



Community Strategies for Change



A New Centre in the Portuguese Community

By Isabel M. Sales and Cristina Santos

Often portrayed as an isolated, senseless and random criminal act, wife assault exists among all socio-economic, ethnic and cultural groups. Immigrant women, as members of ethnic and cultural minorities, are as likely to be victims of abuse as are those of the dominant culture. They are very gravely affected as their isolation, due to linguistic, cultural, racial or socio-economic differences, can limit their ability to escape the violence.

Wife assault services are geared to white, middle class and English-speaking women. The needs of immigrants are often overlooked or ignored. Agencies and organizations serving specific ethnic and cultural groups are often unprepared to deal with wife assault. This lack of linguistic and culturally sensitive resources is tantamount to discrimination and keeps immigrant women in abusive relationships.

The Portuguese community numbers over 100,000 in the Toronto Region, yet few social and community services exist to meet its needs. Until very recently services in the area of wife assault were limited to those provided by a single worker at St. Christopher Neighbourhood House. Battered women were forced to wait for an extended period to access services or have to rely on informal resources, often being re-victimized. The maze of services a Portuguese battered woman has to negotiate can often seem overwhelming and unmanageable due to linguistic and

cultural barriers. Interpreters can assist but may reinforce the disparity between service provider and client. Faced with these obstacles she is more likely to return to, or remain in, a violent relationship, thereby placing herself and her children at risk.

In response to this need a new centre opened in Toronto in August 1990. ABRIGO, Centre for Victims of Family Violence, was created to offer services to women and children of Portuguese origin who are in abusive relationships. Centrally located within the geographic boundaries of the Portuguese community at 1139 College Street, this agency is funded by the Ministry of Community and Social Services. A conceptual framework has been developed which examines the impact of the violence, personal resources, social supports and coping skills on the psychological health of battered women. Crisis intervention, ongoing counseling, groups, advocacy and community education are among the services offered. The workers at ABRIGO will support the abused woman at every step of the way as she moves from victim to survivor.

Isabel M. Sales and Cristina Santos are social workers who have worked at ABRIGO since its opening a year ago. Isabel and Cristina have been working with the Portuguese-speaking community for over six years.



The Native Community Crisis Team

By Steve Koptie

Family violence remains part of a disturbing continuum of violence and violations Native families and communities struggle with throughout Canada. In his book, *Fear and Temptation: The Image of the Indigen in Canadian, Australian, and New Zealand Literatures*, Terry Goldie suggests physical violence is interwoven with the violation of physical space as part of a historical process between white and indigen people. He sees the violence as a response to the "malaise of their depressed society." I raise this point in this examination of family violence in Native families and communities because I believe we must look beyond the incidental aspects of the violence and seek answers to how the state of violence transfers from society to the individual.

Last summers' events at Kahnawake and Kanesatake clearly shook Canadians' naïveté with respect to the dangerous levels of anger and frustration within Native communities. A growing awareness of the grievances as well as aspirations of Native people hopefully will facilitate the understanding of the roots of chronic social problems including family violence. We are only beginning to acknowledge and accept the irreparable damage to Native culture by residential schools, the child welfare system and the justice system. Social work in Canada has its own history of violation with Native people and communities. The discipline unwittingly served as a "carrier" of prejudicial and racist governmental policies that to this day continues to nurture hopelessness, helplessness and despair. Alice Miller titled her book, *For Your Own Good: Hidden Cruelty in Child Rearing and the Roots of Violence*. I find her work valuable in helping to understand why Native people are six times more likely to die violently than other Canadians. Coercion and mean-spirited community work has historically been part of Canada's attempts to civilize "its" aboriginal populations, "for their own good."

The Native Community Crisis Team is a unique mental health service where Native counselors with the clinical backup of an on-site psychologist and the Toronto East General Hospital Crisis Intervention Unit provide counseling within the community as an alternative to a traditional hospital setting. It represents a model of community-based mental health services designed to make mental health counseling more accessible to a population recognized as under-served by existing programs. Our growing caseloads and wide range of presenting problems confirm the growing numbers of Native people engaged in a healing process. The growing need to share "collective pasts" makes Native counselors a valuable and rare commodity as they play a very necessary role in offering guidance and direction as people move back to their cultural traditions. Healing circles, teaching circles with elders, as well as individual counseling are part of the therapeutic strategies we promote at the Native Community Crisis Team. This certainly complements the growing self-help movement and I strongly believe that a great deal can be learned from Native Culture in helping individuals in a healing and

rebuilding process.

Family violence is part of a painful legacy of Canada's history. Toronto's social workers can help release Native people from its damaging effects by supporting calls for provincial and national inquiries that will serve to define the roots of violence and facilitate a mourning and grieving process necessary to move beyond that legacy. That would be our gift to future generations.

Steve Koptie is a Métis counsellor with the Native Community Crisis Team, an outreach program of the Toronto East General Hospital's Crisis Intervention Unit.

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Are Shelters Obsolete?

By Lee Gold

In considering the question "Are shelters obsolete?" I have wondered what would happen if we closed all the shelters and said to the powers that be and the community at large: "*You make this world safe for women and children.*" Shelters were established as a temporary, band-aid solution to a serious social ill. Founded as feminist institutions, they challenged the status quo not only by what they did but also by how they did it. But shelters have not been able to end wife assault any more than food banks have been able to eliminate hunger and poverty.

Violence continues to define one gender in relation to the other. Until society decides that violence against women is unacceptable and takes *action* to end it, shelters will continue to provide an essential service to abused women in this, a sick society. But since at least one out of 10 adult women in Canada suffers abuse, shelters cannot possibly offer refuge to all those in need.

The founding of shelters by feminists who listened to and believed women, represented a radical, political statement to the mainstream medical, religious, psychiatric, legal and social service establishment which had ignored, ridiculed or blamed women for the abuse. Professions which denied the reality of women's lives have begun to learn from and listen to women. Although shelters are a solution born of desperation, they have become accepted institutions, part of the modern social fabric. But their very success in providing temporary safety in secret to a handful of abused women and children may have lulled the public into thinking that the problem of wife assault has been solved.

Perhaps the question should not be "Are shelters obsolete?" but "How do we as a society make women safe?" Second only to motor vehicle accidents as a cause of injury and death among women, this immense social ill deserves a mobilization of resources and effort which have been totally lacking to date. How do we effect radical social change? Nothing else will eliminate

wife abuse. In a male-dominated society, every institution which perpetuates sexism will have to change drastically.

We must begin by placing responsibility for the crime on the perpetrators. Men must be held accountable and punished swiftly and decisively. This must occur at the onset of the violence and not after men have committed the ultimate act of control: murder. Women must be socialized to exercise, and men to expect, "one strike and you're out" as the only way to conduct their lives. Abusive men should not have access to their children. Wife abuse is by its very nature child abuse and a high percentage of abusive men directly abuse their children as well. Access is the most common means for men to exercise power and control over their former wives. Curfews for men, shelters for men, pro-feminist reeducation for men and automatic jail sentences for abusive men should be the community-sanctioned norms. These are the measures which could be instituted immediately to protect women.

The inadequacies of our current system must be recognized: there are not enough shelters, especially in urban areas; they are too disruptive to women's lives; they are too expensive and exhausting to run. But there are few alternatives for women brave enough to leave a violent home. Anything which makes women safe and empowers them, even temporarily, is preferable to doing nothing. Until we take every step necessary to make women safe, shelters will continue to play a role in the protection of women and serve as a public reminder of the need for further action. Violence against women will only end with the elimination of sexism and of cultural supports for violence, and the adoption of a system of beliefs and values which embrace equality and mutuality in intimate relationships. This should be the goal towards which all our endeavours are aimed and the yardstick by which they are measured.

Lee Gold is a former shelter worker. She is currently the coordinator of the Metro Committee Against Wife Assault in Toronto and works at the Assaulted Women's Help Line.

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The Danica Women's Project: An Evolving Process

Prepared by Denni Liebowitz for the Danica Women's Project

Coping with experiences of sexual violation is now considered to be a normative part of female development. At least half of us are survivors and a very high percentage of us experience emotional crisis as well as ongoing problems because of it.

The Chinese symbol for crisis is a combination of the signs for danger and opportunity. Most survivors of sexual assault, incest, or other child sexual abuse have not had the opportunity to be

heard or understood, supported or respected; too many of us have not had the opportunity to heal. Women in crisis because of sexual violation have been unrecognized, our experiences misunderstood and pathologized, and our needs unmet — all at untold cost.

The Danica Women's Project is working to create services that respond to the unmet needs, the gaps in the range of services offered to women. The project is a natural and an urgent "next step" in creating supports for ourselves.

The women involved with the Project see the politics, dynamics, and culture of domination that is the bedrock of our society as the root cause of the violation of the bodies, minds, hearts, and spirits of women and children. Our rage and our grief fires us in our struggles for freedom, for self, and for wholeness.

In the beginning, the focus of our Project was to create a woman centred, safe place for women in crisis because of sexual violation. We talked about a place where women would be believed, respected, and our vulnerabilities and uniqueness honoured. A place of nurturing and of healing. A place where we could dispense with the day to day responsibilities that keep us from ourselves. A place where we wouldn't be blamed for what was done to us. A place where we wouldn't be labelled as sick or crazy or given drugs to suppress the expression of our feelings. For that too, is a form of violence. A place where we wouldn't have to keep it inside anymore if we didn't want to. A place where we could take care of ourselves and one another.

We chose the name Danica because we also need hope. The project is named in honour of Elly Danica, author of *Don't: A Woman's Word*. Elly is a survivor of incest who now inspires other women to survive.

In the last year, the focus of the Project has been coupled with a commitment to looking at all dimensions of oppression, its impact on women's lives, and its impact on the creation of truly responsive services for women. Though the original seed of the Project is still in place, the Project is transforming, expanding, and becoming much more whole as we make the connections between sexism, racism, ethnocentrism, classism, able-ism, heterosexism, psychiatry, and other forms of institutionalized oppression.

For the past year, we have been collecting information from women who are survivors and service providers. We have used surveys, interviews, focus groups, community meetings, and phone contact, to listen to women identify what would help get through a crisis. Hundreds of you have responded and your input has been clear and poignant. Thank you.

One goal has been to turn up the volume on the voices of women who are silenced but not to diminish the volume of the voices of women usually heard. Though it is difficult because of our own socialization, we strive to avoid a hierarchy in our perceptions of women's needs: women with disabilities, African (Black) women, women who are deaf and women who are hard of hearing, Asian women, economically disadvantaged women, young women, Spanish-speaking women, women living on the street, older women, lesbian women, aboriginal women, women with children, women of mixed-racial backgrounds, women who are HIV+, white women, women who are survivors of the psychiatric system, professional women, immigrant women, refugee women, women in the sex trades, Jewish women.

We have learned so much. We cannot be "culturally sensitive" (and we all have cultural backgrounds) without knowledge,

consciousness, honesty, respect, and a willingness to be vulnerable and perhaps let go of some things that have been important to us.

With respect as our guide, we are learning to really listen to one another and respond in new ways. We are forging unlikely links in a society that thrives on the politics and culture of domination. We have dismantled the barriers between us enough to face each other in a circle and join together in the work of creating simple, innovative services for women in crisis because of rape, incest, or other kinds of sexual abuse.

The staff is now in the process of breathing in and walking around in all the information you have so generously provided. It is your stories and your needs that are creating the vision of the Danica Women's Project.

We hope to complete the report by the end of this year (1991) and that you will see your needs reflected in it. The proposal for core funding will be submitted six months later. All work related to aspects of start-up including fundraising, program development, and creating community will continue without a break.

Our funding base is broad and includes grants from all levels of government, private gifts, foundation gifts, gifts from businesses, in-kind donations, and gifts from church groups. We are grateful for the support and glad for the understanding of the importance of our work.

Women who have suffered sexual violation deserve to have support and to heal. We should not have to pay and pay and pay. It is everyone's responsibility. This is the Project's perspective as we face the challenge of securing core funding as well as sustaining ourselves financially until we receive core funding. Please know that it is our intention to succeed. We must — for all of us. You can contact the Project at 517 College Street, Suite 230, Toronto, M6G 4A2, (416) 515-7906.



Coalition for Feminist Mental Health Services

By Bev Lepischak

During the past couple of years, the Women's Counselling Referral and Education Centre (WREC) in Toronto has noticed significant changes in the profile of women who contact us for service. The number of women seeking counselling for childhood sexual abuse, sexual assault, domestic violence, eating problems and alcohol and drug addictions has increased dramatically. Many of these women are experiencing a number of problems and often require practical supports as well as counselling. Increasing numbers of women have sought assistance from the traditional service system in the past, have not been helped, and are now seeking services from a feminist perspective. More of the women are in crisis when they call or experience frequent and recurrent crises. As well, an increasing proportion of these women are economically disadvantaged, and can afford to pay very little, if anything, for service.

At the same time, resources have not changed to meet these

needs. Most publicly-funded services continue to be delivered by hospitals and agencies which are not particularly feminist or sensitive to women's needs. They also often have major restrictions around the "types" of clients or issues and extensive waiting lists. A few feminist mental health services have been developed, but these often have limited mandates, face major funding problems, and cannot begin to provide services to all the women who need them.

As a result, last summer WREC initiated contact with a variety of women's services to identify common issues and to try to establish a strategy for dealing with them. Representatives from a number of agencies first met in September, 1990, and decided to establish a coalition which has been named Coalition for Feminist Mental Health Services. Agencies which have participated are Elizabeth Fry, YWCA of Metro Toronto, Opportunity for Advancement, Shirley Samaroo House, Toronto Counselling Centre for Lesbians and Gays, Barbra Schlifer Clinic, Anduhyaun Residence, Abrigo Centre for Victims of Family Violence, Immigrant Women's Health Centre and the Brief Psychotherapy Centre for Women. The membership of this group is not closed, and we anticipate involving other organizations, both as core members and as general supporters.

The coalition hopes to try to influence the development of mental health services for women in a variety of ways including: defining women's mental health to incorporate a "health" rather than a disease perspective; developing policies which link women's mental health to societal oppression rather than individual pathology; critiquing traditional systems and identifying gaps; developing holistic, preventative service models; and in working toward the expansion of feminist services through increased funding and the re-allocation of current mental health dollars.

The coalition has met on a monthly basis during the past year, and once with representatives of the Ontario Ministry of Health. The focus of these meetings has been to develop long and short-term goals and strategies for intervention. If you are interested in more information on the coalition, please call Bev Lepischak at (416) 534-8458.

Bev Lepischak's background is in social work. She has worked in the area of women's services for 8-9 years, with a focus on women's mental health. Given the massive shortage of services for women, her energies have been turned towards lobbying.

Bev is currently the Direct Service Co-ordinator at WREC.

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