language: Taking a Philosophical Stance*

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There is power in the language that we use, and how we choose to use it. “Everything that we do or say, the other will make meaning of” (S. McNamee, personal communication, June 4, 2013). Social constructionist theorists view language as performative, responsive and invitational (McNamee, 2013)—continuously generative in terms of meaning-making. When considering the use of language specifically as it surrounds issues of violence, Coates and Wade (2007) agree that “...language is far from a neutral medium of exchange: The practice of everyday life, from the most mundane to the most elevated pursuits, requires that all individuals participate to some degree in the “politics of representation” (p. 512). Throughout this dissertation, the analysis of language within the discourse and context of specific narratives will suggest one way to gain understanding in very specific circumstances of children and youth responding to, and resisting violence and adversity. Harre and Moghaddam describe discourse as “a characterization of what people are doing as they act, think, feel and perceive” (2012, p. 29). It is primarily the “doing” and “not doing” choices that demonstrate prudent acts of resistance, when considered carefully within the context of an interaction.

### *The Convergence of Literature and Child Development*

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The characters woven through literature and the arts provide an opportunity to appreciate both the social interaction and social context specific to the cultural settings from which they have evolved. Psychology and psychiatry have much to gain from these lessons, which have been noted in the diversity of work conducted by the highly acclaimed

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<sup>2</sup> Definition: controversy surrounding a perceived lack of ethics and accusations of misogyny in video games journalism (Collins Dictionaries, 2015)

psychologist, Carol Gilligan (as cited in Ball, 2010):

Adolescence seems a watershed in female development, a time when girls are in danger of drowning or disappearing. “This is a Photograph of Me,” one of Margaret Atwood’s poems, captures girls’ experience of sinking out of sight or fading from view. (p. 10)

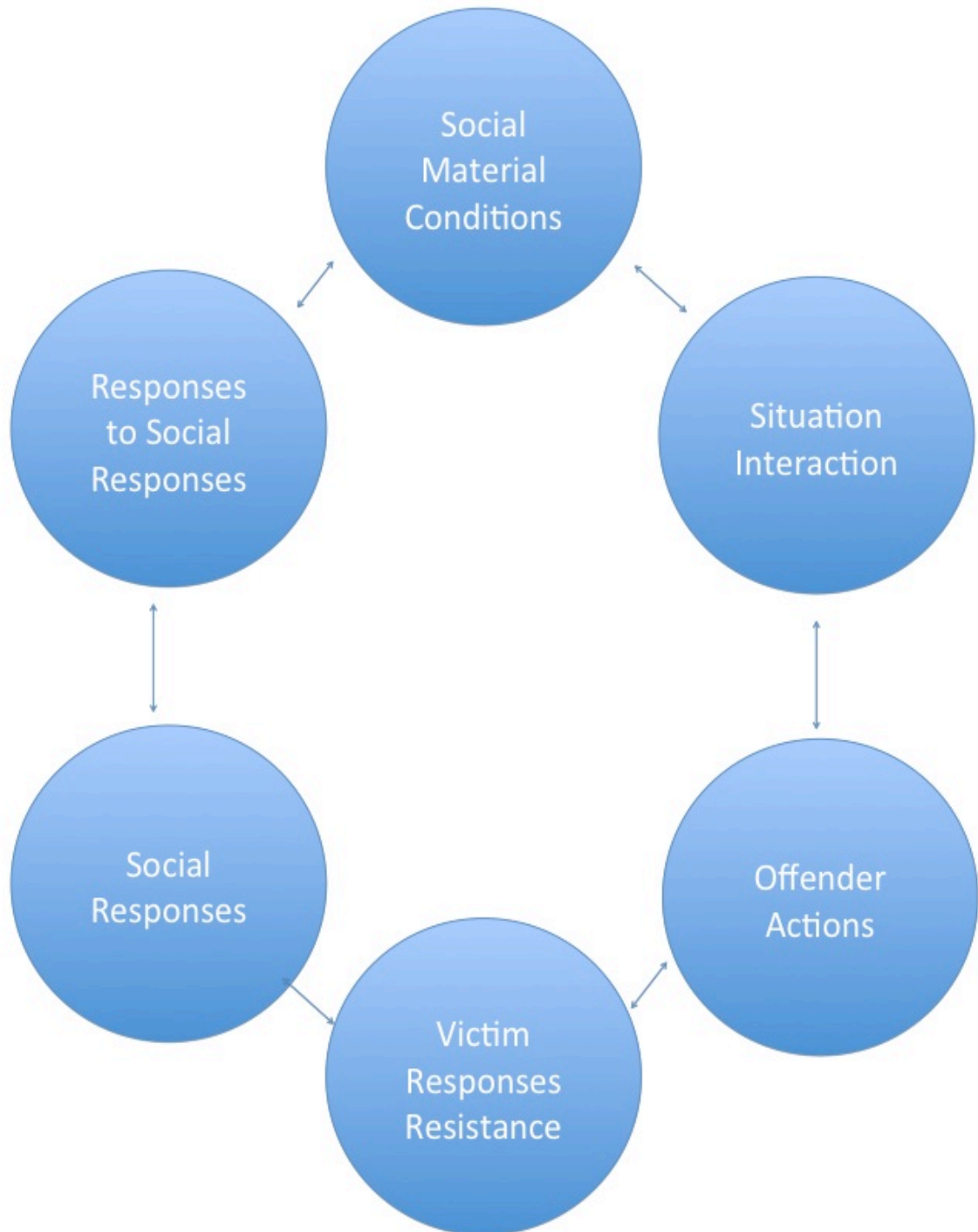
These art forms reflect the ways in which children are expected (by adults) to behave, a clearly communicated moral code, and the ways that the construction of social contexts changes over time. Children, in turn, respond to these social and relational influences in ways that are considered “normal” and “appropriate” in context. Through fiction, expectations such as manners and gender roles can be seen to evolve through history. Four versions of “Sleeping Beauty” will be reviewed in Chapter 6, from the first publication in 1632 (Giambattista Basile) to the most recent in 1952 (Walt Disney). If the moral code is ever-changing for young people, as literature reveals, it becomes increasingly problematic to consider their development (moral, attachment and otherwise) as static, or the models of assessment and measurement as “true.”

Stieg Larsson, Swedish author of the now famous trilogy series, *Girl with the Dragon Tattoo* (2008) (originally called the Men Who Hated Women), was only interviewed once about these books prior to his death. During this interview, he disclosed his careful construction of the main character, Lisbeth Salander, from the series. He constructs this strong heroine outside society’s narrow confines of what is “acceptable” behaviour for a young woman living in a violent world. He contests the tendency of professionals to create women such as her as “mentally ill” but rather as a spirited, playful survivor:

“I considered Pippi Longstocking,” he said, referring to the most famous creation of the Swedish children’s author Astrid Lindgren, a girl so strong she could carry a horse. “What would she be like today? What would she be like as an adult? What would you call a person like that, a sociopath? Hyperactive? Wrong. She simply sees society in a different light...” (Burnstein, De Keijzer, & Holmberg, 2011, p. 304)

Unlike Larson and most other literary figures, psychology and psychiatry take an individualistic approach (Burman, 2008; Gergen, 2011; Wade, 2012), as if children can be assessed and “treated” as lone islands in a sea of their surroundings, relationships, and social conditions. This diagram serves as a contextualizing, situationally embedded structure for understanding and talking to (assessing) those who experience violence. For example, the particular acts of resistance contain “situational logic” and can be seen as understandable “in situ.”

**Response-Based Contextual Analysis**  
Assessment Tool, Documentation Instrument & Response-Based  
Interview Guide  
**Wade, A. (2012)**



A more detailed description of how this diagram is used for assessment and interviewing will be described throughout the remaining chapters of this paper.

In the example of Lisbeth Salander (the main character in the trilogy by Steig Larsson, 2011, *The Girl With The Dragon Tattoo*), it would make sense that this young woman has adopted the stance and persona of an urban warrior to protect herself from the structural, institutional and interpersonal/familial violence that she lives with each day. Safety can be considered a luxury not experienced by those targeted by violence. The young Pippi (an orphan featured in the famous *Pippi Longstocking* children's books, written by Swedish author, Astrid Lindgren) *can* live happy and carefree in Ville Villekula because there are no serious threats against her. She is stronger and smarter than the police, the child protection workers and the schoolteacher. She is joyful in her freedom. Unfortunately, her older version Lisbeth must live within the proximity of a violent father who is protected by the state and an array of professionals who, as part of the cover-up, use the most violent and dehumanizing methods to keep Lisbeth from going public with her experience. It is through such narratives that one feels the existence of competing discourses and systems such as psychiatry and mental health can become isolating, dehumanizing, and undignifying. Perpetrators seek to suppress resistance of victims in advance; for example, Lisbeth's resistance was suppressed through institutionalization, restraints, drugging, arrests, threats, coercion and even torture.

### *Anticipated Outcomes*

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One of the anticipated outcomes of this dissertation is to contest the discourses and interventions that do not celebrate the resistance, responses and actions of young people to protect themselves from violence, to build connections and to create lives rich with meaning, connection and dignity. There is a particular role for academics, researchers, professionals, writers and parents in this important social project. A second outcome is to create a suspicion of "knowing" in the minds of professionals as they intercept the lives of young people, to be replaced with the question, "What if...?"

# 1) SOCIAL CONSTRUCTION and RESPONSE-BASED PRACTICE

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## *The Warrior Spirit of a Child*

School is a tiny vacation. At least you  
 Can sleep...  
 But now its Real Business.  
 I am Coming Home.  
 My mother will be screaming in an  
 almost dirty dress.  
 The crack is gone. So a Man will be in  
 The house.

I must watch myself.  
 I must not dare to sleep.  
 (Flynn, 2000)

### *Describing “The Problem:” What’s the point?*

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While the famous African proverb espouses that “*it takes a village to raise a child*,” so too can it take a village to harm a child. The initial harm that occurs through an act of violence is only the first violation in what frequently follows as negative social responses. These negative social responses range from the direct reactions of family members, professionals and media to the psychological theories that are “applied” to children. Negative social responses could include ongoing intimidation by the perpetrator and his/her friends. Theoretical models become the accepted discourse of *truth* and are not always understood to be a theory at all; devoid of curiosity and in its place, an assumption of *knowledge*. Ben Shephard (2002) writes about understanding the shift from individual psychiatry to the social and cultural “trauma” of war:

...by the end of the century, there was a growing awareness among leading psychiatrists of the importance of social and cultural, rather than medical, responses to ‘trauma’ and to war. Critics began to peel off the layers of arrogant ignorance involved in sending ‘trauma programmes’ to places like Rwanda and Bosnia, of assuming that a quantitative measure of ‘trauma response’ developed in 1970s California was common to all societies and cultures. It was absurdly simplistic, the British psychiatrist Derek Summerfield wrote, to imagine that ‘war collapses down in the head of an individual survivor to a discrete mental entity, the ‘trauma’, that can be meaningfully addressed by Western counselling or other talk therapy.’ (p. 396)

Mental health assessments are designed to find illness and, as such, ordinary responses to violence are turned into a diagnosed *disorder* which in turn take on a form of truth and identity such as “*I have depression*,” “*I have low self-esteem*,” “*I am bipolar*,” or



*“I’m an anorexic.”* For example, the young writer (Flynn), featured at the opening of this chapter, may be assessed with symptoms of depression, paranoia, or anxiety<sup>3</sup> to her disclosures of sleeping through school, fear of returning home, hyper-vigilance, and wakefulness. A social constructionist framework challenges the deterministic theoretical paths that lead to diagnosis and disorders, and recognizes that “one of the major routes to social change is through audacious theorizing” (Gergen, 2011, p. 81).

This dissertation is designed to explore both a constructionist and a Response-based approach, which can inform work with and for<sup>4</sup> young people who have faced violence, broadly defined. While there are some differences between these two approaches, specifically in the ways that they view issues of violence, they share a bond of activism in the field of social sciences. Gergen (2011) speaks of constructionism as asking us to “take a risk with words, shake up the convention, create new ways of understanding, and new images of possibility” (p. 82). Allan Wade and Linda Coates, the developers of Response-based practice, speak of this approach as being contextual, and a way to “grasp events as much as possible on their own terms, with a minimum of theory” (Wade, 2013). Similarly, a constructionist orientation is primarily concerned with context and relationships. “We do not concern ourselves with individual mental processes or individual traits and characteristics. Rather, our focus is on what people do together and what their ‘doing’ makes” (McNamee & Hosking, 2012, p. 1). One of the shared ways that both the constructionist and the Response-based approaches contest common therapeutic discourse is through a study of language, and how language has the power to construct reality (Sheila McNamee, personal communication, 2014), and therefore, is a social response (on a spectrum ranging from positive/helpful to negative/unhelpful). As the chapters of my dissertation unfold, the significance of these two approaches in the lives, “treatment,” and understanding of children who have faced extreme violence and adversity will be explored.

### *Why Does This Matter to Me, Anyway?*

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Allan Wade was one of the professors for a “Trauma and Violence” course in my Masters of Counselling Psychology Program, and within the context of that course he introduced Response-based practice. This approach to working for victims of violence was developed through a collaboration between Allan Wade, Linda Coates, and Nick Todd, who explored the relationships between acts of violence and the resistance that they discovered to be an ever-present element of a victims’ response:

...resistance is just as real as violence. Questions about victims’ responses to particular acts of violence tend to elicit more complete and accurate accounts in

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<sup>3</sup> 1) Major Depressive Disorder is diagnosed by the presence of (5) or more of (9) symptoms that have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.

2) Paranoid Personality Disorder is diagnosed by a pervasive distrust and suspiciousness of others such that their motives are interpreted as malevolent, beginning by early adulthood and present in a variety of contexts, as indicated by four (or more) of seven symptoms.

3) Generalized Anxiety Disorder is diagnosed by identifying excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance). The individual finds it difficult not to worry. (American Psychiatric Association, 2013)

<sup>4</sup> I have intentionally stated that I work “for” individuals, rather than the commonly used language of working “with” clients. This language implicitly locates professionals “in service of” those who seek assistance.



which certain responses become intelligible as forms of resistance. Additionally, acts of resistance should not be confused with survival, coping, or resilience. While these terms acknowledge the resourcefulness and determination of victims, and make sense of certain behaviours that might otherwise be interpreted as symptoms of pathology, they do not explicitly acknowledge, and in some cases actually conceal, victims' spontaneous resistance. (Todd & Wade, 2004, p. 155)

That course took place in 2006 and, prior to this connection to "resistance" and violence, I had heard of "resistant clients" many times. The context that I had become most familiar with was one of blaming clients for not following through, not connecting to their "helpers," and not doing what they had agreed to do. The discourse of "resistance" that I had been surrounded by was one more way to pathologize and blame people. Allan Wade (2000) provided a detailed definition of resistance. This is the "ever-present resistance" that I have come to understand through my own practice, and I have witnessed that it seems to have no boundaries or age limits. When a person is victimized, oppressed, or faces adversity, they enact their resistance in many forms:

- If the perpetrator tries to isolate the victim, virtually any physical, mental, emotional, or spiritual act by which the victim retains some connection to others, to important personal experiences, culture or ideals can be understood as a form of resistance.
- If the perpetrator tries to debase or humiliate the victim, virtually any act by which the victim preserves or reasserts her dignity can be understood as a form of resistance.
- If the perpetrator tries to control the victim, virtually any act by which the victim refuses to comply or asserts control herself can be understood as a form of resistance.
- If the perpetrator tries to violate the victim's physical or psychological integrity, virtually any act by which the victim preserves or restores her physical or psychological integrity can be understood as a form of resistance.
- If the perpetrator tries to define the violence as mutual (i.e. by telling the victim to ask for it, referring to rape as sex, beating as an argument), virtually any act by which the victim exposes the unilateral nature of the violence can be understood as a form of resistance.
- If the perpetrator tries to justify the violence, virtually any act by which the victim shows or retains for herself the knowledge that the violence is unjustifiable can be understood as a form of resistance.
- If the perpetrator tries to conceal the violence, virtually any act by which the victim exposes or draws attention to the violence, partly or fully, directly or indirectly, can be understood as a form of resistance.

- If the perpetrator tries to reduce the victim to his level, and act by which the victim refuses to repeat or mirror the perpetrator's actions or holds herself to her preferred mode of conduct can be understood as a form of resistance.
- If the perpetrator tries to turn the victim against others or others against the victim, virtually any act by which the victim retains positive relations with others, cares for others, or allows others to care for her can be understood as a form of resistance.
- If the perpetrator tries to inflict pain, virtually any act by which the victim reduces, withstands, escapes, or transforms the pain can be understood as a form of resistance.
- If the perpetrator tries to silence the victim, virtually any act by which the victim expresses herself, no matter how subtly or indirectly, can be understood as a form of resistance.
- If the perpetrator tries to intimidate the victim, virtually any act by which the victim refuses to feel or show her fear, exaggerate her fear, expose the intimidation, or trust her fear enough to take prudent action to defend herself can be understood as a form of resistance.
- If the perpetrator acts unpredictably, virtually any act by which the victim establishes a sense of regularity, routine or predictability, or becomes unpredictable herself, can be understood as a form of resistance.  
(Wade, 2000)

Violence, in all of its forms, is an affront to the dignity of victims (Wade, 2000). As I began to gain an understanding of responses and resistance, and how they connected to an individual's inherent fight for dignity, I began to consider "resistance" fully, and "victimization" differently than I ever had before. At that time I had been a foster parent for 10 years, and had finished raising many adolescent children who had grown up in the foster system. As I listened to Allan Wade speak about violence, victims, resistance and dignity, I began to think, "*What if...?*" *What if* none of those kids had conduct disorder, attention deficit disorder, or attachment disorder? *What if* they were using their behaviour to resist the circumstances that had become their lives and their losses? *What if* they were otherwise healthy and they have been forced or convinced to take psychotropic medication to subdue their protests? *What if* being happy with their circumstances would have been the only real indicator that something was really wrong?

### *Meeting Derek Clark*

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Many years later, I had the opportunity to meet, and begin my research with Derek Clark. Derek is a former youth who grew up in the California, USA foster care system. My conversations with Derek form the foundation of this dissertation. The following interview is an example of the content that we explored together:

**Derek:** Nobody ever really knew I was a foster kid...I didn't want them to...

**Shelly:** How did you get other people to go along with that? Other people at home and the other kids who lived with you shorter-term...they didn't blow your cover?

**Derek:** My [foster] mom and [foster] dad said, "this is my son." You know how parents will say, "this is my step-son" or "this is my foster son?" I always have a problem with that. To me it's degrading and second-class. I just hear it like "you're not good enough." My parents were good—they said, "this is my son, Derek." But when they would get mad at me, my brothers and sisters would say, "you're not my real brother." At church and school, I was 'long-term' so I made it long enough to just be their son, even though everyone knew they were foster parents to the other kids.

**Shelly:** Did you ever feel like you had to fight to protect your dignity while you were growing up?

**Derek:** Yes. They said they eventually took legal guardianship of me, even though I wasn't adoptable and my [biological] parents didn't want me to be adopted out...

**Shelly:** Who said you were not adoptable?

**Derek:** It says right in my records that, 'Derek is not adoptable because of his behavioural and emotional problems...'

**Shelly:** What are your thoughts about that?

**Derek:** They said, "Hey, maybe one day we'll adopt you...Do you want to take our last name?" I said, No! I'm a Clark. *I'm a Clark*. And when in reality I'm not even a Clark. That's my sister's dad's name. My mom changed my last name so that my dad wouldn't come find me and kill me. So I'm not even a Clark. Clark is *a nobody*. Clark is my half-sister's dad's name. But I fought for my name—Clark. When they said, 'Maybe someday you want to be adopted and change your name,' I said, *No. I'm a Clark*. So it's always been Clark.

I fought for my name.

**Shelly:** It's interesting that you associated being adopted with a change of last name...who you are. Is that right?

**Derek:** Right. They talked about it when I was 16 or 17 and I was like, no...I don't need to be adopted, and I didn't need to change my name. I'm like a lone wolf, and I like that.

...It fits with the warrior spirit in a way...

Kids behave in a challenging way because their *lives* are bad...that makes a lot of sense...

**Shelly:** Kids are taught to respect adults, particularly those in leadership positions such as principals, scout leaders or spiritual leaders. You clearly rejected the authority of many of these people. If you think specifically about the situations that you rejected their direction or authority over you, what was it that you were resisting with each one

of them specifically?

**Derek:** I resisted and did not respect authority because I did not trust them to know what was best for me. I relied on my strength and not the strength of others...so I thought at that time. If I couldn't trust my own mom or God at that time, how could I trust another adult? I was rebellious, angry and a fighter and if you crossed my path, you got it. I did not appreciate life. Being afflicted with many behavioural and emotional issues, I was merely acting out the pain and inflicting it upon others. I simply did not like adults telling me what to do...

As professionals working for young people within the foster care system, we frequently gather in living rooms, classrooms, and boardrooms to review our practices and strive toward improving the lives of children and youth in the foster system. Similarly, these youths are gathered disproportionately inside the justice system and are taking psychotropic medication at rates approximately 60% higher than those of kids in the general population (Lambe, 2009). Medicated children and youth often face a myriad of side effects that lead to further stigmatization, such as weight gain, mood swings, or skin irritations (Elliot, 2006). The severity of these side effects could be, in part, a result of the lack of testing of psychotropic medications in the age range for whom they are prescribed:

FDA approval of a medication requires that a pharmaceutical company establish the safety and efficacy of the drug at a specific range of doses in a specific age group for a specific disorder. For the most part, companies choose to study adults, not younger patients. This is true across all fields of medicine, but especially for psychiatry. (p. 22)

Such challenges are not revelations and this dissertation will not hold all of the answers. What is offered instead are first-person experiences of facing adversity as victims of violence, and a framework for professionals to view such experiences. My belief is that when the adults who touch the lives of children and youth collectively respond with an understanding of the context of events, the systems intended to protect young people can profoundly change. Both constructionism and Response-based frameworks are concerned with justice, protecting the dignity of all people, and creating opportunities for social change. In order to understand the scope of this undertaking, it becomes necessary to expand this analysis beyond theory alone.

### *The Convergence of Theory, Politics and Social Responses*

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*“Professionals have been in the minds of victims, trying to change the behaviour of offenders for hundreds of years....” (Wade, 2013)*

‘If she increases her self-esteem, she won’t be so vulnerable. If she conquers her depression, she’ll stop being so apathetic. If she values her life, she won’t settle for men who abuse her.’ There are numerous psychological theories founded upon ideas of deficit, illness, and defeat: all of these traditional theories propose specific interventions to “treat” or “heal” the individual. Yet research clearly demonstrates that theory alone doesn’t create change (Lambert & Bergin, 1994) and, in fact, it is the client’s perception of the relationship that s/he develops with his/her therapist that accounts for the most

significant “change” experienced (Miller, Duncan, & Hubble, 1997). While the importance of the therapist demonstrating the core conditions named initially by Carl Rogers (1951, 1961)—unconditional positive regard, empathy, trustworthiness, and genuineness (Bertolino & O'Hanlon, 2002, p. 37)—is clear, the development of a “therapeutic relationship” places at least part of the responsibility upon the client to be “successful.” From a Response-based perspective, the responsibility for this relationship can be described as the therapist providing the client with a series of positive social responses. Through these responses, a demonstration of the therapist’s trustworthiness becomes evident and if the client is so inclined, a gradual building of a trusting relationship is then possible. The intent of this distinction is to absolve those who are seeking assistance from being blamed - overtly or covertly - from “failing” to form a successful relationship. In order to understand this more fully, the macro and micro social responses of the therapist must be uncompromisingly examined.

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*Social Responses are guided, at least in part, by Theory*

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As professionals in the helping field, what is believed about the circumstances of people’s lives, about them as individuals, and what to “do” about it irrevocably matters. The theories that guide the research throughout this dissertation are constructionism and Response-based because of their attention to social interaction and the context within which particular circumstances evolve.<sup>5</sup> The vast number of competing counselling and psychological theories direct attention to other things, and that will likely create a different experience for clients. For example, cognitive behavioural therapists assume that “a person’s thoughts and beliefs contribute to maladaptive behaviour [and that] maladaptive behaviour can be altered by dealing directly with the person’s beliefs, attitudes or thoughts” (Cormier & Nurius, 2003, p. 391). This theory positions counsellors as “experts” who will identify adaptive versus maladaptive thoughts and beliefs, and teach a model to assist people in order to increase their “adaptive behaviour.” This is an important individual, professional, and political decision regarding the treatment of victims of violence.

A solution-focused approach calls for counsellors to be “conversational artists,” as the emphasis is to guide a conversation toward “alternative futures” and “exceptions” to problems. Within a solution-focused approach, clients don’t guide the topic of their sessions, as the focus is on “solution talk” rather than “problem talk.” The solution-focused ideology emphasises regard for the “expertise of the client” in the creation of his or her own solutions (De Jong & Kim Berg, 2002). This theory sends a clear message that whatever has happened is not the most important thing to talk about, and in fact, it is not going to be talked about. What matters is what the individual client is going *to do* in order to create her own “solutions.” For victims of violence, solution-focused therapy offers no recognition of the social, political, racial, and structural forms of violence. As such, the perpetrator of violence is “disappeared” in terms of responsibility taking and becomes part of a background context that is ignored in the therapy. This becomes a powerful social response for a counsellor to take in situations

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<sup>5</sup> Response-based and Constructionist frameworks are not necessarily connected, however their places if interaction, specifically their attention to language and context, provide a broad foundation to analyze situations of violence and adversity. The Response-based practice is described as a ‘practical realist’ approach (A. Wade, personal communication, December 21, 2014), where some descriptions of material reality pertaining to a victims’ experience are more accurate than others.

of violence and may not work for clients who are seeking an understanding of events from their therapist. For example, will a First Nations survivor of residential school internment feel “heard” if the therapist does not acknowledge the context of colonial violence in Canada? Is it important that the therapist understand and discuss the context where residential schools were designed (at least the majority of the time) with a purpose of confining children, separating them from their loved ones and where they were targeted by perpetrators who had impunity (CBC News, 2014)? Many would say that the therapist’s acknowledgement of these “problems” helps to build a therapeutic alliance and create cultural safety for the client. Response-based practice involves acknowledging such contexts behind violence as well as the particular situational interaction that takes place within such socio-political realities. It is within a problematic social world where the conditions are created for violence to take place and where people resist such mistreatment, partially through naming it as closely as possible to an individuals’ experience.

### *The Language of “Effects” versus The Language of “Responses”*

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It is the language of effects (Wade, 2000) that informs the majority of research and clinical theories that are concerned with the harm done to victims of violence and oppression. The inevitable problems that victims will frequently experience are misrepresented as “symptoms” of mental illness and *effects of violence*, such as refusing to be happy with their circumstances (depression), wakefulness (insomnia), hyper vigilance (anxiety), or focusing largely on safety (inability to concentrate/attention deficit disorder). This orientation to pathology results in blaming the victim while mitigating the responsibility of the perpetrator (Herman, 1997; Wade, 2000). Elucidating victim responses and resistance (Response-based approach) avoids the language of effects in favour of detailed accounts of an individual’s inherent desire to create safety, protect others, and preserve her dignity.

The interpretive bias encoded in the language of effects become apparent when contrasted with an alternative, the language of responses. A response is a volitional act that demonstrates judgment, imagination, and will whereas an effect is the strictly determined outcome of a previous event/cause. A response is a social, communicative act that plays a part in an on-going social interaction. An effect is an end-state, the last link in a causal chain (Todd & Wade, 2004). Talking in “effects” seldom leads to an accurate articulation of the child or youth’s experience of their reality and everything they did to try to make things slightly better for themselves in difficult situations where they had little control.

As helpers, our individual social and emotional histories will likely inform the therapeutic orientation that we adopt as professionals and the training or education that subsequently follows will guide the employment opportunities that we seek. Within the structures of government offices, non-profit organizations, and public services, the social response options for individuals can become limited due to the pressure of policies, mandates, and bureaucracies. Specifically, employers are often very clear about what employees can do, say, and avoid doing in response to those who are receiving service. Acting outside of an employer’s policies could mean risking individual discipline or termination. The following example summarizes interviews with child protection social workers:

While experiencing that outside actors were subjecting them to ever-heightened observations, second guessing, and culpability, the workers also believed they exercised little control over ultimate outcomes. This combination of pessimism and fatalism reflected clinician beliefs that their interventions did not control much of what occurred in the families they worked with. Workers viewed their clients' lives as chaotic and disorganized; they believed that outside actors asked them to "control the uncontrollable." They felt their professional practice was unfairly dissected. In a passing down of the victimization, there was a parallel process in which outside agencies and actors scrutinized workers, who then scrutinized mothers. (Carlton & Krane, 2013, p. 41)

### *More about Social Responses...*

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*"First they came for the communists, and I didn't speak out because I wasn't a communist. Then they came for the socialists, and I didn't speak out because I wasn't a socialist. Then they came for the trade unionists, and I didn't speak out because I wasn't a trade unionist. Then they came for the Jews, and I didn't speak out because I was not a Jew. Then they came for the Catholics, and I didn't speak out because I was not a Catholic. Then they came for me, and there was no one left to speak for me. (Martin Niemoller, 1946)*

Social responses can be defined as both overt acts and decisions not to act at all, from a network of people surrounding an individual who has been victimized. Family, friends, strangers, first responders, medical professionals, counsellors, and media provide social responses to victims (Charuvastra & Cloitre, 2008; Ullman, 2011). These responses are much broader and more complex than the positive core conditions of empathy, respect and genuineness. They range between the decision to believe the disclosure of a victim *and* the micro movement of looking at the clock while she is talking. Between one third and two thirds of victims' report experiencing a "second assault" after telling others about being raped. The scope of negative social responses is vast, ranging from disbelief to various forms of victim blaming, and can be attributed more to the degree of victim distress than the initial assault (Ullman, 2010).

The complexity of social responses in situations of violence cannot be underestimated. Every person, in all capacities, has the ability to provide a social response to a victim; this is far from the domain of professionals. However, with rare exceptions, my experience has shown me that being helpful and positive is the intention of most people at the onset of entering the social service and public sectors. Research clearly demonstrates however, that exclusively receiving positive social responses is not the experience of most individuals who experience violence, oppression or other forms of adversity, and that a vast majority of victims' report that they are blamed by formal support sources, such as police, the legal system, and other professionals (Ullman, 2010). The reasons for this appears to extend beyond the individual and requires an analysis of the social and political contexts within which professionals practice and victims are required to disclose and reveal themselves.



## *Social responses are Individual, Institutional and Political.*

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### Individual Social Responses

Professor of discourse analysis, Teun Van Dijk, describes power and discourse as a form of social interaction in the following way:

Direct control of action is achieved through discourses that have directive pragmatic function (elocutionary force), such as commands, threats, laws regulations, instructions and more indirectly by recommendations and advice. Speakers often have an institutional role, and their discourses are often backed by institutional power. Compliance in this case is often obtained by legal or other institutional sanctions. (2008, p.37)

Social responses include the range of options that are available to us as we respond to one another in the face of violence and/or oppression. While individual social responses are ever-present from professionals to victims of violence, the institutions that employ them have governing power over many of these individuals.

### *An Example from Canada's Residential 'Schools'*

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Florence Kaefer was a young teacher in Canada's "residential school system" or prison camps.<sup>6</sup> Her words help us understand the limits of individual social responses when social justice is at issue. Although Kaefer agonizes over not being able to "see more clearly" she was aware, even as a young teacher, that her love and kindness toward children must be carried out secretly due to the institutional and political environment that she was in:

Says Kaefer, with the clarity of hindsight, "The residential school was the very best place for brutal people to hide. The children were miles from home. They couldn't run away without fear of being lost or frozen."

Kaefer, now in her 70s, struggles to understand how she failed to see more clearly at the time and finds only the painful truth that she was too naive and preoccupied. "I was just 19. I didn't question my government, and I didn't question the leaders of my church," she says. "I was so taken up with my duty to my pupils. I was very busy with work. They were my first years teaching, and I worked hard to be the best teacher I could be." (Wright, 2005)

Victims of all ages will resist violence, anticipate social responses, and respond to the

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<sup>6</sup> The "Residential School System" in Canada was a government-funded, church-administered system of "aggressive assimilation," forcibly removing 150,000 First Nation, Inuit, and Metis children from their families and communities (CBC News, 2014). At the Centre for Response-based Practice, these "schools" are referred to as "Prison Camps," as they were not 'residences' and nor were they "schools." Generations of young Indigenous people were forced to live in isolated, substandard conditions where they were victims of extreme physical, sexualized, and emotional abuse (CBC News, 2014).



social responses that they receive. A student of Florence Kaefer, Edward Gamblin, clarifies that she did not “fail” to see the abuse clearly, but rather the students intentionally hid it from her:

Kaefer didn’t see the abuse because the children kept the truth from the staff they liked. On one occasion, for example, Gamblin came upon a supervisor having sex with a staff member on the floor of the children’s dorm. For this “offence,” Gamblin was beaten so badly on the wrists that other children had to feed him for several days until he healed. Why the wrists? The children wore long-sleeved shirts, so the supervisor hit him where the evidence could be covered up. And that’s what Gamblin did. Like the other children, he concealed his wounds and bruises under his clothes to hide the awful truth from those who might have helped him. He explains why: if the children spoke out about the abuse to trusted members of staff, and those staff members took up the children’s cause, matters would only become worse. “When someone did speak up for us, they were shipped away for threatening to expose what was going on,” he says. “That’s why we kept quiet. We didn’t want to lose them.” (Wright, 2005)

### **Institutional Social Responses**

In the early 1990s, Survivors came forward with disclosures that included sexual abuse; beatings; punishments for speaking Aboriginal languages; forced eating of rotten food; widespread hunger and thirst; bondage and confinement; and forced labour. Students were forbidden to speak their language or practice their traditional culture and were often punished for doing so. Other experiences reported from Survivors of residential schools include mental abuse, severe punishments, overcrowding, use of students in medical experiments, illness and disease, and, in some cases, death. (Legacy of Hope Foundation, 2011)

As described in the beginning of this chapter, constructionist and Response-based practitioners share a study of language and a commitment to influencing social change. The work of Response-based therapists both emerged from, and remains in the direct service of victims. This requires ongoing and fastidious attention to a system of “factual information,” where some things are considered more “true” than others. In working for victims who are relying upon these systems for justice and dignity, the ways in which language is used and not used becomes crucially important.

Various types of sometimes widespread and, hence, possibly influential narrative, such as novels or movies, may describe the (un)desirability of future actions, and may have recourse to a rhetoric of dramatic or emotional appeals, or to various forms of topical or stylistic originality. The power groups involved here form what we call the symbolic elites. A specific case of this class of discourse is news reports in the media which not only describe current events and their possible consequences but which essentially portray the actions, and represent the opinions of, the political, economic military and social power elites. It is mainly in this way that the consensual basis of power is manufactured, and through it the general public gets to know who has power and what the powerful want. This is a crucial condition for the development of the

supporting ideological framework of power but also for various forms of resistance. (Van Dijk, 2008, p.38)

### Political Social Responses

*"Let us understand that what happened at the residential schools was the use of education for cultural genocide, and that the fact of the matter is — yes it was. Call a spade a spade"*

(Paul Martin [Former Prime Minister of Canada 2003-2006], 2013)

Racism, poverty, homelessness, and other forms of structural violence within our societies are political decisions. These are very real consequences that individuals face from social meanings that are “produced by the dominant group in society and their *power to define*” (Lusca, 2008). In order for the dominance of one group to exist, there must be “collective acceptance, agreement, and imposition” (p. 3). Systemic inequality, therefore, is created and maintained intentionally. Using Canada’s residential schools, or prison camps, as an example, the positive social responses of an individual teacher toward a child would not have been tolerated. The “mandate” of the Catholic and Anglican Churches, and the government that funded the establishment of “schools” that separated Indigenous children from their families and communities was clear: “kill the Indian in the child.”

Two primary objectives of the residential school system were to remove and isolate children from the influence of their homes, families, traditions and cultures, and to assimilate them into the dominant culture. These objectives were based on the assumption Aboriginal cultures and spiritual beliefs were inferior and unequal. Indeed, some sought, as it was infamously said, “to kill the Indian in the child.” Today, we recognize that this policy of assimilation was wrong, has caused great harm, and has no place in our country. (Harper, 2008)

Despite the public apology from Prime Minister Stephen Harper in 2008, and the process of “Truth and Reconciliation”<sup>7</sup> that has been underway since to facilitate “healing” for victims of residential schools, nearly half of all children under the age of 14 in Canada’s foster care system are Aboriginal (Woods & Kirkey, 2013). These statistics indicate that the removal of Aboriginal children from their families, traditions and cultures has not, in fact, ended. The system that is viewed as superior to that of Indigenous homes has simply changed forms; from residential schools to the foster system.

Neglect of the cultural backdrop of interpersonal violence was noted by many authors. Too often, interpersonal violence occurs in groups in which prevailing norms at the societal level legitimize violence between men and women and parent and child. Following from these norms are policies that codify power differentials, inadequately censure physical and sexual violence, or ignore these

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<sup>7</sup> The “Truth and Reconciliation Commission of Canada has engaged a process that invites “survivors” of Canada’s Residential school system to share their experiences with witnesses and the Reconciliation Commission.

matters entirely because they are within the family sphere. Victimization of women and children too often intersects with poverty, increasing not only the risk of violence, abuse, and maltreatment but also the likelihood that the available service providers will offer inappropriate treatment or none. (Koss, White, & Kazdin, 2010, p. 275)

### *Conclusion*

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*“We don’t create a fantasy world to escape reality, we create it to be able to stay.”*  
(Lynda Barry)

The social responses that professionals wish to provide are not always congruent with those that they do provide, based on the institutional or political forces by which they are governed. When this lack of alignment occurs, the “spiritual pain” that is often referred to as “burnout” can become a tremendous risk (Reynolds, 2010). Social constructionism and Response-based practice share an interest in understanding the context of social interactions – what people do together, what they don’t do, and how certain patterns of interaction persist (or not), and the understandable logic that likely exists to explain such patterns. My research will specifically use these two approaches in an application to understand young people’s responses and resistance to all forms of violence. Through their narratives, I will seek the contextual interactions, the broadly described forms of resistance to violence, and the social responses that are both perceived and received.

## 2) NARRATIVE INQUIRY & DISCOURSE ANALYSIS

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### *Psychology as Ideology*

Reviews of the available research concerning the broad range of issues that victims of violence face reveal a notable aperture: this is particularly true where young people are concerned. My literature review, which is woven throughout each chapter of this dissertation, demonstrates that within the field of psychology and psychiatry, a clear emphasis has been placed on the “symptoms” *caused* by violence and the corresponding [negative] outcomes. Childhood developmental models define “normal” as “who we are, why we are the way we are, and where we are going” (Burman, 1994, p. 10). This understanding of childhood development has broad cultural and clinical acceptance. Seldom are the consequences of these dominant models problematized or contested in any way. Even though the human costs of such psychological processes are becoming increasingly evident, the field has not yet moved towards an approach that is more aligned with the realities of people and their lives. This gap can cause great suffering for children and youth, among others. The development of Response-based practice (Coates & Wade, 2007; Todd & Wade, 2004; Wade, 1997, 2000) addresses both the intentional nature of violence (broadly defined), and brings forth the ever-present resistance of victims.

### *Lessons from Biology & Genetics*

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Allow me to begin with my journey, inclusive of some of my challenges, to determine a method of inquiry that would meet standards of quality, ethics and justice for those about whom I have chosen to write. Like so many others, I’m sure, I have grappled with the ideas of reliability and validity. These terms have dominated research projects through most of my previous education. But in joining the study of human behaviour to science, perfect reliability and validity are as elusive as the “truth,” which has been articulated clearly in the work of biologist and geneticist, Richard Lewontin (1987, 1996, 1997). I am bringing Lewontin’s work into my discussion at this point for two reasons: 1) I believe that as a scientist he helps us articulate what is “real” and how “quality” gets decided, and 2) as a biologist and a geneticist, he was also clearly a constructionist. Reading Lewontin’s work, and translating its relevance to the field of social science, was a step in my own tour of exploration toward matching a method of research to the work I was hoping to do.

We take the side of science in spite of the patent absurdity of some of its constructs, in spite of its failure to fulfill many of its extravagant promises of health and life, in spite of the tolerance of the scientific community for unsubstantiated just-so stories, because we have a prior commitment, a commitment to materialism. It is not that the methods and institutions of science somehow compel us to accept a material explanation of the phenomenal world, but, on the contrary, that we are forced by our a priori adherence to material

causes to create an apparatus of investigation and a set of concepts that produce material explanations, no matter how counterintuitive, no matter how mystifying to the uninitiated. Moreover, that materialism is absolute, for we cannot allow a Divine Foot in the door. (Lewontin, 1997)

Lewontin challenged mainstream evolutionary biology with his anti-Darwinian, constructionist claims that organisms aren't simply empty vessels waiting to be acted upon by the environment, but rather they are in relationship with one another, and highly influenced, sequentially, by one another (Levins & Lewontin, 1987). For his time, this was a new and controversial view; challenging the belief that the environment is static, and those organisms are simply and passively shaped by their surroundings.

Lewontin famously became known for his concept of “biology as ideology” (Lewontin, 1996), essentially stating that a micro “cause” doesn't account for enough of an explanation, and that there is a broader social-political context within which a particular reason for something can be understood. He describes a relationship between genes, the society, and genetics while challenging the privilege that the field of science has been given to dismiss the possibility of such a relationship existing at all. He challenged the idea of genetics alone causing obesity, schizophrenia, depression, or other genetically attributable challenges. His ideas about cause have tremendous implications in both psychology and psychiatry, and of particular interest in my research--in the lives of young people who are victims of violence. There appears to be a strong link between “biology as ideology” and “psychology as ideology” -- correlation is not the same as cause, and the consequence of confusing the two can have serious implications on outcomes.

### *“Cause” As a Theoretical Decision*

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I began this dissertation with a clear desire to gain an understanding of what young people do when they are victims of violence, oppression and mistreatment, what types of social responses they receive, and how they respond to those social responses. Of course, a literature review reveals what is currently being done to assess and explain the challenges that arise; and the most common language is the *impact* on a child or youth resulting from violence. There are numerous choice points throughout an assessment or the course of an intervention process for professionals to stop looking any further and to feel assured that ‘the answer’ has been found—the cause of a behaviour or other troubling problem. The dominance and authority of this language, in fact, led me straight to the work of Richard Lewontin and my colleague, Linda Coates. If it is accepted that there is a shift to view “biology as ideology,” then it is logical that we would understand “psychology as ideology” and “psychiatry as ideology.” After all, as a community, we have constructed ideas involving the categorization of human behaviour into “scientific” disciplines. The recently published *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (American Psychiatric Association, 2013) has long been considered “the bible” of individual psychiatric diagnosis (Larner, Strong, & Busch, 2013; Tamm, 1990) in each of its editions, and yet the consequences of such a deterministic view of human suffering are widely publicized from within the field of psychiatry itself.

Dr. Thomas Insel, director of NIMH [National Institute of Mental Health], says that the DSM is “out of touch” with science. He says that the DSM's continuing

focus on symptoms rather than causes of mental disorders has created “a scientific nightmare.” (Tag Archives: DSM-5, 2013)

Allen Francis, MD was the Chair of the DSM-IV task force and openly critiqued the changes made in the new edition prior to publication:

This is the saddest moment in my 45-year career of studying, practicing, and teaching psychiatry. The Board of Trustees of the American Psychiatric Association has given its final approval to a deeply flawed DSM 5 containing many changes that seem clearly unsafe and scientifically unsound. My best advice to clinicians, to the press, and to the general public - be skeptical and don't follow DSM 5 blindly down a road likely to lead to massive over-diagnosis and harmful over-medication. Just ignore the ten changes that make no sense. (Frances, 2012)

In 1990, psychiatrist and family therapist, Karl Tomm was writing about the pathologizing power and individualizing of problems inherent within the DSM. In his short paper, “A Critique of the DSM,” he divided categories of Empirical, Political, Humanitarian, Pragmatic, Ontological and Ironic criticisms. Under the heading of *Ontological Criticisms*, Tomm states the following:

1. The basic assumption about the nature of mental phenomena seems problematic (i.e. that mental disorders are “in the person” vs “in the interaction between the person and the context” vs “in the coordination of interaction among persons.” (Tomm, 1990, p. 4)

Since 1990, the literature within psychology and psychiatry has only become increasingly laden with pathology discourse outlining the *effects* of violence, unavoidably constructing a variety of illness models, and directing the attention of both practitioners and young people toward a discourse of deficits.

...the problem with the language of effects is not only that effects are conceptualized in an overtly negative manner, as enduring psychological variables: It is that the effects of violence cannot be conceptualized in any other way. Questions about the effects of violence ask respondents to represent their behavioural and mental responses as non-volitional, asocial, and inherently negative end-states. What transforms victim's resistance and other responses into problems, and problems into symptoms, is precisely their representation as effects. The language of effects constructs the victim as a passive site of damage. (Todd & Wade, 2004, p. 151)

The “effects” of violence can appear conclusive, or factual. This has happened *because* of that. He is depressed *because* of the abuse. She is failing school *because* of the rape. Coates demonstrates both the ideas of “biology as ideology” and her expansion of that idea – “cause is a theoretical decision” - through a step-by-step description of the Irish Potato Famine (2014). Coates points out that what is identified or socially constructed as the cause has important implications for intervention and other social responses. Interventions are likely to be in-line with the identified cause, regardless of the surrounding context. In fact, the context will be dropped, ignored, reformulated, or completely represented to fit the cause, as it is understood.

### *The Irish Potato Famine (1845)*

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(Coates & Bonnah, 2014)

1. In 1845, the leaves on the potato plants in Ireland turned black, curled and then rotted. The problem was that over half of Ireland's potato crop was going to rot, and in fact this is what happened almost instantly. The **cause** [socially identified] was an airborne fungus (The History Place: Irish Potato Famine, 2000). This fungus is very commonly found in all potato crops. But in 1845, it was rampant and caused widespread failure of the crops. So, what occurred in 1845 to create the conditions that caused the fungus to flourish?

It turns out that the fungus flourishes in conditions of high density planting of potatoes, in other words, overcrowding of the potato plants. This is a second possible **cause** of the potato crop failure. If we place the cause here, then the great famine and the potato crop failure was due to poor farming practices that created the conditions to allow the fungus to flourish. Coates notes that from this causal attribution, we are lead to question the skills and knowledge of Irish farmers. They had insufficient skills to circumvent the harm caused to the diseased plants, or to diversify their crops.

Coates argues that academics, professionals, and others need to hold humility as a central operating practice. It is from a position of humility, rather than an academic or professional position of all-knowing and superiority, that one might wonder: "given that the potatoes were a staple in the Irish diet for years and years, would it not make sense that they would know how to grow potatoes? That is, rather than not knowing how to grow potatoes, they were in fact knowledgeable "experts." Likely, farmers were far more knowledgeable than any professional could ever be because growing potatoes was part of their everyday existence" (L. Coates, personal communication, January 4, 2015).

2. From this position, the need for further information is clear. If looked for, a different cause attribution becomes possible. What is different in the social-economical context of Ireland? The **cause** through this lens could have been attributed to the Industrial Revolution. A change occurred in how the wealthy made and retained their wealth from farming to factories and industries. A large number of peasants were no longer needed to accumulate wealth for the rich by working on farms. Many were then banished from the wealthy landowners' properties. Some would have found work in the factories, many more had nowhere to go, and were forced to live on road allowances. Choices were limited to growing potatoes on small strips of land and planting more densely than they otherwise would have. This, of course, changed the size of farms (smaller), making it easier for the plants to be infected by the fungus at a rapid rate and moved a large amount of the population into cities, creating an opportunity for disease to spread between people because of overcrowding. Through this lens, the 'problem' is much more systemic and political, and may have called for a solution of social programming and social aide at a much grander and rapid rate than what occurred.



3. If anyone were to question, “What happened outside of Ireland to help these people,” it would soon be discovered that there was, indeed, a social response. Great Britain’s Prime Minister Peel sent 2 shipments of Indian corn to Ireland, which the Irish had minimal ability to ground or digest (as their diets previously consisted of potatoes, predominantly). The cornmeal was difficult to digest, caused diarrhoea, lacked vitamin C, caused scurvy, and ran out completely by 1846. The British government decided that this ‘problem’ would be solved through ‘natural means’; in other words, they provided no further intervention (New World Encyclopedia, 2000; 2006). The **cause** of epidemic illness and death in Ireland between 1845-1846 was not only an airborne fungus, not only poorly educated farmers, not only the Industrial Revolution, but also starvation related—it is argued that widespread death was **caused** by the ‘deliberate policy of extermination’ by the British. At this point, worldwide aide was likely required for the survival of the Irish, and to hold the British government accountable for the ‘genocide’ that was simultaneously occurring. Coates concludes that a plausible **cause** of the great famine was the organization of society such that some people are held as more valuable than others. Had the wealthy valued the peasants and had the British valued the Irish--the mass deaths of the Irish people would not have occurred.

#### *Resistance & Individual Agency*

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4. It is estimated that 500,000--2 million people died between 1845 and 1849, during the Irish Potato Famine (New World Encyclopedia, 2006). A large percentage of these deaths were **caused** from the epidemic of tuberculosis, which is **caused** by the dysentery bacillus and conditions created from the famine (overcrowding and unsanitary living conditions). To look at this further, we would see that more women than men were isolating themselves in the ‘fever houses’ that were set up in an attempt to control the spread of disease (Geary, 1996). It could be understood that women were more vulnerable to the bacillus virus; that they were weaker and/or paid less attention to their nutritional needs.
5. Tuberculosis does, indeed, spread amongst those with weaker immune systems (Tuberculosis, 2014). The availability of protein in the diets of Irish people during the famine was minimal, as one of its main sources was through potato skins (New World Encyclopedia, 2006). The **cause** of women receiving less protein in their diets was a result of choice; men were working in factories and children required protein for their development. Women chose to ration the protein between the men and the children, and the direct result was that they became more vulnerable to the spread of disease. Amidst the greatest social, biological, economical, and political catastrophe in Irish history, it can be hypothesised that women knowingly chose to die so that the men and children had a greater likelihood of living.



It wouldn't be *wrong* to say that up to 2 million people died because of the potato famine in Ireland. It wouldn't be *wrong* to say that Irish farmers relied almost solely on potato crops, and lacked diversification. It is *correct* to say that the Industrial Revolution altered population patterns and farm sizes, making the spread of the fungus in potato plants rapid and the spread of disease amongst the Irish people more difficult to control. It is also *correct* that the British response to Ireland was delayed, slow, and then stopped completely. It is not *wrong* to be specific and say that the exact cause of death for the majority of Irish people was disease—specifically tuberculosis. Although it is difficult to know how many women versus men died, it is known that more women than men accessed the isolated “fever houses.” It would be safe to assume that women understood nutrition very well; in a broad social context, women made a decision that would impact an entire population. Interventions could, correctly, be implemented at any stage of understanding the *cause* of this *problem*. Cause is a theoretical decision.

### *Psychology & Psychiatry as Ideology*

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The first edition of the *Diagnostic and Statistical Manual: Mental Disorders* (DSM-I) was published in 1952 (DSM: History of the Manual, 2014), and subsequent editions (including revision versions) have been published in 1968, 1980, 1987, 1994, 2000 & 2013 (*Diagnostic and Statistical Manual of Mental Disorders*, 2014). Published by the American Psychiatric Association, this book has perhaps been the most significant contribution to developing the dominant discourse that medicalizes and pathologizes human suffering. In a press conference responding to the concerns regarding the new DSM-5 contributing to “over diagnosis” and “misdiagnosis” of individuals, several members of the American Psychiatric Association defended the validity and reliability of the manual in language similar to panel member, Darrel Regier's response:

If you think about diabetes or cancer, somebody will say we'd like to get to that as early as possible. People would say “great idea.” The purpose of diagnosis...the point of it...is to get better treatment to our patients. The best treatment of all is to prevent the disease from starting in the first place. Part of the goal [of the DSM-5] is “can we prevent the worst case outcomes?” (Regier, 2013)

The DSM-5 makes such things as bereavement (grief), depression (sadness), and anxiety (hyper-alertness) diagnosable as mental illnesses, or what Regier is now referring to as a “disease” (American Psychiatric Association, 2013). So what are the consequences of this in terms of young people who are victims of violence and how, specifically, did I choose research that could potentially address these consequences?

### *The Intersection of Violence and Diagnosis*

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I live in British Columbia (BC), Canada, and requests for victim services in my province are received more from victims of domestic violence than from any other crime (Statistics on Violence Against Women in BC, 2014). These statistics also reveal that 30-40% of children who “witness” violence against their mothers are also victims of physical or sexualized violence themselves. There are approximately 9200 young people in foster care in British Columbia, and 52.2% of those are Aboriginal (Federation of Aboriginal Children and Youth, 2014). Based on self-report, BC youth reported in 2013 the

following “mental health” concerns, which reinforces the emphasis on pathology and the language of illness versus health. These are reported as “conditions” that young people conclusively *have*:

Students were asked about specific mental health conditions. They most commonly reported having Depression, Anxiety Disorder or panic attacks, and/or Attention Deficit/ Hyperactivity Disorder (ADHD).

Females were more likely than males to report having at least one condition (22% vs. 15%), and were specifically more likely to report having Depression (13% vs. 5%), Anxiety Disorder or panic attacks (13% vs. 4%), and Post-Traumatic Stress Disorder (PTSD; 1% vs. < 1%). Males were more likely than females to report having Attention Deficit/Hyperactivity Disorder (ADHD; 7% vs. 4%), Autism or Asperger’s (1% vs. < 1%), and an alcohol or other drug addiction. (The McCreary Centre Society, 2013).

As professionals are collecting the same information, they are finding the following “illnesses” and “disorders” to be “affecting” the young people of BC. I haven’t drawn out this information to be evidence of “fact,” but rather to demonstrate how convincingly it is presented as truth:

Mental illnesses, if not treated early, can be disruptive enough to a kid’s normal development that it can affect them for the rest of their lives. Below are some common mental illnesses that affect children and teens:

**Anxiety disorders** are the most common illness to affect children and youth. About 6% of kids experience an anxiety disorder at some point. Anxiety disorders can cause kids to be extremely afraid of things or situations to the point that it interferes with daily life.

**Attention-deficit/hyperactivity disorder (ADHD)** affects just under 5% of BC children at any given time. ADHD makes it very difficult for kids to focus their attention. A child with ADHD is also more impulsive and harder to settle down than other children.

**Conduct disorder** affects about 3% of BC children. It leads children to be extremely aggressive and destructive toward other people, pets or property. They may also seem like they don’t care about important but basic rules, such as by doing things like regularly skipping school or running away from home.

**Depression** is a mood disorder that shows up most often during the teenage years. About 3.5% of young people in BC experience depression. Depression can affect a child or youth’s attitudes and emotions, making them feel unusually sad or irritated for more than two weeks at a time.

(Canadian Mental Health Association; British Columbia Division, 2014)

From a violence recovery perspective, it seems that addressing violence-related suffering, and not an abstract condition called “mental illness” might take us further in promoting recovery. In general, assessment and treatment of violence-related issues can be found all over the psychological map. Violence has been seen as an issue not related

to society's impunity for perpetrators of the general ubiquitousness of violence, but to hazier problems such as anger management, alcohol use, low self-esteem, thin boundaries or lack of self-defence skills in victims. This questionable attribution may be ideological. Society seems more focused on explaining away violent behaviour than supporting victims, particularly when the victims are women and girls. Therefore, I will now take the position that "cause" is a theoretical and ideological decision. In Canada, statistics show us that one-third to one-fourth of all women will experience sexual assault violence in their lifetime, the rates varying depending on where they live and their cultural/ethnic affiliation. Many of these females are not over 18 years old. In a presentation at the Canadian Domestic Violence Conference in Toronto (June 5, 2015), American trauma theorist Judith Herman presented similar statistics for the United States. These numbers point to a problem of impunity for male perpetrators of sexualized violence. It is important to weave this reality into the analysis of violence issues and what young people face in terms of post-violence social responses, justice, and the (absence of) positive factors that can lead to recovery. How we construe and treat the problem relates directly to the eradication of the problem of violence, and how the problem is construed will influence how broadly the context is taken into consideration, if it is taken into consideration at all. A mental health problem (i.e. a psychological problem) is treated differently than a violence problem (i.e. a problem in the social world). Women and children are victims of domestic violence at rates that are annually increasing rather than decreasing, while resources are scarce.<sup>8</sup> Young people, particularly Aboriginal children and youth, are being removed from their families into a system of government care, which is well documented to be highly flawed if not systemically violent as well, as stated by British Columbia's Representative for Children and Youth (Turpel-Lafond, 2015). Under circumstances of violence and other forms of adversity, it is understandable that children and youth (on a large scale) could be afraid, highly alert/vigilant, have difficulty concentrating, and experience other disruptions in their functioning.

Overwhelmingly, the social and professional response to children and youth is through a discourse of pathology, deficit, and focused on the individual. This is language that, evidence suggests, victims pick up as "true" from the professionals who surround them. As a biologist and a geneticist, Richard Lewontin emphasized that a micro **cause** (behaviour) doesn't account for enough evidence to determine a conclusion (diagnosis). Applying Lewontin's ideas, these categories of adolescent mental illness and their corresponding treatments would be considered "just-so" science, despite the reliability and validity scores that accompany the research studies that have been rigorously passed as "evidence-based." Why? Because there is a broader social-political context that is strikingly absent. Young people and their environment(s) are in continual interaction—neither are passive (Levins & Lewontin, 1987). English Professor, poet and Geriatric Physician Raymond Tallis also offers a critique of neuroscience and a contextualized trauma theory, reminding us that a brain is in a head, which exists in a body, which exists in a community. He writes:

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<sup>8</sup> "As a result of the increase in the number of emergency-type shelters providing services to victims, admissions to these types of facilities increased from 26% to 40% over the same time period" (Sauve & Burns, 2009).

The errors of muddling correlation with causation, necessary condition with sufficient causation, and sufficient causation with identity lie at the heart of the neuromaniac's basic assumption that consciousness and nerve impulses are one and the same, and that (to echo a commonly used formulation) "the mind is a creation of the brain." (Tallis, 2014)

In order to gain a fuller understanding of what young people *do* when they are victimized in the world, I knew that I needed to find a method, or methods, that would allow me to reveal that which is so commonly concealed—the interaction between a victim and the perpetrator(s), and the social responses that are perceived and received. My research uses case studies to show other people what I see, without any hidden data. I have not placed my work in the traditional paradigm of reliability and validity—rather, case studies provide an in-depth analysis that is open for anyone to critique. The aim of this approach to research is not to predict anything in terms of how young people respond to, or resist violence. The ingenious range of responses, beyond resistance itself, would make predictions futile, even if that was a research objective. It is my goal to provide an alternative understanding through the discourse provided within three case studies. While this understanding is not "correct" or "true," my analysis suggests a trajectory of questioning and responding to a victim of violence that challenges the structures of power, oppression and bias that so many young people experience.

I have struggled with finding the most appropriate way to research this topic that will avoid further exploitation of the exploited (young victims of violence). Feminist writer, bell hooks (1994), speaks of theory evolving from experience and a depth of understanding. It is from descriptions such as this that I draw a call for research that deepens our understanding of experience and interaction:

"I came to theory because I was hurting— the pain within me was so intense that I could not go on living. I came to theory desperate, wanting to comprehend — to grasp what was happening around and within me. Most importantly, I wanted to make the hurt go away. I saw in theory then, a location for healing" (p.59).

I connect strongly to the idea put forward by Patti Lather (1993), an American social science researcher, of how research can be useful, versus how it can be measured. As stated by Murilo, "I've learned that method is a compass, not a map" (McNamee and Hosking, 2012, p. 13). Increasingly, the rigidity and exactness of traditional research is broadening to accept the "messiness" of interaction, relationships, and humanity. In fact, this is a description that matches the unpredictable nature of inquiry—narrative analysis and discourse analysis.

The concealment of victim resistance provides an easy, alternative route to follow the readily available discourse of deficits. I chose narrative analysis to give young people a voice through this work, and specifically, to bring forth their otherwise concealed, yet ever-present, forms of resistance to violence. I have combined this method with discourse analysis, upon which I will elaborate further in the next section. The dominant discourse that creates structures of power in the lives of children and adolescents, particularly regarding issues of violence, becomes essential to identify in challenging our own assumptions, and the assumptions of others (McNamee & Hosking, 2012).

## *Narrative Analysis and Discourse Analysis*

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I have chosen three distinctly different, written accounts to explain and analyse through narrative and discourse analytic methods. These three accounts come from the lived experiences of Shannon, Derek and Amanda. Shannon, as an adult, wrote about being a victim of violence at the hands of her boyfriend during adolescence. Derek wrote about physical and emotional child abuse by his mother and stepfather, and then in the state foster “care” system. Amanda, as a 15-year old girl, posted a plea for help on the Internet following a lengthy period of cyber-stalking, violence, and torture. My interest is not so much in what is easily observable through these accounts, but rather to do what McNamee and Hosking have identified as important in their description of narrative analysis:

...to articulate muted, suppressed and excluded voices, and in this way to re-situate dominant voices/stories, enable a play of differences, and open up new possible realities and relationships. (McNamee & Hosking, 2012, p. 51)

Choosing the method of *narrative analysis* created an opportunity to pair this with a Response-based contextual analysis (Wade, 2012) which considers a) social material conditions, b) situation interaction, c) offender actions, d) victim responses and resistance, e) social responses, and f) responses to social responses. Each of these areas will be described fully in the following chapter. My clinical experience has demonstrated the regular concealment of this information in favour of deficits and pathologizing language, and the multiplicity of viewpoints that are typically not considered over the power of dominant discourse.

When people tell you stories, there are a number of viewpoints on the world. The world is full of multiple perspectives. We’re each seeing the world from a physically separated perspective, an autobiographically separated perspective, a linguistically separated perspective, et cetera (Frank, 2007, p. 122).

Arthur Frank highlights one of the key elements of narrative research; it is not correct and nor is it the truth—it is a perspective. Perhaps most significantly, through choosing the research methods that I have, I am not seeking to uncover a *cause* and *effect*, but rather responses and interactions.

The analysis of responses and interactions calls for a careful understanding of discourse. This led me to including a specific approach of discourse analysis in my research—that is, an examination of how dominant discourses are formed (Foucault, 1972, 1979; McNamee & Hosking, 2012) and how, in turn, they influence the social responses that victims of violence receive. While narrative analysis is useful on an individual, therapeutic level (a practice of witnessing and deconstructing a dominant discourse of deficits), discourse analysis can contribute to the broader goal of social change. This is accomplished through highlighting patterns of domination and oppression:

- Domination is studied through the perspective of the dominated group(s)
- The experiences of dominated groups are used as evidence to evaluate dominant discourse
- It can be shown that the discursive actions of the dominant group are illegitimate

- Alternatives to the dominant discourses can be formulated [and are] consistent with the interests of the dominated groups.

(Van dijk, 2008, p. 6)

Where it is appropriate, following each of the narratives, I will identify my use of discourse analysis in a clearly marked diagram or line-by-line discourse. I will demonstrate how language is used discursively or for a particular political end, and is used to construct dominance and power. As mentioned earlier in this Chapter, Darrel Regier's switch in terms from "mental illness" to "disease" (American Psychiatric Association) is significant, and this is one way that dominant discourse is established and maintained. Discourse analysis seeks to identify the way(s) in which language is used to establish and/or inform a) significance b) activities c) identities d) relationships e) politics f) connections g) knowledge (Gee, 2011, pp. 88-89).

### *The Importance of Studying Stories--Shannon, Derek & Amanda*

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Each narrative used in this research was chosen for the diversity of the context and the clear description that each writer provided about his/her experience. There are additional reasons that I chose these three narratives, which are important to describe.

#### *Shannon*

Shannon could be anyone's daughter, or sister, or best friend. Someone who is young, seemingly unblemished, successful, and strong-willed challenges the stereotypes that often accompany ideas about victims. She articulated her resistance in a way that the full scope of the violence could be understood; it is rare to have a description that includes the actions of the perpetrator and the resistance of the victim. Through this description, Shannon reveals her sense of worth, her mental wellness, and her desire to be treated well. These things are frequently questioned in women and girls who are victims of violence—that is, unless their acts of resistance are carefully examined. Finally, Shannon is young and she is being seriously hurt. It is dangerous to dismiss the relationships of adolescents as less significant, or less dangerous, due to their youth. I chose Shannon's narrative because I feel that within it, she highlights dangers in young relationships that are too easily hidden.

#### *Derek*

I met Derek Clark in 2010, at an international conference for foster parents where he was the keynote speaker and I was delivering a workshop. At that time, I had been a foster parent myself for more than ten years, and learned that he grew up in the foster care system in California, USA. We quickly found common ground in our values and philosophies, and we maintained a connection in the months that followed. In the following year, we decided to write a book together that featured our experiences "inside" the foster care system—as a caregiver and as a former child in foster care. Derek's descriptions, from the perspective of a very young child, mirror the words of so many other children that I've spoken with over the years. Similarly, he experienced the high levels of pathology and isolation that are so common. I chose Derek's narrative, and the interviews between us, because he reveals the thoughts behind his behaviour. This is a demonstration of disrupted "normal" development that did not negatively

affect him for the rest of his life, as predicted by the BC Mental Health Association (2014).

### *Amanda*

Amanda gripped my attention, along with much of the world, in 2012 when she posted a plea for help on YouTube days prior to dying by suicide. There is a desperate irony to the outpouring of love and care that Amanda received following her death—a response to relentless online stalking from a stranger and violence from her classmates—the kind of social response that she begged for while she was alive. Her final message to the world was “I have nobody—I need someone.” Perhaps most important, I found myself reading the news articles reporting her suicide as a response to “bullying,” and I became interested in the widespread use of this term. I chose Amanda’s YouTube narrative because I found she had many important lessons to teach:

- why the voices of some are heard over the voices of others;
- the distinction between bullying and violence; and
- the difference in social responses depending upon the language that is used.

Through analysing all three of these narratives, I seek to reveal specific responses and acts of resistance to violence, the social responses that each of the young people received, and their responses to these social responses. I have used different formats with each account to display my analysis, such as charts and line-by-line discourse analysis, in order to highlight specific responses and acts of resistance. I chose these formats based on the structure and form of the narrative(s) and my desire to provide a consistent contextual analysis for each story. My goal is to display clearly the silenced resistance in order to demonstrate that silencing resistance also hides the level of brutality and deliberation behind the violence (Coates & Wade, 2007; Todd & Wade, 2004; Wade, 2005).

### *Approach to the Study of Narratives*

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The purpose of choosing narrative analysis is to, as much as possible; bring the stories of these three young people to life. I have borrowed some ideas from ethnomethodological conversation analysis (EMCA) with emphasis upon “demonstrable evidence of the participants’ own view—their creation, treatment and understanding of the events as they occur” (Neville, Haddington, Heinemann, & Rauniomaa, 2014, p. 9). In other words, I have attempted to bring forth the rich contextual detail provided throughout the text, inclusive of the physical, spiritual, emotional and intellectual responses (Richardson, 2008) that are described. As I reviewed the written words of each narrative, I used the Response-based contextual analysis (Wade, 2012) as a framework to identify all six categories (See Appendix 1). I highlighted each of these with different colours and reviewed each account numerous times.

In my clinical work and conversations with young people who have been victims of violence, I listen to them speak with tremendous intention. I am listening not so much for what was done *to* them, but for how they responded and resisted. I don’t interrupt them, but rather imagine catching these acts of resistance in an imaginary butterfly net. When there is a natural pause, I start to lay out the acts of resistance, one-by-one. This is my way of checking back with them—checking if I was listening well



enough. Clarifying also provides the teller with a chance to adjust their words, sometimes with more richness or increased memory. It is through “talk” or “telling” that one gets to hear one’s self, one’s own narrative, reflect, re-examine and take the opportunity to make adjustments.

My approach to analysing the written words of these three young people is to extrapolate all of the things that I would pay attention to—that which would land in the butterfly net if I had the opportunity to be in dialogue with them—and take the time to talk about why. I do this with the full understanding that, together, we are constructing meaning. Someone else would likely pay attention to different things and different meaning may be constructed. That is part of the magic.

### *Approach to the Analysis of Discourse*

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The analysis of discourse is social and political. The structures that surround victims of violence and the professionals that work for them hold power and, with that, create dominant discourses that minimally require awareness and, ultimately, can do harm. For example, as the literature emphasizes and as previously discussed, the discourse of symptoms, disorders, and diagnosis is prevalent amongst young people who have been victims of violence.

My approach to discourse analysis is done through carefully reading each text and the self-descriptions that each young person uses, as well as the descriptions that are used “on” them. I was able to access reports and external documents from the individuals themselves (Derek Clark obtained his youth file through freedom of information) or through the media (the life and death of Amanda Todd was broadly covered through multiple media sources). Conversely, I pay close attention to the ways in which the youth “lean in” to these descriptions or resist them within their own narratives.

I read each narrative through the lens of the Response-based contextual analysis framework (Appendix 1). I highlighted examples from the text with different colours, each representing a separate category from the diagram. For example, each case of a victim’s response or resistance was highlighted in green throughout the document, and all examples of social responses were highlighted in pink. I reviewed all three narratives four times after I had highlighted each category, as a way of questioning my own interpretation of categorization. Once I completed this process, I reviewed all three narratives, along with my assessment of categorization, with a colleague who is a co-founder in the Centre for Response-based practice. My colleagues, Cathy Richardson and Linda Coates, have reviewed my research and findings to ensure that my work is consistent with the principles of narrative analysis, discourse analysis, and Response-based practice.

### *Rationale for Combining Narrative and Discourse Analysis*

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The social constructionist approach to research, regardless of method, is done with a “light touch” and is oriented toward openness, appreciation, and relationally engaged practice (McNamee & Hosking, 2012). This describes the essence of narrative analysis. But let’s be clear. Social constructionism is not about “...anything goes. In

fact, nothing goes without being looked at and being carefully critiqued” (McNamee, 2013). This is an idea also expressed clearly in Narrative Therapy by Michael White (White, 2000, p. 114). Both discourse analysis and narrative analysis emphasize careful critique and while always with a “light touch” that respects possibilities, they push at the edges of dominant discourses with a gentle nudge. There is a decided difference between taking an “expert stance” and standing tall beside a so-called “expert” with the question “*What if?*” So, I may ask the following questions:

*What if instead of depressed, she is oppressed?*

*What if instead of insomniac he is wakeful...listening to ensure that his little brother is safe from harm?*

*What if instead of low self-esteem, she has low social-esteem...just like anybody would who felt like everyone around them had turned their backs...called them names...?*

*What if instead of having an attachment disorder, he’s some kind of attachment specialist? He can figure out quickly who to trust, who’s a game-player, and who will leave him...he connects with people accordingly.*

Combining narrative inquiry and discourse analysis brings the micro story of an individual together with the macro social and political issues that create negative social responses and institutionalized violence. What is often referred to in our dominant, medicalized discourse as posttraumatic stress disorder is clearly articulated through the narratives of Shannon, Derek and Amanda as not “post” at all. The wound, or violence, doesn’t actually end after the initial assault(s) as the negative social responses and/or institutionalized oppression carries on. This strikes me as too important to ignore.

### *Critical Reflection & Limitations*

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Research is inherently imperfect and laden with limitations. As I reflect upon my process of deciding on a research method and settling with the inclusion of two main processes, I appreciate that I could have taken many other directions. A method doesn’t direct or limit the research itself; it merely provides a framework within which possibilities emerge (L. Coates, personal communication, January 3, 2015). Once developed, a framework for analysis that is specific to issues of violence and young victims, while challenging the status quo, may become useful. That is, an alternative to a medicalized, deficit-based perspective that silences victims and privileges, even colludes with, perpetrators is useful. It is not necessarily true, or correct, or the only way. It is one perspective, and it is my perspective at this juncture. It is, additionally, lending credence to the reality that not all young women are Malala and not all voices are equally heard—or ever heard at all in some cases. While remedying this injustice completely is a limitation of my research and practice, ignoring it would be a failure.

It could be considered a limitation of my research to be working with text. That which can be explored, constructed, and corrected through dialogue is limited by analysis of the written word. This is a singular exploration into the most intimate thoughts and experiences of three individuals, without having the advantage of ensuring:

- That their voice is being understood
- That they understand the language being used to describe their experience(s)
- That I am accountable to the locations of power that I hold, and that my clients may not (Reynolds, 2010).

There is always a risk of misrepresentation in efforts to represent someone's subjective experience in situ, in context. Whether qualitative or quantitative, research can never succeed in representing a "truth" fully. However, that might not be the goal of research either. Perhaps our research efforts are better thought of as contextualizing and interpreting a person's lived experience so that we may collectively put our minds toward improving the conditions that are maintained within our societies. There will always be competing ideologies and a competition over what something "means." As researchers, we can strive to create threads of meaning which are as rich and as embedded as possible while realizing there will always be a fight over "truth." The closest to truth we can get in an interpretive inquiry is to understand events through the experience of the subject and to honour the context and fabric of life in which these events took place. We can hope that our representations and interpretations resonate for others, perhaps creating a community of experience and a public conversation. Rather than a limitation, this can be seen as a process of reaching for and trying to create understanding.

### 3) SHANNON: FAIRYTALES, FEAR, and FATALITIES

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#### *Resisting Violence in Adolescent Romantic Relationships*

##### *Part 1: Children & Creativity; Lessons from Literature*

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When the Disney movie *Beauty and the Beast* was first released, it was hailed as a classic by critics. One critic even wrote that the movie brings together “traditional fairy tales and feminism” (Smoodin, 2015), finding Belle to be strong and determined and he expressed his admiration of those traits. Nevertheless, there was also a dark side to *Beauty and the Beast* that Disney did not address nor actively conceal. The Beast was a prince cursed after his cruelty to a witch disguised as an old woman in need of shelter and food. The curse revealed the man’s inner ugliness so that his cruelty would be visible to all. He rages, he yells, he is abusive. His outer face fits the ugliness of these actions. Yet, despite the curse (which could be seen as a blessing for others as it alerts them to his bestial nature), Disney manages to minimize the Beast’s problematic actions. They are hidden, disguised, and eventually talked away as the scene is set for romance. The Beast imprisons the girl and while she is there, her actions are presented as “causing” the Beast’s behaviour. She leaves the confines of her room and goes places she is forbidden to go, and so the prison is presented as not a prison. She stands up to the Beast, saying and doing things against his edict, and so her prisoner is presented as not an prisoner. Because she resists, he is construed as less violent than he is. Disney can then portray the Beauty and the Beast as a couple who fall “in-love.” This is a fairy-tale version of “Stockholm Syndrome,” a psychological construction that describes a woman aligning emotionally with her captor(s). Allan Wade has recently critiqued this construction in consultation with Kristine Enmark, the woman after whom this idea was developed, as a concept that essentially covered up police ineptitude and silenced a woman (Wade, 2015). In *Beauty and the Beast* they eventually kiss and the curse is broken. He is no longer ugly but a handsome prince. It is as if the Beast just needed a strong girl to turn him around and get him to cease his violence. It is as if he just needed a girl to teach him how to act. As if his mistreatment and abuse of others, including Belle, was not so much about him but others: if they were not so passive, he would not be so abusive. A neat binary of opposites, or to use Lenore Walker’s (Walker, 1980, 2009) terms, there were complementary characteristics between the Beast and all the others he had mistreated. Belle acts outside that binary; acts as if he will not hurt her, kill her, rape her, or retaliate with any other forms of violence or abuse if she refuses his orders and demands. The binary is broken, Belle does not act in ways that preserve the imputed complementary characteristics between abuser and abused and so it is broken, and the Beast is saved.

A lovely fairy tale but the real-life lessons to be learned are not those sold by Disney. Surveys show us that some boys are beating and raping the girls they are dating. In real life it is not the girls’ actions that cause the boys to beat, rape, or otherwise abuse them. In real life, there is not such a neat binary of opposites, not a

marriage of complementary characteristics (though Disney is not the first nor the last to presuppose this). In real life, those who choose to use violence do not undergo a metamorphosis caused by girls who resist their violence. If this were the case, then all people who use violence would be transformed the very first time they abused or violated someone else. And in real life the abusive person is very unlikely to turn into a prince.

In speaking openly about violence, we should include the resistance to that violence so that we are not replicating the muting and suppressing of victims' voices, actions, and power. Rather than being like the movie critic who hoped his daughter would act like Belle if she were to encounter a man such as the Beast, we need to recognize that all victims of violence resist. And we need to recognize that in real life, when a girl openly and brazenly stands up to violence, she would likely receive escalating violence and cruelty. In fact, many perpetrators have put conditions into place where they are more likely to get away with the violence and where the victim won't be believed. In real life, a father is wise to hope that his daughter not be bold, open, and brazen like Belle but rather subtle, covert, and crafty. A victim's tactics of resistance will typically take this knowledge into account.

When violence or abuse occurs, it becomes obvious why the two widespread public narratives for teenage relationships (i.e., romanticized as puppy love involving harmless exploration or minimized as fleeting, unimportant, and trivial) lack context. Murder, beating, rape, and suicides do not fit the narratives of harmless puppy love or trivial relationships. Girls who have suffered abuse may feel more than ever that the violence they are experiencing will not be understood by others; that others will not be helpful, that professionals only make the situations worse, or that parents cannot be told lest they get into trouble after protecting their children.

Adolescence is not always a safe time—violence can occur at home, at school, at social gatherings, and so-called romantic outings. About nine percent of Canadian high school students report being “hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend” in the 12 months prior to a survey done by Centre for Disease Control & Prevention (2015). Adults who have been raped, physically violated, or stalked by an intimate partner report high rates of being physically assaulted as adolescents (ages 11-17: one in five women and nearly one in seven men) (2015). Adolescent romantic relationships are clearly a more common site of violence than is typically recognized. A review of the 89 suicide and self-harm cases of youth in government care in British Columbia reveals that approximately one-third of youth had a “romantic conflict in the 24 hours preceding their suicide or self-injury” (Turpel-Lafond, 2012, p. 5).

One point that must be addressed in this writing is our use of the terms perpetrator and victim. Many academics and practitioners today do not like these terms, in part because they are too often used as identity terms. That is, they are commonly used as if having been victimized or having committed violence comprises the person's whole identity. Such uses of these terms are indeed problematic. However, in Response-based practice these terms are used as interactional: in a specific interaction (or set of interactions) one person (the perpetrator) victimized another person (the victim). These experiences do not comprise the person's whole identity. Nor are they static, one person can be a perpetrator in one interaction and a victim in another.

Therefore, the terms clearly describe the person's actions within the interaction. Moreover, the term victim rather than survivor is chosen because "victim" carries the connotation that a wrong was done to that person. We want to recognize that wrong, both to represent the interaction as closely as possible to the experience of victims, and as a social justice and human rights practice. The term survivor tends to disregard these deaths and sets up a false binary of resistance and non-resistance.

These sobering realities of violence must be taken into account in any developmental theory or assessments of adolescence. To do otherwise is to risk completely misunderstanding a young person. Theories or assessments that do not take into account the adolescent's full context are biased; what we call the "benign-world-bias" (Coates & Wade, 2012). The benign-world-bias is the false assumption that the person lives in a world where people are kind, considerate, helpful, or the very least neutral. The consequences of adopting this bias, which most theories of human development take, would be something akin to the socially constructed cultural biases in theories and assessments. The negative consequences to adopting the benign-world-bias may be even more problematic than adopting a cultural bias because of the extreme nature of violence, the ensuing circumstances and the social responses. While we need to recognize the risks in adolescent relationships, this cannot be our sole focus.

As parents, professionals, and community members, we invite a focus on how each of us responds to victims and perpetrators of violence. Far too often, we use language that minimizes teen violence and abuse, largely due to an adopted dominant discourse and the social/political structures that are in place. For example, we call harassment and assault "bullying" which minimizes the degree of violence and abuse as well as the harm done to the victim. There is widespread, accepted language for sexualized assault such as "date-rape," which presents the motive of rape as somehow connected to romance and possibly some degree of consent—as if it was a simple misunderstanding rather than a calculated attack. Our culture frequently mutualizes beatings as "conflict" which presents the victim as having a role in the conflict and being responsible for the conflict (and the corresponding solution). Adolescent perpetrators of violence are often excused and victims blamed. For example, people will dismiss abuse and violence, as "kids will be kids." Even judges have minimized sexualized assaults against girls by saying that "boys will be boys," as if sexualized assault and rape of girls is a natural consequence of being a boy. Our societal treatment of victims can be very problematic: when victims of violence seek help from teachers, the violence is routinely mutualized and victims are suspended from school along with the perpetrators--ironically on the grounds of "zero tolerance for violence" policies<sup>9</sup> (Psychologists, 2001). Research clearly reveals that when victims of violence indicate that they are unsafe and seek out safer people and places, we have accepted patterns of response and language that often stereotype them as "needy" or "dramatic" (Charuvastra & Cloitre 2008; Moore, 2014; Ullman, 2010). These responses, even done with the best of intentions, are not helpful and can be very harmful to victims.

Victims of violence seek therapy for a wide range of concerns. Some have been led to believe that they were abused because they were submissive (and so even deserved the abuse), some have been labelled mentally disordered or dysfunctional because of the abuse, and some have been led to believe that there must be something

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<sup>9</sup> "Zero Tolerance" Policies have been popular in North America for addressing issues of violence, weapons and drugs in school settings through immediate suspension.

wrong with them because they have been victimized by more than one person (i.e., they unconsciously seek it out, or they lack boundaries) (Wade, personal communication, July 11, 2013). We have found that when they begin to acknowledge their own history of responses to and resistance against violence, they find that rather than pre-existing weaknesses and deficiencies, they have many pre-existing capacities. For example, they find that they have the capacity to be keenly aware of small details of the situation and nuances in the interaction that they have used to avoid violence, minimize violence, or otherwise prepare for the coming onslaught. Others find a history of such capacities as courage, determination, and perseverance. The goal then is that victims are given the opportunity to talk about the ways they held on and re-asserted their dignity.

My research describes the social histories of two adolescent girls, Shannon and Amanda, and former youth in care, Derek Clark. Shannon wanted her story to be told so that other girls and professionals might benefit from her history of victimization and ensuing resistance. Amanda posted her story on the Internet, and she had a desire for worldwide expansion of learning from the profound suffering that she endured. Derek has become a motivational speaker in adulthood, and is the Ambassador for the Foster Care Alumni of America (2012). These narratives not only show how violence against adolescent girls and within the foster care system is a substantive problem; they also show how understanding responses to violence are crucial for the well being of adolescents. Through finding language to describe the perpetrator's violent actions, the victim's responses and resistance to those actions, actual and anticipated social responses to the violence, and the responses to those social responses, we begin to develop an understanding of violence from an interactional perspective, and a framework for intervention.

The way that helping professionals commonly talk about and understand victims of violence is increasingly merged with the language of "trauma." The origin of this word is "wound" (*Oxford Dictionary*, 2015) and the recent growth of "trauma-informed practice" is consistent with placing emphasis on the assumption that victims are wounded. Trauma-informed practice contains the assumption that treatment should be organized around the wound or the problem, not around solutions or celebrating resistance and positive social responses (as in Response-based practice). In Response-based practice, treatment would be organized around highlighting the responses and resistance that victims of violence always demonstrate and contests the idea that they are wounded, damaged, or ill. In fact, I propose that they know exactly what to do and say, even if for reasons of safety it can only be in the privacy of their own minds. This rarely stops the violence (Wade & Coates, 2004), however it does demonstrate mental wellness and contest the accepted discourse of pathology. If this idea is taken seriously, our social, professional and political responses to both victims and perpetrators of violence will shift. Honouring the interdependence (distinctly different from "co-dependence," which carries a negative connotation) of victims recognizes the necessity of interaction and social responses, while rejecting the individualization of pathology and language of "trauma."

The following factual account provides an important view of the responses and resistance of Shannon, who was victimized and terrorized in the context of an intimate relationship and the social context of adolescence. Understanding her actions, thoughts, and feelings as forms of resistance *against* violence rather than effects *of* violence invites a shift away from viewing victims from a deficit framework, commonly known



as passive, low self-esteem, depressed, or having poor boundaries. Rather, this narrative will demonstrate her attempts to create safety, to protect her dignity, to manage the social responses of those around her, and to carefully respond to the social responses that she received.

Below I provide a brief social history of Shannon. I describe the violence that was perpetrated against her and then articulate in more detail important elements of the social context, the perpetrator's actions, the victim's resistance, the social responses to the victim, and her responses to those social responses. This story is a first person narrative.

### *Shannon*

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I met him when I was 15, he was 17, and I was instantly captivated by a powerful sense of infatuation. It seemed important at the time to not only have a boyfriend, but also a 'serious' one that was more significant than just a high-school "fling." In that first year, it was easy to overlook his moodiness and occasional angry outbursts. I cared for him, and could always find a way to explain his dark ways.

By the time I was 16, I was beginning to learn the unique influence that a girl can have over the moods of a boy through words and touch. I could catch that edge in his voice very quickly, and then immediately alter my own to sooth and placate him in a way that would change the course of our interactions. This became a daily dance of adjusting my own actions and tone to reduce his anger. My words and my body weren't used for romance or sex in my mind, but rather to set the stage for the rest of the day or night so that I could be more confident that he would not hurt me or embarrass me in some way with his cruel words.

I didn't understand why my relationship skills became less effective over the following year. What used to work to placate and pacify him no longer worked. He began to change slowly at first from being angry and bad tempered some of the time to someone much scarier. I continued to adjust what I did and what I said according to his mood but my previous ways of calming him down didn't seem to make much difference.

When he punched me in the face the first time, I stood in shock with blood running uncontrollably from my nose—I didn't even try to stop the bleeding. I think I wanted him to see it. I turned without a word and walked out of his house, thinking, "You just crossed the fuckin' line." My dad worked a few blocks away, and with blood-covering my face I walked determinedly down the sidewalk with the idea that I would go and get him, which would be a conclusive end to that relationship. I was only halfway to my dad when I crumbled into a heap by the side of the road. My dad would kill him. I knew he would. In that moment, I wanted nothing more than the help and protection of my dad, but somehow I knew that if I involved him everything would get even worse. I thought of the police getting involved and my dad going to jail. I cried on the sidewalk as I realized that I couldn't bring my family into this mess. My pride, however, wouldn't allow me to be in public that way. The confidence and "fuck you" attitude was gone from my step as I made my way back to my boyfriend's house. If anyone knew at that time what had happened, they would have told me I made a stupid choice. I've told myself that many times. This was a turning point. The support of my

family would have undoubtedly helped me get out of this and stay out, but in my mind, the cost was too high. Walking back meant I was on my own, and I knew it. As time went on, I would not be able to tell anyone out of fear that they would tell my dad, or someone else in my family.

Somehow, the shock of that first hit wore off and I started to trivialize most of the assaults as “not that bad” or “not nearly as bad as the last time.” I began to think of myself as “tough enough” to handle him, and “smart enough” to change him. I had learned how to sometimes avoid the violence through distraction; I would plan “dates” to surprise him, invite his friends to distract him, or use sex to simply change his mind. I learned how to bring it on when avoiding wasn’t possible so that it would be over quicker; I would call him names, hit him first, or try to run away in the middle of his tirade. I also learned how to bring forth his shame afterwards with the hope it would change things next time, by doing things like emphasizing the pain of my injuries rather than downplaying it. I knew how to “not tell” so that nobody else would get hurt. I looked forward to the warmth and compassion of his apologies.

I knew counsellors were supposed to help and so I picked one from the phone book and called. I didn’t give him much information over the phone, mainly because he didn’t ask. His leading question was “did I have the money to pay?” and my leading question was “is this confidential?” His mocking tone when I told him that I, a 16-year-old girl, was seeking couples counselling led to my decision not to call back.

During this time, in many ways I felt deeper “in love,” because I couldn’t articulate the difference between love and loyalty, and I was absolutely unwavering in my commitment to hide the violence. I had to do so much to hide and avoid his attacks, that it was easy to believe that I was simply protecting him. Easy to think that doing these things meant that I was deeply in love. Easy to “forget” that I was protecting my dad, my family, and myself. After more than a year of such violence, this had become expected of myself, and my secret.

He told me after he “lost it,” that he was in a “blind rage” because I had said or done something that he didn’t like. He hit my back, stomach, and my arms.... With only rare exceptions, he did not hit my face or other publicly visible parts of my body, depending on the season. Although I was often bruised and sore, it was easy to hide the reality of my situation from absolutely everyone else in my life.

The violence usually occurred in his house—in his bedroom. Although I tried not to draw their attention out of sheer humiliation, his mom and younger brother knew what was happening and did not openly attempt to stop him, at least not in front of me. There was one occasion that helped me realize the fear in that household stretched far beyond what was happening to me. In the middle of one of our “fights” I was curled up in the corner of his bedroom while he kicked me repetitively, and his 12-year-old brother barged into the room with a red face, and looking like he was ready to take on the world. He was shaking, and screamed that as soon as he’s big enough, he’ll make sure nobody else gets hurt. He slammed the door and ran away before the danger could be turned on him. I’ve never forgotten that act of childhood heroism. I believed that they were just as scared of him as I was. I often wondered if he hurt them too. I always looked, but never saw any visible signs of injury on them.

I learned the critical timing of escape when he became angry so that I could avoid or stop being beaten up or raped. But as I became more skilled at escaping, he became more brutal in stopping the escapes. By the time I was in grade 12, it was clear that there was no escape possible because any escapes were followed by an increase in his violence. Many times I would run to my car and he would stop me before I could leave and drag me back. If I successfully made it out of the driveway, I would shake so strongly that I could barely drive. When I could, I would speed away dangerously because I knew I had to get away. One time, after I had managed to get away, my only focus was staying on the road. Suddenly, I felt a car ram into my back bumper at 100 km/hr. It was him. I was terrified. I did not know what he would do next, the unfamiliar sound and feeling of the two cars crashing at such high speeds registered in my head. The thought that he would *do* this on purpose led me very quickly to the knowledge that I would be completely at his mercy if he got his hands on me. There was nothing left for me to “manage.” I intuitively knew that this was not “blind rage” or someone out-of-control—he was after me and would not stop until he was done.

The first time he rammed into me, I nearly lost control. Somehow I managed to keep my car on the road. Just as I regained control, he did it again. After he slammed into my vehicle the second time, I felt I had no choice but to pull over. I sat with a firm grip on the steering wheel and watched him approach the driver’s side of my car. I must have been scared, but my thoughts were clear in that moment and running away didn’t enter my mind. Giving him my “Fuck you” attitude again, secretly in my mind. I sat there, staring straight ahead out of the windshield, probably not even blinking. He yanked open the door, pulled me out, grabbed the back of my head, and then slammed my face into the top of his head over and over and over. He finished with me by throwing me back into my car and without a word driving away. I didn’t cry.

Something changed in me that night. I was a physical mess, but I felt like myself again. I had a dented bumper, my nose was broken, I had a black eye, and my face was swollen, all visible: I had evidence. Not just evidence, but in my mind I had the right ‘kind’ of evidence to be taken seriously if I decided to go to the police, even though I was only a teenager. This scared him enough that I knew it was safe enough in this window of time to do something different. We didn’t need to exchange words about it. We both knew it was over.

I started making plans. Although I didn’t physically “get out” right away, I was emotionally, mentally, and spiritually done with him. I went to a friend’s house to be cleaned up, and told her everything. She became my “safety plan,” such as it was. I picked her because she had been a childhood friend and I trusted her; I felt like I had lost everyone else. I filled out an application form to a university across the country, where I didn’t know anybody, and nobody knew me. I didn’t tell him that I did this, even after I’d been accepted. I didn’t tell him until the day before I left.

Violence had never been a part of my life before this relationship. I did not have low self-esteem or lack confidence. I am grateful that I had a history of feeling good about myself, because I didn’t ever quite forget that it was possible. I had frequent fantasies of escape with no consequences, and that is where I saw my future. I did many things in an attempt to change, influence and stop the violence.

I learned how to do the all of the subtle things that can only be known to someone who is being hurt by someone else. Ultimately, I knew how to make a plan that would be a reasonable explanation for moving across the country, without anybody but me knowing the real reason.

### *Response-based Contextual Analysis*

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Social and psychological discourses readily label girls like Shannon as deficient. They are frequently judged as lacking boundaries, having low self-esteem, being enmeshed, being depressed, being anxious, or even having “borderline personalities.” These deficiency-based frameworks effectively vanish the violence that girls are responding to and resisting. The perpetrator of violence is also removed from consideration through this lens, as her deficiencies become the sole focus. Indeed, these frameworks allow girls to appear irrational, deregulated, and out-of-control. An alternative description of them is “traumatized,” which has its own criteria for treatment that continues to focus primarily on the “effects” of the violence to the victim. This also maintains violence primarily as a women’s and girl’s “issue,” highly individualized rather than social, and the actions of the perpetrator are less likely to be taken into account and may be recast with some other vocabulary (A. Wade, Personal Communication, January 5, 2015). Trauma theories have become popular, as they appear to offer a helpful approach through acknowledging adversity or suffering. While trauma-informed practices are a marked improvement from other, severely deficit-based interventions, trauma theory continues to locate the “problem” of violence in the mind of the victim.

Traumatic events in childhood increase risk for a host of social (i.e., teenage pregnancy, adolescent drug abuse, school failure, victimization, anti-social behavior), neuropsychiatric (i.e., post-traumatic stress disorder, dissociative disorders, conduct disorders) and other medical problems (i.e., heart disease, asthma). The deterioration of public education, urban violence and the alarming social disintegration seen in some of our urban and rural communities can be traced back to the escalating cycles of abuse and neglect of our children. (Perry, 2003)

It is essential to make a distinction between responding to a traumatic experience versus violence. While trauma is an inherent to being a victim of violence, violence is not necessarily a component of trauma. Trauma theories do not specifically address the role of victim resistance, perpetrator responsibility, micro social responses to victims or macro social responses such as racism, sexism, ageism or classism as part of the reason for why violence has occurred. Although each of these “isms” is socially constructed, the consequences of them are carried out by intentional human design. A fundamental difference between the language of trauma and violence is the focus being on the traumatic event, or what was “*done to*” the victim, versus how the victim responded and resisted; what aspects of their personal agency surfaced in the face of the violence? This will bring forth information that contests the idea that traumatized people, at any age, are damaged (perhaps permanently), as stated by Judith Herman, and widely accepted in the fields of psychology, social work and counselling:

Traumatized people suffer damage to the basic structures of the self. They lose their trust in themselves, in other people, and in God. Their self-esteem is assaulted by experiences of humiliation, guilt, and helplessness. Their capacity for intimacy is compromised by intense and contradictory feelings of need and fear. The identity they have formed prior to the trauma is irrevocably destroyed. (Herman, 1992, p. 56)

The following narrative and discourse analysis of Shannon's story provides an alternative way of understanding victims of violence. In order to complete a Response-based contextual analysis, the information about a) social/material conditions, b) situational interaction, c) offender actions, d) victim responses/resistance, e) social responses, and f) responses to social responses should be included (Wade, 2012). The following descriptions of each category will describe this analysis:

- a) Social Material Conditions: What are the conditions in which the person lives? What is the developmental history and current status of family relationships? Consider: Income, occupation, culture, immigration/refugee status, social isolation/connection, spirituality, age, abilities, sexual preference, gender identity.
- b) Situation Interaction: What is the immediate social situation in which the incident occurred? Was the person alone or in isolation? What was the location? Who was present? What did those present know of the person or their circumstances?
- c) Offender Actions: What specific actions or events did the individual experience? What are the clear descriptions of actions or events of concern to the person? In cases of violence, describe the actions of the offender(s) and the unilateral nature of the violence.
- d) Victim Responses and Resistance: Explore the social, mental, physical responses of the person from the beginning of the adverse event(s). What was the 'situational logic' of the person's responses, or how the person 'made sense' of the events as they occurred, taking into account the context, immediate social situation, and social responses.
- e) Social Responses: How do, or did, members of the person's social network, strangers, or authorities respond to the person during and after the adverse event? How is the person responding to the manner in which you relate to them, to the conversation at hand, to others with whom they have met in similar positions?
- f) Responses to Social Responses: How did/does the person respond to various specific social responses? To whom did they disclose or not disclose? Which social responses are helpful? Which social responses are negative or unhelpful? How have they responded to negative or unhelpful social responses? (Wade & Bonnah, 2013)

### *Social/Material Conditions*

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Violence against women and girls should be of critical concern to all of us. It is within this broader cultural discourse of violence against women that adolescent girls are experiencing their first intimate relationships. Response-based analysis is based on the assumption that with very rare exceptions, most people already know the difference between violent and non-violent actions (Todd & Wade, 2004; 2010), however the social conditions surrounding teenage boys teaches them about justifying violent behaviour, excusing abuse, viewing pornography<sup>10</sup> and concealing the resistance of girls. A poignant example of this is evident in the popular video game, *Grand Theft Auto V* (2013), wherein one of the goals is to pick up and kill prostitutes. The social and material conditions that encourage violence against women are underlined, with descriptions in parenthesis [emphasis added], in the following explanation of the video game:

Prostitutes walk certain locations at night. There's a line of them in the industrial area. In something backless with thigh-high stockings. You can beep your horn to pick one up. "Get in gorgeous! Let's party [*formulating violence as a party*]," you'll shout. "Let's find someplace quiet, baby," she'll say.

Drive her [*the perpetrator has a car/money and the victim does not*] to a secluded place, on a beach, next to the surf and palm trees [*the setting is created as warm and romantic*].

"Go ahead, sugar. Tell me what you crave [*misleading the victim to believe she has choice or that the encounter will be mutual*]."

Select your service [*the perpetrator has control*] from a drop down menu on the screen – \$50 for a blow job, \$70 for a half-and-half or \$100 for everything. Use your joystick [*metaphor for penis*] to move the camera on the game, to get a good angle.

"Oh my god, fuck yeah, give it to me [*suggesting her consent*]," she'll say. She'll keep talking for 20 seconds.

When you're done you leave her there [*setting up murder*], run the car forward next to her, then reverse, backing over her. You can get out of the car and beat her [*physical violence*]. She'll let you. Once she's dead, you can grab your money [*murder*] back from the ground.

This is all possible, even encouraged by tips on YouTube and chatrooms [*this is normal*], in *Grand Theft Auto V*. In fact, your character's health (aka life points) goes up when you have sex with a prostitute [*implying this was a mutual, consensual encounter rather than murder*]. (Review of the video game *Grand Theft Auto V*, produced by the Guardian, 2013)

The incorporation of social and material conditions into our understanding of violence broadens the scope the definition from a single action (i.e., boy hits girl) or a series of actions, into a larger social context that includes the full social and material

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<sup>10</sup> 40% of Canadian boys, between grades 4-11, report looking at internet pornography frequently (Deem, 2014).

context. For example, what are the conditions in which the person lives? What is the developmental history and current status of family relationships? Considerations include: Income, occupation, culture, immigration/refugee status, social isolation/connection, spirituality, age, abilities, sexual preference, and gender identity. Through gathering information about the social and material context, it becomes possible to understand issues of power and isolation (Wade, 2012). I have gathered some quotes from Shannon's narrative that I believe fit into the framework of analysis that I am using, and specifically demonstrate each category. It is important to note that these are only some of the examples that I have chosen to highlight this particular structure of analysis—I could have chosen others from her story, as it is rich with examples.

### *Discourse Analysis & Nuances of Meaning*

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Discourse analysis is based upon interpretation and hypothesis, with consideration of the context of interaction. In relationships and in life, we are interpreting and ascribing meaning to the words of others continually. Discourse analysis is a process that is “willing to push the context a bit further than we would in everyday life to see if we can falsify our claims about meaning” (Gee, 2011, p. 32). My process of analysis included consideration of the context of information, as provided through Shannon's narrative, combined with my own hypothesis.

A hypothesis is an educated guess based on some evidence. After we form a hypothesis, then we seek yet more evidence. At some point, we feel the amount of evidence we have makes us confident enough to claim that our hypothesis is true. Yet even then additional evidence—found by ourselves or other investigators—could eventually show that we were wrong or, at least, that additions or changes must be made to our claim...

Because fields move forward through falsifying claims, there is no need to be timid about hypotheses. If one seeks to make the safest and most narrow hypothesis, then that hypothesis is harder to falsify. Even if it turns out to be true, we have not learned as much as we could. (Gee, 2011, pp. 29-30)

Discourse analysis is a study of not only what language describes, but also what it is *doing* in the way(s) it is being used. One of the recognized functions of language is that of *resistance* to oppression, and a direct challenge to “taken for granted understandings” of how the world is (Parker, 2005, p. 91). My objective in analysing the discourse within each narrative is to identify how the language of victims is organized to “expose, withstand, repel, stop, prevent, abstain from, strive against, impede, refuse to comply with, or oppose any form of violence or oppression” (Wade, 1997, p. 25). The following examples demonstrate my interpretation of relevant social/material conditions, examined through discourse, which is taken directly from Shannon's narrative:

- *I met him when I was 15, he was 17*  
[She introduced herself as a subject before him]



- *Walking back meant I was on my own, and I knew it. As time went on, I would not be able to tell anyone out of fear that they would tell my dad.*

[She introduced herself as a subject. Begins with a verb (“Walking”) of independence and protection. She does not mention the perpetrator.]

- *Although I was often bruised and sore, it was easy to hide the reality of my situation from absolutely everyone else in my life.*

[She introduced herself as a subject. She understood the need to protect her family, particularly her dad, from the violence that she was experiencing (“it was easy to hide the reality of my situation.” Secrecy was an act of love.)]

- *The violence usually occurred in his house—in his bedroom. Although I tried not to draw their attention out of sheer humiliation, his mom and younger brother knew what was happening and did not openly attempt to stop him, at least not in front of me.*

[She draws attention to the physical location of his violence (“in his house”). It is significant to her that he was not violent in restaurants, at parties, or even in open areas of his house, where people would be likely to step in and stop him in protection of her. Is she implying his intention--an understanding of a ‘moral code;’ boys shouldn’t hit girls? She identifies that he had more power and control than other members of his family, and that they knew about his violence toward her (“his mom and younger brother knew.”)]

- *Many times I would run to my car and he would stop me before I could leave and drag me back.*

[She introduces herself as the subject. She recognizes that she did not have the same access to power (“he would stop me”), or physical strength that her boyfriend had (“drag me”). She lacked the means to escape unharmed (“drag me back.”)]

- *I felt I had no choice but to pull over.*

[She introduces herself as the subject. She was aware of her lack of power and choice in that moment (“I felt I had no choice.”)]

### *Situational Interaction*

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The situational interaction(s) reveal further contextual details that inform victims what to do, what not to do, and what their range of options are. In the same way, upon careful analysis, perpetrators of violence are carefully contriving these same details. This understanding directly contests ideas such as “I just lost it” or “I suddenly saw red” as less possible, in context. Examples of situational interactions are examinations of the immediate social situation in which the violence occurred. Was the person alone or in isolation? What was the exact location? Who was present? What did those who were present know of the victim, or their circumstances?

- *I turned without a word and walked out of his house, thinking, “You just crossed the fuckin’ line.”*

[She introduces herself as the subject. The first ‘punch’ happened in his house. She doesn’t use words, she uses movement: (“I turned without a word and walked”). She clearly identifies her boundary: (“You just crossed the fuckin’ line.”)]

- *He hit my back, stomach, my arms.... With only rare exceptions, he did not hit my face or other publicly visible parts of my body, depending on the season.*

[She introduces the perpetrator as the subject as she describes each individual body part that he has injured (“my back, stomach, my arms...”). She specifically describes the body parts that he avoids (“he did not hit my face or other publicly visible parts of my body”), implying that he does not want to draw public awareness to her injuries.]

- *The violence usually occurred in his house—in his bedroom.*

[She introduces violence as the subject. She names the physical location (“in his house—in his bedroom”) perhaps to reinforce that it is unlikely that he will be stopped or interrupted.]

- *This scared him enough that I knew it was safe enough in this window of time to do something different...I went to a friend’s house to be cleaned up, and told her everything.*

[She introduces the perpetrator as the subject. She reveals her preparedness to expose his violence, as she mitigates the risk to herself and others (“I knew it was safe enough.”) She demonstrates her safety plan, “I went to a friend’s house...told her everything.”]

### *Offender Actions*

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In order to have a full analysis of violence as *interactional*, that is, victims are never passive, both the offender’s actions and the victim’s resistance should be included. Further to this, if offender’s actions are understood as intentional and that they also behave safely and respectfully at other times, the possibility of inviting them to take responsibility for their violent behaviour becomes possible (Todd & Wade, 2010). Careful analysis requires clear descriptions of the actions taken by the offender, which will identify the unilateral nature of violence (Coates & Wade, 2007).

Both Response-based practitioners and social constructionists understand people who use violence as much more capable of respectful and skilled behaviour than is conventionally presumed. This is apparent on the micro-level of social interaction in the way Shannon’s boyfriend built safety and trust in the early parts of their relationship, managed his actions in public, minimized her support through social isolation, and exercised control and deliberation around the parts of her body he injured.

Blaming and/or pathologizing the victim are common operations that work to obscure the perpetrator’s responsibility for his violent behaviour (Coates & Wade, 2007). We see this take a variety of forms, such as “she has low self-esteem,” “she has poor boundaries,” “why didn’t she just leave?” or “she is depressed.” These explanations don’t only serve to change the subject away from the perpetrator’s

action(s); they also negate the responsibility for the violence by the person who offended. We should be asking, “What did he do to prevent her from leaving and to prevent her from telling?” Shannon’s account demonstrates these points through her description of her boyfriend’s use of violence as controlled and deliberate actions.

- *He began to change slowly at first from being angry and bad tempered some of the time to someone much more scary.*

[She articulates that she didn’t ‘choose’ a violent boyfriend (“he began to change slowly at first”)]

- *He told me after he “lost it,” that he was in a “blind rage.”*

[She used quotation marks to emphasise his language: (“lost it” and “blind rage”) These terms stood out as important to her.]

- *...because I had said or done something he didn’t like.*

[She recognized that he placed blame directly upon her. She is not placing the blame upon herself]

- *But as I became more skilled at escaping, he became more brutal in stopping the escapes.*

[She is describing her refusal to comply with his control (“I became more skilled at escaping”) and using clear language to articulate his violence (“he became more brutal in stopping the escapes.”) This may be her way of providing clear examples of him anticipating her response to his violence, with his ability and intention to overpower her.]

- *He did not hit my face or other publicly visible parts of my body, depending on the season.*

[As she describes the detailed actions of how he avoided her face, her forearms, and her legs in the summer, is she providing a demonstration of his calculated control?]

### *Victim Responses/Resistance*

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Immediately, we see from Shannon’s account that this relationship is not about being held together by complementary characteristics of aggression and passivity: She was actively resisting her boyfriend’s violence from the start. Shannon had to respond to and resist the “moods” of her boyfriend, even before he began to use physical violence against her. Like a young girl taught well by the fairy tales of her youth, there are parallels between Shannon and Belle in their crafty management of violence and oppression. Yet in ‘real life,’ the danger of such ‘management’ tends to be an escalation of violence that defies being ‘managed.’ We are not told what Shannon’s boyfriend did or said during his “moods,” but it is clear that she had to use her actions, her tone of voice, and her touch to mitigate the danger. In that first year, Shannon found that she could manage him skilfully and that she was aware of her need to do this. She does not describe resisting his moods by berating him, leaving him, ending conversations, or similar overt forms of resistance; instead, she uses covert methods. Shannon describes that her responses to his moods were quite effective that first year, and that she grew even more confident in her relationship and communication skills. I

have changed the format of analysis to break down the specific linguistic elements that demonstrate both the intentional violence and corresponding resistance:

*This became a daily dance of adjusting my own moods to mitigate his anger.*

**Became**

It didn't start out that way

**Became daily**

It increased in intensity as time went on

**Became a daily dance**

She maintained a sense of romance, grace, and control during this time

**Became a daily dance of adjusting**

She started to bend herself, altering to someone else at her own expense

**Became a daily dance of adjusting my own moods**

Modifying her own 'moods' in order to regulate the environment for another person

**Became a daily dance of adjusting my own moods to mitigate his anger**

She recognized the need to diminish his anger

Throughout the second year of their relationship, he stopped responding to her 'management' of his moods. Where he had begun to behave aggressively, he continued and escalated. Shannon writes that she responds to this by questioning herself and her skills. Again, rather than passive acceptance, Shannon is actively responding to, both in interaction and in the privacy of her mind, her boyfriend's actions.

He then physically attacks her and punches her in the face.

- *I stood in shock*

*She stood her ground, using numbness as way of moderating pain. He had violated her boundaries and her sense of moral behaviour.*

- *I stood with blood running uncontrollably from my nose—I didn't even try to stop the bleeding.*

*She let him see the extent of her suffering, physical and emotional*

- *I think I wanted him to see it.*

*She chose not to hide the blood. This may have been her attempt to hold him to a higher moral standard through inducing his shame: "You did this."*

- *I turned without a word*

*She had learned from experience when to speak, and when to remain quiet. Which action would invoke more violence and which would be more likely to bring forth his shame.*

- *I turned without a word and walked out of his house*

*She walked instead of ran—maintaining her dignity and refusing to show her fear.*

- *I turned without a word and walked out of his house, thinking, "you just crossed the fuckin' line"*

*Her boundary was firmly in place. He crossed it and her choice of language suggests that she understood this as his responsibility.*

## Social Responses

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Social responses are “characteristics of one’s *social network* (i.e., frequency of contacts with others, size and composition of support networks), *perceived social support* (which refers to perceptions of available support from others, i.e., the belief that help is available if needed), and *received support* (i.e., actual instances of help one has experienced from others) (Ullman, 2010). Social responses are intrinsically important within the context of a victim’s responses and resistance to violence, as micro-analysis reveals Shannon’s knowledge of who is around, what they know, how they will respond, and how she will handle them when they do.

*My dad will kill him. I know he will. In that moment, I wanted nothing more than the help and protection of my dad, but somehow I knew that if I involved him everything would get even more out-of-control. I thought of the police getting involved and my dad going to jail. I cried on the sidewalk as I realized that I couldn’t bring my family into this mess.*

Perceived social responses determine who victims talk to, when, and what kind of detail they choose to reveal or conceal. Often women and girls fear being blamed or simply not believed. Shannon’s perceived social response was very different; she knew that she was covered in blood, and anticipated that if her dad saw her in that way, he would defend her, probably violently, and put himself at risk of being criminally charged with assault. Her need for protection became secondary to her realization that she would have to protect her family from knowing what had happened, which subsequently included ensuring that none of her friends knew the truth, therefore risking that they would go to her family out of concern.

- *I was only halfway to my dad when I crumbled into a heap by the side of the road. My dad would kill him. I knew he would.*

[Shannon uses language to reveal her “in the moment” thought process. She transitioned from assertive to protective with the anticipated social response from her father.]

- *His leading question was “did I have the money to pay?”*

[She modified the verb by stating that it was his (“leading question.”) She may be emphasizing a connection between a ‘leading’ question and a topic of greater importance (“money”) than violence.]

As the larger social context did not indicate an increase in safety for Shannon, she remains vigilant to protecting herself, her secret, and her dignity.

- *I didn’t give him much information over the phone... “Is this confidential?”*

[She remained protective and evasive.]

- *His mocking tone when I told him that I, a 16-year-old girl, was seeking couples counselling led to my decision not to call back.*

[She was aware of the responses of others (“his mocking tone”). She likely would have been listening for signs of his understanding, empathy or conversely, his disinterest or signs of oppression “I, a 16-year-old girl.”]

Women and girls know that they live in a society where there is contempt for victims, and where the court, media, and society blame them for perpetrator's actions. Individually this may or may not be true, but collectively the message is clear and strongly embedded. Recent studies show that women continue to hesitate or avoid openly contacting services such as police, hospitals, or social services (Calgary Women's Shelter, 2011; Carlton & Krane, 2013; Ullman, 2010). The combination of shame, blame and consistent inaccessibility of services sends a strong message to victims that their communities won't care for them safely or without judgment.

### *Responses to Social Responses*

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The quality of social responses received by victims influences the degree of suffering that they experience. In many cases, prolonged suffering, frequently diagnosed as a "disorder" (Post-Traumatic Stress Disorder), is described by victims as result of negative social responses, rather than the violence or trauma that they initially endured. Ullman (2010) states, "Positive reactions from both formal and informal sources were related to perceived benefits following assault, whereas negative reactions from informal sources only were related to more PTSD symptoms" (p. 75). Shannon's response to the social responses that she received and perceived was to become protective of others and silent in the context of her relationship.

- *I cried on the sidewalk as I realized that I couldn't bring my family into this mess.*
- *My pride, however, wouldn't allow me to be in public that way. The confidence and 'fuck you' attitude was gone from my step as I made my way back to my boyfriend's house.*

The complexity of negotiating the question "what should I do?" for victims is revealed fully when social responses are taken fully into account. Without exception, victims of violence receive and perceive social responses that make a notable difference to the degree of their suffering, and they respond to those social responses in some kind of way. The relevance of understanding social responses for adults, professionals and communities can determine both the degree of suffering, and the duration following victimization. As professionals, we *are* a significant social response to the adolescents who may be the victims or offenders in their relationships. What we do and what we don't do makes a profound difference.

### *Dignity*

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Violence, in the context of adolescent relationships, can be defined as: ***deliberate behaviour in which one person chooses to dominate, control, or harm another. All violent acts threaten the dignity of victims*** (Calgary Women's Shelter, 2011). It is not only the threats to her safety that Shannon highlights throughout this account, but also the threats to her dignity. This is where, without exception, resistance to violence can be revealed and commonly used constructs such as "passivity," "doormat," "frozen," and "dissociated" can in turn be contested as harmful to girls. Close attention to what Shannon is saying, doing, thinking, planning, and hoping for demonstrates that although she is unable to stop the violence, she is not "frozen," "numb," or "detached" as many theories may suggest.



Through a Response-based approach to community-based and familial interactions with young victims of violence, it becomes clear that we share a common bond as people who are orientated to dignity, protection of self and loved ones, and strive for balance in our relationships. Young people are attuned to fairness and justice in their decisions and learning environments while seeking to have their perspectives heard. They are purposeful in their actions in relation to their goals and aspirations, whether immediate or longer term.

In his autobiography, Nelson Mandela shared the following story, which illustrates his orientation to preserving dignity:

I learned my lesson one day from an unruly donkey,” he recounted. “We had been taking turns climbing up and down its back and when my chance came I jumped on and the donkey bolted into a nearby thornbush. It bent its head, trying to unseat me, which it did, but not before the thorns had pricked and scratched my face, embarrassing me in front of my friends. Like the people of the East, Africans have a highly developed sense of dignity, or what the Chinese call ‘face.’ I had lost face among my friends. Even though it was a donkey that unseated me, I learned that to humiliate another person is to make him suffer an unnecessarily cruel fate. Even as a boy, I defeated my opponents without dishonouring them.” (p. 10)

There is something poignant about a child’s orientation to dignity. Many victims of violence have stated they made particular commitments about how they would be in the world after experiencing the degradation of violence. And, it is clear that those harmed by violence appreciate receiving positive social responses, such kindness, swift effective services and being believed, after disclosing violence (Richardson & Wade, 2008).

Positive social responses are related to dignity and often to the social justice and acceptance found in the social world. As an organizing principle for human service work, dignity is often found in the literature of human rights and end of life care but is not an operating principle within psychological theories or developmental models. Dignity relates to spirit, sovereignty, and the ability to choose and to self-govern. It relates to allotting someone the maximum personal freedom within the bounds of their needs for care. We can attend to the dignity of the person across the lifespan, paying attention to the needs of the person at particular moments in their life trajectory. It is a holistic concept involving the mind/intellect, the body, feelings/emotions, and spirit. In various non-Western cultures and spiritual traditions, paying attention to the heart as the centre of love is prioritized over attention to the brain, which is currently popular in the psychological fields. At the centre of Response-based practice lies the understanding that when dignity is affronted, it constitutes a humiliation that must be restored, and preferably in the same context/situation where the affront took place. Colonialism is the possibly the greatest humiliation of an entire people and, therefore, human service work in Canada can never ignore this gross humiliation of Indigenous people by the Canadian government, churches and by helping professionals (Richardson & Wade, 2010).

As a counsellor, I understand the responses and resistance of victims as often being the “small acts” that may be unspoken, concealed by the victim (for reasons of maintaining safety) or perpetrator (for reasons of maintaining dominance), or overlooked by outsiders as insignificant. In isolation, these acts are easily missed as



purposeful actions that help to make an important shift from victims being the object of another's actions to the subject of one's own actions. While open resistance is often dangerous and impractical, which is deeply and intuitively known by victims, Shannon demonstrates the many forms that resistance can take.

With no previous experience managing a violent person, it would have been interesting to speak with Shannon as an adolescent in order to learn more about how she knew so much about mitigating danger. This would be a conversation that spoke to her "mental wellness" and healthy boundaries:

- *She held on to hope, and goals for her future*
- *Just because he repeatedly crossed her boundaries, does not mean that she didn't have any and tried to enforce them during, and after every act of violence*
- *She never took her eyes off the people around her, and always considered their safety as well as her own. She reached out as soon as she felt she could. This can be described as somebody who is "protective" rather than "isolated"*
- *She describes a variety of 'escape' and 'negotiation' strategies to avoid violence, rather than retaliating with violence (either herself or by bringing in someone else). This puts language to her moral position on violence, and how was she able to maintain it.*

### *Part iii: Resisting Adversity—broadly defined*

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Shannon describes her resistance to physical and emotional violence during a significant intimate relationship during her adolescence. If we take the position that resistance is ever-present in the face of violence, oppression and adversity, then it is important to look at the responses and resistant stances of other young people who face different circumstances, and are attempting to navigate other forms of violent relationships and/or systems. As a professional in the social service sector, I will explore how children and youth who are navigating the foster care system in search of a sense of belonging have grappled with the questions of belonging, abuse and systemic violence. I will also describe how young people can be viewed, both positively and negatively, through the eyes of adults who know them—often only through a short window of time. With the introduction of Response-based ideas, I am contesting many commonly adopted orientations that pathologize, minimize, and ultimately harm children and youth. Best practices—ethical practices—must include the heightened awareness of the adopted language in the social service field and should have a solid foundation rooted in our knowledge of loss, grief, and responses to violence.

This research is limited to the joining of ideas from the lived experience of Derek Clark, other youth in care, Shannon, Amanda Todd, and my own clinical experiences. Beyond my own experiences, I draw from the richness of understanding that I have been invited to witness by youth and colleagues who join together in solidarity with the goal of creating change. Further research will always be required to enhance the "evidence" that supports this work. Chapter 4, *'Derek: Through the Eyes of a Child,'* evolved from the trenches—a sharing of knowledge and experience from a child of the foster care system and myself, a foster parent who is also a counsellor working for foster kids. Consider that there is wide recognition around the goal of foster home

stabilization, yet some children may be placed in up to 50 or 60 homes (Child Welfare League of Canada, 2003; Lambe, 2009), often due to the reported difficulties that they present. In the absence of acknowledging challenging behaviours as responses to the adversity faced in their lives, there is an overwhelmingly prevalent diagnostic approach taken in attempt to minimize the challenges and silence the resistance that is frequently communicated through their behaviour. This has become a medically legitimized way of responding to challenges, often against the will of children and youth, with highly adverse consequences in so many cases.

## 4) DEREK

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### *The Warrior Spirit of a Child*

***“I am a fighter by nature and early on I showed signs of stubbornness by doing what I wanted and refusing to acknowledge another’s opinion of me. This tendency has carried on throughout my life. I do everything ‘Derek’s way.’ I felt like the world was against me and that nobody liked me. I felt like I was backed into a corner, and the only way for me to let others know I was a real kid was to come out swinging.”***

(Derek Clark)

Mishandled separations are commonplace with youth who are removed from their homes, sometimes numerous times once in the foster system. “Consequently, youth living in this type of transient lifestyle over sustained periods of time are pre-conditioned to guard themselves with an understandable unwillingness to interact, integrate, or become emotionally connected to peers and caregivers” (National Youth in Care Network, 2009, p. 12). Those involved with youth in care have frequent choice-points when responding to youth behaviour, as “how their wellness is interpreted and addressed...tends to look very different from placement-to-placement and across the sub-systems” (p. 13). Psychiatric interventions, such as physical and chemical restraints may be recommended and employed as treatment strategies for a DSM-V diagnosis such as ADHD, depression, and attachment disorder. The details of responses, including resistance, consist of the physical, emotional, mental, relational and spiritual processes that run parallel to that which is easily observable. A progressive understanding is gained through eliciting the often-concealed yet ever-present resistance that serves to preserve the dignity of a young person who may be faced with dignity-stripping circumstances once they enter government care. It is important to recognize the specific circumstances in a young person’s life that have led to the foster care system in the first place—circumstances that often involve experiencing violence and extreme adversity. The system itself, for many children, becomes an unnamed source of structural violence. The following chapter contains the details of Derek Clark’s experience of abandonment from his biological family following numerous experiences of extreme violence, followed by his experiences of the California foster care system and resisting the treatment of psychological machinery; violence of yet another nature.

*Derek Clark: Age 6*

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*There I was, a child desperate for love and affection, a scared little boy who was getting ready for what would be the longest ride of my life. I can’t say I remember the drive to the orphanage, or the place where kids were stored, but I do remember not bringing along any toys. I remember the sun being out and the sky being blue. The day was pleasant, warm, and peaceful, in stark contrast to the foreboding anxieties that were raging inside me. I didn’t know where I was being taken, only that this day would likely be the darkest of my life so far. The longest ride of my life eventually ended at a place I considered an orphanage. It was a big building with lots of space and rooms. I*

*figured it was an orphanage because all I saw were homeless and unloved kids. Kids who were no longer wanted by their Moms and Dads. I could see the sadness and fear in their eyes, and imagined that same fear must be showing in mine. We were now disposable, kids who could be thrown away or tossed overboard...kids who would never be loved or comforted by our parents again.*

*Who would have cared if we were drowned or burned to death? At this point, it was already like we were being buried alive. We were being killed, suffocated, by lack of love. We were now the county's worry, pain and nightmare. My parents were weak in my mind, and now I had to somehow become strong and survive. I felt deep misgivings and anxiety. The memories were killing me. I kept thinking, "Where is my big sister?" I thought that surely she would come and rescue me because she loved me. I expected her to show up at any minute. But nobody came. Here I was, a helpless little five-year-old boy, and my heart no longer beat for anybody but myself. Hope was lost for me at that point.*

*After she dropped me off, my little life as a boy who nobody could or would love began. At this time, I wasn't even able to love this little boy. Plagued with insecurities and doubts about my self-worth, I was now going to have to make a home here in hell. I was left alone with all the bigger boys, who just stared at me like wolves salivating at their thoughts of feasting on a weak, vulnerable little lamb. I was the proverbial sheep being lead to the slaughter.*

*I was very alert and very scared. Very, very, scared! There was no love here. This was a place of pain and ghosts. We were throw-aways or misfits. Possibly we were angels who nobody recognized as such, but that could hardly have occurred to us at the time. This was to be my new home while a new family was being prepared for me. I didn't know who or what kind of people might invite me to share in their life. Or for that matter, if anybody would want me at all.*

*I remember thinking that my Mom would of course be coming back for me. I trusted that my mother's love would override whatever other concerns she had. I felt a deep hatred for my stepfather. He had taken my Mom away from me. If she didn't come back, I placed the blame squarely on his shoulders. I cried from loneliness and fear.*

*The older boys were antagonizing and threatening me, trying to push my limits. I got angry and taunted them back, so one of the boys pulled out a toothbrush with the end sharpened for use as a weapon. I ran for my life. I thought I was going to die. I knew what death was even at a young age. According to the county reports I had a kind of morbid fascination with death. Later that night, when it got dark, I grew even more frightened.*

*We slept in what appeared to me like a giant classroom with a bunch of beds placed in it. It was some kind of enormous warehouse for storing kids. I remember hearing lots of crying in the middle of the night, puncturing through the silence. Other kids were missing their Moms and Dads, brother and sisters. Where were mine? I wondered why my brother and sister got to stay with our mother and I was stuck here in this sad, terrible place. Why was I rejected and deleted from the family? Was I special somehow, or was I just a piece of garbage? Why couldn't I just be a normal kid like*

others? A kid who had a family? Why didn't anyone love me? Why couldn't I just be a kid?

*I still remember very vividly one of the most horrific abuse incidents which ever happened to me. It is so embedded in my soul that it feels as if it just happened yesterday.*

*It was a sunny day in California. The year was 1975. I was a kindergartner. I was a curious and tough five-year-old boy. My mother, stepfather, half-brother, half-sister and I lived in a two-story townhouse. There was nice green grass in the front of the house. When you walked inside, you saw the dining room and kitchen on the right and the family room on the left. In front of you was a staircase with a black iron banister leading to the bathroom and the bedrooms. The bathroom was located at the top of the stairs. The house was furnished and I remember the wood being very dark with big lamps made out of clear orange textured glass. On the table and kitchen counter there would always be empty yellow Coors beer cans. I remember seeing lots of yellow Coors beer cans in those days.*

*I would often be outside playing in the tunnels under the main road overpass near our house. As a kid I called them tunnels but as an adult looking back, they were big storm drainpipes that went under the street. I am amazed that my Mom would let me wander and play over there at such a young age. I would love to hang out there and throw rocks at the metal siding of the pipes. When the rocks would hit, it would make a cool high-pitched noise that would echo through the tunnels. It would be exciting to sit under the overpass and hear the cars go honking by overhead. Sometimes I would find dead rats in there and lots of interesting junk. At times, adults would walk through, using the tunnels as a shortcut. Older kids would sometimes hang out in them. If I was alone, the tunnels would scare me a little, but I was tough and showed no fear.*

*One day, it was starting to get dark and I decided to head home. When I entered the townhouse, my mother and I started arguing. I also remember a few yellow Coors beer cans. My mother asked me to do something. I defied her and said, "Fuck you!" This wasn't the first time I had said these words to my mother. In fact, the F-word was one of my favourite words at that age. But this time when I said it, my mother snapped, apparently having had enough of my disrespectful language. With anger in her eyes, she grabbed my arm and tried to pull me up the stairs. I resisted and fought back. I was yelling and she was yelling. It was very chaotic.*

*I threw up a big struggle that got out of control, still she overpowered me, and I could not pull away from her. She pulled me up the stairs to the bathroom and physically forced me to the sink. While holding me there, she turned on the hot water full blast, running it until the steam was rising profusely. She kept yelling at me, screaming that I was never to use the F-word again, telling me how bad a kid I was. She emphasized how terrible a kid I was over and over again. I remember her yelling at me uncontrollably. I think she must have totally snapped.*

*What she did next was incomprehensible. She restrained my body and forced my tiny left hand under the scalding hot water.*

*I was screaming, out of control and trying to pull my hand out of the water. It hurt so much as she held it there. I screamed "Mommy stop, Mommy stop!" I was crying so loud, it hurt so much. I could not believe my own mother was doing this to*

*me. It was like my life was flashing before my eyes and my whole body was shutting down. It was like she never heard me. I then yelled "Mommy, you're hurting me, it hurts mommy, let me go, I love you." I tried to get away but she looked at me with intense anger and said I was a bad kid. I thought I could get away, that I was stronger than her. But I couldn't. I was only five years old. I was helpless and completely at her mercy. The skin on the back of my left hand was burned off. I have had this scar ever since, on my body, in my heart, and in my mind.*

*All the other physical abuse I could deal with, but this particular incident altered me physically and mentally forever. This was the final ticker for the time bomb that was about to go off. I was no longer an innocent little boy. I was now overcome with a sense of shame and anger that would last for years. I realized I was no longer good enough and that I was not really loved. I felt worthless and unwanted.*

### *Stranger-Care & Loss*

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Derek is not alone and nor, unfortunately, is his story of loneliness and vulnerability an isolated one. Countless children and youth have stories of abandonment, fear, and shame of moving through the system feeling vulnerable and alone, often moving in and out of the homes of strangers. A snapshot of the stark reality faced by Canadian foster children (Kirkey, 2012) revealed 47,885 young people in care across the country, and although it was known that 29,590 were under the age of fourteen, the exact number of Aboriginal youth could not be accurately counted. It is recognized, however, that aboriginal children are "tragically and disproportionately over-represented," as they are twelve times more likely to be removed from their biological families for reasons of poverty, poor housing and substance abuse (2012). The volunteer Executive Director of the Foster Care Council of Canada, John Dunn, shares a common history with many other young people from the foster care system of being moved thirteen times while growing up in foster homes. Dunn now acts as an advocate for youth, and states, "I used to call it a constant state of mourning" (2012). The following brief narratives are windows into the hearts of kids from Canada to the United States, ranging in age from 3-18 years old, and are collected from my clinical experiences. The themes of sorrow, resistance, and structural violence become striking as the voices of these young people gather together:

*I remember the van. It was green and it belonged to the "after hours" social worker. When it pulled into the driveway, it meant that someone was leaving and they usually didn't come back...I always wondered when it was going to be me. To this day I hate green vans... (Joe, 18)*

*Please. I don't want to go. I'll be a good boy. I'll use my potty. Please. I don't want to go. What are you doing with my toys? I'll be a good boy. I'll use my potty. Please...PUT DOWN MY TOYS...that's special to me...please...I'll be good...don't make me go... (Noah, 3)*

*A lot of the food was locked away in the foster parents' bedroom...especially the good stuff. So once I tried to sneak in there to get some of it, and they had the door trapped with water on top of it so that I would get soaking wet. Now it says on my file that I stole from my foster parents...I didn't want to steal anything...I just wanted the candy! (Sabrina, 15)*

*Dinnertime in a new foster home is the worst. I do everything possible to avoid it. Families are so different about how they eat dinner. Some families all have certain places they sit every night and they freak out if I accidentally sit in someone's "spot." Then there's the 'manners' thing. What can I use my hands for or do I always have to use a knife and fork, what about talking with food in my mouth? Do I have to take some of everything and if I do, do I have to eat everything on my plate? And the food itself...it's really hard to get used to other people's way of cooking and the type of food they eat...and they all think it's so normal. Finally, the awkward moment of how to leave the table. Do I have to wait for everyone to be done? Do I thank someone for the meal? What's her name again? Or am I supposed to stick around and help clean up, even though this isn't my house...but they keep saying it is my house now...but we all know the truth... (Candace, age 17)*

*I was on my way to a foster home after my dad beat me up...the first time I've ever gone to a foster home. First I had to wait in the Ministry office for over an hour because they couldn't find a social worker to drive me there. Then they finally found this guy...someone different than the one that I had already been talking to. I felt so uncomfortable because I would have rather had a woman social worker. He didn't say a word to me the whole way there...he just had this weird look on his face like he was mad or something. As we were pulling into the driveway he finally talked to me. He said, "Let's make this quick, I don't have time for this today!" I felt like throwing up. (Angela, age 16)*

### *The Personal and the Professional—Always the Two Shall Meet*

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My personal experience of profound loss as a foster parent within the system of government care has provided the motivation necessary for me to become part of the search for a compelling alternative to current practices. As a parent to adolescents for many years, our family experienced all of the adjustments inherent to growth transitions—including the anxious moments, joys, sorrows, and gratification that I'm sure are shared with many caregivers across Canada and the United States. My husband and I have had the honour of watching them learn to drive, go on dates and graduate. We have had the heartbreak of letting go too soon or hanging on too long. Our biological kids were initially in their preschool years when we became a foster family. We did our best to protect them from all that we feared was inappropriate, and we continually worried that our best was not enough. They heard language and saw conflict as young children that they wouldn't have been exposed to otherwise, while at the same time gaining "brothers and sisters" who will likely be a part of their lives forever.

The limited research into experiences of foster parents' natural children showed that foster children do have an impact on natural children. Foster children encourage positive experiences (i.e., sharing, responsibility, caring and independence), but these are coupled with experiences of loss (i.e., sharing the attention of parents), resentment and a wish to escape.



(Bromfield & Osborn, 2007, p. 16)

As our biological children approached adolescence and our youngest foster son was about to graduate, we made the decision that we would no longer be a “practicing” foster family. We gave our official notice. And then the phone call came, “Would we be able to care for an eighteen-month old baby? Just for the weekend?”

That weekend turned into a year and a half, and during that time we had formed a mutual love relationship with this little boy. We were inexperienced foster parents for children of his age and had absolutely no heart armour—no self-protection. We were well aware, intellectually, that he was not our biological child and that it was unlikely that we would be in a position to adopt him, but emotionally we were inadequately prepared for what would happen when he left. The decision that he would go, or where he would be “placed,” was not ours to make. I wrestled with the deepest sorrow of my life, lightened only temporarily when I was able to see him for short visits. His first visible response to our brief reunions was to immediately take off his shirt and extend his arms to be lifted into a hug. I averted my face so he wouldn’t see the tears. I understood this delicate request for connection as his way of seeking closeness without barriers—a universal human desire. In the months following our separation, his initial anguish gave way to aggression; perhaps indicating a desperate attempt to grasp something beyond his reach and far from his ability to understand. I didn’t understand either. That’s what grief can do. It can flatten us.

A pivotal moment occurred when I was reprimanded at a meeting with other professionals involved with his “case” for being “unprofessional” in my grief—I was crying. After all, foster parents should understand that kids “come and go.” My experience has taught me that what they come with is not necessarily what they go with. Their relationships, their belongings, their dignity and their self-respect are all at risk of being left behind in the wake of circumstances and decisions that are beyond their control. I became overwhelmed both by grief and a need to protect my personal and professional dignity. I understood that protecting him was no longer within my reach. I remained quiet throughout the remainder of a meeting where professionals described a boy who I’d come to think of as my own, sitting in the corner of his day-care and crying, pulling out his own hair and striking anyone who attempted to come near him. His behaviour toward others had become “aggressive” and there was speculation that he was developing early symptoms of “conduct disorder.” He had just turned 3 years old.

### *The Beginning, Middle, and definitive End of “Care”*

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The following story, written by a former youth in care, demonstrates the desperate longing that can induce specific behaviour, which becomes understandable in context.

*There was a great big guy who worked at the group home I was in when I was 14 years old. He was always really fussy about his stuff and liked to keep everything organized and neat. He was so big, that when kids got out of control, he would just walk up behind them and restrain them in a hold—kind of like a big bear hug. I used to grab his stuff on purpose and then run like hell...I knew he’d get mad and come after me. I used to do that on purpose. It felt so good to be held. (Shane Dobratz, 28, Former Youth in Care)*

As adult caregivers, guardians and supporters of children and youth in care, we are responsible for every detail of how they move through “the system,” when moving is deemed necessary. This is inclusive of the conversations with them and about them, and the information that we decide is going to follow them. For example, it remains disturbingly common for children and youth to transfer between foster homes with their belongings in garbage bags. The dignity of packing with consideration and thought is removed as an option, to be replaced with the urgency and immediacy of green garbage bags—a staple of every household. The underlying message, intended or not, is that these kids are dispensable and disposable like daily trash (The comparison of feeling “like trash or garbage” is used by Derek Clark, and many other youths in care). There is no mechanism to ensure that the crucial components of their lives remain intact as they journey through the foster care system. As they use the most effective tool that they have, *their behaviour*, to resist such systemic assaults, we often further assault them by responding with assessment, diagnosis and medication.

The “end” of the system varies in age depending upon geographical location. In British Columbia, Canada, foster care ends at the age of 19, is often a final and severe assault of relational abandonment, and begins a series of fear inducing circumstances.

- a) All formal support ends at the age of 19
- b) The ending is often experienced as a final and severe relational abandon
- c) Abandoned by the system, the child faces a series of fear inducing challenges

Endless reports from youth who have left the foster care system confirm the devastating feeling of being “dropped” into a world that they are inadequately prepared for, without a support system. Unlike many other young adults, youth from foster care often lack “family privilege” (Seita, 2005); that is the invisible privileges that come with the unquestioned knowledge that you will have somewhere to go on holidays, that you can move home if you lose your job, and that you can call if you are feeling lonely. This transition is commonly referred to as “aging-out.” I contest that youth do not “age-out” at 19 years old. *The system “times-them-out,” and they continue to “age-on.”* To suggest that youth “age-out” implies that their support ends as a result of *their age*; something innately unavoidable. To be accurate, the responsibility for this loss of support belongs to the system that has unilaterally chosen an end-date of guardian support.

#### *Response-based Contextual Analysis: Derek Clark*

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There is very little published research to help us understand the wide variety of ways that young people respond to violence and adversity, which is likely a contributing factor for our reliance upon the diagnostic categories that their responses often mimic. Instead, we speak of and provide programming for “Children who witness violence,” which is inclusive of young people who are victims themselves. This standardized, psycho-educational approach makes an assumption that children are passive “witnesses” and simply “exposed” to violence, rather than actively participating in attempts to end, protect from, interfere with, and withstand the violent acts of others (Barbeau, 2009). And, this approach also hides the links that show us that violence in the family, and its

systemic mishandling, leads to another form of structural violence for which no one takes responsibility. In this situation, children such as Derek, become targets for multiple psychological interventions, diagnoses, pharmaceutical medication, as well as those upon whom we “test” our group homes, youth corrections and later, prison.

At the age of 6 years old, Derek Clark found himself in a foreign world of the foster care system, and for the first time in his life he didn’t know who he was or where he belonged. In his words, he reports the following:

“I felt like a reject.”

“I had been kicked out...dismissed.”

“I was thrown away.”

“Why would any parent give up on his or her own child?”

“They gave up on me and the most painful truth is that they kept my brother and sister.”

“I did not love anyone.”

“I had learned to rely on myself.” (Clark & Bonnah, 2012, p. 25)

In 2012, Derek Clark and I published a book titled, *Who Am I and Where Do I Belong?* which features a narrative written by Derek (Clark & Bonnah), and several interviews between us (Clark & Bonnah, 2011; 2012a; 2012b) articulating some of his responses and resistance to specific circumstances while growing up in the foster care system. Excerpts from these interviews will be included within the Response-based contextual analysis as further demonstrations of Derek’s unique physical, spiritual, emotional, and intellectual responses to the violence and adversity that he faced.

### *Social Material Conditions*

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Throughout this chapter, I examine the actions of children living in the foster care system, very often with multiple disrupted or severed relationships. Understanding their social and material conditions is an essential element to viewing their behaviour as understandable responses to the circumstances of their lives, rather than “symptoms” of mental illness (which is how they are commonly viewed). These circumstances often include traumatic events such as abuse, neglect, isolation, and disconnection that occur before, during, and after foster care. There is also an increased risk of reduced supervision of youth in care compared to other children their age, an increase sexual exploitation, (Dallaire, 2014) and impunity for the perpetrators who harm them. As demonstrated in Derek’s narrative, the levels of fear and grief are so intense that each day involves emotions similar to multiple “deaths” and losses. In fact, Moss and Moss (1973) identify that a child’s response to the grief of family separation as parallel to that of death and bereavement. This recognition does not prevail in the daily practice of the systems supporting youth in care. It is, however, increasingly recognized within attachment literature that a primary sense of belonging is essential before anything else matters (Brokenleg & Martin, 2008; Carriere & Richardson, 2009). This idea is readily demonstrated in the personal journaling of a youth from the system of foster care:

*...it felt like a mini jail. All the food was locked up and there were no rides. Staff changed every few hours and they had their staff room, which was locked also. If we wanted to get into our rooms, they would have to unlock it for us.*

*They could search our stuff whenever they wanted. There were always kids in and out...*

*[Jacob] was a lonely boy whose parents had died and had no one. He fascinated me because he told me that he broke into a family's house in the morning and didn't take a thing, but just sat there wishing for what he did not have, a family...*

*On the window we put the words SPCA for kids. That is what this [group home] is. It's quite similar to an animal shelter. We put up a sign saying please adopt me and then descriptions of all the kids that lived there at the time. (Irene, personal communication, September 8, 2014).*

The list of a child's responses to loss—physically, emotionally, mentally, and spiritually—is virtually indistinguishable from a list of physical and emotional manifestations which would suggest serious attachment or behavioural disorders. One end of the continuum includes, “confusion, crying, feelings of emptiness and/or loneliness, disturbances in patterns of sleep and eating, brief outbursts...” The other end of the continuum can range to include, “physical aggression and jealous, possessive and spiteful behaviour, lying, stealing, abuse of drugs and/or alcohol, self-harm and disordered eating...” (Lendrum & Syme, 1992/2004, p. 74). Taking a Response-based perspective, we can understand these responses very differently. For example, wakefulness can be an act of guarding oneself from the vulnerability associated with sleep, vigilance can be standing on guard, physical aggression can be rejecting others before they reject you, stealing can be countering the emptiness of no possessions, and smoking can be an act of social belonging.

Mishandled separations are commonplace with youth who are removed from their homes, sometimes numerous times once in the foster system. A statement from the National Youth in Care Network summarizes this experience in the following way: “...youth living in this often transient lifestyle (described as “care”) over sustained periods of time are pre-conditioned to guard themselves with an understandable unwillingness to interact, integrate, or become emotionally connected to peers and caregivers” (2009, p. 12). Mishandled separations and the lack of quality therapy in which youth can process their stress is one form of structural violence. While I recognize that structural violence is difficult to define due to a wide variety of forms that it can take, and the broad scope that “structures” or institutions encompass, the definition provided by Kathleen Ho (2007) is comprehensive in that it incorporates a full understanding of the violation of human rights:

Structural violence theorists define violence as the avoidable disparity between the potential ability to fulfill basic needs and their actual fulfillment. The theory further locates the unequal share of power to decide over the distribution of resources as the pivotal causal factor of these avoidable structural inequalities. Recognizing that structural causes are responsible for constrained agency is pivotal in making the transition from structural violence to structural violations of human rights. It is the effect of structures on individual agency that results in this gap between potential and actual fulfillment of rights. (p. 1)

Despite the fact that many trained professionals work in the social services field, underfunding of critical services and other systemic inadequacies get in the way of children and youth receiving the therapeutic care they need and deserve. Those involved with youth in care have frequent choice-points when responding to youth behaviour, as “how their wellness is interpreted and addressed...tends to look very different from placement-to-placement and across the sub-systems” (National Youth in Care Network, 2009, p. 13). Psychiatric interventions, such as physical and chemical restraints are frequently recommended and employed as “treatment” strategies for a DSM-V diagnosis such as ADHD, depression, and attachment disorder. Research is consistently revealing that youth who are part of the Child Welfare systems around the world are being diagnosed at significantly higher rates than the general population with depression and other behavioural disorders (Anderson & Libby, 2011, p. 8).

### *Derek Clark*

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The social and material conditions in which Derek lived as a child are important considerations in terms of understanding his sense of belonging, his perception of family, and his transition into government “care.” These interpretations would have contributed to his behavioural choices, such as whom he chose to trust, distrust, attach to, or fight. The following social and material conditions are taken from Derek’s descriptions of his experience in the orphanage. Derek’s words emphasize the degree to which he experienced social/emotional isolation and loss:

- There I was, a child desperate for love and affection  
[Derek introduces himself as the subject. He emphasizes his age: “a child,” his urgency: “desperate,” and his need: “love and affection.”]
- I can’t say I remember the drive to the orphanage, or the place where kids were stored, but I do remember not bringing along any toys.  
[Derek introduces himself as the subject. He modifies the word “orphanage,” and uses the descriptive language of “the place where kids were stored.” Is his memory of not having toys during the drive, or not having toys to comfort him after he was left at the orphanage?]
- We were now the county’s worry, pain and nightmare.  
[Derek introduces the collective “we:” children of the orphanage. He identifies himself as belonging to the “county” and becoming a “worry, pain and nightmare.”]
- Here I was, a helpless little five-year-old boy, and my heart no longer beat for anybody but myself.  
[Derek introduces himself as the subject. His self-description is “helpless” as he re-states his age (“five-year-old boy”). Derek appears to be consciously teaching himself to stop loving others and to look after himself, “my heart no longer beat for anybody but myself.”]
- I was left alone with all the bigger boys, who just stared at me like wolves salivating at their thoughts of feasting on a weak, vulnerable little lamb.

[Derek introduces himself as the subject. He appears to be learning how to identify predators (“stared at me like wolves.”) Derek continues to view himself as defenceless “a weak, vulnerable little lamb.”]

- We slept in what appeared to me like a giant classroom with a bunch of beds placed in it. It was some kind of enormous warehouse for storing kids.

[Derek introduces the collective children of the orphanage “We.” He emphasizes the setting (“giant classroom with a bunch of beds”) and the institutionalized nature, “enormous warehouse for storing kids.”]

### *Conversation Between Shelly Bonnah & Derek Clark*

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*Shelly:* You developed some behaviours as a child that were cause for others to be concerned. They were “diagnosable” kind of behaviours. But when we look at all of the events in your life, one by one, and we recognize the violence and the loss, those same behaviours actually start to make quite a bit of sense. So, for example, when we talk about your memory of that day when your mom dropped you off at Snedigar Cottage...do you remember much about that drive?

*Derek:* What I remember is the lack of conversation. The void. She took me to this place that I didn’t know and it was the first time I’d really been taken anywhere that was outside my home or the school or the lake. I remember being alone with my mom and being dropped off. That was it. No “I love you” or “I’ll miss you” or “you’re going to get help, Derek” or “I’ll be back for you” or anything like that. She proved that she wasn’t coming back for me. It was like you drop a dog off at the shelter or pound. You’re tired of the dog—you can’t stand the dog and thankfully there’s a shelter where you can drop it off or you’re going to leave it on the side of the road, right? You just have that strong desire to get rid of it no matter the cost. That’s what she did.

This was the human shelter and these were the kids who weren’t wanted.

I kept thinking that my sister would come get me. My sister was fifteen at that point and I was five. She was the one who always gave me love and it felt like she protected me from the abuse, but no one came back for me. (Clark, D. 2011)

### *Situation Interaction*

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Becoming a “foster kid” in our society very often creates a crisis of belonging, connection and acceptance. The foster system inherently involves a separation from all that is familiar and isolates kids in a way that can only be fully understood by those who have membership within this minority. Along with Derek’s earlier comparison to feeling like “trash,” he has now added an animal reference: “like you drop off a dog at the shelter or pound.” Similarly, Canadian-born Irene describes: “On the window we put the words SPCA for kids. That is what this [group home] is. It’s quite similar to an animal shelter.” With the loss of family, community, and in some cases identity, there is a common thread that speaks to the loss of their sense of humanity. Complicating such

significant loss is the common reality of numerous placement changes once a child enters the system. Youth in care who are Aboriginal or belong to an ethnic minority are often further isolated by the loss of connection to their heritage. Attachment disorder literature litters the offices of most practitioners in the fields of counseling, mental health and social work. Gaining a comprehensive understanding of the situational interactions that precede our involvement into the lives of these youth challenges the “symptoms” of attachment disorder(s). With practice, we may learn to regard these young people as attachment specialists: secretly gathering intelligence about those around them in order to protect the integrity of their history and independence.

Even at the age of five years old, Derek evaluated his situation, and the interactions around him carefully. Through this evaluation, he made decisions that would inform his behaviour.

- I could see the sadness and fear in their eyes, and imagined that same fear must be showing in mine. We were now disposable...

[Derek introduces himself as the subject. He recognizes and describes the unspoken interaction(s) between the children (“I could see the sadness and fear in their eyes”). Derek seems to be communicating an understanding that his “belonging” is now with a group of children that he perceives to be “disposable.”]

- We were being killed, suffocated, by lack of love.

[Derek joins himself with the other children of the orphanage with the pronoun “we.” He uses terms of violence to describe what they (adults) are doing to the children (“killed, suffocated”) and then qualifies this by stating their death is due to a “lack of love.”]

- I kept thinking, “Where is my big sister?” I thought that surely she would come and rescue me because she loved me.

[Derek introduces himself as the subject. He reveals his thinking, (“where is my big sister?”) and his lingering hopes to be rescued by the one person that he maintained trust in.]

- I remember hearing lots of crying in the middle of the night, puncturing through the silence. Other kids were missing their Moms and Dads, brothers and sisters.

[Derek introduces himself as the subject. He reveals a child’s memory of darkness and nighttime (“lots of crying in the middle of the night”) and qualifies this further with the description of “puncturing through the silence.” Derek ascribes meaning to the cries of other “abandoned” children (“missing their moms and dads, brothers and sisters”), seeming to understand a child’s universal need for love.

### *Conversation Between Shelly Bonnah & Derek Clark*

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*Shelly:* I’m imagining you as a young person...not just in your foster home but also in the school system, with other kids, probably everywhere you went...figuring out how



do you trust a person--who is trustworthy? You probably had a way of figuring all that out really quickly. Are you aware of having that skill?

*Derek:* That's a very interesting question, because to be honest with you, I don't trust very many people at all. I am very guarded about who I let in my inner circle. I have an instinct—I can look at people and feel a connection to their soul and it's instant for me. I can generally see if that person has qualities that are going to compliment my life and add value. I need to know if it is worth the risk to expose some of my vulnerabilities and be able to trust them to be able to take the risk of them letting me down or breaking my trust. In reality, I really don't trust many people. I mean, to go through what I have been through in life. Seriously, who would trust at all? As a teenager, it was the same. My walls were always up.

Part of the whole trust issue is that I don't like exposing myself to the point where I'm going to be open to pain or the reminders of my past. I've already been hurt. Why go there again, unless it is there with a few special and trusting individuals? So I don't trust very many people. Trust. I have a hard time trusting the pastor, the church leader, or the Boy Scout leader. I'm very apprehensive and study people. I have to protect my family and protect myself. I have to understand what people's agenda is. I have to step back, watch, and be intuitive.

I guess when people see me, the guy on the stage and they may like what I say—they still don't know me. They're seeing me at the end of the movie sharing all of my pain and carefully chosen vulnerabilities to expose. If they had been there with me through the beginning of the movie—the middle of the movie—maybe they wouldn't have liked me.

*Shelly:* So they're seeing what you're choosing to let them see. That makes sense. Isn't that what most of us do?

*Derek:* Exactly. All these doors opened for me in 2006. But before that, I had a pretty good-sized mortgage brokerage in California and I did well financially and socially. I would have never exposed myself like I expose myself now. I was all about money and I was all about success. No one knew I was a foster kid. Nothing was shared to my friends or to anybody—it was not something you shared. I did not want to open up my soul. Nobody got a chance to peek inside and see who I really was. When I wrote “*Goodnight Soldier*” it started awakening my spirit. What I realized after starting to expose my past and vulnerabilities was that success wasn't about money but rather about significance and sharing hope with others. When you give others hope, it fills your hope void as well. Life is really about helping others and not living a selfish life but rather a selfless life...

Even though my foster parents have been with me for years, there is still a big rift between the biological kids and the foster kids in my family. Some of the biological kids don't like that my parents ever fostered. And I just think, well, if they have to choose between their biological kids and their foster kids, maybe, just maybe, they'll choose their biological kids. Although, they never ever gave up on me, I will always have that thought.

So there's the whole trust thing. I believe it is pretty normal for someone who has been rejected by their biological parents and had their hopes consistently let down. Even though I know that they love me...there's still that issue or insecurity that I was given

up on and that I'm not as good as a biological kid. In reality, I am good enough! But sometimes that little hopeless foster kid within me still tries to be fed with the "poor me" pity. I don't feed it; I would rather feed the powerful Derek, full of life and full of passion. I don't ever think that you can get rid of that little kid within that yearns to be fed; I just know how to be aware when he calls and I try to ignore it. It gets easier and easier when you are aware. I am not defined by my past; I am defined by what choices I make right now. I own my thoughts, actions, and dreams.

*Shelly:* So returning to my earlier question—at a young age, you were able to figure out who was trustworthy in a fairly effectively way, is that right?

*Derek:* Yes, I believe I have an ability to connect with people's spirits. I know how to ask questions, and when I meet people I scan them and analyse instantly.

*Shelly:* And when it comes to trust, you are extremely cautious with others, but it sounds like you deeply trust yourself. Is this true?

*Derek:* Oh yes! I would not be where I am today in life without trusting my intuition and myself. I don't trust logic per se. I am very intuitive. If I was very logical and analytical, there is a good chance that I may have not gone through marriage because of my trust issues or even starting a business because I don't have the experience or a degree. So I totally follow my intuition...

*Shelly:* ...And you trust your intuition...?

*Derek:* I trust my intuition completely! I don't trust logic. I trust what I believe, what I feel, and I go for it. All the things against me say that I shouldn't be where I am today. That's logic. That's what was fed to me. Those were the labels.

Logic says I should be a failure.

Logic says I should have spent time in jail.

Logic says I should be in a mental institution.

Logic says I should have killed somebody or taken revenge on my mom.

Logic says I should be mentally handicapped.

Logic says I should be a drug addict and alcoholic.

Logic says that I should not be a great parent,

Logic says that I will never bond with another person,

Logic says that I will never be happily married.

Logic says that I will never hold down a job.

But I don't believe the labels that logic can box us in with. I have a free mind and I don't have to agree with others' logic. I do it my way. I follow my intuition. I only trust myself.

*Shelly:* When you think back to when you were much younger, did you always have that kind of trust in yourself? When you were 8...9...10...years old? Do you remember trusting yourself to that degree?

*Derek:* I remember saying "I don't know how long I'm going to be in this home. I have to survive this. It's all about me." One of my big dreams at 8 or 9 years old was to be a

rock star. I said, “one day I’m going to be a rock star and everybody’s going to love me.” I’ll never forget that.

Dreams, that’s what I can trust in. I will always have my dreams and no one can take those from me. As a kid, I always thought that something good was going to happen for me in this life. Many people told me that I was a mess-up, I was a buffoon, I was out-of-control, so a lot of people fed me “here he goes again, acting crazy.” But deep inside, I believed I had something special. I always trusted I was a good person but that other people couldn’t see...who I was. It was almost like I felt I had to live up to this label: “Derek’s out-of-control.” I remember at 18 years old when I went through counselling and they said “we understand you have anger and rage issues” and I remember saying, “no I don’t...my anger is my power!” Growing up, I would try to inflict fear in others so that no one would mess with me. But I always trusted myself. Definitely. (Clark, D. 2012b)

### *Offender Actions*

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Formulating responses as resistance recognizes the ways in which young people will resist their current reality of powerlessness. Wade (2005) identifies spontaneous resistance as “symptoms of flagrant and chronic mental wellness;” (p. 2) some of the responses from youth in care may be understood as resisting the system’s hostile takeover of their lives. When the acts of resistance are recognized as defiance, such punitive measures as, “refusing privileges, removing bedding and other things from their rooms...using chemical restraints” (Lambe, 2006, p. 9) become the accepted “interventions” with youth in care. “...the practices used to medicate or chemically restrain systems youth were interpreted as “convenient solutions” for controlling their behaviours and treating their emotional struggles” (National Youth in Care Network, 2009, p. 15). Such punitive measures perpetuate a negative cycle of youth resisting the responses of adults in their lives.

Formulating responses as resistance requires the practitioner to listen deeply to the language used by the youth, and to match their language and verbal style as closely as possible (Wade & Adams, 2006). Using specific examples, such as “When you don’t listen and don’t care, is that your way of blocking his anger from getting inside your head? It sounds like your secret way of holding on to good feelings about yourself,” or “Staying so quiet after the first time he hit you...was that your way of showing him that he was wrong...maybe your private way of achieving victory?” The language of responses and resistance challenges the dominant discourse of symptoms, pathology and pharmacological treatment. The diagnostic approach minimizes personal responsibility by creating a “reason” outside of the individual to explain both personal and social responses. These explanations may include depression, anxiety, conduct disorder, attention deficit disorder, or oppositional-defiant disorder. Rather, understanding action(s) as resistance to situations that are perceived as harmful or oppressive additionally serves to increase personal responsibility.

The actions consistent with resisting harmful or oppressive circumstances in the lives of youth in care can sometimes be viewed as harmful or oppressive to others. The explanations of cause and effect, such as “she was sexually abused” or “he has attachment disorder” minimize the youth’s personal responsibility. As discussed in Chapter 2, correlation is not the same as cause, and frequently the “cause” of their

decision-making is attributed to either past events or mental health disorders for many youths in care. This removes the opportunity for taking responsibility for their actions or acknowledging intention. “Responsibility for the abuse may be attributed to external events and stresses, the actions of others or medical/psychological conditions, over which the perpetrator feels he has little influence or control” (Jenkins, 1990, p.13). Violence is intentional and youth can, and should, be held responsible for their acts of aggression toward others (Stefanakis, 2000). Formulating responses as resistance does not negate accountability in favor of compassionate understanding. Rather, it requires the listener to consider the entire truth—the victim *and* the perpetrator or the oppressed *and* the oppressor. Compassion is generated from the relational bond that respects the struggles of the youth as important and maintains distance between actions and identities.

The development of a model to promote understanding and facilitate change for youth in care is presented as one way of honoring the dignity of everyone, predominantly resulting from the actions of others and from the system created to protect them. Professionals and caregivers, due to the absence of trusting an alternative way, frequently take the diagnostic and oftentimes punitive approach. From a systemic viewpoint, youth in care are often victimized and voiceless within a system that can, by its nature and scope, maintain an oppressive position. Stefanakis (2007) articulates that a society “cannot promote or teach equality, respect and compassion when it is perpetuating abuse towards some of its members regardless of their actions” (pp. 3-4). This phenomenon is not unique to the foster care system, clearly. Such structural violations exist throughout our societies and the violence, lack of ethics, and hypocrisy only seems to lose power when the voices of victims join together in revolt, and are provided social space to be heard. The promotion of understanding and change facilitation is an alternative to the continuation of sustainable pathology with youth in care.

Regardless of the topic, there is clinical relevance to the practice of pausing and considering what we know as helpers in this field, how we “know” it and questioning this body of knowledge. Adopting a position of *not-knowing* (Anderson & Goolishian, 1992) defies the coveted “expert status” that lends us our credibility and oftentimes, our influence.

In the therapeutic enterprise we must tread a fine line between some, but not too much, objectivity; if we take the DSM diagnostic system too seriously, if we really believe we are truly carving at the joints of nature, then we may threaten the human, the spontaneous, the creative and uncertain nature of the therapeutic venture. Remember that the clinicians involved in formulating previous, now discarded, diagnostic systems were competent, proud, and just as confident as the current members of the DSM committees. Undoubtedly the time will come when the DSM-IV Chinese restaurant menu format will appear ludicrous to mental health professionals. (Yalom, 2002, p. 5)

The statistics that represent youth in care who have been diagnosed, hospitalized for mental health explanations and placed on medication strongly indicate a dominant discourse and theoretical orientation of pathology. The outcomes for young people leaving foster care, and very often their experience(s) throughout provide an explanation for this orientation if professionals are taking an individualist approach:

Compared to their peers youth aging out of care are more likely to leave school before completing their secondary education; become a parent at a young age; be dependent on social assistance; be unemployed or underemployed; be incarcerated/involved with the criminal justice system; experience homelessness; have mental health problems; and be at higher risk for substance abuse problems. (Reid & Dudding, 2006, p. 1)

Yet there is an emergent body of research that suggests those with mental health diagnosis, given adequate social support yet otherwise devoid of “professional intervention” people will achieve a level of wellness that no longer requires hospitalization or medication (Whitaker, 2002). This creates a question, or perhaps it should, around the validity of the initial diagnosis.

Derek Clark was a victim of violence before he entered government care, and it can be argued that the system itself maintains a level of emotional neglect toward many young people, and explicit forms of violence to others (Benoit, 2006; Bonnah, 2008; Boyd Webb, 2006; Carlton & Krane, 2013; Child Welfare League of Canada, 2013; Strenga & Janzen, 2013). In order to comprehensively assess a child who is also a victim of violence, the offender’s actions must be fully taken into account, along with the child’s responses and resistance to the violence and the social responses that he received (Wade, 2012). To apply this level of assessment specifically to the information provided by Derek’s narrative, his resistance to a specific act of violence serves a dual purpose; it becomes intuitively understandable, in context, that he would resist the way he did, and equally understandable that his behaviour could be interpreted

| <u><b>Offender Actions</b></u>  | <u><b>Victim Responses &amp; Resistance</b></u>                | <u><b>Social Responses</b></u>  |
|---|--|---|
| With anger in her eyes, she grabbed my arm and tried to pull me up the stairs.  | I resisted and fought back. I was yelling and she was yelling. | There was no intervention from a helpful person during, or immediately following this event.  |
| ...Still she overpowered me.  | I threw up a big struggle that got out of control.             | There was no intervention from a helpful person resulting from the noise that would have been created from this event. Nobody from within the home, or neighbours intervened. |
| She pulled me up the stairs to the bathroom and physically forced me to the sink.   | I could not pull away from her.                                | There was no helpful response.  |
| While holding me there, she turned on the hot water full blast, running it until the steam was rising profusely. She kept yelling at me, screaming that I was never to use the F-word | I remember her yelling at me uncontrollably.                   | There was no helpful response.  |

|   |  |  |
|---|--|--|
| again, telling me how bad a kid I was.  |  |  |
| She restrained my body and forced my tiny left hand under the scalding hot water. | I was screaming, out of control and trying to pull my hand out of the water. I screamed “mommy stop, Mommy stop!”...I then yelled “Mommy, you’re hurting me, it hurts mommy, let me go, I love you.” | There was no helpful response.   |
| She looked at me with intense anger and said I was a bad kid.                     | I thought I could get away, that I was stronger than her.  | <ul style="list-style-type: none"> <li>• I wondered why my brother and sister got to stay with our mother and I was stuck here in this sad, terrible place? Why was I rejected and deleted from the family?</li> <li>• According to the county reports I had a kind of morbid fascination with death.</li> </ul> |

as pathological (out-of-context). The following chart separates the offender actions, Derek’s responses and resistance, and the social responses that he received. I have chosen to present the data from his narrative in this format to demonstrate the differences between viewing a child through the middle column only, and considering the contextual information that will inform their responses and resistance; the offender’s actions and the social responses that they receive.

The following conversation with Derek provides a view of his “private logic” as a child, around the topic of his own anger (which was diagnosed as pathological) and the violence that he experienced. From a Response-based perspective, “resistance” to adversity is not the same as resilience, and nor is it glamorized. In fact, acts of resistance can create additional worry, fear, and harm. Although Derek’s anger may have been understandable in context, the following conversation highlights an orientation to violence as deliberate.

#### *Conversation Between Shelly Bonnah & Derek Clark (Continued)*

*Shelly:* So you weren’t violent in a way that you would describe like “I see red--I’m out-of-control.” You *chose* violence?

*Derek:* Definitely. I trusted my power. I never zoned out. I did what I wanted to do. If I wanted to break a window or break something out of anger, that’s exactly what I did. I made the choice. It was never like zoning out and then waking back up to reality and

thinking, “what did I do?” If I got in a fight with somebody, I trusted that I could beat his ass. I believed in myself, whether it was bad or good. I made the choice that I wanted to make. I was into independence and control. Looking back at all the fights I was in I can tell you that it was the younger Derek looking for a way to let out my pain. It was the only way that I knew that made the statement, “I hate my life. I hate everyone and do not try to control me or push me around.” I really needed some creative outlets to let out some steam and let me find a creative way to express my inner pain instead of taking it out on the world, foster parents, pastors, teachers, etc.

*Shelly:* What happened that you decided not to be violent anymore?

*Derek:* There’s a part of trust right there, right? You trust your choices. Even though I knew it was a bad choice and everyone had tried hard to tell me to control myself over the years, I still decided to make the choice that everyone didn’t want me to make. It was a way for me to be in control of Derek and a way for me to do what I wanted to do and basically say, “screw you!” to the adults. I definitely was a rebel. It was my way and I was not going to care what the adults thought because I didn’t care about them. I felt as if everyone was trying to box me in so this was a way for me to blow the box up...with rage and poor choices and tell everyone to back the hell off me. Unfortunately, with that kind of thinking, you do hurt many people who are cheering you on. I self-sabotaged so many times just because I could—as a statement to others. I finally got to a place when I was 19 years old that I trusted myself enough to make different choices. To trust my brain instead of my fists.

This is my spirit--a fighter! My foster parents will tell you that, and they will also tell you that I came to their house not able to really feel physical pain. I could turn off that part of my brain and simply not ‘feel.’ I was very numb. I was just an angry little boy with no hope, no love, and feeling like no one cared.

I was the middle child. My mom had her ‘special’ daughter. Having a daughter of my own, I know that little girls can be so different than little boys. My mom dropped out of school in the eighth grade and really didn’t know much about dealing with simple or critical issues. She once said to me that she had this “perfect little girl” and then here I came...a devil...just an angry spirit basically...a violent little spirit...came right out of the womb like that. That’s why she believed I was a devil. It is obvious that I was so different from my sister...

*Shelly:* You had been surrounded by violence before you had even been born...

*Derek:* Yes, my mom told me that when she was 7 months pregnant with me, my dad came into the diner where she was waitressing and took her to the back in the kitchen and threw her down to the ground and continued to stomp, kick and hit her stomach. She believed he was trying to kill me right there. But you know...*I lived!*

*Shelly:* You may not have survived if you hadn’t been born a fighter...

*Derek:* Yes, what a crazy guy my dad was. Did you know that they found my dad when I was 6 years old? He was at Folsom State Prison for the criminally insane for a series of armed robberies from Arizona to California. The closest I have been to him is when I was looking at my county foster care files a few years ago and I noticed a page where he signed over his guardian/parental rights to the state. I felt a sense of acceptance that he did the right thing by never coming back for me. It was there in black and white, my



dad giving up on me. I am grateful for him not fighting it and doing the right thing. From what I've heard, my dad was crazy!

*Shelly:* If we look at the whole picture, it really wouldn't have made any sense any other way. Had you not been born a warrior, you wouldn't have survived.

*Derek:* Yeah, there is a good chance that I would have not survived. But I have met so many other youth in care that have gone through much worse than I did and yet may not have that fighting spirit but rather a spirit of sadness and depression. I am grateful for my fighting spirit...that dogged will within that kept me fighting and pushing forward to never give up and to never take "no" for an answer and do it my way, maybe not the smartest or easiest way, but I did it my way.

*Shelly:* Had you not actually been a pretty tough kid, it's hard to say what would have happened. But we're talking about a difference here between a "warrior" and a "perpetrator,"—someone who intentionally overpowers another person with the goal of harming them, like you're describing your dad.

*Derek:* Yes, I agree. I would have turned out so different and maybe done some really cowardly things, like killing another person. It actually takes more courage to just walk away than to hurt another person or animal. I had a foster brother who would get mad at my foster parents, then go out on the farm and hurt the animals. It was awful. I thought of him as a coward. Take responsibility for your life and own your life. Accept the consequences of your actions and change your life accordingly. Instead of taking an animal's life out of anger or taking another person's life out of anger. All because they couldn't and wouldn't control themselves. They are NOT fighters, they are cowards and it goes on from there to rape and molestation. I have heard so many stories on how the kids of this world have been abused in every crazy way possible by a parent, priest, uncle, grandpa, teacher, coach, neighbour, step dad, etc. And those victims of abuse fight back to take their life back and to try to heal so that their perpetrator does not control their mind and heart throughout their life.

I believe we are all born fighters, I mean we had to fight to come into this world through that little birth canal and then somewhere along the way, some lose their fight for life and end up fighting their way through foster care. I have personally lived it and have forgiven my own mother. She was about 70 years old when she finally was able to give me a meaningful apology. She used to say to me when I was always looking for a sorry from her, "hey you turned out alright." What was that supposed to mean? Feel good, respected, valued, validated and acknowledged? Well guess what, it didn't. I needed the real deal, the word "Sorry."

*Shelly:* And...because of your heart, your personality, because of your spirit, and your self-control and your trust in yourself you were able to manage all of that well enough so that you chose to stop hurting people. You didn't go to jail...you had all this control to manage it so that you didn't do any life-altering harm to anybody including yourself. So that's a pretty amazing story, actually. These are the things that you have uniquely figured out in order to not only maintain power in your life, but dignity...

*Derek:* Yes. You know, looking at those psychological and speech and language reports...I am shocked on how quickly they packaged me and labelled me. I love that

quote that says, “Once you label me, you now negate me.” We cannot just give in to the easy method of labelling, packaging and now try to send you off. I am an individual, not just a number! Although I did have a lot of behaviour problems, it came with the abuse, neglect and lack of value that was placed upon my little self at that time. What a lot to handle. Seriously, you want to know what got me through all this crap in my life? It was my personal belief that I was a super hero. Seriously! The incredible hulk or superman or the million-dollar man. I believed I had power and they called it “withdrawn from reality” and “erratic psychosis.” I felt I was powerful from the beginning, and I would inflict negative power because they were negative to me or they abused me. Whether it was behaviour with feces and urine or hurting somebody...I’ve always had it. I’ve learned how to harness it and use it to my advantage. Some people don’t learn that. I will get what I want in life. I’ve had the advantages of never being put on medication as a kid and never becoming controlled by drugs and alcohol. I need all of my senses—I would never give that away to drugs or alcohol. I can’t control a lot of circumstances, I know that, but I can control my attitude and I can control the way I think. I am a fighter by nature and early on showed signs of stubbornness in doing what I wanted and refusing to acknowledge another’s opinion of me. This tendency has carried on throughout my life. I do everything “Derek’s way.” I felt like the world was against me and that nobody liked me. I felt like I was totally backed into a corner, and the only way for me to let others know I was a real kid was to come out swinging. (Clark, D., 2012a)

### *Responses to Social Responses*

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The staff had no confidence in me. I can still hear the conversation of two staff talking about how they believed I would fail the program and end up in jail like many of the other kids...adults should guard their words carefully when discussing vulnerable young people. (Webb, 2014/2009, p. 77)

In context, Derek’s behaviour could be understood as a response to parental violence and profound loss. His responses to the social responses, what he refers to as “logic,” of others reveal the self-identity that he was beginning to form as an “unlovable” child. When children and youth enter a system of professional care, they become dependent upon that system for justice, decision-making in their lives, and the protection of their safety and dignity. In many cases, these are the very things that they have required protection from, and the reasons for introducing alternative caregivers into their lives. The Response-based approach provides a framework to understand how children and youth respond to, and resist, the circumstances of transitioning into care and the often-frequent moves that occur once they are in the system. Resistance is ever-present in the face of oppression, violence, and situations of adversity when a person’s dignity is at stake. While I recognize that these are not the experiences of all youth in care, statistics suggest that there is systemic violence occurring within the system itself. It is frequently against the will of young people that they are being moved, medicated, separated, and dropped without guardianship at an age that is younger than national standards of youth living with biological families. Resistance may not be effective in stopping or even minimizing situations of injustice, feelings of powerlessness, or dignity-stripping circumstances. It is, however, ever-present and universal in the

attempted preservation of safety and dignity (Richardson & Reynolds, 2012; Wade, 2012).

Observable behaviour is one form of resistance and is viewed under this approach as understandable and healthy when considered in the context of responses and resistance to unhealthy circumstances. The nature of social responses received by children and youth in care are paramount to their survival in the system. Simply stated, this means that the ways in which professionals surrounding youth respond to, talk about, and diagnose kids is commonly more significant than the trauma(s) they have experienced. This is how we explain the difference between kids who “successfully” survive the system, and kids who often linger in their struggles.

Formulating responses as resistance requires the practitioner to listen deeply to the language used by the youth, and to match their language and verbal style as closely as possible (Wade & Adams, 2006). Using specific examples, such as “When you cause trouble and push the limits, is that your way of testing people...finding out something important that you need to know? It sounds like your secret way of forming ally ties?” or “Have there been other times in your life when curiosity has really paid off for you?” The language of responses and resistance challenges the dominant discourse of symptoms, pathology and pharmacological treatment. The diagnostic approach minimizes personal responsibility by creating a “reason” outside of the individual to explain both personal and social responses. These explanations may include depression, anxiety, conduct disorder, attention deficit disorder, or oppositional-defiant disorder. Rather, understanding actions as intentional resistance to situations that are perceived as harmful or oppressive additionally can serve to increase personal responsibility.

Best practices with youth in care are not always clear, universally accepted, or easily implemented. Systemically, professionals encounter obstacles in the forms of legislation, mandates, and insufficient support. Additionally, there is an invitation to become indoctrinated into the accepted professional discourse of pathology, revealed through the common language that communicates pessimism/hopelessness, judgment/superiority, detachment/rejection, and labelling/diagnosing (Seita, 2005). And yet, we gravitate into this field with something overwhelmingly in common: universally we seem to want to make a difference. Regardless of the topic, there is clinical relevance to the practice of pausing and considering what we know as helpers in this field, how we “know” it and questioning this body of knowledge. In the words of Ken Gergen:

We live in a world in which religious and political conflict threaten the globe, governments are dysfunctional, communities are eroding, longstanding cultural traditions are evaporating, and we struggle with our relationships to our habitat—both natural and technological. It is time for the social sciences to channel their substantial resources of intelligence and ingenuity into creating more flourishing forms of living together. (From *Mirroring to World-Making: Research as Future Forming*, In Press)

Activist and therapist Vikki Reynolds writes about the ever-present invitation to resist challenging the structures that reinforce dominance and oppression at the expense of our society’s most vulnerable populations:

At times our work as community workers can replicate the kinds of dominance we hope to alleviate; accommodating people to lives of poverty, and participating in practices that can serve as social control. Some workers sign on to cynicism; throwing up their hands at institutions and bureaucracy instead of rolling up their sleeves and working to change policy; and maligning other workers and programs, like dogs under the table fighting over the bones. As an activist, all of these tactics were familiar to me, and disheartening. (Reynolds, 2010, p. 2)

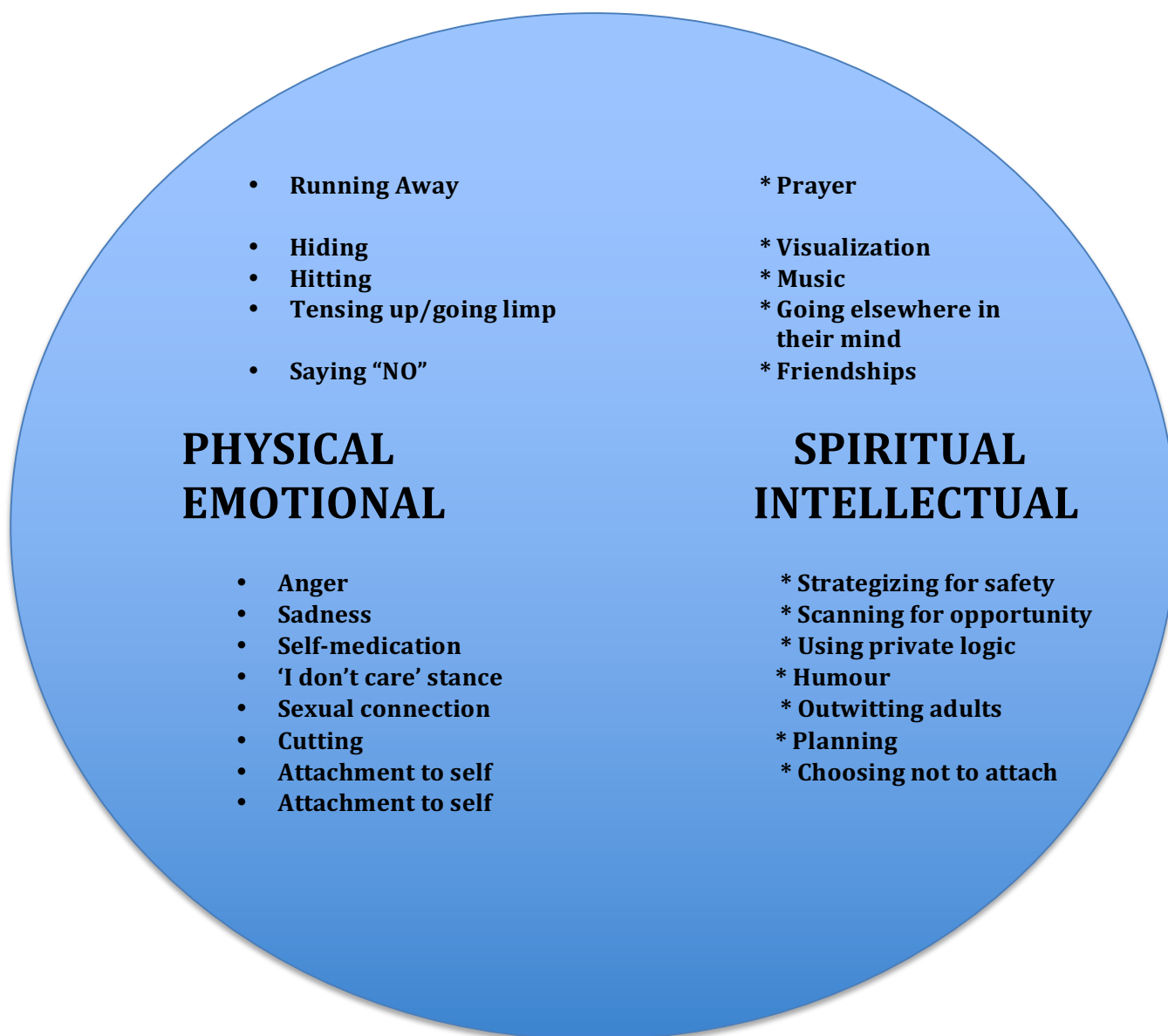
Adopting a position of not-knowing defies the coveted ‘expert status’ that lends us our credibility and oftentimes, our influence. Psychiatrist Irving Yalom (2003) speaks about the fluidity of “knowing:”

In the therapeutic enterprise we must tread a fine line between some, but not too much, objectivity; if we take the DSM diagnostic system too seriously, if we really believe we are truly carving at the joints of nature, then we may threaten the human, the spontaneous, the creative and uncertain nature of the therapeutic venture. Remember that the clinicians involved in formulating previous, now discarded, diagnostic systems were competent, proud, and just as confident as the current members of the DSM committees. Undoubtedly the time will come when the DSM-IV Chinese restaurant menu format will appear ludicrous to mental health professionals. (Yalom, 2003, p. 5)

It is my interest to maintain curiosity and to incorporate as much context as possible surrounding the life and experiences of a young person. The Medicine Wheel of Responses (Richardson, Wade, & Bonnah, 2012) provides a demonstration of some common responses from youth in care, and incorporates what may be occurring physically, spiritually, emotionally and intellectually. The following diagram provides a map to guide possible conversations with young people about their experiences, and responses.

## THE MEDICINE WHEEL OF RESPONSES; YOUTH IN CARE

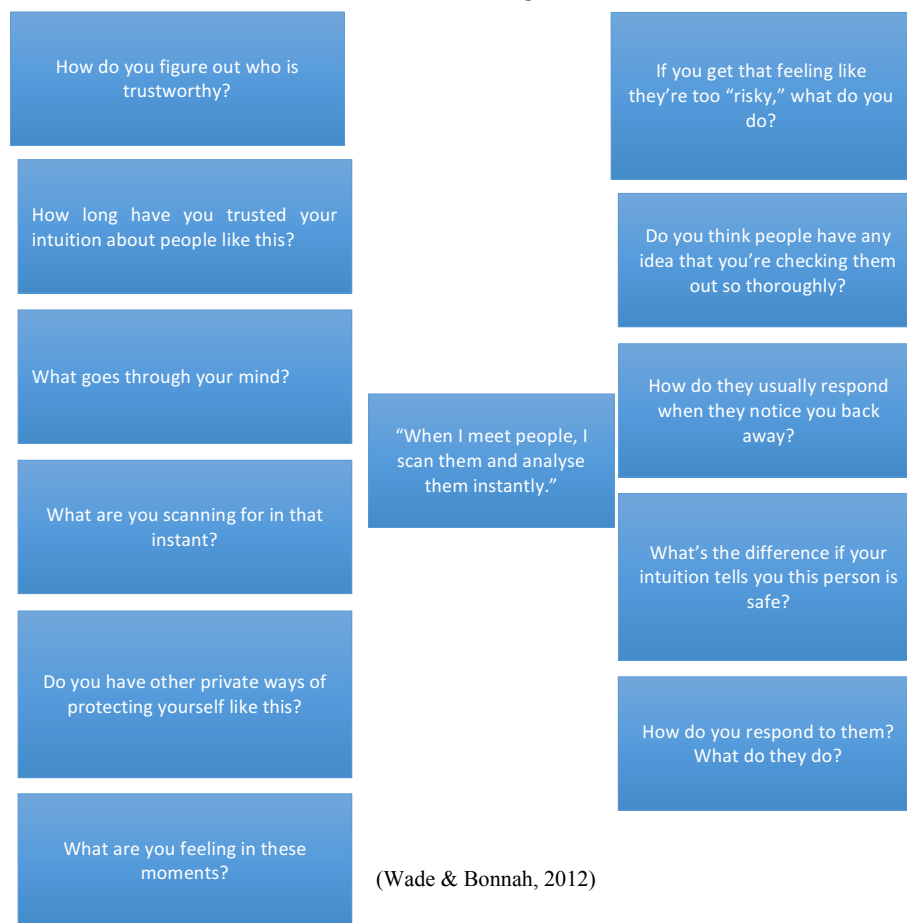
(Richardson, Wade, Bonnah, 2012)



The way of guiding a process that identifies meaningful connections and mobilizes safe adult resources is implemented to increase a young person's sense of hopefulness. Kids in care are typically denied family privilege (Seita, 2005), as they are moving through childhood and/or adolescence virtually unclaimed by adults. Meaningful connections to youth may be revealed as their relationship(s) to a teacher, coach, former foster parent, current foster parent, social worker(s), counselors or any adult member of their family of origin. The identification of these relationships serves to recognize where, and with whom, youth experience their sacred places of belonging. A Response-based approach cannot be successfully adopted without a consistent and core attitude of hope, equality, acceptance and compassion (Bonnah, 2008). Bringing forth responses and resistance as active behaviour(s), thoughts and emotions to sustain the integrity of autonomy allows for increased accountability. This acknowledges an individual's responses as intentional, useful and most often, healthy, if considered in the

context of their life's circumstances. Following are some examples of questions that can be useful to recognize the competencies of youth and their attention to safety; this directly contests the idea of dis-ability and disorder. These questions were formed from Derek Clark stating, "When I meet people, I scan them and analyze them instantly."

#### RESPONSE-BASED QUESTIONS



### *Potential Consequences of Assessment*

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A comprehensive assessment of children and youth who are entering the foster care system is essential in determining an appropriate placement and adequate services, in order to create stabilization. This is a critical step, because the “lens” of the assessment is desperately important and can have far-reaching consequences. There is pressure to respond to the high rates of “mental health” symptoms presented by youth in care with comprehensive assessments, as a way of early identification and intervention (Tarren-Sweeney, 2010). A recent report produced jointly by the Representative for Children and Youth and the Office of the Health Officer in British Columbia, Canada, highlights this urgent need:

This report again underscores all-too-familiar issues – lack of planning, inconsistent use of assessments, lack of focus, and inability to monitor. Better outcomes for children require a much higher degree of coordination, focus and accountability...

A year in the life of a child is a very long time. Each year that passes without essential yet basic improvements to our child-serving system means more B.C. youth veer off onto paths of unmet potential and troubling futures. Progress on recommendations made in our previous joint report on education outcomes has been very slow and inadequate given the magnitude of the problem.

Some youth enter care because of their involvement with the youth justice system, while others are already in care and then engage in criminal activity. Such distinctions do not alter the special relationship of trust and responsibility placed on the Province. This special relationship, of being ‘the parent’ entrusted with shaping the futures of these vulnerable youth, demands more careful assessments, so that plans of care reflect not only the past experiences of these children and youth, but their future potential. (Representative for Children and Youth & Office of the Provincial Health Officer, 2009)

There are a variety of ways to understand behaviours, thoughts, and “symptoms,” some of which lead directly and swiftly toward a mental health diagnosis, and a particular type of social response from the professionals involved with the “care” of youth. Statistics reveal that what follows is an unequivocally high rate of medicating the minds of children in the foster system. The risk is that a movement toward universally accepting a comprehensive mental health assessment will produce a generation of “mentally ill” kids.

Without a broad assessment that includes an analysis of how children have responded to, and resisted the circumstances of abuse, violence and oppression before and during government care, there is a high risk that yet another form of violence and oppression is occurring. This is markedly different information than knowing his or her history, which is the common language found within virtually every assessment process. Whereas the collection of historical data tends to be on a macro-level, a Response-based contextual analysis is a series of micro interactions that include the circumstantial and relational details of what has occurred, how children and youth respond to and/or resist the circumstances in their lives, and then how they have been responded to in return. It is imperative, as part of the assessment process to understand the nature of social responses received by children and youth in care. The research is clear (Charuvastra & Cloitre, 2008; Ullman, 2010) on the role that social responses play in the recovery from



traumatic incidents, and yet this information is blatantly absent from standardized assessment processes to date.

If authentic collaboration between child welfare services and mental health services is achieved, a third and arguably the most crucial partner, the caregiver, is required for accurate assessment and stabilization of children and youth in the foster system. The third partner has been frequently minimized, silenced, or omitted from the therapeutic assessment.

Children with relational stability and multiple positive, healthy adults invested in their lives improve; children with multiple transitions, chaotic and unpredictable family relationships, and relational poverty do not improve even when provided with the best “evidence-based” therapies. (Perry & Hambrick, 2008, p. 43)

Caregivers could, and should, be central members of a collaborative team of professionals working for the young people in their care. Although it may be current practice to include caregivers, their training, education, confidence and credibility within the larger team of professionals does not necessarily grant them equal standing or contribution. Just as Child Welfare workers and Mental Health workers often work independently, so do caregivers, only to a much greater degree (Perry, 2006). This is a fundamental problem. Foster parents have what seems to be unimportant information when viewed as isolated incidents; yet threaded together these details tell a story that runs parallel to the narratives of the children themselves. Caregivers have a chance to understand the situational logic of children and youth—why kids do what they do in a way that is explainable and understandable. Without such contextual information, these actions and behaviours may appear pathological. Foster parents additionally often have historical details that are left out of reports because they aren’t deemed “significant” enough; they have current realities that emerge unexpectedly as magical stories which describe the adults whom these young people are becoming and these stories hold their dreams for a future of hope and destiny (Bonnah, 2008). None of these things are revealed as genuinely during an assessment or in a therapy room. And yet, the intimate details of where children and youth have been, where they are, and where they want to go will provide the opportunity for a more fulsome assessment, and plan for the stability of long-term placement that takes into account who they are—as individuals. This is crucially important information.

Responses to adverse circumstances are frequently diagnosed as pathological behaviours and the cycle of separation and rejection becomes increasingly prevalent. Dozier (2005) highlights the limitations of the foster care system by calling it temporary, by its nature, and lacking in long-term foster parent commitment to the children placed in their care. Francine Cournos (2002) recognizes that one of the greatest paradoxes in working with children who have experienced profound loss is that despite their deep need for connection and compassion; they often push people away. Behavioural specialists are frequently employed to provide support and interventions, including behaviour modification, cognitive interventions, and appropriate developmental functioning models (Sherperis et al., 2003), while doctors oversee the prescribing of medications. Despite the ever-increasing trend of diagnosing and medicating children and youth in care, there remains no definitive test for attention or disruptive behaviour disorders (p. 59). Considering that there is wide recognition around the goal of foster home stabilization, some children still may be placed in up to

50 or 60 homes (Child Welfare League of Canada, 2013, Lambe, 2009) as a result of the difficulties presented by their behaviour.

### *Foundation and Application of Response-based Interventions*

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*Response-based counselling does not replace collective efforts to address violence or other social problems but affirms individuals' despairing and hopeful responses as eminently practical forms of social action and expressions of human dignity. (Wade, 2007, p. 16)*

A Response-based model of therapy and intervention (Coates & Wade, 2007), where opportunity is created to view problematic behaviours as understandable responses to the context of one's life, is highly applicable to youth in care. This approach challenges the dominant discourse that suggests there are deficits, often irreversible, within a child's personality, attachment ability, and social functioning. Response-based practice is invested in identifying resistance through the "uncovering of contextual details, eliciting responses to adverse events, and formulating behaviours as understandable responses given the circumstances" (Wade & Adams, 2006, p. 3).

The purpose of "Response-based contextual analysis" is to grasp events as much as possible on their own terms, with a minimum of theory. Only when we look plainly at social and material realities can we begin to appreciate the nature and meaning of events for the people involved, the forms and "situational logic" of their responses, and how we can best respond...

Violent acts are committed in specific social and material contexts, in specific social situations within those contexts, and through specific actions by one person, the offender, against another, the victim. The "victim" responds to the offender's actions and to salient aspects of the social situation (i.e., the presence or absence of others). Others present respond as and after the violence is committed. Authorities (i.e., police, child protection) and members of social networks (i.e., friends, family) respond later, if and when they learn of the violence. The victim and offender respond to these social responses.

Close analysis of these factors, and the interplay between them, is essential to socially just interventions. Contextual analysis explores the relationship between the "micro," the unique elements of individual cases, and the "macro," the larger social and material realities connected to individual cases: "We speak in generalities and live in details." (Coates, Richardson, & Wade, 2014)

The following excerpt from an interview with Derek Clark (2011) provides an example of uncovering contextual details in a discussion around his anger, violence and trust. I have underlined his statements of accepting responsibility from this excerpt. The following chart separates Offender Actions, Victim Responses/Resistance, and Social Responses.

*Derek Clark:*

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*As a young boy who then entered the foster care system, I had a fascination with knives. I would always fantasize about cutting and hurting people with a knife. From the 'normal person's' point of view, I was a pretty twisted little boy. When I was about nine years old I found a razor blade, and started to carry it around in my pocket. One day when my neighbourhood friend, about three years younger than I, would not do what I said, I took out my razor blade and threatened him. I wanted him to go down a hill on his Big-Wheel. With the razor blade held out threateningly, I told him that if he didn't go down the hill on his Big-Wheel, I'd cut him.*

*He wouldn't go down the hill because he was scared to. He was about 6 years old, and it was a big hill. As I was yelling and swiping the air in front of him with the razor blade, he became very frightened. Trying to protect himself, he stretched his hands out to shield his face, and I proceeded to purposely cut his hand with the blade. It cut through the webbing of skin between his thumb and first finger. The cut went completely down to the bone. Blood was flowing everywhere. He ran screaming all the way home. I then went home and didn't tell anyone about the incident, wishing it would just go away. Soon after, his Dad called my Dad, and then all hell broke loose. They wanted to talk with my father and me when they returned from the emergency room.*

*When they finally got back and we went over to their house, my friend's Dad was so angry with me that he wanted to do the punishing. He wanted to give me a hard spanking. My Mom and Dad were extremely upset over me taking my stabbing fantasy out on a neighbour boy. I felt terrible too, and knew I was going to be in big-time trouble with the county and my social worker. This act of violence pretty well cured me of my fascination with knives.*

(Clark & Bonnah, 2012, pp. 74-75)

Throughout this account, Derek's description demonstrates responsibility for his violence and deviation against his own moral code<sup>11</sup> in many ways. He clearly describes his own act of violence, the injury that he inflicts, the shame that he experiences, and the change in him as a result of harming a younger child.

| <u>Offender Actions</u>   | <u>Victim Responses &amp; Resistance</u>   | <u>Social Responses</u>   |
|---|--|---|
| I was yelling and swiping the air in front of him with the razor blade. | He wouldn't go down the hill because he was scared to.   | There was no adult supervision. Nobody interfered with Derek's "fascination with knives" in an effective way. |
| ...proceeded to purposely cut his hand with the blade.                  | He became very frightened. Trying to protect himself, he stretched his hands out to shield his face... |   |
| ...cut through the webbing of skin between his thumb and first finger.  | He ran screaming all the way home.   |   |

<sup>11</sup> Ken Gergen (2011) identifies the social constructionist view that we don't exist with one 'moral code,' but rather it shifts and changes with our social positioning (p. 70).

|  |  |   |
|--|--|---|
|  |  |   |
| I then went home and didn't tell anyone.                                 | The victim went home and told his dad. | His dad called my dad...all hell broke loose. They wanted to talk with my father and me. The victim's family made sure he received medical attention for his injury |
| Derek was wishing this would go away.                                    |  | My friend's dad was so angry with me that he wanted to do the punishing. He wanted to give me a hard spanking. My mom and dad were extremely upset...               |
| I felt terrible too...   |  | I was going to be in big trouble with the county and my social worker.  |
| This act of violence pretty much cured me of my fascination with knives. |  |   |

Derek has provided a rare gift through his narrative. Just as easily as professionals view victims of violence through the “symptoms” that they present, so too do offenders fall prey to the pathology lens. Nick Todd et. al. (2009) provides an alternative framework that orients professionals toward relationships with those who use violence in a way that protects their dignity. Consistent with Gergen's words about “discourse in action,” the Response-based approach that Todd and colleagues describe requires “listening twice to appreciate what is at stake here” (2011, p. 69).

- 1) Abusive behaviour is a deliberate, conscious choice: Though it is often represented both clinically and theoretically in ways that suggest it is an effect of causes a man could not reasonably be expected to control, close examination of abusive conduct reveals it is largely volitional (Coates, Todd, & Wade, 2003; Coates & Wade, 2004, 2007).
- 2) The assumption of pre-existing ability (Wade, 1997): Men who have been abusive already possess good social skills and the awareness and ability they need to control their emotions and behaviour.
- 3) Violence as an effect: Abusive behaviour can be represented in a language of effects or a language of responses. Notwithstanding their pre-existing ability to make constructive behavioural choices, those who have acted abusively often employ a language of effects to portray their behaviour as something over which they had little control (Todd, 2000).
- 4) Violence as a response: The talk of those who have mistreated others also contains moments when they spontaneously use the language of

responses to acknowledge they have acted poorly and could have made better choices. These “frame breaks” are prime moments for counselling intervention (O’Connor, 2000; Todd, 2000).

- 5) Excuses and other forms of justifying abusive conduct are valuable sources of therapeutic material (Maruna, 2004). Excuses often embed pro-social values that may provide the beginnings of a commitment to change.
- 6) Self correction is preferable to correction by others: There is little dignity in correcting a client, and little need to do so when we are able to align with small acts of self correction that he is already undertaking. (Todd, Weaver-Dunlop, Ogden, 2009, p. 4)

### *Working to Make a Difference: How We Are Doing?*

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My primary goal through this research is to create a useful resource for professionals working for children and youth who face violence and adversity in many different forms. With the possibility of understanding the behaviour(s) shown by children and youth in ways that may differ from what is categorized as “normal,” there is opportunity to respond to them in ways that can create more positive outcomes. I am both practical and ambitious: this research may not change the system or the government’s way of providing care to kids in our society *but* it is imminently critical that we collectively find solutions to how we are caring for our most vulnerable youth. The kids in the system overwhelmingly require the adults who work for the system to change because youth in care are twice as likely to:

Drop out of high school  
 Enter the Adult Welfare System  
 Be underemployed  
 (Youth in Care Canada, 2012)

Furthermore, statistics clearly indicate that the outcomes for youth in the foster care system are not meeting the objectives of the professionals who are commissioned to care for them. The outcomes are clear: the kids are not safe and the professionals are not satisfied.

### *Narrative Analysis*

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Multiple stories can, and most often do, travel alongside the journey of a young person through the system of government care. The question of “truth” is rarely asked within the dominant discourse of psychology, psychiatry, or social work. Rather, “truth” is often assumed through a process of mandated behavioural and cognitive assessments that have become accepted forms of “fact” finding:

In the mid-1970s, Congress enacted Public Law (PL) 94-142, which mandated the professional evaluation of children age 3 and older suspected of having physical or mental disabilities in order to determine their special educational

needs. The law also provided federal funds to help states meet those needs. In 1986, a set of amendments to PL 94-142 known as PL 99-457 extended downward to birth the obligation of states toward children with disabilities. It further mandated that, beginning with the school year 1990-1991, all disabled children from ages 3 to 5 were to be provided with a free, appropriate education. The law was expanded in scope in 1997 with the passage of PL 105-17. Among other things, PL 105-17 was intended to give greater attention to diversity issues, especially as a factor in evaluation and assignment of special services. PL 105-17 also mandated that infants and toddlers with disabilities must receive services in the home or in other natural settings and that such services were to be continued in preschool programs.

In 1999, attention deficit hyperactivity disorder (ADHD) was officially added to the list of disabling conditions that can qualify a child for special services. This, combined with other federal legislation and a growing movement toward “full-service schools” that dispense health and psychological services in addition to education (Reeder et al., 1997), signalled a growing societal reliance on infant and preschool assessment techniques. (Cohen & Swerdlik, 2010, pp. 345-346)

While this process of assessment is designed to provide intervention and increase opportunities for young people to “succeed” in school, it is widely criticized for being deficit-based, identity forming, and inaccurately assessing children.

Substantial concern about misidentification has centered on the perceived over-identification of African American students (especially African American males). While African Americans account for about 15% of the population ages 6-21 (generally the age group that Part B grants to states serve), they account for about 20% of students identified with disabilities. Although some portion of this higher rate might be explained by factors related to the occurrence of disabilities — for example, greater poverty among African Americans — such factors may not be the full explanation of the rates at which African American students are identified as mentally retarded (nearly 35% of all such students) and emotionally disturbed (more than 25% of these students). Other factors, such as teachers’ subjective judgments, are likely to be involved. (Apling & Jones, 2002, p. 6)

As I described in Chapter 2, there can be numerous assumptions of “cause” attributed to ADHD (which was added to the list of disabling conditions in 1999), and each will have a dramatically different path of intervention. Recent research is showing a link between children who are victims of, or exposed to, violence and are diagnosed with ADHD (Brisco-Smith & Hinshaw, 2006; Kankudti, 2013). From both constructionist and Response-based perspectives, we seek to understand the interactions, the relationships, and the narratives that surround the one-dimensional information of assessments with meaningful context. “As such, the knowledge will have relevance and utility for its participants” (Anderson, 2007, p. 8).

The story of Derek Clark’s drive to the orphanage is invisible in his Psycho-diagnostic Assessment (1976), as is the report to the Alameda County Juvenile Court (1976), his Social Study (1976), and his Speech and Language Evaluation (1976). These assessments describe Derek’s behaviour and functioning as “violent,

handicapped, unmanageable, disruptive, hyperactive, raging, emotionally disturbed, anxious, suspicious of people, fearful of making a mistake, and mildly mentally retarded.” The fullness of this story becomes narratable only by the words of Derek himself. It is not a question of “fact”—this is a dimension of human experience that informs the “private logic” (Adler, 1930; Seita, 2010) of a child, shared through his own words and making his behaviour understandable—in context.

### *Creating New Statistics*

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It is primarily through narratives like Derek Clark’s personal experience of being hurt then “rejected” by his biological family and growing up in the foster system that we will begin to recognize and address the responses and resistance to adversity that are displayed by so many youth. The application of a Response-based approach to the experience of family separations and foster care experiences is intended to provide an alternative view to the dominant, systemic perception of youth deviance, pathology, and defiance. A review of loss and grief literature suggests that family separation, regardless of the justification(s), creates an experience of loss that is under-acknowledged in terms of positive social responses within the system of foster care. Grief can become complicated and confused when it is layered upon the existing ambivalent feelings from previous violence, neglect, or abandonment. Further to this, we know that the ways in which children and youth respond to and resist these experiences of adversity often receive a pathologizing social response from involved professionals, many times creating further harm. Some examples of harmful social responses may be assessing, diagnosing, and medicating kids for “behaviours” that could otherwise be understood as healthy, or at least understandable responses to loss, grief, and/or experiences of violence.

An intimate view into the thoughts, emotions and actions of Derek Clark’s journey through childhood and foster care answer questions that many professionals working with kids in care may not have the opportunity to ask. Although he grew up angry, violent, and rejecting of most adults in his life—Derek’s narrative and interview responses speak to the fundamental elements that made a difference both in the moment, and in the future for young people. Perhaps most important, it becomes clear that resistance to violence or adversity is not the same as illness, although it is commonly misunderstood and misdiagnosed as such. The following chapter, ‘*Amanda: Re-languaging Bullying*’ will provide a third narrative that illuminates the importance of holding theory and “truth” loosely, while “listening twice” (Gergen, 2009) to the voice of a child.



## 5) AMANDA

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### *Re-languaging “Bullying”*

***"There are such slogans as 'Bullying is not cool, not hip, not acceptable' posted all over the school. My nephew (age 6) was labelled a bully early in the school year."***

(Tony, personal communication, April 18, 2014)

The word “bullying” is used as a verb all over schools, but is posted without context or definition. It is assumed that the behaviour of “bullying” is commonly known, and understood alike by young people ranging in age between 5 years old and 18 years old. Children entering school are indoctrinated into the language of mutualized conflict through anti-bullying campaigns, suspension policies, and reward-punishment tactics (Ministry of Education, 2001). The word “bullying” itself is problematic, as it is being used to encapsulate behaviours that range from name-calling to physical assault, to the obscene public violation of distributing naked photographs, often referred to as “child pornography,” as in the case of Amanda Todd.<sup>12</sup> Clearly, distinctions are required in the definitions between bullying and violence. I propose that with such distinctions, more appropriate social responses from adults and other young people will be inevitable.

In the mid-16<sup>th</sup> century, the Dutch term “bully” was originally a term of endearment and meant “lover” or was an expression of admiration (Oxford Dictionary, 2015). But when the term “bully” is applied specifically to an individual, the word shifts to a noun and an identity term. This is almost always the case with the commonly used statement “You are a bully,” which has no separation between the action that was done, and the identity of the person. The term itself is still without definition, and is broadly applied to such a wide range of actions that it represents almost every type of undesirable behaviour. Therefore, it becomes easy to interpret that what is really being said is “you are an undesirable person.”

If we think about children uniquely, what would it be like to receive the message that “you are an undesirable person?” How would children typically respond? What would they do? It would be understandable, perhaps, for a child to resist this message in a variety of ways, regardless of their behavioural choices. Behaviours are one way in which children respond to, and resist, the circumstances of their lives and in many ways, this is their most readily available form of expression and resistance to circumstances that are kept secret, silent, and often deeply troubling. Resistance in children may range from silent withdrawal to aggressive outbursts or self-harming. All of these behaviours are easily pathologized as behavioural disorders when viewed outside of the context of what children are responding to.

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<sup>12</sup> Amanda Todd was the victim of a blackmail that never stopped. The cyberspace stalking was aided and abetted by people in Amanda’s real world life — kids who would share the photos around their cell phones. Amanda Todd died by suicide on October 10, 2012.

The contradiction that lies in the message “bullying is not cool” is substantiated throughout the social context of children’s lives. Beginning with fairy tales, Disney movies and video games, they are taught in a wide variety of ways that verbal, emotional and physical violence is, in fact, cool. Throughout the world, research has demonstrated that social and cultural norms continue to reinforce violence in all of its forms. The World Health Organization has summarized the following data:

### *Cultural and social norms supporting different types of violence*

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#### *Child maltreatment*

- Female children are valued less in society than males (i.e. Peru, where female children are considered to have less social and economic potential).
- Children have a low status in society and within the family (i.e. Guatemala). Physical punishment is an acceptable or normal part of rearing a child (i.e. Turkey, Ethiopia).
- Communities adhere to harmful traditional cultural practices such as genital mutilation (i.e. Nigeria, Sudan) or child marriage.

#### *Intimate partner violence*

- A man has a right to assert power over a woman and is socially superior (i.e. India, Nigeria, Ghana).
- A man has a right to “correct” or discipline female behaviour (i.e. India, Nigeria, China). Woman’s freedom should be restricted (i.e. Pakistan).
- Physical violence is an acceptable way to resolve conflicts within a relationship (i.e. South Africa, China).
- A woman is responsible for making a marriage work (i.e. Israel). Intimate partner violence is a taboo subject (i.e. South Africa) and reporting abuse is disrespectful (Nigeria). Divorce is shameful (i.e. Pakistan).
- When a dowry (financial payment from the bride’s family to the husband) or bridewealth (financial payment from the husband to the bride’s family) is an expected part of marriage (i.e. Nigeria, India), violence can occur either because financial demands are not met, or because bridewealth becomes synonymous with purchasing and thus owning a wife.
- A man’s honour is linked to a woman’s sexual behaviour. Here, any deviation from sexual norms disgraces the entire family, which can then lead to honour killings (i.e. Jordan).

#### *Suicide and self-harm*

- Mental health problems are embarrassing and shameful, deterring individuals from seeking help (i.e. Australia, Brazil).
- Individuals in different social groups within society are not tolerated – i.e. homosexuals (Japan).

### Sexual violence

- Sex is a man's right in marriage (i.e. Pakistan).  
Girls are responsible for controlling a man's sexual urges (i.e. South Africa).
- Sexual violence is an acceptable way of putting women in their place or punishing them (i.e. South Africa).
- Sexual activity (including rape) is a marker of masculinity (i.e. South Africa).  
Sex and sexuality are taboo subjects (i.e. Pakistan).
- Sexual violence such as rape is shameful for the victim, which prevents disclosure (i.e. the United States).

### Youth violence

- Reporting youth violence or bullying is unacceptable (i.e. the United Kingdom).
- Violence is an acceptable way of resolving conflict (i.e. the United States of America).

### Community violence

- Cultural intolerance, intense dislike and stereotyping of "different" groups within society (i.e. nationalities, ethnicities, homosexuals) can contribute to violent or aggressive behaviour towards them (i.e. xenophobic or racist violence and homophobic violence).

(World Health Organization, 2009, p. 5)

Various forms of media that reinforce these social and cultural norms through violent images and behaviour have become the background of children's lives—ever-present and hardly noticed. As children move into adolescence, movies, music, and pornography that depict violence become increasingly difficult to filter out of their "entertainment." The timeless "good versus evil" motif has evolved to elevate violence in a variety of forms where it is woven into the social fabric of young peoples' lives. For example, this excerpt from the popular movie, *Mean Girls*, which is classified under the comedy genre:

**Janis:** [*to the female student body*] Okay, yeah. I've got an apology. So, I have this friend who is a new student this year. And I convinced her that it would be fun to mess up Regina George's life. So I had her pretend to be friends with Regina, and then she would come to my house after and we would just laugh about all the dumb stuff Regina said. And we gave these candy bar things that would make her gain weight, and then we turned her best friends against her. And then... Oh yeah, Cady - you know my friend Cady? She made out with her boyfriend, and we convinced him to break up with her. Oh, God, and we gave her foot cream instead of face wash.

[*to Regina*]

**Janis:** God! I am so sorry Regina. Really, I don't know why I did this. I guess it's probably because I've got a big \*lesbian\* crush on you! Suck on \*that\*!  
(Michaels, 2004)

This excerpt, and the popularity of the movie that it is taken from, demonstrates that

friendship is being redefined in the social culture of this current generation. Similarly, the popularity of rap artist, Eminem, has spanned a generation of young people and continues on. These lyrics are from his hit song ‘97 *Bonnie & Clyde*’:

Wake up sweepy head we're here, before we pway  
 we're gonna take mama for a wittle walk along the pier  
 Baby, don't cry honey, don't get the wrong idea  
 Mama's too sweepy to hear you screamin in her ear (ma-maa!)  
 That's why you can't get her to wake, but don't worry  
 Da-da made a nice bed for mommy at the bottom of the lake  
 Here, you wanna help da-da tie a rope around this rock? (yeah!)  
 We'll tie it to her footsie then we'll roll her off the dock  
 Ready now, here we go, on the count of free..  
 One.. two.. free.. WHEEEEEEE! (whoooooshhhhh)  
 There goes mama, spwashin in the wa-ta  
 No more fightin wit dad, no more restraining order  
 No more step-da-da, no more new brother  
 Blow her kisses bye-bye, tell mama you love her (mommy!)  
 Now we'll go play in the sand, build a castle and junk  
 But first, just help dad with two more things out the trunk. (Eminem, 1997)

Increasingly, “gaming” has grown in popularity for young people, and competes with other screen time activities such as television, computers and cell phones. The influence of these games remains a controversial discussion amongst academics, however here are the reviews of (2) of the most popular (10) games for young people in 2015:

*Watch Dogs* puts players into the vigilante shoes of Aiden Pearce, a hacker seeking revenge against the people who killed members of his family. In this open-world adventure, Aiden uses knives, firearms, and other weapons to kill hundreds of people, some of whom are police officers. He can even use his hacking skills to injure others with exploding steam pipes or destroy cars with strategically placed traffic barriers. The mature content includes drug use, alcohol consumption, and strong profanity, as well as quite a lot of nudity and sexual activity, making this a title that's definitely not for kids. That being said, there's an incredible amount of depth here, from the mini-games and the stealth missions to the multiplayer mode, and mature gamers will appreciate this dark tale on the streets of Chicago.

Few games seem to inspire as much controversy or acclaim as *Grand Theft Auto*, and *Grand Theft Auto V* is no exception. Players take on the role of three criminals, each with his own personal issues, and violence is a mainstay of in-game missions. With a wide array of weaponry, players kill hundreds of characters, including civilians, police officers, and gang members. Profanity is strong and frequent, and sexual content is graphic and very mature, with some women depicted as strippers or prostitutes. Drinking and drug use is prolific as well. Although many kids may want to play *GTA*, the game is designed for an adult audience that can compartmentalize this open-world crime drama. (Haynes, 2015)

These examples present a narrow window into the broader social atmosphere of young people through movies, music, and video games. The examples provided are not

obscure. “Mean Girls” won 3 teen choice awards and was nominated in 10 other categories, and continues to be considered a “pop culture phenomenon” (Wikipedia, 2015b). Eminem has won 15 Grammy awards and was voted “the best rapper ever” by fans through the Vibe website (Wikipedia, 2015a). The video games, Grand Theft Auto 1-V have held the records for the biggest video game launches in the United States and the United Kingdom (Wikipedia, 2015c). While many adults work tirelessly to promote the messaging that “bullying is not hip, not cool, not acceptable” and develop “anti-bullying” campaigns and policies that are being imposed from the top down of every child-centred gathering place, the social worlds of young people are surrounded by violence in all of its forms.

To maintain literary terminology, using an identity term such as “bully” sets up an instant dichotomy of protagonist and antagonist; denying the opportunity to understand the context of what has occurred—who did what to whom? From a Response-based perspective, we focus on a) maintaining dignity for everyone involved, b) using their existing knowledge and sense of moral order, trusting that children already know how to behave respectfully and safely (they demonstrate this in interactions with other people, in other places), and c) inviting responsibility for their actions. Rather than using the language of “the bully and the bullied,” a Response-based perspective would simply be, “What happened?” and, “Who did what to whom?” The need to label an interaction as anything specific is the need of adults, not children, and in fact I propose that labelling individual people is harmful.

It is further illuminating and poignant to bring these ideas forward through the lived experience and narrative of a young Canadian girl who had no choice but to navigate the violent actions of others. Amanda Todd described her circumstances and the social responses that she was receiving through a YouTube video in 2012; obscuring her face by holding up her words on flash cards, with the soundtrack of ‘*Hear You Me (May Angels Lead You)*’ by Jimmy Eat World playing in the background. It is easy to read her words as a desperate plea for understanding and assistance. In fact, her final words are “I need someone.” Within days of her message being posted, she died by suicide.

*Amanda (2012)*

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Hello,  
 I’ve decided to tell you about my never ending story,  
 In 7<sup>th</sup> grade I would go with my friends on webcam,  
 Meet and talk to new people,  
 Then I got called stunning, beautiful, perfect, etc.,  
 Then wanted me to flash,  
 So I did...A year later...  
 I got a msg on facebook,  
 From him...Don’t know how he knew me...  
 It said...If you don’t put on a show for me I will show ur boobs  
 He knew my address, school, relatives, friends, family names,  
 Christmas break...

Knock at my door at 4 am...  
 It was the police...My photo was sent to everyone.  
 Then I got really sick and got...  
 Anxiety, major depression and panic disorder  
 I then moved and got into Drugs and Alcohol  
 My anxiety got worse...I couldn't go out  
 A year past and the guy came back with my new  
 List of friends and school, but made a new facebook page  
 My boobs were his profile pic...  
 Cried every night, lost all my friends and respect  
 People had for me...again...  
 Then nobody liked me  
 Name calling, judged...  
 I can never get that photo back  
 It's out there forever  
 I started cutting...  
 I promised myself never again...  
 Didn't have any friends and I sat at lunch alone  
 So I moved schools again  
 Everything was better even though I still sat alone  
 At lunch in the library everyday  
 After a month later I started talking to an old guy friend  
 We back and forth texted and he started to say he...  
 Liked me...led me on...he had a girlfriend...  
 Then he said come over, my girlfriends on vacation  
 So I did...Huge mistake...  
 He hooked up with me....  
 I thought he liked me...  
 1 week later I get a text get out of your school...  
 His girlfriend and 15 others came including himself...  
 The girl and 2 others just said look around nobody likes you  
 Infront of my new school (50) people  
 A guy than yelled just punch her already  
 So she did...she threw me to the ground and punched me several times  
 Kids filmed it. I was all alone and left on the ground.  
 I felt like a joke in this world. I thought nobody deserves this  
 I was alone...I lied and said it was my fault and my idea  
 I didn't want him getting hurt, I thought he really liked me  
 But he just wanted the sex. Someone yelled punch her already  
 Teachers ran over but I just went and layed in a ditch and my dad found me  
 I wanted to die so bad...When he brought me home I drank bleach  
 It killed me inside and I thought I was gonna actually die  
 Ambulance came and brought me to the hospital and flushed me  
 After I got home all I saw was on facebook:  
 -She deserved it. Did you wash the mud out of your hair?-I hope she's dead.  
 Nobody cared...I moved away to another city to my moms  
 Another school...I didn't want to press charges because I wanted to move on.  
 6 months has gone by. People are posting pictures of bleach, Clorox and ditches  
 Tagging me...I was doing a lot better too...they said...  
 She should try a different bleach. I hope she dies this time and isn't so stupid

They said I hope she sees this and kills herself...  
 Why do I get this? I messed up but why follow me  
 I left your guys city...I'm constantly crying now  
 Everyday I think why am I still here?  
 My anxiety is horrible now...I never went out this summer  
 All from my past...life's never getting better...I can't go to school  
 Meet or be with people...constantly cutting. I'm really depressed.  
 I'm on anti depressants now and counselling and a month ago this summer  
 I overdosed...In hospital for 2 days...  
 I'm stuck...what's left of me now...nothing stops  
 I have nobody  
 I need someone  
 My name is Amanda Todd  
 (Todd A. , 2012)

### *Social Material Conditions*

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The suicide of Amanda Todd was internationally publicized as an extreme case of bullying. The violent beating and endless torment that she endured did not supersede the headlines of her naked photos posted online. The message was clear that what happened to her was her fault—she sent the pictures of her breasts to an unknown receiver. She should have known better. In fact, Amanda Todd was navigating a social world, with ever-changing expectations for adolescent sexuality, especially for girls, in much the same way that statistics indicate many other young people are also grappling with. Recent studies attribute these drastic changes to the influence and availability of pornography during the stage of adolescence, summarizing that teenage girls are attempting to ‘please’ and ‘attract the attention of’ teenage boys in ways that are very likely influenced by the increasing social and cultural ‘norm’ of pornography:

- A recent survey showed that 22% of teenage girls report anal sex in the last 60 days
- It's estimated that 70-80% of teenage boys watch pornography
- Another survey showed that 1/3 of teenage girls admit to sending a naked or near naked picture to their 'crush.' (Palmer, 2014)

Young people have always been and will always be invested in attracting one another's attention. The social context in which adolescents are venturing into these rituals of dating and sexuality has changed--the stakes are high. Social media has extended the reach of suffering for girls and the damage possible to their reputations is almost beyond comprehension. The “social norms” associated with getting together and expressing interest in one another are no longer in place, and instead boundaries are replaced with a type of anarchy that easily exists when people don't have to be socially accountable for their words or actions, such as the case with so many forms of social media. It is in this context that adults can pose as much younger people, and prey upon young adolescent girls. This is what occurred initially when Amanda Todd was lured into sending nude photos of herself through the Internet. I have highlighted in red the phantom of a perpetrator, showing up in Amanda's words. The hint of a person only appearing in line 6:

1. I got **called**



2. stunning, beautiful, perfect, etc.,
3. Then **wanted** me to **flash**,
4. So I did...A year later...
5. I got a **msg** on **facebook**,
6. From **him**...Don't know how **he knew me**...

- It is commonly interpreted that if a woman or a girl does not overtly *struggle*, she has provided consent. In lines 1-5, Amanda is alone in this narrative, with only a hint of someone else's presence through a "msg on facebook." Amanda Todd could not consent to an act that she was not aware of.
- Although he isn't identified in any way, he is "calling" out with flattering words and "wanting" her with clear direction to take pictures of her nude breasts. She responded to this. She could not consent to what he would later do with those pictures, because he did not tell her.
- He waited a year, and then began his series of tormenting messages and actions. Although she had never met him, and had no knowledge of who her enemy was, Amanda felt like he knew her.

The emphasis after Amanda's death has focused on her poor choices, her poor mental health, and the lack of supervision/care of her parents. Less mention has been made of the violent acts of her offenders, which is an important social omission. In an interview with the *Vancouver Sun*, Amanda's mother clarifies that the "cyber-bully" sent the photos of Amanda to her "real world" friends, who carried them on their cell phones and perpetuated spreading the nude image of Amanda throughout their social network.<sup>13</sup> Further to this, she states, "Amanda's moment of indiscretion was no isolated incident. Sexting, using web cams to share sexual photos, is a huge and growing trend among children, some so young they are still in grade school" (Shaw, 2012).

### *Situational Interaction*

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The media attention that the life and death of Amanda Todd received makes it easy to believe that her situation was extreme, or even isolated. Careful analysis of Amanda's situation reveals her entry into adolescence as common, albeit moving at the speed of the Internet. At the age of 12, she had friends and sleepovers and parents who checked her on-line activity with regularity (Kelly, 2013). Unique to adolescents in 2013 compared to previous generations, their on-line sophistication and access to chat rooms allows them to interact with strangers around the world, rather than limiting them to the hallways of their high schools. This is exactly what Amanda and her friends did, and Amanda experienced popularity in the form of "likes" and "views" that were very probably intoxicating, and certainly appears to be an accepted form of "socialization" for adolescents growing up with the level of technology that is currently available to them. Adults posing as young people know this, and also know how to lure and trick girls into riskier interactions online. It is happening all over the world (Kelly, 2013).

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<sup>13</sup> Amanda's mother, in an interview with the *Vancouver Sun* on October 12, 2012, stated that one of Amanda's goals was to get her message out there and have it be a learning tool for others.

### *Offender Actions*

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In order to describe the violence, it is essential to have a descriptive account of the victim's responses and resistance. Through understanding a victim's resistance, it becomes clear that offenders of virtually all forms of violence anticipate and work to suppress victim resistance. It then becomes difficult to maintain a position that people who use abuse didn't intend to harm anyone, got "out of hand," were in a "blind rage," or didn't understand that the other person was scared. The evidence of Amanda's resistance being "managed" by many perpetrators is strongly indicated by the threats of worse things happening to her, the online 'messages' to her that they weren't going away, and the group of same-aged youth overpowering her. Some examples of intentional violence, taken directly from Amanda's YouTube narrative include:

- *If you don't put on a show for me I will show ur boobs*
  - *He knew my address, school, relatives, friends, family names...*
- *A year past and the guy came back with my new...*
  - *List of friends and school, but made a new facebook page*
  - *My boobs were his profile pic...*
- *His girlfriend and 15 others came including himself...*
  - *The girl and 2 others just said look around nobody likes you*
  - *Infront of my new school (50) people*
  - *A guy than yelled just punch her already*
  - *So she did...she threw me to the ground and punched me several times*
  - *Kids filmed it. I was all alone and left on the ground.*
- *Someone yelled punch her already*
  - *Teachers ran over but I just went and layed in a ditch and my dad found me*

These four examples demonstrate the offender actions that Amanda was responding to, and resisting, although this is not a complete list. One of the offenders was hidden from her; he knew where she was but he remained completely invisible. She didn't know when, where or why he would strike. The other perpetrators surrounded her. These were kids her own age who were hurting her because they could. Many of them called themselves her "friends" and one was even in a brief, intimate relationship with her. She refers to this as a "mistake" with a boy, and her reputation preceded her because of her online enemy. Amanda was going to school during a time when "Mean Girls" was a "pop culture phenomenon" (Wikipedia, 2015b), and the treatment that she received has striking similarities.

### *Victim Responses & Resistance*

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In the course of therapy, "double listening" (Gergen, 2011, p.69) will reveal that victims invariably resist violence, as and after it occurs, overtly and covertly, depending on the dangers and opportunities in the situation. Amanda's responses, up to and including suicide, become understandable as acts of resistance against very specific forms of oppression, violation, physical attack, and the systematic stripping of her of dignity. Out of context, these responses can be easily recast as "symptoms" of mental illness, such as depression, panic, and anxiety disorder. When all three of the following columns are taken into account with equal consideration, Amanda begins to appear like

she is responding rationally and understandably to extremely irrational and dangerous circumstances. It is also clear that she is highly isolated, and navigating her situation with minimal support in a way that all information is being considered.

|   | <b>VIOLENT ACT</b>   | <b>RESPONSE/RESISTANCE</b>   | <b>SOCIAL RESPONSE</b>  |
|---|--|--|---|
| 1 | If you don't put on a show for me I will show ur boobs       | I got really sick<br><br>(Introduced herself as the subject)   | Knock at my door at 4 am...   |
| 2 | He knew my address, school, relatives, friends, family names | Anxiety, major depression and panic disorder   | It was the police...  |
| 3 | My photo was sent to everyone                                | I then moved<br>(Introduced herself as the subject)  | No helpful police response at this time.  |
| 5 | My boobs were his profile pic...                             | My anxiety got worse...I couldn't go out<br>(Introduced herself as the subject)  | No helpful therapeutic, police, education response at this time.  |
| 6 | The girl and 2 others just said look around nobody likes you | Cried every night<br>I started cutting...<br>I promised myself never again...<br><br>(Introduced herself as the subject) | lost all my friends and respect<br><br>Didn't have any friends and I sat at lunch alone<br><br>No helpful response from other parents at this time. |
| 7 |  | So I moved schools again<br>(Introduced herself as the subject)  | Then nobody liked me<br><br>No helpful intervention from  |

|    |  |  |  |
|----|--|--|--|
|    |  |  | the new school at this time  |
| 8  | <p>Kids filmed it.</p> <p>I was all alone and left on the ground</p>   | <p>I felt like a joke in this world.</p> <p>I thought nobody deserves this<br/>(Introduced herself as the subject)</p>   | <p>No helpful intervention from adults at this time.</p> <p>None of the “witnessing” kids intervened in a helpful way.</p>   |
| 9  | <p>A guy than yelled just punch her already</p>  | <p>I lied and said it was my fault and my idea</p> <p>I didn’t want him getting hurt, I thought he really liked me [card held close to the camera]<br/>(Introduced herself as the subject)</p> | <p>Teachers ran over but I just went and layed in a ditch and my dad found me.</p> <p>Teachers ran over and saw that she was hurt, but left her in the ditch until her dad came.</p> |
| 10 | <p>Violence against herself—I drank bleach</p>   | <p>I wanted to die so bad</p> <p>It killed me inside<br/>(Introduced herself as the subject)</p>   | <p>I saw was on facebook:<br/>-She deserved it. Did you wash the mud out of your hair?-I hope she’s dead.</p> <p>She should try a different bleach.</p>                              |
| 11 |  | <p>I moved away to another city<br/>(Introduced herself as the subject)</p>  | <p>Nobody reaching out with a positive connection.</p>   |
| 12 | <p>Emotional Violence:<br/>6 months has gone by. People are posting pictures of bleach, Clorox and ditches</p> <p>She should try different bleach. I hope she dies this time and isn’t so stupid.</p> <p>They said I hope she sees</p> | <p>Why do I get this?</p> <p>I messed up but why follow me?</p> <p>I’m constantly crying now</p> <p>Everyday I think why am I still here?</p> <p>My anxiety is horrible</p>                    | <p>Social Isolation</p>  |

|    |                        |   |  |
|----|------------------------|---|--|
|    | this and kills herself | now...I never went out this summer<br><br>...constantly cutting. I'm really depressed.<br><br>(Introduced herself as the subject) |  |
| 13 |                        | I need someone<br><br>My name is Amanda Todd<br><br>(Introduced herself as the subject)   |  |

Several things become clear upon careful examination of Amanda's circumstances. Perhaps most strikingly, it would be highly unusual and of grave concern if anyone, at any age, were to remain *happy, well or unaffected* by reading what Amanda experienced in the left and the right columns. Therefore, in context, responding to and resisting specific acts of injustice and violence begin to make sense as understandable and highly adaptive under circumstances of very particular distress. It is also clear through her actions and thoughts that Amanda was relentless in her pursuit of safety, dignity, boundaries, and connections. Ninety-two percent of the examples used to demonstrate Amanda's responses or resistance began with her expressing her own needs, wishes, thoughts, feelings or actions. This makes some intuitive sense, given that responses and resistance are personal. What is significant is that Amanda's *expression* of her responses are in first-person; she is making a plea to be seen and heard as reasonable and rational, even as she describes herself in the dominant discourse of "sick," "anxious," and "depressed." It becomes problematic, then, when the responses and resistance of victims such as Amanda are understood as "symptoms" to be "treated" rather than prudent strategies to resist and withstand adversity, violence, and oppression.

#### *Social Responses (Perceived and Received)*

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Social responses include the actions and inactions of professionals, family, friends, and community. Understanding the significance of social responses to reducing the suffering for victims of violence requires first that we collectively and accurately identify violence as "the problem," rather than the more commonly accepted discourse of victim blaming. Victims are inherently blamed by perpetrators and through social responses by questioning their mental health (she is unstable, she has depression), questioning their boundaries and/or intelligence (she should have known better than to send nude pictures of herself), questioning their histories (what kind of parenting has

she had) and locating the cause for their “troubles” inside their minds (mental illness, such as depression).

### *Responses to Social Responses*

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Victims of violence are acutely aware of the social responses that they receive or can reasonably anticipate, and in turn they begin to respond socially, emotionally and behaviourally to manage those around them. In many cases, negative social responses take the form of systemic or institutionalized violence. In Amanda’s case:

- Cutting can be understood as her confirmation of being alive (seeing the blood)
- Moving schools can be viewed as her relentless hope to belong, while at the same time attempting to flee from the violence she was experiencing
- Not pressing charges as a strategic move to avoid further social repercussions, and in protection of someone who she believed cared about her
- Anxiety can be a high functioning intuitive alarm system, and
- Depression can be understood as an understandable emotion for someone who is experiencing violence, oppression and isolation.

### *Analysis: Individual Treatment Versus an Orchestrated Social Response*

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As responding adults, whether as therapists, teachers, principals, ministers, group leaders, parents, family members, or neighbours we can and do have a direct impact on the lives of adolescents. Our collective responses to young victims will be increasingly useful if we diligently avoid concealing violence, obscuring the perpetrator’s responsibility, concealing the victim’s responses, or blaming or pathologizing victims (Coates & Wade, 2005).

Amanda Todd was not a victim of “bullying,” if her circumstances are viewed through the lens of a Response-based framework. Rather, she was physically, verbally, emotionally violated, while suffering from the obscene public violation of someone distributing naked photographs. She was also a victim of unending harassment. When the words do not fit the actions, appropriate social responses are much less likely to be elicited. Amanda’s responses can be understandable given her circumstances. To treat these responses as individual “disorders” or deficits places the responsibility for the violence inside her mind— “if only she were more stable...less vulnerable...more resilient...this wouldn’t be such a problem.” The violent acts, and those who perpetrated against her, then effectively disappear. The violence that was perpetrated against her initially (nude photos posted on the internet) did not end, even though she moved schools numerous times in attempt to “start over.” The on-going, targeted violence of name-calling, stalking, harassment, physical assault and coercion are bundled into the language of “bullying.” The social response of calling this violence “bullying” never conveyed to Amanda or others that she was not to blame, and that the violence perpetrated against her was deliberate.

There is an additional risk in understanding Amanda’s situation as a product of adolescent “dating” development, as it is frequently talked about with the trendy terms

of “sexting,” “blogging” or the dangers of “chat rooms.” Developmental models of childhood, without exception, lack both the contextual details of a young person’s life, and the social responses that they are receiving as they grow. In the following chapter, I will provide a critique of some of today’s most influential models of development, particularly the model of attachment, and how this impacts the work of psychology and the broader context of social sciences.



## 6) DOWN THE RABBIT HOLE

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### *Deconstructing A Child Development Model*

***“They said I had attachment Disorder. Really, I had a life disorder. I attached accordingly.”***

(Sarah, National Youth in Care Network, 2009)

As a university instructor in a Counselling Program and a clinical director for the work done with children and families, I’ve often felt inadequate responding to important questions about the troubling behaviour of children with the vague answer of, “*It depends.*” In fact, this has become my most common response, and one that I use with increasing confidence. The assimilation of child development models into the field of psychology has introduced the antithesis of such an imprecise answer to important questions that concern the actions, and sometimes the inactions of young people. There could be a variety of ways for the consequences of these models to be understood, however, as they are broadly used for the assessment of “normative” child development within the disciplines of psychology, psychiatry, and social work—it is fair to say that child development models inform a wide range of professionals of what has come to be commonly accepted as the “truth” pertaining to children and their development. Similarly, they inform professional interventions. Most notably, Attachment Models and corresponding diagnosis of *Attachment Disorders* are prevalent throughout the counselling and mental health interventions with young people. This chapter is a critique of the benign-world developmental theories that do not address violence and oppression, and pay little attention to contextual information or social responses. Of particular interest to me is attachment theory because of its domination within social sciences. Through children’s literature, I will demonstrate that cultures are ever changing, and society’s expectations of the “child” change with it. Similarly, there is great variance between cultures, socio-economic backgrounds, and genders. Yet, the assessment of a child’s “ability” to attach continues to be measured primarily by the definition created by John Bowlby in 1969:

To say of a child that he is attached to, or has an attachment to, someone means that he is strongly disposed to seek proximity to and contact with a specific figure and to do so in certain situations, notably when he is frightened, tired or ill. (p. 371)

Missing from this definition is a description of “someone”—who is he or she? Is she safe from harm? What has happened in the past when the child seeks proximity to this person? Is staying away from this person an intuitive form of protection?

## Nathan

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Consider the following conversation with a nine-year-old child who experienced violence repeatedly by watching his mom being physically abused:

|         |  |
|---------|--|
| Nathan: | Mom, dad, Sarah and me lived in a house all together for 3 years...  |
| Shelly: | What was that like?  |
| Nathan: | I used to hide in my room a lot. Sarah would come running in and hide under my bed.  |
| Shelly: | What did you do when she would come running into your room?  |
| Nathan: | After the first 10 times I got used to it, so it was nothing new. I also hid under the bed sometimes.  |
| Shelly: | Why do you think she came into your room?  |
| Nathan: | Sarah did have her own room, but she didn't like hiding in it. If she wanted me to when she was under my bed, then I triple sealed my door...  |
| Shelly: | Triple sealed your door...How did you do that?   |
| Nathan: | I got pillows and duct tape. I put duct tape on the top and bottom so no one could open the door...to keep dad out. Then I put 3 pillows on all the sides of the door to keep out the noise. The only time we could hear was when they were really yelling...Those times I would play my video games really, really loud.... |
| Shelly: | I don't know if I've ever heard of anything so smart before to keep out noise and protect a sister...  |
| Nathan: | Ya...no one could get in unless they had a knife.  |
| Shelly: | Hmmm.  |
| Nathan: | I play video games. It makes me content so I don't...so I don't go out there and separate them.  |
| Shelly: | How did you learn that it's a better idea to keep yourself as content as possible, rather than go out there and separate them?   |
| Nathan: | I've tried to separate them. To defend mom would be suicide. Every time I tried I got red marks. Sometimes he wears his boots...he would kick me or slap me. Once he smacked me so   |

hard the red marks didn't go away for a week. I didn't do anything for that...I didn't deserve it.

Shelly: ...Sounds like you have tried to defend your mom, yourself, and Sarah. Sometimes it works but sometimes it really doesn't. What else do you do?

Nathan: One time me, mom and Sarah all hid in mom's room and locked the door. We watched Mario brothers. We were going to have a Christmas party, but he phoned everybody so that they didn't come to our party. I showed mom how to barricade the door. Sarah cries and hides when she is scared. I usually be quiet to Gino [dad] because he would slap me if I said something to him.

Shelly: What would you say if you knew it was safe?

Nathan: I want to get even.

[Nathan handed me a note]

#### witnessed by son

Gino pushed my mother  
And took my sister by force.  
After that Gino pushed his  
Door open and made my mom  
Fall to the ground and now she  
Has two bumps on her hand and  
A red mark on her neck.

Shelly: Do you want to talk about this? Will you tell me what happened?

Nathan: I came to the balcony while they were by the van. I yelled "Mom" when she got pushed down. Tears were coming down my face. I knew it wouldn't stop things. I knew that for a fact. I wouldn't expect him to stop because I yelled. It was kind of obvious that this would happen

Shelly: What did you do then?

Nathan: I stayed and watched the rest. He drove away with Sarah and my mom was lying on the ground crying and then she looked up and saw me there.

Shelly: Then what happened?

Nathan: Mom came in and talked to me. I tried to support her. I said “Everything will be alright,” and she said “No. everything won’t be alright.”

(Nathan, personal communication, October 22, 2013)

I met Nathan because his mother’s lawyer hired me. He was the only witness to her attempted murder during an incident where his step-father abducted his half-sister. Nathan had previously been diagnosed with Reactive Attachment Disorder and Attention Deficit Hyperactivity Disorder. The criteria for Reactive Attachment Disorder, as defined in the DSM-5 is:

#### DSM-5 Criteria for Reactive Attachment Disorder (RAD)

A. A consistent pattern of inhibited, emotionally withdrawn behavior toward adult caregivers, manifested by both of the following:

The child rarely or minimally seeks comfort when distressed.

The child rarely or minimally responds to comfort when distressed.

B. A persistent social or emotional disturbance characterized by at least two of the following:

- Minimal social and emotional responsiveness to others
- Limited positive affect
- Episodes of unexplained irritability, sadness, or fearfulness that are evident even during nonthreatening interactions with adult caregivers.

C. The child has experienced a pattern of extremes of insufficient care as evidenced by at least one of the following:

- Social neglect or deprivation in the form of persistent lack of having basic emotional needs for comfort, stimulation, and affection met by caring adults
- Repeated changes of primary caregivers that limit opportunities to form stable attachments (i.e., frequent changes in foster care)
- Rearing in unusual settings that severely limit opportunities to form selective attachments (i.e., institutions with high child to caregiver ratios)

D. The care in Criterion C is presumed to be responsible for the disturbed behavior in Criterion A (i.e., the disturbances in Criterion A began following the lack of adequate care in Criterion C).

E. The criteria are not met for autism spectrum disorder.

F. The disturbance is evident before age 5 years.

G. The child has a developmental age of at least nine months.

Specify if Persistent: The disorder has been present for more than 12 months.

Specify current severity: Reactive Attachment Disorder is specified as severe when a child exhibits all symptoms of the disorder, with each symptom manifesting at relatively high levels.

(DSM-5 Criteria for Reactive Attachment Disorder (RAD), 2006-2015)

The narratives of Shannon, Derek, Amanda and the conversation with Nathan have demonstrated that children who are responding to, and resisting experiences of violence or threat are astute to those around them. They both anticipate, and respond to the social responses of others at all times. They understand that their safety and the safety of those they love depends upon this heightened awareness. Conversely, when their adult caregiver is also a victim of violence (often a mother), it becomes insufficient to assess the child with a “disorder” that fails to incorporate the contextual details of the violence and overtly blames the mother for “lack of caring.”

While for psychoanalysis the relation between psychical and external reality is complex, its investigation within developmental psychology has collapsed this subtle distinction into a single focal object, the mother. (Burman, 2008, p. 139)

### *From the Field to the Rabbit Hole*

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There is a clear reason for professionals to have a strong understanding of issues of violence, oppression and adversity. These are broad and complex issues that will bring forth responses and resistance from individuals of all ages—often in the form of behaviours that mimic symptoms of mental health problems or developmental issues. Without the broad contextual and social details that include such things as poverty, sexism, ageism, racism or discrimination, to name a few—there is a profound risk of individualizing the violence through psychology. Developmental models, such as an attachment assessment, will surely do just that. Professionals have been working on the minds and actions of women and children to address the violence of men for over a hundred years (Wade, 2012). “By asking women to do the impossible, that is, to control and manage men’s violence, child protection systems ultimately fail to protect children” (Strega & Janzen, 2013, p. 50). Similarly, in the fields of psychology and psychiatry, developmental psychology has been the accepted and “evidence-based” method to assess children, to the exclusion of the broader social contexts within which they live. Effectively, society’s social problems such as poverty, violence and oppression are silenced and they disappear once they are understood as the intra-psychic problem of a child.

An example of this is evident in Nathan’s situation. He was failing school and had been diagnosed with Reactive Attachment Disorder (RAD) and Attention Deficit Hyperactivity Disorder (ADHD). At the time of these diagnoses, neither the medical professionals nor the school system were aware of the violence that he, his sister and his mother were experiencing from his step-father. He became known as a “problem child” at school and his mother felt like a “bad parent;” she therefore avoided contact with the school as much as possible because she didn’t feel like she was treated well by the staff.

Significantly, it is knowledge of child development that is held to provide the resource for mothers to know what lies ahead. The dutiful, attentive mother provides a secure environment in which the child learns the control and regulation of emotions. But separation, lack of bonding or emotional disturbance on the part of the mother would give rise to criminality a d disturbance and pathology. It followed that the roles of devoted mother and working woman were divergent and incompatible. The upshot of such a model

was that any later moral or psychological aberrations exhibited by the child were attributable to the mother. This positions women as responsible for the ills of a world their maternal duties proscribed them from participating in. (Burman, 2008, p. 132)

I am referring to the “rabbit holes” as the socially constructed medical models that will take practitioners right into a place of the individual pathology of a victim of violence. When the victim is a child and the violence is occurring within their home, there is a statistical likelihood that their mother will also be a victim, and will also be a target of blame and pathology—research shows a range of 29-62% of women (worldwide) report ever being physically or sexually assaulted (DeKeseredy, 2011, pp. 40-41).

### *The Construct of Attachment Models*

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A universally accepted measurement of parent-child attachment does not exist, although once diagnosed it is rarely, if ever, disputed. If the construct of attachment theory is accepted, it is important to understand it as a “theory” that cannot be treated as “true,” even if it could somehow be measured. The most recognized observational method for “measuring” early childhood attachment, the Strange Situation (Ainsworth, 1978), blatantly lacks cultural diversity:

...These cultural differences, and in particular the Japanese data, which not only failed to confirm the predictions but also failed to detect relationships between maternal care and attachment, gave rise to prolonged discussion regarding the cross-cultural validity of the strange situation. Just as some proponents argued that experiences of regular alternative care may render separations in the strange situation insufficiently stressful to activate attachment behaviour, it was suggested that the absence of separations between Japanese mothers and infants renders the separations of the strange situation excessively stressful (i.e. well beyond the moderate stress assumed by the classification scheme). (Burman, 2008, p. 137)

Despite these findings, the “Strange Situation” research is widely accepted and uncontested by both the field of developmental psychology and practitioners. In addition to her critique about the “Strange Situation” research lacking any cultural consideration, Burman states:

These problems have prompted significant theoretical reconceptualization, moving the domain of inquiry away from the presence or absence of security, or even exploration versus proximity seeking in relation to functional or felt security, to addressing the building of representations of one’s own mental states through their being (more or less well) reflected by others. (p. 148)

The categorization of Attachment (Disorders) has thus been organized into four distinct types, lending credibility and power to the overall discourse:

In infancy, the Strange Situation has been extensively validated and serves as the gold standard to measure attachment security. (Laible, 2005; Solomon & George, 1999; Thompson, 1998)

Validity claims have continued to be made based on early attachment theory research, despite the widespread criticisms. In fact, children and youth are diagnosed with “attachment disorders” based on the four types of Attachment, as developed by Mary Ainsworth and colleagues, which are as follows:

1. **Secure Attachment** in which infants use the parent as a secure base from which to explore the world. When separated from the parent they may or may not cry, however, when the parent returns, they actively seek contact. 65% of North American infants show this pattern of attachment.
2. **Avoidant Attachment** in which infants are typically unresponsive to parents whether they are present or not, and treat strangers in the same way. When a parent returns, they are slow to or avoid greeting the parent. This style of attachment is demonstrated in 20% of North American children.
3. **Resistant Attachment** in which infants seek closeness to the parent and fail to explore. When a parent returns, they display angry and resistant behaviour sometimes hitting and pushing. They may continue to cry and cling after being picked up and cannot be comforted easily. 10-15% of North American infants display this type of attachment style.
4. **Disorganized/Disoriented Attachment**-this pattern reflects the greatest insecurity. At reunion, these infants show confused contradictory behaviours. They may look away while being held, they often have flat depressed emotions and a dazed expression. 5-10% of North American infants show this attachment style. (Wood’s Homes, 2007)

Although the Strange Situation research is rarely contested, there is widespread recognition amongst researchers that beyond infancy, attachment patterns become increasingly difficult to measure. The dyadic nature of attachment theory does not address the complexity of human connections, nor does it consider the understandable reasons that young people choose to withhold their “ability” to attach. These reasons may include such things as emotional, physical, sexual, spiritual, or intellectual safety.

...although several researchers have given thoughtful consideration to validating measures of attachment in middle childhood, most others have not. As a result, the time has come to in essence ‘put on the breaks’ with regards to measurement development. Rather, the goal of future research should be to begin the necessary work to empirically validate the measures of attachment security in middle childhood... (Laible, 2005, p. 183)

From social constructionist and Response-based perspectives, the concerns are much more far-reaching than the reliability and validity of the assessment tool. If the construct validity of attachment theory is accepted, then the corresponding *disorders of attachment* naturally become equally valid. I am contesting the construct of attachment theory. I do not contest the idea that young people require connection and care, or that they respond to the absence of it. Simply stated, the *maltreatment of*, and *violence against*, young people is not the same as a *disorder within* them.

There are, however, major problems with “reactive attachment disorders” as defined, for several reasons. Psychiatric diagnoses of “reactive attachment disorder of childhood” (with inhibited and disinhibited subtypes) have been



insufficiently informed by attachment research (Zeanah, 1996) and the validity of the diagnosis has remained largely untested (Zeanah & Emde, 1994). Zeanah (1996) has argued that the conditions are actually more maltreatment disorders than attachment disorders. This certainly appears to be the case since the diagnostic criteria rely heavily on research literature concerned with social behaviour in maltreated children, and the developmental research stemming from the theories of Bowlby and Ainsworth have been insufficiently integrated into the current diagnostic classification systems (Zeanah, 1996). The present reactive attachment disorders appear synonymous with a “disorder of maltreatment,” and not enough attention is given to the relationship-specificity of symptomatic behaviour. (Slater, 2007, p. 212)

Despite widely published criticisms and the implications of labelling young people with “attachment disorders,” the profession responsible for deficit framing of understandable behaviour constructions continues to gain momentum without seeming to pause. Those who have been victimized at least once, stand to be further victimized by the systems in place to care for and “treat” them for the suffering and anguish that they have already endured. Nathan, for example, was experiencing the social and academic isolation within the school system that often accompanies children who experience violence and subsequently struggle to concentrate adequately at school, respond to social cues with their peers, stay alert during the day (due to insomnia), and regulate his emotions (Nathan, personal communication, October 22, 2013).

#### *Developmental Psychology & Lessons from Children's Literature*

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Through the diversity of her work, influential psychologist Carol Gilligan has linked the degree to which literature and the arts can provide offerings to psychology (Ball, 2010). Introducing children's literature into the topic of developmental psychology is an alternative way of demonstrating what is considered “normal” and “acceptable,” and how specific values and ideas are socially constructed; even to the degree that they become accepted as “true.” This is contrary to an assumption that “truth” can be determined and “proven” by an individual psychologist, such as those who have developed theories of child development. In the case of Jean Piaget's background, there is critique that he was a biologist who qualified in philosophy, and yet he is best known for his work in psychology. Although he has been widely influential, he was criticized during his life for his lack of qualifications (Burman, 2008; Gruber & Voneche, 1977; Venn & Walkerdine, 1978). It is the work of the early developmental psychologists who continue to influence the field today, and this is particularly evident in the assessment of children and youth. In fact, the expectations of “normal” children can be observed widely outside of psychology; these expectations are embedded throughout social and cultural norms.

The social, moral, and even cognitive expectations of children can, in many ways, be followed through the literature that is written to guide and entertain them. Literature constructs and reproduces a moral order, a variety of attachment relationships, and expectations of “normal” or “acceptable” behaviour. This form of story telling demonstrates a much broader perspective of child development, and one that is pervasive throughout every culture.

*Pippi Longstocking: What does Imagination Reveal?*

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The proposed utility of developmental models is assessment, policy development, service delivery, and community health awareness (Krishnan, 2010). What has happened, what is happening, and what will happen in the life of a child are the questions that these models are aiming to answer. Successively, support and/or intervention will attempt to be matched in order to increase the likelihood of an individual child's "success," such is defined by society's standards. The consequences lay in what is missing from each individual model: the social context a child is living in, an individual child's response/resistance to specific circumstances, the actions of those around the child and interactions with the child, the social responses a child receives, and their responses to those social responses. The character of Pippi Longstocking (1950) speaks to a child's inability to focus on school after the loss of both parents, and a need to learn how to look after herself:

You understand, Teacher, don't you, that when you have a mother who's an angel and a father who is a cannibal king, and when you have sailed on the ocean all your whole life, then you don't know just how to behave in school with all the apples and ibexes. (Lindgren, A., 1950, pp. 58-9)

A child's behaviour--what is observable--will be informed by the micro details of their interactions and messages. While this behaviour may not appear "normal" based on what has been socially constructed for our time and culture, it becomes understandable once the full context is considered. Swedish author Astrid Lindgren was a woman who was moved by having to live apart from her young child. As a young writer for a Swedish newspaper, she became pregnant by a man thirty years her senior. She was uninterested in marriage and, as there was much stigma attached to single parenthood at the time, she had her baby in Denmark in the only hospital that didn't ask for the name of the father. There, her son Lars was placed in foster care. While she tried to visit him as often as possible, the long days of missing her child created a treasury of responses to the situation that would make their way into Swedish children's literature. In her writing, she created the character of a young boy who created a magical world in his imagination which offered him what Lars would have been denied in real life. The focus on the use of the child's imagination, games, play and adventure to overcome loneliness created stories that soothed many adults and children in relation to their own lives. Such examples of responses to adversity are found throughout children's books and have nothing to do with symptoms or illness. In fact, the process of writing itself, in the aftermath of child adversity, constitutes a deliberate honouring of the spirit, action and life force within the child. A celebration of resistance, achieved with imagination, creativity and humour, is in itself an antidote to children's suffering. Following the publication of Pippi Longstocking, however, there was concern from adults worldwide of the "collapse of public morals" (Floris Books, nd).

A similar example of imagination in the face of adversity from Derek Clark's early years was his belief that he was a superhero. "I believed I had power and psychological and medical professionals called it "withdrawn from reality" and "erratic psychosis." I felt I was powerful from the beginning" (Clark, 2011). Pippi Longstocking also demonstrates the "private logic" of a child who has lost both parents:

Way out at the end of a tiny little town was an old overgrown garden, and in the garden was an old house, and in the house lived Pippi Longstocking. She was nine years old, and she lived there all alone. She had no mother and no father, and that was of course very nice because there was no one to tell her to go to bed just when she was having the most fun, and no one who could make her take cod liver oil when she much preferred caramel candy.

Once upon a time Pippi had a father of whom she was extremely fond. Naturally she had had a mother too, but that was so long ago that Pippi didn't remember her at all. Her mother had died when Pippi was just a tiny baby and lay in a cradle and howled so that nobody could go anywhere near her. Pippi was sure that her mother was now up in Heaven, watching her little girl through a peephole in the sky, and Pippi often waved up at her and called, "Don't you worry about me. I'll always come out on top."

Pippi had not forgotten her father. He was a sea captain who sailed on the great ocean, and Pippi had sailed with him in his ship until one day her father was blown overboard in a storm and disappeared. But Pippi was absolutely certain that he would come back. She would never believe that he had drowned; she was sure he had floated until he landed on an island inhabited by cannibals. And she thought he had become the king of all the cannibals and went around with a golden crown on his head all day long.

"My papa is a cannibal king; it certainly isn't every child who has such a stylish papa," Pippi used to say with satisfaction. "And as soon as my papa has built himself a boat he will come and get me, and I'll be a cannibal princess. Heigh-ho, won't that be exciting?" (Lindgren A., 1950, pp. 11-12)

In his original view of attachment, John Bowlby (1952) gave priority to the relationship between mothers and their young children, particularly infants, and believed that separation would "produce enduring negative consequences" (Damon, 1998, p. 89). This is the foundation from which attachment theory, and attachment "disorders" have been built. Absent from Bowlby's analysis, as well as from those who have expanded upon his work, is the contextual information that describes the separation itself, and the specific contextual interactions that occur as a result

### *Sleeping Beauty*

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In Chapter four, I discussed some of the ways that different forms of media influence the social context of the lives and relationships in which young people live. Literature is another form of influence, and tracking the changes in literature over time demonstrates the changing values, beliefs and messages that children receive, and very likely adopt. Despite characters like Pippi Longstocking, girls are overwhelmingly constructed as passive victims and boys as strong and dominant. Fairy Tales are most

common for maintaining this gendered stereotype, and I have chosen the popular tale of “Sleeping Beauty” to show how it has evolved from 1632-1959. My purpose is to demonstrate that while literature is highly influential in the construction of what is “normal,” in terms of child development and child morality, it is also ever changing. Our models for assessing child development, however, are not. In Giambattista’s version (1632), the King raped the “sleeping” princess, who later gave birth to two children without waking from her coma, caused by a splinter of flax in her finger. Later versions have her sleeping for 100 years, waiting for the kiss of rescue from a prince to wake her and return her to “life.” This is a tale told to children throughout centuries; it is a tale that reinforces male dominance and female passivity. I have chosen to demonstrate this through each version of the passage that describes the king/prince rescuing the princess from her coma/sleep:

*Sun, Moon, and Talia (The Original ‘Sleeping Beauty’): Giambattista Basile (1632)*

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After a time, it happened by chance that a king was out hunting and passed that way. One of his falcons escaped from his hand and flew into the house by way of one of the windows. It did not come when called, so the king had one of his party knock at the door, believing the palace to be inhabited. Although he knocked for a length of time, nobody answered, so the king had them bring a vintner's ladder, for he himself would climb up and search the house, to discover what was inside. Thus he climbed up and entered, and looked in all the rooms, and nooks, and corners, and was amazed to find no living person there. At last he came to the salon, and when the king beheld Talia, who seemed to be enchanted, he believed that she was asleep, and he called her, but she remained unconscious. Crying aloud, he beheld her charms and felt his blood course hotly through his veins. He lifted her in his arms, and carried her to a bed, where he gathered the first fruits of love. Leaving her on the bed, he returned to his own kingdom, where, in the pressing business of his realm, he for a time thought no more about this incident.

Now after nine months Talia delivered two beautiful children, one a boy and the other a girl. In them could be seen two rare jewels, and they were attended by two fairies, who came to that palace, and put them at their mother's breasts. Once, however, they sought the nipple, and not finding it, began to suck on Talia's fingers, and they sucked so much that the splinter of flax came out. Talia awoke as if from a long sleep, and seeing beside her two priceless gems, she held them to her breast, and gave them the nipple to suck, and the babies were dearer to her than her own life. Finding herself alone in that palace with two children by her side, she did not know what had happened to her; but she did notice that the table was set, and food and drink were brought in to her, although she did not see any attendants. (Basile, 2007/1632, p. 414)

*The Sleeping Beauty In the Wood: Charles Perrault (1912)*

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The prince made his way into a great courtyard, paved with marble, and mounting the staircase entered the guardroom. Here the guards were lined up on either side in two ranks, their muskets on their shoulders, snoring their hardest. Through several apartments crowded with ladies and gentlemen in waiting, some seated, some standing, but all asleep, he pushed on, and so came at last to a chamber which was decked all over with gold. There he encountered the most beautiful sight he had ever seen. Reclining upon a bed, the curtains of which on every side were drawn back, was a princess of seemingly some fifteen or sixteen summers, whose radiant beauty had an almost unearthly luster.

Trembling in his admiration he drew near and went on his knees beside her. At the same moment, the hour of disenchantment having come, the princess awoke, and bestowed upon him a look more tender than a first glance might seem to warrant.

"Is it you, dear prince?" she said. "You have been long in coming!"

Charmed by these words, and especially by the manner in which they were said, the prince scarcely knew how to express his delight and gratification. He declared that he loved her better than he loved himself. His words were faltering, but they pleased the more for that. The less there is of eloquence, the more there is of love.

Her embarrassment was less than his, and that is not to be wondered at, since she had had time to think of what she would say to him. It seems (although the story says nothing about it) that the good fairy had beguiled her long slumber with pleasant dreams. To be brief, after four hours of talking they had not succeeded in uttering one half of the things they had to say to each other. (Perrault, 1912)

*Little Briar Rose: The Brothers Grimm (1944)*

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But by this time the hundred years had just passed, and the day had come when Briar-rose was to awake again. When the King's son came near to the thorn-hedge, it was nothing but large and beautiful flowers, which parted from each other of their own accord, and let him pass unhurt, then they closed again behind him like a hedge. In the castle yard he saw the horses and the spotted hounds lying asleep; on the roof sat the pigeons with their heads asleep upon the wall, the cook in the kitchen was still holding out his hand to seize the boy, and the maid was sitting by the black hen which she was going to pluck.

He went on farther, and in the great hall he saw the whole of the court lying asleep, and up by the throne lay the King and Queen.

Then he went on still farther, and all was so quiet that a breath could be heard, and at last he came to the tower, and opened the door into the little room where Briar-rose was sleeping. There she lay, so beautiful that he could not turn his eyes away; and he stooped down and gave her a kiss. But as soon as he kissed her, Briar-rose opened her eyes and awoke, and looked at him quite sweetly.

(Brothers Grimm, 1944, pp. 240-241)

*Sleeping Beauty: Walt Disney (1959)*

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Teetering at the edge of a cliff, Phillip took aim and threw his sword, striking Maleficent in the chest. She stumbled and fell. The evil fairy was defeated. Phillip raced to Aurora's bedside. He knelt down and gently kissed his true love. Her eyes fluttered open and she smiled at him. Her horrible spell was broken! (Disney, 1959/2014)

As a society, we are surrounded by social and material conditions that inform us how to be a girl, how to be a boy, and what is considered "normal." The evolution of "Sleeping Beauty" demonstrates that, over time, these things change. It is no longer considered "normal" or acceptable to openly describe rape in the context of a child's fairy tale, although it is 'normal' for a woman to passively wait for the kiss of a man in order to continue living her life. She doesn't wake up frustrated or angry for time-lost, but rather she is "sweet" and "smiling," appearing grateful to her rescuer. Even in 1632, when she wakes and learns that she was raped and gave birth to 2 children, she became instantly nurturing and bonded to "the king." It can be argued that these social conditions are, in part, constructed through literature and become widely accepted, stereotypical "norms." Developmental theorists contest that there is a fundamental variation in the "strength of the drives" that accounts for differences in gender role-typing (Damon, 1998). This is a defense that is used broadly in courts to explain the actions of perpetrators in cases of rape and other forms of violence, particularly against women and girls. Gambattista ascribed to the "strength of drives" theory when he wrote, "Crying aloud, he beheld her charms and felt his blood course hotly through his veins. He lifted her in his arms, and carried her to a bed, where he gathered the first fruits of love" (p. 414). Missing from both the constructed definitions of "normal," and the developmental models of child development are the contextual details of interaction, inclusive of responses and resistance to situations of adversity and violence.

There is a rabbit hole that is entered when we limit our questions to the language of constructed "developmental norms" and inherent within these models are assumptions of deficit and therefore, consequences. The conclusions that are arrived at are not equivalent to the "truth"; they are simply a theory, or a version of the narrative. Specific to issues of violence, Gilligan states, "In writing *In a Different Voice*, I became starkly aware that if I listened to the voices of women I would be challenging the voices of authority" (2011, p. 41).

Between 1997 and 2006, women [in Canada] in common-law relationships accounted for the largest proportion of spousal homicide victims. During this same period, the rate of women aged 15-24 killed by their spouses was close to three times higher than all female victims of spousal homicide." (DeKeseredy, 2011, pp. 24-25)



It would seem prudent, then, to assume that women, including very young women are “experts” on issues of violence. If our theories, therapies and models fail to incorporate the context of people’s lives; *why they might do what they do*, there is a great risk of creating further harm in the form of what we refer to as “treatment” or “helping.” This is particularly true in situations of violence, where it is evident that a victim’s resistance is ever-present and will take many forms that can be easily misunderstood.

### Summary

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Of the three narratives that comprised the research within this study, only Derek was diagnosed with an attachment disorder. Shannon and Amanda were responding and resisting other things, in their unique ways. Each of them spoke strongly, in first person, and introducing themselves as the subject the majority of the time as they described their responses and resistance to violence and adversity. They all had a desire to be seen, heard, and understood. In addition to the direct violence that they experienced, they also understood that the social responses that they received were laden with assumptions and misunderstandings. Inherent in this assumption-trap has been the risk that any singular identity can become the sole limiting descriptor for a person or a group of persons. Our collaborative approach avoided what may be seen as the “freezing” of a person’s identity. Our experience with these women overcame this caveat. In addition, as evidenced in our experience, opportunities to listen have allowed us to learn more when we have chosen not to make assumptions or filtered the conversation with preconceived ideas about its participants as categories or types of people. I do not suggest that I believe we can be, or have pretended to be, blank slates. Instead, a Response-based approach has emphasized that, as ever-interpreting beings, we can and must become aware of the multiple influences impeding our interpretations. In other words, how we describe a person can influence how we construct and deconstruct that person. (Anderson & Gehart, 2007, p.280)

This chapter provided an overview of one of the ways that assumptions can be made about children and their mothers when there is a lack of contextual information—attachment assessments. Within the child protection system, the consequences of these assessments can be severe. In a broad way, the consequences are serious in terms of what is assumed, and what is left out of the assessment process. Ultimately, the question should always be posed around whether or not the outcome is useful, and children are better off as a result. The following chapter will synthesise my journey through this research and writing, with a final summary of the process.



## 7) ONE THING LEADS TO YET ONE MORE THING

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### *Reflection*

Children and young people respond to, and resist violence. Linda Coates and Allan Wade (2007) speak of resistance as “important expressions of dignity and self-respect” (p. 514), even though it may not be successful in stopping the violence. Through my research, the narratives of Shannon, Derek and Amanda were used to demonstrate the ever-present resistance of young victims, and then to examine the social responses that they received. The social responses from professionals, friends, family members, and other young people revealed a dominant discourse of pathology that was striking. Responses and resistance can take the form of troubling behaviour, and for young people—this is their most readily available form to communicate that something is wrong. Without the consideration of contextual details, these behaviours can be easily misunderstood as “symptoms”—diagnosing a mental illness and reducing a social problem (violence) to an individual disorder, such as depression or attachment disorder, has become commonplace.

Kenneth Gergen (2009) describes one function of narrative research as being to respect people’s life stories and to “illuminate the economic and political forces affecting a society” (p. 66). Shannon, Derek and Amanda had several things in common. Each of them was a young victim of violence, each described their responses and resistance to the violence, and each received clear social responses that would influence what they did next. My interest in them specifically, and in this issue generally, was to hear their resistance and understand what they were resisting. Through their narratives and carefully considering the contextual details surrounding the acts of violence (before and after), it became possible to see their rational actions and understandable responses to highly problematic circumstances. Further to this, it also became evident that most often the social responses that they received were congruent with the dominant discourse that matched a medical model of illness (mental health), rather than responses that were aligned with what had actually happened or what these young people were communicating.

My hypothesis is bold and supported by the research I’ve done throughout this dissertation. There are widespread assumptions made about the mental illness of young people who are victims of violence.

Not all people agree with this view of science. It is controversial. Some people think you should only make the safest and most narrow hypotheses. But if you look at the more mature sciences and the best scientists, this is not how, in my opinion they behave. Being wrong in science is not a bad thing; it is a good thing, so long as the claims you make are clear and interesting enough to be tested and lead to further inquiry and further evidence gathering. (Gee, 2011, p. 30)

I don't think in terms of being "right" or "wrong." The complexity of what I am writing about doesn't call for such absolutisms, and I have respect for the contributions of many different schools of thought. I do believe, though, that the voices of those we are in this profession to serve have been conspicuously silenced. I turn, one more time, to the lessons from Pippi Longstocking:

What does the sign say?" asked Pippi. She couldn't read very well because she didn't want to go to school as other children did.

It says, 'Do you suffer from freckles?'" said Annika.

"Does it indeed?" said Pippi thoughtfully. "Well, a civil question deserves a civil answer. Let's go in."

She opened the door and entered the shop, closely followed by Tommy and Annika. An elderly lady stood back of the counter. Pippi went right up to her. "No!" she said decidedly.

"What is it you want?" asked the lady.

"No," said Pippi once more.

"I don't understand what you mean," said the lady.

"No, I don't suffer from freckles," said Pippi.

Then the lady understood, but she took one look at Pippi and burst out, "But, my dear child, your whole face is covered with freckles!"

"I know it," said Pippi, "but I don't suffer from them. I love them. Good morning."

She turned to leave, but when she got to the door she looked back and cried, "But if you should happen to get in any salve that gives people more freckles, then you can send me seven or eight jars."

(Lindgren A., 1970, pp. 18-19)

What has become the discourse of suffering, problems, illness, and mental health is worthy of deconstruction. Through the voice of Pippi Longstocking, Astrid Lindgren seemed to know that.

### *My Dissertation Journey*

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One thing leads to another. In 2007, I was sitting in a classroom learning about Response-based ideas for the first time, and I was struck by the idea of "violence being an affront to dignity" (Wade, personal communication, April 15, 2006). I immediately began to wonder how a child might "fight" to preserve his or her dignity? If violence is an affront to dignity, and young people in the care of strangers (foster care) report untold circumstances of victimization before, during, and after government care—what are they doing in response to, and in resistance of, the specific contexts that they navigate? Where does dignity fit in for them? Following that, how is their "doing"

understood and responded to by the adults who surround them? Like an onion, peeling back the layers of pathology that has been used to describe these kids grew more and more compelling, and difficult to identify where one line of thinking ended and the next began. The language of “disorders” struck me as problematic and over-used, perhaps for the first time. I began to question what happens to those who respond “decidedly,” or don’t respond at all. What was the dominant social response to young people in the care of the government? I answered my own question with the understanding that the quality of social responses to this group of children and youth was consistently poor— young people entered, lived in, and left the foster care system with the consistent message of being not the “same” as other kids—of too often feeling alone, abandoned, and disregarded by adults. If my suspicions had merit, how did they maintain, or fight to regain, their dignity? As I mentally reviewed all of the young people I had known in foster care—what they had done, hadn’t they done, and what had been done to them—I’m sure I became visibly pale. I knew that I was one of the adults who had participated in maintaining this “system of care.” This began my commitment to learn a new way.

### *The Process of Joining Response-based Ideas with Social Construction*

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I became relentless in my pursuit to discover the masterful ways that youth in foster care “managed” adults—their foster parents, social workers, mental health workers, and probation officers. While I knew I was learning about Response-based ideas, I didn’t yet understand the ways that these ideas about relationship and language intersected with social construction. To appreciate the challenge faced by children and youth who were moved among multiple homes, it became necessary to understand the privilege that came with belonging to a family (Seita & Brentro, 2005). Kenneth Gergen (2009) speaks of the conversational achievement when he states, “Can we ever be certain of our motives, for example, or whether we are truly skilled as opposed to lucky, that our values are deep, our sexual orientation secure, or our love is solid?” (p. 69). These everyday doubts intensify understandably when you can’t take for granted that you will wake up in the same bed you went to sleep in, or come home from school to the same kitchen you left from. It became clear to me that it was quite necessary for these young people to develop exemplary skills if they wished to maintain any sense of control over their own lives. And while these skills may be more intentional and practiced for youth who grow up in foster care, Derek Clark reminded me that the “doubt” of being “good enough” or “smart enough” never leaves, reinforcing the words of Gergen. John Seita grew up in foster care in the United States, and in his book *Kids Who Outwit Adults* (2005), he describes the tactics of “choosing” not to connect. This is a distinctly different, and “ordered” way of manoeuvring through childhood than an “attachment disorder.”

Adults were my enemies, and I wanted to get them mad so I could hate them even more. If adults tried to bribe me with a gift, I would destroy it right in front of them. If they tried to correct me, I would curse and scream at the top of my lungs. I knocked over lamps and tables. Once I was forced to eat a bar of soap for swearing; the stinging pain made me gag, but I refused to apologize. I tried to ruin food by putting salt in the sugar bowl; they spanked me and sent me to bed without supper. Once I had to pull down my pants and sit nude on the sharp rim of a #10 can. I pretended it didn’t hurt. (Seita & Brendtro, 2005, p. 66)

My clinical practice revealed that children and youth rely more heavily on their behaviour than anything else to communicate, create safety, and maintain a sense of dignity. The risk(s), of course, are that adults assess behaviour and that these assessments frequently produce a diagnosis. If the context from which youth are responding is not understood, their behaviour will very likely be misunderstood as well. This becomes particularly true in situations of violence and adversity, where maintaining safety and dignity requires the skill of caution and the careful assessment of all interactions. Derek Clark's narrative provides an example of both a child responding to violence and adversity, and the ease with which his behaviour was misunderstood as "disordered"—even to the extreme of "mild mental retardation."

*From Youth in Foster Care to a Broader Definition of Violence Against Young People*

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In our collective work within the field of social services, many of us strive to identify the issues that are pervasive matters of social justice. Through research, collaboration, and clinical practices we aim to improve the lives of those who suffer, particularly by the hands and will of another person. Violence against children and young people, inclusive of direct assaults and the assaults that occur within the homes in which they live, is a worldwide social issue. Although the language to protect children is in place through the Convention of the Rights of the Child (1990), the dominant discourse that permeates the field of social services is reported by victims to be a "secondary assault." The language within the Convention is clear:

**Article 19**

1. States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.
2. Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement. (Office of the High Commissioner for Human Rights, 1990)

The closer I looked, the more concerned I became that we were not protecting our children as we are meant to be. As a society, we may have adopted the Convention on the Rights of the Child, yet within communities our young people are increasingly experiencing violence, poverty, homelessness and adult abandonment. My interest grew from how youth in care respond and resist violence, to how young people are responding and resisting violence in all forms, when it is broadly defined. This became the topic for my dissertation. It is with deep respect that I extend gratitude to Shannon, Derek and Amanda for sharing their narratives, and granting me the opportunity to learn from their experiences and their writing.

Reflecting on the learning that I have gained from Sheila McNamee, Ken Gergen, Harlene Anderson, and other scholars of social construction, I recognize that I have broadened my analysis of privilege, positioning, and politics as they relate to “who gets to decide what” (S. McNamee, personal communication, July 24, 2013). The connections to violence, particularly institutionalized violence, and the ideas behind Response-based practice aligned in significant ways. I’ve also appreciated the conversations with Sheila about the places where the two theories don’t align, particularly around language. This has provided opportunities for intellectual debate, reflection, and examples that connect to an orientation versus a “truth.”

### *Future Research Directions*

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In the future I plan to continue to examine problematic practices that are wrapped up in misrepresentations, particularly in the area of interventions with children and youth. For example, there is a strong need for more research questioning the construct validity of the construction of deficiency and disorder within youths. In particular, a study that reveals the social practice involved in these constructions: who gets to decide if someone is deficient, what social structures enable this exercise of power, and what are the consequences for particular children and youth as well as children and youth generally. And how does this all change if we understand children and youths within the context of their lives and noticing violence, adversity, resistance, and dignity?

Similarly, I will continue to explore the influence of the internet on youths and culture, particularly in relation to safety of the person. How do we conceptualize actions on-line? How can adults and youths create safety in a way that takes into account the social and interactional desires and realities of young generations? Central to this work will be an examination of the social construction of safety, violence, girls, women, boys, and men.

The intersection of critical examination and practice will continue to be a focus in my work. Particularly in psychology, there seems to be a reluctance to articulate social constructionist practices in the development and articulation of theories. The critical examinations of psychological theory from social constructionist and Response-based practice perspectives is useful, in my view, to advance the field and move toward more socially just formulations and practices.

I see a need for lifespan students that places social constructionist and Response-based practice perspectives as central for understanding a person’s development through the lifespan. This would allow students to move beyond applications of aggregate, quantitative data to clients to a more nuanced, supportive role that is informed by solid critical examination of theory, the practitioner’s role as a humble expert, and the uniqueness of a person’s life. Throughout this process, language and representation should, in my view, be a re-current and central topic.

### *This Work isn’t “Right” or “True:” It is a Dignity Practice*

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My interest in the contextual details that surround all forms of violence and victims of violence have led me to this research. I am particularly interested in our

children, as a society. As professionals in the field of social sciences, we are more apt to learn about the categories of “marginalized people” and the “evidence-based” theories to alleviate the challenges in their lives. This positions us as “experts,” to whatever degree we accept such power. It is less likely that we will learn about our roles in the construction and maintenance of those margins. In the movie, *“Good Will Hunting,”* a highly intelligent young man, described as “wayward,” summarizes the problem of our collective attention being inappropriately focused (dominant discourse) in conversation with his therapist (Sean):

**Will:** Do you buy all these books retail, or do you send away for, like, a “shrink kit” that comes with all these volumes included?

**Sean:** Do you like books?

**Will:** Yeah.

**Sean:** Did you read any of these books?

**Will:** I don't know.

**Sean:** How about any of these books?

**Will:** Probably not.

**Sean:** What about the ones on the top shelf? You read those?

**Will:** Yeah, I read those.

**Sean:** Good for you. What do you think about 'em?

**Will:** I'm not here for a fuckin' book report. They're your books. Why don't you read 'em?

**Sean:** I did. I had to.

**Will:** Must've taken you a long time.

**Sean:** Yeah, it did.

**Will:** *United States of America: A Complete History, Volume I.* Jesus. If you wanna read a real history book, read Howard Zinn's *A People's History in the United States*. That book'll fuckin' knock you on your ass.

**Sean:** Better than Chomsky's *Manufacturing Consent*? Do you think that's a good book?

**Will:** You fuckin' people baffle me. You spend all your money on these fuckin' fancy books. You surround yourselves with 'em. They're the wrong fuckin' books.

**Sean:** What are the right fuckin' books, Will?

**Will:** Whatever blows your hair back.

(*Good Will Hunting*, 1997)

I chose this scene from *“Good Will Hunting”* because, similar to Pippi Longstocking, Shannon, Derek, and Amanda—young people very often know what they are looking for from adults and they know what they need. Will is sending a clear message to Sean that he has not been learning the “right” material to be useful. There is an important lesson to be learned in always critiquing the books, the theories, and the discourse that surrounds us. Interestingly, the children and youth whom we are learning it for seem to have the ability to see through what we are doing or saying very quickly when it doesn't match their needs.

This dissertation doesn't hold answers, truths or necessarily point to the “right” books; it holds a philosophical orientation and an approach that is counter to the idea that victims of violence are sick, weak, broken or passive. Children don't ever merely “witness” violence, as this term suggests that they simply *see* it take place. They

experience it, even when they are not the direct victims. Watching a parent or sibling being beaten is an experience of violence, and young people will often say it is “better to be hit than to see my mom being hit.” Victims often understand something that professionals do not: they are not broken, damaged, or irreparable as a result of their experiences. This is demonstrated over and over. History books are filled with stories of resistance, but psychology texts remain strikingly barren of such confidence (A. Wade, personal communication, October 18, 2011). The Autobiography of Nelson Mandela is rich with examples of violence and resistance:

But then I slowly saw that not only was I not free, but my brothers and sisters were not free. I saw that it was not just my freedom that was curtailed, but the freedom of everyone who looked like I did. That is when I joined the African National Congress, and that is when the hunger for my own freedom became the greater hunger for the freedom of my people. It was this desire for the freedom of my people to live their lives with dignity and self-respect that animated my life, that transformed a frightened young man into a bold one, that drove a law-abiding attorney to become a criminal, that turned a family-loving husband into a man without a home, that forced a life-loving man to live like a monk. (Mandela, 1995, p. 624)

It is not difficult to find examples of resistance, similar to Mandela’s, within the narratives of victims of violence, psychiatric patients, and individuals diagnosed with depression or anxiety disorders. What is missing is to find these examples within the pages of psychology, psychiatry or social work texts. My goals for this research were simple: to bring forth examples of young people’s responses and resistance to violence, minimally enough to create doubt about the “truth” surrounding the dominant discourse of mental illness and pathology. My hope has been to invite further critique of the discourse of mental illness and pathology. I did not set out to argue about the “independence” of young people with words or theories. I had a compelling interest, born on the front-line of practice, to demonstrate the healthy and necessary interdependence of youth, drawing upon their accounts of responding to victimization as evidence. Finally, ideas of connection and dignity can be central in all interactions with children and youth. My hope is that through this work, there is interest to further integrate an analysis of the oppression of children in the assessment and therapeutic models commonly used. Evidence of their capacity to act, care, and reflect as spirited beings can be found through their responses and resistances to violence. We can take children’s resistance seriously, not as symptoms of mental illness but rather as clear signs of mental wellness.

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Het is me opgevallen dat als jonge mensen hun eigen geschiedenis van reacties op en verzet tegen geweld onderkennen, een bewustwording van hun aanwezige capaciteiten de overhand krijgt boven een nadruk op tekortkomingen. De wetenschap dat ze actieve in plaats van passieve onderdelen zijn, die niet om geweld vroegen of dat verdienden, geeft een bevrijding.

Het verwaarlozen van contextuele details en de wisselwerking daartussen brengt het risico van een compleet onbegrip voor het kind met zich mee. Theorieën of beoordelingen die geen rekening houden met de context van een jong person die geleden heeft, met name door geweld wat door mensen teweeg is gebracht, zullen waarschijnlijk onderdeel worden van het overheersend denkbeeld wat jeugdigen de schuld geeft en pathologiseert. Het gevolg van theorieën die ervan uitgaan dat het ervaren van geweld niet belangrijk is hebben een directe invloed op de sociale reacties die jonge mensen krijgen van deskundigen, familie en hun andere belangrijke sociale relaties. Voorts leiden dergelijke nalatigheden doorgaans tot voordelen voor de overtreders en leiden ze tot minder veiligheid voor jonge mensen in het algemeen. Een meer complete uitleg van de betekenis hiervan zal in dit proefschrift worden gegeven.

Een ander punt van aandacht bij het werken met jeugd is dat de taal die door deskundigen en de gemeenschap wordt gebruikt moet leiden tot het beperken van geweld en misbruik. Bijvoorbeeld, wij noemen intimidatie en geweldpleging “pesterijen” wat een beperkte voorstelling geeft voor zowel de term geweld als voor het leed dat het slachtoffer wordt aangedaan. We gebruiken termen als “relationele geweldpleging” als motief voor een verkrachting wat op een of ander manier verbonden is met romantiek, alsof het een simple misverstand was in plaats van een aanval met voorbedachte rade. We vatten mishandelingen samen als “een conflict” wat een weergave geeft van het slachtoffer alsof hij/zij een rol speelde in het conflict en verantwoordelijk was voor het conflict en de corresponderende oplossing. Vaak worden de plegers van geweld vrijgesproken en krijgt het slachtoffer de schuld.

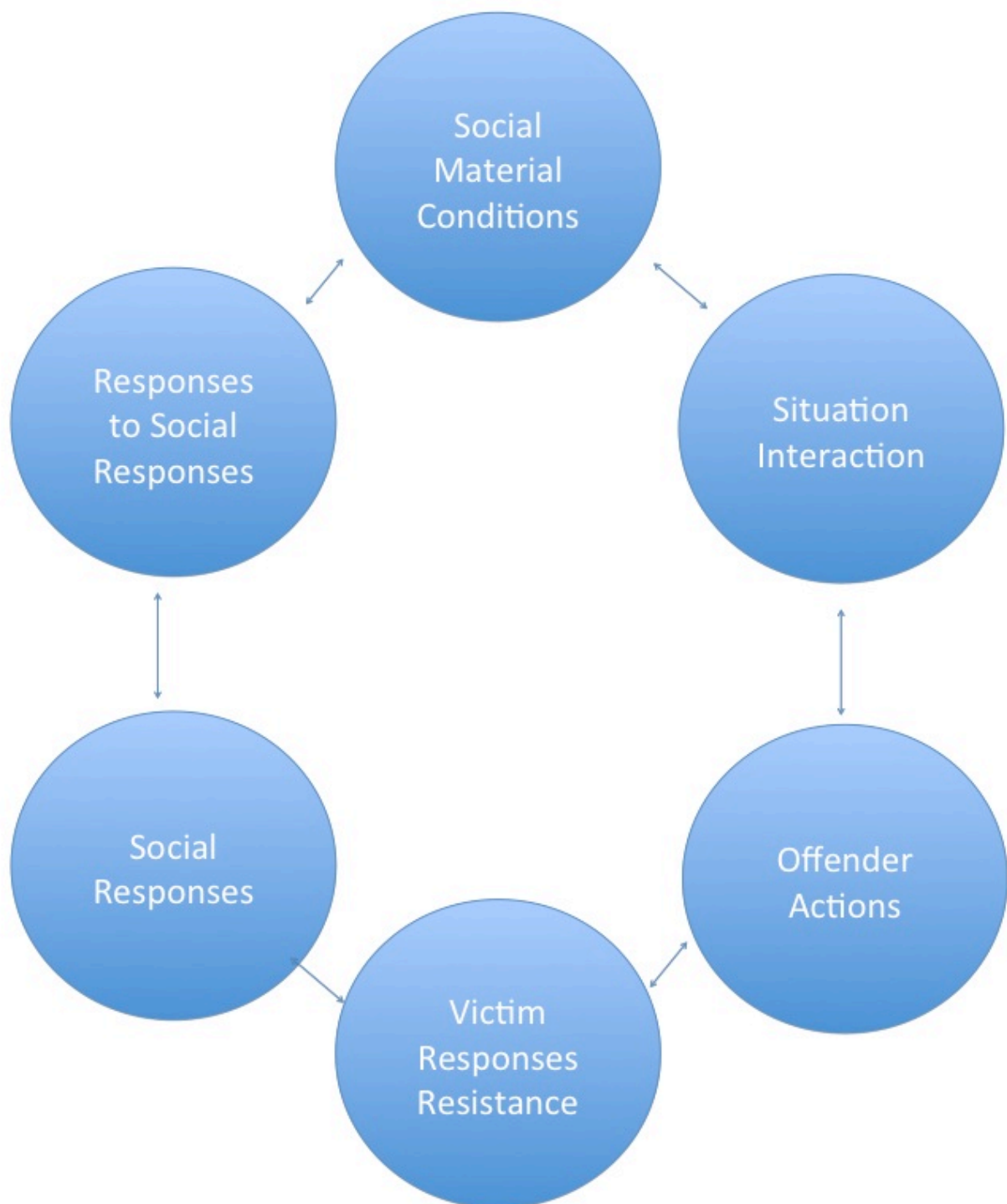
In mijn relaas en betoog over de analyse van drie verklaringen die werden gegeven door jonge mensen die slachtoffer waren van geweld en tegenspoed heb ik hun alom aanwezige verzet en capaciteiten aangetoond door middel van analyses van hun micro interacties. Ongeacht de leeftijd reageren en verzetten slachtoffers zich altijd [*Victims of violence always respond and resist; at all ages*] (Coates & Wade, 2007; Wade, 1997). Geweld gaat altijd samen met interactie – het vergt op z’n minst één slachtoffer en één dader. Om te kunnen begrijpen wat zich heeft afgespeeld is een gedetailleerd verslag nodig van ieder person, inclusief de sociale reacties die werden ontvangen. Dit onderzoek daagt dus een overheersend denkbeeld uit waarbij de schuld van geweld bij slachtoffers wordt geplaatst. Daarvoor in de plaats wordt de nadruk gelegd op respons-gebaseerde en sociaal-constructivistische standpunten over interactie.



# APPENDIX 1

## Response-Based Contextual Analysis

Assessment Tool, Documentation Instrument & Response-Based  
Interview Guide  
**Wade, A. (2012)**



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