Ants Facing An Elephant

Women's experiences of grief, loss and working for change following the apprehension of a child by child protection authorities.

By: Kathleen Kenny & Amy Druker

This chapter is dedicated to the courageous women who have participated in the Grief and Loss Education and Action Project. It has been a privilege to learn from your immeasurable wisdom, strength and vision. We wish to also acknowledge Molly Bannerman as a supportive force behind this project.

Introduction

Society most often associates the combination of illicit drugs and parenting with neglected children and inadequate parenting. This school of thought, deeply entrenched in the political ideology of the Drug War and abstinence-based frameworks, ignores the social, economic and cultural realities shaping parental drug use, while endorsing child protection authorities' (CPA) historical practice of removing children from parents' suspected of illicit drug use. The resulting fracturing of family relationships can have far-reaching and devastating impacts on children and parents. While some forms of socially induced suffering perpetuated by the Drug War, such as police violence, drug overdose deaths and incarceration of drug users, may be more readily identifiable, parental grief following the loss of a child to CPA remains largely hidden and unacknowledged in society.

Grief is the emotion we expect to follow a loss, and is viewed by most as a positive and beneficial response in the processing of loss. A mother's grief following the loss of a child to CPA can be complicated by a host of factors rooted in: 1) society's judgment of mothers who transgress gender appropriate mothering norms; 2) ambiguity and confusion as to whether the loss is temporary or final; 3) societal lack of acknowledgment and understanding of the loss; 4) the trauma of an apprehension and its compounding impacts; and 5) systemic demands placed on mothers by CPA following an apprehension.

This chapter will shed light on the complicated grieving experience of mothers who have lost custody of their children to CPA. First, we will present relevant research on this topic, including findings from community-based research conducted in 2008 in Toronto, Canada. Drawing on this research, we will share women's insights into the connection between diminished mental health and feelings of hopelessness, anger, isolation, loneliness and suicidal thoughts and how these affect drug use and women's relationships with their children. Second, we will discuss a pilot project that brings women together to share and learn from each other's experiences and coping strategies through telling stories, consciousness raising, art making, and social action. Finally, we will discuss steps taken by the group to establish a dialogue with CPA, and how it is hoped this on-going dialogue can contribute to a shift in practice within the CPA from an abstinence-based framework towards a harm reduction approach.

Background research

There is a paucity of research and information on the suffering experienced following the loss of a child to CPA. Kenneth Doka (2002) refers to socially unacknowledged grief as "disenfranchised grief", defined as a grief that is not openly acknowledged, socially accepted or publicly mourned, and where the griever is unrecognized and often cut off from social supports in dealing with her loss. Rather than the traditional ritual of the community gathering to support each other in the aftermath of a loss, in the case of losing a child to CPA, the mother is often avoided and shamed for having deviated from mothering norms of caretaking and selflessness, and her grief is unacknowledged. One of the leading grief theorists, William Worden (1992), whose work informs much of the practice of bereavement counseling and support groups in North America, describes the "tasks of grief" in four steps: 1) to accept the reality of the loss; 2) to experience and work through the pain of grief; 3) to adjust to an environment in which the lost one is missing; and 4) to emotionally relocate and memorialize the lost one and to move on with life. In considering a traditional funeral rite, rituals facilitate and validate the grieving process: the loss is announced, there is recognition of the deceased person's relationship to others, allowance for public expression of grief, support for the bereaved, and there is an opportunity for members of the community to gather and to support each other. In contrast, when a mother loses a child to CPA, the significance of the loss often goes unrecognized and there are no rituals to acknowledge the loss.

The uncertainty of permanence surrounding losses of children to CPA also complicates grieving experiences. Pauline Boss (1999) labels losses that are not clear or final as "ambiguous losses". She explains experiences of ambiguous loss as when a loved one is physically present but psychologically absent or when a loved one is physically absent but psychologically present. When a woman voluntarily or involuntarily relinquishes a child to CPA, the loss is harder to resolve because it may be perceived as reversible. Worden's first task of accepting the loss is therefore far more challenging and obscured by a mother's hope for reunion with her child, which can locate women on an emotional rollercoaster, alternating between hope and hopelessness (Boss, 1999). The lack of formal rituals and non-recognition of grief following a loss can also create heightened risk for one's loss to be re-experienced as trauma years after the original event, resulting in negative health outcomes, such as depression, anxiety, psychic numbing, distressing dreams and guilt, and symptoms similar to post traumatic stress disorder (Boss, 1999).

Novac et al. (2006), frame the loss of a child to CPA as "both the loss of a loved person and the loss of an abstraction - one's ideal image of oneself as a competent mother", which for some women can lead to them becoming so depressed or hopeless that they are at risk of suicide (Novac et al. 2006; p. 10). De Simone (1996) examined variables obstructing grieving for women who had relinquished an infant for adoption and found higher levels of grief among mothers who believed they had been coerced by others into giving up the child. Similarly, Askren and Bloom's (1999) review of 12 studies of mothers who relinquished their children to adoption, found that mothers' initial grief reactions were "normal" (anger, guilt, depression) but observed these emotions to

persist over time and to lead to chronic and unresolved grief, as well as long term physical and social problems.

Research on women's experiences losing children to Child Protection Authorities
In our community of South Riverdale, Toronto, Canada, the majority of research participants interviewed in a 2007 study conducted with women who use illicit drugs and engage in sex work, reported not having custody of their children (Bannerman, 2007). In 2008, we aimed to gain a better understanding of women's experiences of losing children to CPA apprehensions and the ongoing impacts on women. We conducted a qualitative research inquiry with a small group of women who had lost children to CPA. We asked women what had been helpful and unhelpful following the apprehension of their children, and what could be done to support them now. (Bannerman, Kenny & Judge, 2009)

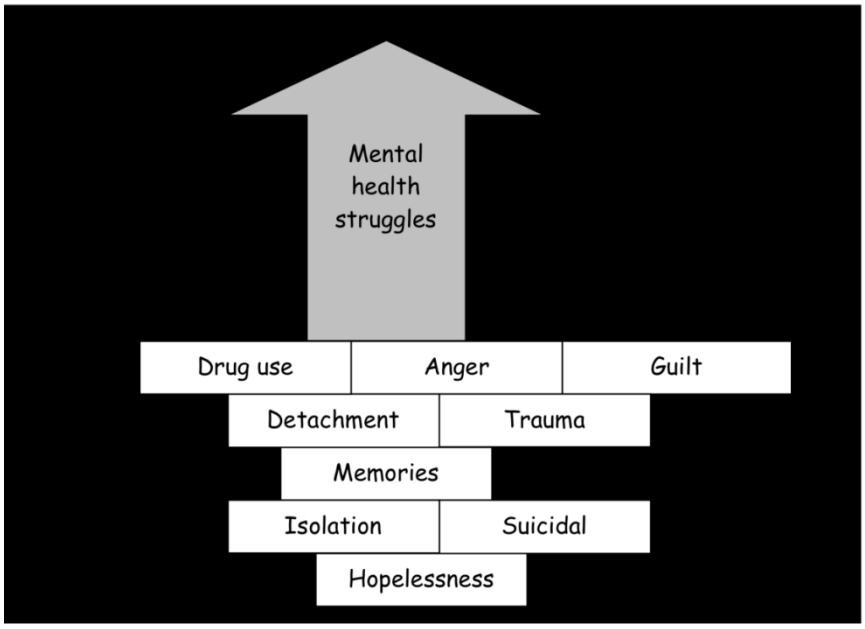
Two focus groups and 3 semi-structured interviews were conducted with a total of 9 women who currently use illicit drugs and are street involved. There was variation in the number of children women had lost to CPA apprehensions, as well as the time period since the apprehensions, and custodial arrangements with CPA. Focus groups were approximately one hour in length and interviews were approximately half an hour in length. Participation was voluntary and participants were provided anonymity. Data from focus groups and interviews were later reviewed and coded by three researchers.

Overarching themes emerging from the data found that almost all of the women in the research project experienced increased mental health struggles and marginalization as a result of losing children to CPA. Women also provided insight into what had been/would be helpful in terms of dealing with the loss. Significantly, many women expressed how the research process represented the first time they had been invited to share their experiences of losing a child to CAS. In our analysis, women's experiences coalesced in two directions: *individual-level* and *structural-level* dimensions of grief and loss.

At the individual-level (see figure 1), the women expressed a range of emotionally destabilizing factors that contributed to declines in mental health following apprehension. Almost all women described increased drug use or re-initiated drug use to cope with pain following the apprehension of their child, and viewed use as a means to numb feelings, such as hopelessness and lack of purpose following the sudden and often unanticipated shift in parenting roles. As one woman recalled her experience following the loss of her child:

"My life was empty. There was nothing else to live for. That was the purpose of my life. I had no purpose. My drug use got worse. I felt hopeless. Nothing helped."

<u>Figure 1:</u> At the individual-level, almost all of the women interviewed reported increased mental health struggles (reflected in upward pointing arrow), as a result of a range of destabilizing factors (reflected in wobbly structure of bricks supporting arrow).



The women described the importance of holding on to memories of their child(ren) and viewed memories to have both negative and positive impacts on their mental health. Half of the women expressed having suicidal ideation in trying to cope with the immediate aftermath of apprehension. One woman described the emotional impact of the experience as far-reaching and negatively affecting her mental and physical well-being:

"I don't feel any more. I'm cold and distant. This feeling is not going away…I got into prostitution, drugs, I was suicidal…I don't give a fuck."

Guilt was also identified as a source of anguish and diminished self-worth for some women. Other women associated structural barriers as the target of their anger and blame rather than burdening the guilt upon themselves. A small number of women reported feelings of detachment from their child following apprehensions that took place directly after the child's birth. They described feeling guilt because of the absence of an emotional bond with their children. The trauma experienced by women following apprehension, and the continuous re-experiencing of this event was viewed as debilitating, and as having compounding impacts on women's mental health - all of whom had extensive histories of trauma in their lives. One woman recounted her experience:

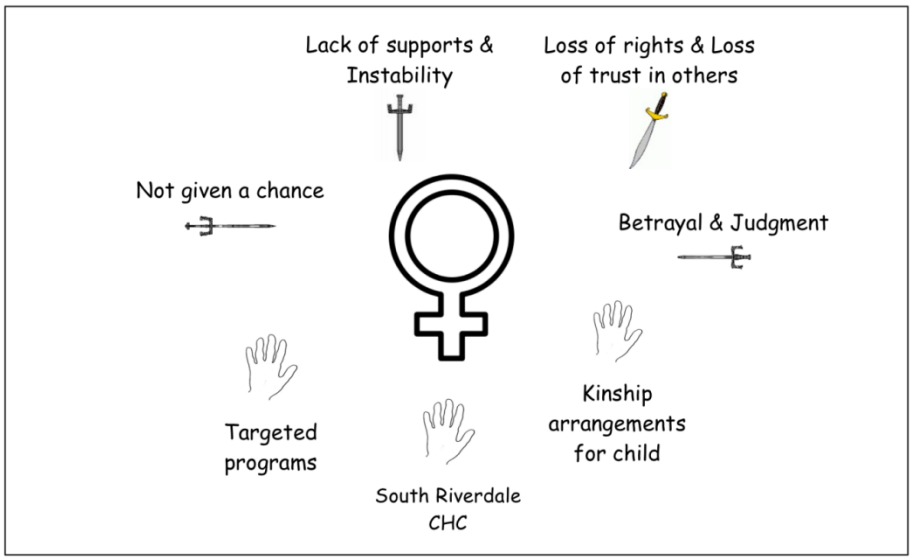
"It seemed like she just came out of my belly and these people were ripping her away from me….I lost my housing; I couldn't be in the house without my kid…I couldn't walk by

her room to go to the bathroom and see the room empty. It was devastating."

Consistent across all women's experiences was the catastrophic lack of support in dealing with the emotional pain, deep-rooted anger and social isolation following apprehension, and the insurmountable challenge of navigating these feelings without support while simultaneously facing great demands by CPA to attend urine screening appointments (often supervised by a stranger), hair strand testing, drug use counseling or "treatment" programs, housing appointments, parenting courses, psychological testing, supervised access visits with their children, etc.

Women's individual-level experiences following the loss of child(ren) were largely mediated by structural forces such as poverty and irresponsive social service agencies – both of which place women at greater risk of mental health struggles and increased marginalization. Commenting on their experiences of systems following apprehension, all of the women spoke about ways in which structural forces resulted in instability, judgment, and loss of parental rights. (see figure 2).

<u>Figure 2:</u> On a structural-level, all of the women reported lack of support following apprehension of child(ren). Women talked about different ways society and social systems impacted their lives and experiences with CPA. Positive experiences are depicted as hands, negative experiences are portrayed as swords.



Women expressed that they either had not been offered social support to deal with the loss of their children or that the support offered was largely unhelpful. Women shared a small number of initiatives considered helpful, and these included kinship custody arrangements through CPA, as well as harm reduction services and targeted programs working with mothers who use drugs and alcohol. In terms of unhelpful experiences with systems, women expressed feeling negatively and unfairly judged by CPA. One woman described this feeling of powerless as the following:

"If you're poor, you're a bad parent…you're classified…belittled by [CPA]….You're judged."

Women further explained how the experience of having a child apprehended had destabilizing effects on their lives including losses of housing and employment. Women also expressed how CPA placed overwhelming demands on women at a time when they considered themselves least capable of responding to these. Reflecting on their relationships with CPA workers, a majority of women considered CPA's role to be adversarial, and felt they were not provided with opportunities to prove themselves as parents nor to establish collaborative relationships with CPA workers. One research participant explained:

"I would have liked [CPA] to have given me a chance to prove myself… Any mother who wants her children should be given a chance before putting her child up for adoption."

Feelings of betrayal were also articulated by women and were pointed to as a source of distrust felt toward CPA and other service providers. Women also described the helplessness they felt in losing the right to legally protect their children from forces of suffering. Three women reported how their children placed in the care of CPA had been raped, assaulted and/or murdered. These women spoke about not being able to come to terms with having been unable to protect their children from harm. CPA had removed children from family situations considered to be high risk, but women felt their children were faced with far greater risk within the CPA system.

Through our research process, women also provided significant insight into what would be helpful to support women in their grieving process. Women suggested one-on-one support and group support would be equally beneficial, and emphasized the importance of a small group size, art-based activities, and advocacy initiatives. One woman suggested:

"Groups would be helpful to share with people going through the same thing. We are all mums whether we have just lost custody or our kids have been adopted. Holding a discussion group for each CPA office would be good, to have them listen to parents and to understand what parents are dealing with, so they give the support parents need and are considerate of what parents are dealing with."

Women indicated they would participate if a program existed in the South Riverdale community. In response to women's recommendations, and with their active involvement we began planning a pilot project that would serve as a space for discussion of experiences, validation of grieving, and advocacy for social change. In June of 2009 our planning culminated with the start of a 15-week pilot project called the 'Grief and Loss Education and Action Group'.

The Grief and Loss Education and Action Project

The Grief and Loss Education and Action Project is a partnership project between South Riverdale Community Health Centre and the Jean Tweed Centre in Toronto and is facilitated by community workers from each of these agencies (authors of this chapter). At present, the project has just completed a second 15-week pilot with women who use illicit drugs and are street-involved. Each 2-hour session begins with a ritual of meal sharing (with seasonally available foods) and check-in, and concludes with a check-out and the provision of public transportation tokens and a $10 honorarium for each participant. During our initial meetings, we invite women to create group guidelines, which include a "no judgment policy" related to drug use (in other words, women are always welcome to join us regardless of whether they are using or not). We also initially spend time exploring skills women identify as wanting to enhance or learn and create a list of possible guest speakers (e.g. representatives of CPA, a family lawyer, etc.). In response to women's interests and reinforcing the empowerment orientation of our group model, the 15-week group is planned around the central themes of telling stories, consciousness-raising, art making, and social action. Safer coping strategies are also a regular discussion topic in the group, and these include grounding exercises, mindfulness meditation practice, growing compassion for self and others, as well as the ongoing option of one-on-one support from a social worker or group facilitator. We conclude the 15-week group with a celebratory lunch at a restaurant during which women are presented with a certificate of appreciation. Women are then invited to continue meeting on a monthly basis with group facilitators to provide support to each other and to carry on work on educational and advocacy materials.

Telling stories

"Heavy is the heart whose story has not been told. My heart is lighter because you listened." -Scottish parable

We live in a world full of stories. Stories tell us who we are and where we belong. Stories help us make meaning of our lives. Sometimes stories become saturated with problems, but there are always openings to create new meanings or ways of viewing ourselves in relation to others. Narrative therapy conceptualizes our identity as being shaped by narratives or stories shared about our selves, and in this endeavour aims to expose alternative stories of resistance and resilience in the place of problem saturated stories. As a starting point in this process, we invite women early on in the group to bring with them something to share that is symbolic of their grief. One woman brought in lyrics of a song, another brought in photographs of her children, and another pointed to her tattoo. The activity creates an initial opening for women to tell their stories of grief and loss.

A second story-telling activity involved mapping out one's experience of grief. In this activity, we describe Worden's tasks of grief and discuss how the grieving process following the loss of children to CPA apprehensions may be "complicated" when there is no death or ritual to mark the loss. We then invite women to creatively represent their own stories of grief and to share these with the group. Following this, we brought

together women's grieving cycles (see figure 3) to collectively represent women's experiences in an explanatory brochure to share with other women and people supporting women through this experience.

A third story-telling activity borrowed from narrative therapy, involved letter writing to a feeling (such as anger, hopelessness, etc.) which women identified as most impacting them in the aftermath of their loss. This technique aims to externalize the 'problem' from the individual, and in so doing, allow women to reconsider their relationship to the 'problem' and its range of influences in their lives; thus the narrative motto: "the person is not the problem, the problem is the problem." In discussing what to do with the letters, one group decided to discard their letters into the lake – a symbol of closure and desire to move forward from these feelings.

A final story-telling activity is body mapping, which aims to challenge women to artistically represent their stories of grief and loss as well as stories of hope and healing which is explained further in the art-making section.

<u>Figure 3:</u> Representation of women's collective stories of grief following the loss of children to CPA. The grief experience was described by women as cyclical and without end. However, women also described their hope of breaking out of the cycle of grief through determination and hopefulness in the future (symbolized by the spiral out of the circle). Love was agreed upon as the most significant feeling experienced by women when reflecting upon their losses. Highlighted in larger text size are those emotions which were repeatedly identified as having been experienced by the women.

Consciousness raising

n. an intentional focused awareness on a social or political issue, usually involving the linkage of personal troubles to larger societal factors

Consciousness raising, often associated with the social and cultural 'revolution' of the 1960s, is integral to the process of critically analyzing societal forces (e.g classism, racism, sexism, drug policy, etc.) contributing to the practice of child apprehensions by CPA. It is through group discussion that insights are shared, and women deepen their social analysis of power and social justice, and how these intersect with individual and collective experiences with CPA. To further facilitate this process, we draw upon an art-based activity called: "The Road Travelled," a variation of a community development activity from the Elsipogtog First Nation, a Mi'kmaq community in New Brunswick, Canada. The objective of the activity is to examine the intersection of individual, community and system-level factors contributing to CPA apprehensions. The backdrop of the Road Travelled consists of a painted mural of a winding road with mountains and a sun in the background, and trees in the foreground. Women are given boulders to represent the barriers to keeping their families together; turtles to represent those people and/or organizations in their lives that helped them overcome road blocks; bears to symbolize those strengths possessed by women that have helped them to survive; and eagles to symbolize those commitments women are prepared to make to effect change either on a personal, community and/or systemic level. Through this activity women gained more awareness of the social realities shaping parenting experiences, and were challenged to delineate between individual and societal-level forces that resulted in child apprehensions. Insights gained through this re-visioning exercise are summarized in a brochure developed by group members, which aims to educate service providers and CPA workers about women's experiences. Drawing on this same theme, a more recent endeavour is a "know your rights" booklet currently being developed by the women to share with other parents whose children have been apprehended by CPA, and who are lacking support and information around how to navigate the system.

Figure 4: The Road Travelled. This mural uses symbols of the boulder, bear, turtle and eagle to tell of the roads travelled by the women - their challenges, strengths, healing, and thoughts about what needs to change to help keep families together.

Art making

"We believe that the arts are a means of communication, education and liberation, answering the need to express common values, concerns and experience; that through the sharing and development of creative activity, people – who because of [the way that society is structured, pushing some to the margins] are seen as receivers and consumers – can become contributors and sharers." - Fran Herman and James Smith (1988)

Throughout the project women responded positively to opportunities to make art. These included ongoing availability of art supplies for doodling or drawing during meetings, as well as art-based activities such as mapping grieving cycles, the Road Travelled, and body mapping. Body mapping was enthusiastically embraced by women as their "favorite" activity in the group. Body mapping's effectiveness as a story-telling tool was first documented in sub-Saharan Africa, where women living with HIV sketched and painted stories of their journey with the virus. After describing this activity, women were invited to outline their bodies on large sheets of paper and then artfully represent their stories of grief, loss, and hope for the future with paints, words, photographs, fabric, etc. The timing of this activity (about mid-way through the group) was in response to our sense that women seemed to be in different places, while some seemed to be wanting to keep telling their stories of grief and loss, others seemed ready to 'take action'. We felt body mapping could meet both of these needs, in terms of the process of doing the activity (story-telling), and the outcome (the body maps themselves used as advocacy tools). Women were invited to write a narrative explanation to accompany their body maps, and those who desired, placed their body maps and narratives in a brochure, with the objective of sharing their stories so that other women might not feel so alone in their struggles with CPA and also that service providers may gain insight into women's experiences.

<u>Figure 5:</u> Body map art. Women created body maps as a way of sharing their experiences of loss and to express to other women that they are not alone and that there is hope for healing in the future.

Social action

Ac-tiv-ism *n. a doctrine or practice of taking direct intentional action to achieve a social, political, economic or environmental change.*

Early on in the project, women identified action-oriented goals aiming to change how CPAs and other service providers work with parents who use drugs. We discussed ways this might begin to happen. Women requested the opportunity to tell their stories of grief and loss to a CPA representative and to share their ideas about how the child welfare system could change to better meet the needs of families who are affected by illicit drug use. In the 14th week of our first group cycle, our planning culminated in a meeting with a supervisor from Metro Toronto Children's Aid Society (the largest board-run child welfare agency in North America). The women were surprised at the respectful dialogue that ensued with CPA. During the exchange, women shared educational resources they had developed and raised concerns about their experience of the CPA system: the targeting of poor families, the unfairness of being judged because of past drug use or because they themselves had survived growing up in the care of CPA; the intrusive nature of CPA; the need for more respite to support women in parenting their children; and the need for better screening of kinship placements. Support for mothers before, during and after the apprehension was also identified by the women as

essential. Women spoke about the need for parents to be as involved/consulted as much as possible in the apprehension process. One woman proposed that a support person be selected by the parent to provide immediate support, as well as to inform parents of their rights, and to seek out safe housing and mental health supports for the mother during and after the apprehension. On a macro level, women flagged the issues of discrimination against people who use drugs, lack of affordable housing, as well as poverty and related issues. One woman discussed how society: "assumes that women who use [drugs] don't love their children," and that "parents who use are bad parents" and highlighted the inherent injustice and incorrectness of these assumptions. The CPA representative listened to women and affirmed their grief, anger and frustration with the system. She also reported on new directions being undertaken by CPA, including a "Best Practice" document for CPA intake workers on how to work with families affected by drug use. At the end of the meeting, the women were invited to consult in the development of this "Best Practice" document. The women unanimously agreed to participate in an on-going dialogue with CPA around this issue. Following this meeting, women described the experience as both positive and empowering and felt their stories, concerns and ideas were heard and validated.

Figure 6: A manifesto created by women with recommendations for change to the child protection system. The acronym C.A.S. refers to Children's Aid Societies, Canadian equivalent to Child Protection Authorities.

A HOPE FOR THINGS TO CHANGE: MOTHERS & C.A.S

1. We are ants facing an elephant. We are women who have survived abuse, poverty, lack of parenting role models, and have been negatively labeled by society. These experiences make us strong and we want workers to see the positives in our lives.

2. Programs and support should be available to keep our families together. We need more affordable child care options, safer housing, and health and social services which meet our families' unique needs. Crisis counseling/grief counselors should be present at time of apprehension to offer support to parents (and children).

3. CAS workers should be trained on harm reduction. We need workers who are knowledgeable about illicit drugs, methadone and other prescription drugs. We want workers who recognize ways in which women's drug use can be shaped by social factors, such as poverty, abuse, drug laws, and inequalities of race, class, gender, and sexuality. We need workers who believe in harm reduction and who respect us as people who practice harm reduction. We need workers to be considerate of our feelings as mothers and as human beings.

4. CAS workers should see our strengths and be trained on anti-oppression. We need workers who do not want to exert power over us. We want workers who see and want to build on our strengths, and work with us to figure out steps to reconnect or keep our families together.

5. More rigorous and mandatory screenings and reviews of foster parents. Too many children have experienced trauma and abuse while in foster care. Parents have rights to know where kids are and how they are being treated. We want the right to request a hearing if we suspect that our child is being mistreated in foster care.

6. Parents should be provided with regular updates on their kids (including report cards, activities, medical information). Kids have a right to know about their identity - their parents, grand-parents, cultural background, and medical history. Parents should be able to participate with C.A.S. and foster parents in decision-making that affects their kids.

7. Visitations should be more personal. Parents should feel comfortable and not feel humiliated when visiting children. Parents don't always know how to act on supervised visits and should be given tips to relax and get the most out of each visit. Ideally, recreational programs should be available to parents and children during access visits.

8. Mothers should be offered well-informed and committed lawyers. Women should be informed about their legal rights as parents, and workers should encourage a parent's right to have a lawyer to address issues with CAS.

9. Mothers need parent-advocates within CAS. Women need parent-advocates to support them and ensure they understand what is going on with their child and custody arrangement.

10. Loosen the chains. As women make progress to stabilize their lives, CAS should seek out and acknowledge positive changes and be open to re-negotiating custody and visitation arrangements.

11. More support groups and counseling for women involved with CAS. Governments should give money to support different community programs for women who have been involved with CAS both pre and post apprehension. Free transportation should be available to ensure women have opportunities to share their grief and trauma, and to work for change.

Learnings from the project

Drawing on quantitative and qualitative measures of grief, self-esteem, anxiety, depression, social support and drug use, pre and post evaluations were completed by almost all participants in the project. While a comprehensive review of our evaluation findings is beyond the scope of this chapter and the number of mothers (n=10) who completed the project still relatively small, women spoke significantly about the strength gained by sharing their stories and receiving support from group members to deal with their pain. Women further reported a positive impact of the project on their mental health, including increased self-esteem, hopefulness, resiliency and personal agency, as well as reduced isolation, shame and guilt. Though reunification of the family was not an intended outcome of the group, it is also notable that almost half of the women in the project have taken steps, with the support of group members, to reconnect with their children in different capacities. Two key themes of 'dead alone' and 'ants facing an elephant' emerged from women's stories shared in the Grief and Loss Education and Action Project and are explained below.

'Dead alone' was a poignant adjective one woman used to describe her feeling of isolation after losing her child to CPA and this theme was unanimously agreed upon by the women as a phrase capturing their experiences. Numbing was also identified by the women, and increased drug use was viewed as a way of coping with feelings of shame, guilt, 'dead aloneness', sadness and anger. Women also described self-punishing behaviours, including unsafe drug-use and sex work and even the deliberate placement of themselves in harms way, as another means of coping with the isolation, shame and pain associated with the loss of a child.

'Ants facing an elephant' was another striking phrase that one woman used to describe the feeling of powerlessness in relationships with CPA. Women identified feeling powerless for many reasons, one being the deeper issues of poverty, race, gender and social environment which were too often obscured by the system. Others included the system's failure to support a mother through the trauma of having her child apprehended, as well as mothers' feeling of being excluded from the legal process following apprehension due to ineffective legal council. Women also discussed challenging power dynamics with CPA workers who consider illicit drugs to be more dangerous than licit drugs and equate parental illicit drug use with child abuse. The women also reported difficulties with CPA workers who were not versed in (or plainly disagreed with) harm reduction approaches, including methadone maintenance.

Looking forward

Despite the turbulence of the women's lives and the challenge of grappling with their own grief, the women in the project have shown a remarkable capacity of receiving others in pain and have opened up new spaces for dialogue with other mothers in our community whose children have been lost. Far exceeding our initial expectation for the project, the women have gained much momentum over the last year in working toward their dream of a transformed child protection system in Canada, which supports all women who want to parent their children.

We have recently finished our second 15-week group cycle and plan to begin a third in the next few months. In response to women's interest, project 'graduates' continue to meet on a monthly basis to support each other and to work on projects centered upon building community with other women who have lost children to CPA, raising society's awareness of women's disenfranchised grief, and continuing to dialogue with CPA on the importance of shifting towards a harm reduction orientation that recognizes the complex factors shaping women's drug use including poverty, drug laws, colonization, violence and inequalities of race, class, sex and gender. We have also been exploring a historical timeline of the development of child protection policy and legislation, as well as begun public speaking training with women to prepare for anticipated presentations and educational workshops with social service providers, social work students, and local CPA organizations.

In Canada and beyond our borders, there is an urgent need to introduce alternate and non-judgmental views of mothers who use drugs within the child protection landscape and society generally. In this effort harm reduction approaches to working with parents who use drugs must be more widely funded, researched and implemented. Education relating to mothers, fathers and children's grieving experiences following CPA apprehensions is also central in developing more research initiatives, support programs and societal understanding around this issue. Although our research findings and program activities stem from our work with women in the Toronto area, we believe that they are adaptable to other services working with mothers, fathers and children who are suffering from similar experiences.

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