

Canada: The struggle to maintain grassroots feminist responses to male violence

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Women in Canada have been organizing to fight violence for over 30 years. Every service that supports those affected by violence in relationships, sexual violence, sexual harassment and child sexual abuse exists because of the relentless efforts of feminist activists and counsellors to awaken a society deep in denial about the extent of violence committed against women and children. The vision of those who created the first services for women and children who experienced violence was that counselling and advocacy would be provided within the context of networked feminist community activists working together to transform a violent, patriarchal culture.

What did this vision mean for the provision of services? It meant that a woman using the services could expect to receive support and information from, and connect with, others who shared similar experiences, reinforcing the reality that she was not alone in her experience and that it was not the result of something she had done wrong. While receiving support, she could seek out and find information about the oppression of women as a social class. She could receive support in an environment where others were seeking to create change through activism and public education, strengthening the links between her own internal transformation and social transformation. She could expect to remain anonymous, with no documentation of her use of the service, if that was what she wanted. What she would not expect was that her response to violence would lead to psychiatric labelling, or that information about her experience and her healing process would be extensively documented in files that might later be used in ways that she perceived to be against her best interests.

Depoliticization

When early funding arrangements were being negotiated between anti-violence activists and provincial governments, funders frequently wanted to position anti-violence services under the health services umbrella. Feminist activists in Ontario in the 1980s strongly resisted, arguing that rape and partner abuse need to be viewed as community and social justice issues. Their concern was that treating individual women's and children's responses to patriarchal violence primarily as health issues would lead to individualized "band-aid" solutions. They worried that services provided without a gender analysis could lead to the pathologizing of individual responses to a violent society.

The overwhelming success of the early efforts of anti-violence feminists meant that issues of violence against women and children came to the attention of legal and health professionals in the 1980s. The

inevitable result in a capitalist economy was that sexual and gender violence became commodified. Author Louise Armstrong (in *Northeast Magazine*, 1983), describes this process in relation to growing societal awareness of incest:

“You could hear the gears of specialization grinding, the carving up of victim populations, the negotiation for turf, the vying for funding, for prestige, for place. Never having heard it before, I did not then identify the hum and buzz as the sound of persons professionalizing.”

In the early 1990s, Premier Bob Rae’s NDP government imposed organizational and financial audits on Ontario rape and sexual assault centres, and began efforts to regulate the composition of their boards of directors. Around the same time, the federal Liberals made changes to the Income Tax Act, limiting the amount and kind of political/social change work charities could do. Women’s services had to devote more and more staff time to tracking and accountability mechanisms, financial policy development, compliance issues and other activities that compete with and undermine delivery of services and pursuit of necessary social change. Many women’s service agencies adopted corporate governance models in an effort to cope with increasing demands for ‘accountability.’

By the mid-1990s, significant amounts of government and private funding were pouring into medical and other health services focused on the treatment of ‘trauma’ survivors. ‘Trauma’ was now the catch-all term used to designate the effects of rape, child rape, being beaten by the persons who are supposed to love you and other forms of gendered violence. At the same time, governments slashed funding to cornerstone services for women and, in some cases, launched blatant efforts to force grassroots community services into medical and legal environments.

Government determination to shut down feminist responses to male violence and stop criticism of government became clear at a 1996 meeting in London, Ontario. Dianne Cunningham, then Minister Responsible for Women’s Issues, told several representatives of women’s anti-violence services that their funding would be withdrawn if they were not seen to be co-operating with the government. Shortly after this, activist women publicly exposed a government-hired consultant’s paper, the Maguire Report, which outlined plans to take over and radically change the way front-line woman abuse services were delivered. The Tories were forced momentarily to back away from this vision.

Effects of cuts on services

Is it coincidental that efforts to strangle feminist services at their source took place just as medical and other professional communities showed a new-found interest in violence against women issues? Three of the most obvious effects of cuts and institutionalization on services and on those who use them are: separation of social transformation work from support of individual survivors; medicalization of anti-violence issues, characterized by a rapidly growing emphasis on definition and treatment of symptoms as opposed to counselling and advocacy; and creation of private services that are accessible only to economically privileged survivors of violence.

The first of these effects, the growing separation (by both government and services) of the work to transform society from the work to support individual survivors of violence, is reflected in the increasing credentialism – reliance on formal, regulated education to provide skills and knowledge needed for a particular position – found in women’s services. The women’s anti-violence movement was born from the philosophy that institutionally-based education, especially in the fields of social work, psychology and medicine, serves to encode the social, political and institutional conditions that maintain women’s subordinate social and economic position. The idea that credentials are required to advocate for and provide services to women who have experienced violence is antithetical to the meaning of feminism.

Medical sector amalgamation had decreased opportunities for university-credentialed social workers seeking student placement or jobs; the anti-violence sector became a new frontier for universities in search of graduate employment and research sites. Many anti-violence agencies, especially those seeking government or corporate funding that employed the rhetoric of 'mental health' and 'credentials,' became convinced that their agencies would be buoyed by the presence of 'clinically trained' employees. Ontario feminist researcher Linda Green observes that feminist anti-violence workers began using the term "deskilling" to refer to the devaluation and displacement of feminist anti-violence and anti-oppression practices under credentialism. In this context, deskilling is the "sense of skills deficiency produced by credentialism and also by circumstances of service scarcity, that encourages deference to the authority of professionally legitimized medicalizing and evidence-based practices."

Meanwhile, the numbers of women seeking shelter in Ontario increased significantly with cuts and restructuring in the province's health and welfare services. The pressure placed on shelters overwhelmed by rising demands due to the closure of other services, particularly mental health supports, created concerns among some anti-violence workers about the adequacy of their skills. Some agencies continued to make it clear that their role was to advocate for women involved in the psychiatric and mental health system but not provide these services themselves, while others worried that not providing similar services to women in these situations would mean abandoning them.

The corporatization of health and social services also resulted in the widespread imposition of outcomes-based evaluation measures normally used to measure profit in a market economy, thus attempting to quantify activities that do not fit into the product-based language of business. Measuring whether women leave their abusive partners depends largely on available options such as welfare and affordable housing; it does not measure the effectiveness of the feminist anti-violence services that support and provide safety to women, and it deters feminist organizations from their social justice mandate. Additionally, the notion that anti-violence services should be measured by the numbers of women with increased 'mental health' who then make better partner choices, holds women responsible for the abuse. The responsibility for decreasing the incidence of woman abuse lies with each perpetrator, with meaningful criminal justice interventions, and with society. This increased business focus has contributed to the imposition of 'outputs' that undermine feminist advocacy.

Medicalization

The medicalization of gendered violence issues has profound implications for services and service users, including: provision of services in institutional, medical settings which are intimidating to many survivors of violence, particularly those who are socially marginalized; reduction of experiences of violence to a list of symptoms to be treated, ignoring the need of many survivors to locate their experience within a larger social context; and increasingly detailed documentation of service users' experience, with a corresponding decrease in the potential for anonymity. Despite the best efforts of committed feminist counsellors and advocates, it is not uncommon for women seeking support to be asked to provide health cards, medical records, social insurance numbers and proof of citizenship. For significant numbers of women, the decision to use a service results in institutionalized surveillance. Counsellors are frequently asked questions about the kinds of records they keep by frightened women weighing their need for support against their fear of surveillance.

Finally, cuts to feminist services and the privatization of violence against women issues have resulted in the creation of for-profit counselling services for the middle and upper classes. The

existence of private services allows economically privileged survivors of violence to have more control over their healing and to make decisions about the course of justice they wish to pursue, free from government surveillance. Those who use public services will likely be from marginalized communities – vulnerable to the police, mental health workers and children's aid societies, who are often called in to intervene without the consent or control of the survivor of abuse or their family. The privacy and confidentiality provided by private services may appear to be helpful to individuals, however it is problematic on two levels. The most obvious problem is that this privacy is available only to those who can afford to pay or who are covered by private benefits. But the deeper issue, of concern to the individual as well as to society, is that individualized treatments of social problems can only result in temporary relief. The conditions that have led directly and indirectly to the abuse remain unchanged.

Today, government funding to community-based services is largely limited to collaborative projects focused on training staff within public institutions such as the police, Legal Aid, Children's Aid Society, Settlement Ontario and others. Workers' time and energy is spent providing training, consultation and advice to the very institutions that engage in discriminatory practices toward women. Fewer and fewer dollars are being invested in front-line service provision, and the Harris cuts remain largely intact, continuing the increased demands on those services. Anti-violence workers are stretched to the limit, while women in Ontario struggle to cope with mounting poverty, racism, isolation, violence and other abuses.

There is every reason to think that offloading and abandonment of women's services will continue. In March 2005, Ontario women heard from Sandra Pupatello, Minister responsible for Women's Issues and the Ministry of Community and Social Services (MCSS), that "new investments will go to help women's agencies, such as shelters, transitional and second-stage housing to improve their functional capacity and help them become more financially independent." Minister Pupatello is also the chair of an ad hoc cabinet committee (known as the 'Mod Squad') charged with finding alternate financing for services currently funded by government.

Challenges and choices

Women's anti-violence services and agencies are now faced with difficult challenges and choices. Do they devote more time and energy to non-government fundraising, seek corporate sponsorship, insist on university degrees for their workers and involve business people and others with financial connections on their boards of directors? Will they speak out against legal and medical institutions and government when they neglect, abuse and further marginalize women struggling to escape male abuse and violence, even if it means jeopardizing funding or good will in their community? How will they refuse to join the labelling of women's coping skills as 'mental health' problems?

Can feminist anti-violence programs resist corporate intrusion and organizational depoliticization? Women's organizations were founded on political activism and advocacy before the formation of the organizational and funding structures in which they now exist. Thirty years later, Canada's social architecture and corporatized political environment look much different, but the basics of anti-oppression awareness and action remain critical to the creation of communities in which all members can be assured of safety. Engaging all members of anti-violence organizations, credentialed or not, in ongoing political consciousness-raising and the unpacking of internalized dominance is a necessity. Unless the work to transform society and the support provided to individual survivors are reattached, any support provided to women who experience violence would simply mirror the patriarchal society in which violence thrives.

P.S.

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