

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.

This article was previously published in the Ontario Association of Professional Social Workers (Metro Branch) METRO NEWS, April 1991.



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 is it 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.

This article was previously published in the Spring 1991 WREC Newsletter.

